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WINNIPEG, MARCH, 1889.

ABDOMINAL MASSAGE IN CONSTIPATION AND ALLIED CONDITIONS.

BY T. GERALD GARRY, M.D.

During the past few years I have seen a large number of cases of constipation successfully treated by massage (many in conjunction with that eminent authority on the subject, Dr. J. F. Little of Welbeck street), and believe it to be the most reliable remedy yet brought before the notice of the profession for this obstinate condition. In the majority of cases it will be found a specific, if the manipulations are carried out with due regard to the cause of the constipation. Unless this is done, failure is quite possible, and it is even conceivable that harm may result; for massage is not simply a therapeutic agent with localised effects, but a combination of several factors having far-reaching results. This will appear evident from consideration of the physiological effects, which are very important, and may be classified under the following heads:—

Mechanical.—This is of the greatest importance, and not only exercises its influence on the gastro-intestinal canal, but also on the large ducts opening into the intestine, as well as the ducts of the abdominal glands. It also causes an emptying of the veins of the portal system, and I think there can be little doubt that it stimulates the bile-secreting functions of the liver. In its action it thus resembles both the hydragogue and cholagogue purgatives, particularly the latter. There is a class of cases of greater frequency perhaps than is generally supposed, and almost

confined to persons who live freely and suffer from sluggish livers, where there is retention of bile in the gall-bladder and within the ducts. It is in conditions of this sort that massage finds one of its most useful applications, and the remedy need only be tried to command entire satisfaction. Even when the obstruction in the ducts is more serious, massage will be found extremely useful, as was well exemplified by a case that came under my observation some time ago. The patient, a middle-aged man, suffered from jaundice, in all probability due to obstruction in hepatic ducts. Treatment by massage was commenced; the obstacle—very likely inspissated mucus—was removed after a half-a-dozen manipulations, with entire and remarkable disappearance of all the symptoms. It is scarcely necessary to remark that where calculi are suspected, extreme care is necessary in manipulating, else serious injuries may result. The mechanical effects are best carried out by kneadings and strokings. The former acts directly by the fingers of the operator laying hold of and loosening the impacted feces through the abdominal walls, and indirectly by increasing the secretions passed into the intestines, thus facilitating the progress of the loosened mass. The strokings act directly, and, when conducted with due regard to the situation of the colon, give a natural direction to the loosened feces. The strokings are also extremely useful in the various obstructive conditions already alluded to.

About the next effect—the *reflex*—there can be no doubt concerning the well known physiological fact that even slight tapping on the surface of the abdomen causes contraction of the intestinal walls. It is best carried out by slappings (*tapotement*) done with the palmar surface of the fingers, or, better still with the half-closed fist. *Tapotement* acts principally on the intestinal walls, to which it imparts tone.

The *thermic* action is not so hypothetical as it may appear to some. Dr. Eccles, in his paper read before the last meeting of the Association at Glasgow, conclusively proved this, and I have myself lately conducted some experiments which mainly coincided with the facts adduced by him. In all the cases experimented on the tem-

perature rose from $1\frac{1}{2}^{\circ}$ to 4° , as shown by the thermometer in the rectum. When the thermometer was placed in the mouth, the variations from the average normal were unsatisfactory; in one case there was an increase of nearly 5° , but in others there was a slight decrease.

The pulse, as indicated by the radial and temporal arteries, was without exception materially slower, a circumstance which it is difficult to account for, but it must be taken as an indication of great practical importance.

It will be seen from the foregoing results that a routine plan of treatment is quite inadmissible in abdominal constipation and obstructive conditions of the hepatic ducts. If we only ascertain the exact nature of the case, the exact procedure to be followed will suggest itself. It is because this is not done that we hear of so many failures even after weeks of treatment. The following cases may perhaps be of some practical use, as showing the conditions that existed and the manipulations employed for their successful treatment.

CASE 1.—The patient, a clerk, complained of nothing but the constipation from which he suffered for years. He presented a fairly healthy appearance; the muscular system was well developed, and the abdominal wall was normal in appearance and natural to the touch. In this case the manipulations were confined to short sharp tappings, practiced in the direction of the ascending, transverse, and descending colon. After about eight minutes deep strokings were resorted to for a few minutes, but after a time it was sufficient to practise the former alone. This man was perfectly cured after five weeks' treatment. Lately for cases of this sort I am in the habit of using the faradic current for about five minutes, and commencing with four cells. The instrument used is Coxeter's new patent, a most perfect machine.

CASE 2.—This patient was a middle-aged lady, with a history of uterine trouble. She could walk but very imperfectly, and complained soon of a feeling of exhaustion. The entire muscular system was wanting in tone, the abdominal muscle being particularly weak and flabby. She

complained of a sense of weariness along the spine, but there was never actual pain. So far as could be ascertained, the secretions were normal, except that the urine frequently contained large quantities of urea. I believe that this condition will be found to exist in a large class of neurasthenics when no degenerative changes are to be found in the spinal cord, but simply atony brought on in most cases by overwork or anxiety. This case will be found typical of a large number of others, and, as it is the constipation which gives the most trouble, it is the symptom for which the medical man is usually consulted. Here there is loss of tone not only in the abdominal muscles, but also atony of the intestinal walls, and our object must be to strengthen those parts. This is best attained by certain manipulations, which include circular movements, kneading, and *tapotement* or *petrissage*. The first procedure can be carried out either with one or both hands, and it is necessary that the abdominal walls should be slightly relaxed, so that the intestines can be reached and acted directly on. But in a case of this nature, although abdominal massage will effect a great deal of good, it will not be productive of lasting benefit if we omit to massage the spine. The cause of the constipation is partly situated here; there is functional derangement of the cord, and until this is removed by mechanical stimulation it is hopeless to expect a complete cure. In these cases I have noticed that from the first day in which massage was commenced the excessive secretion of urea decreased, and after a week had disappeared altogether, leaving the urine perfectly normal. This is the first time that a similar observation has been made, although it has been admitted that galvanisation of the spine has a similar effect where an atonic condition of the spinal cord is found to exist.

CASE 3.—This case is typical of that large class of both sexes who enjoy good health and suffer no inconvenience, except that occasioned by constipation. The abdominal walls were flabby and pendulous, and characterised by great weakness. In cases of this sort the manipulations must be directed towards strengthening the abdominal walls, and for this purpose the

abdominal recti must be forcibly separated by the finger tips inserted deeply along the linea alba. This procedure must be followed by the circular movement already indicated. At the same time, the patient is recommended to take deep inspirations for the purpose of strengthening the diaphragm.

Massage is also extremely useful in the very obstinate constipation so frequently met with amongst infants. I have known it prove successful after the failure of the usual remedies. Few applications are needed, generally not more than a dozen, and the time occupied by each should be about ten minutes.—*London Lancet.*

OPERATION OF OPENING THE SHEATH OF THE OPTIC NERVE FOR THE RELIEF OF PRESSURE.

BY R. BRUDENELL CARTER, F.R.C.S.

It may possibly be within the knowledge of some of my audience that, on March 21st, 1887, I read before the Medical Society of London a detailed account of a case in which I had incised the sheath of the left optic nerve, behind the eyeball, for the relief of great swelling of the disc—swelling which, in that case, was monocular only. The patient made a good recovery, and my paper was printed *in extenso* in the number of *Brain* for July of last year, and also in the tenth volume of the *Proceedings of the Medical Society*. I have since performed the same operation in three other cases, the histories of which I am desirous briefly to relate.

The first of these was that of a man about 45 years old, who was under the care of Dr. Ferrier in the National Hospital for the Paralysed and Epileptic. In addition to some obscure symptoms of intracranial disease, there had been swelling of both optic discs, which was apparently passing into atrophy. The vision had for some time been failing. In the right eye it amounted to $\frac{2}{20}$ ths: in the left it was recorded by Dr. Hull, the house physician, as being bare perception of light. I opened the nerve sheath of the left eye; and, in testing vision a few days

afterwards, I thought at first that perception of light existed, but, on careful blocking up of the right eye, I found that it did not. I could not feel quite sure whether Dr. Hull had been deceived, as I was myself for a time or whether perception of light had been lost subsequently to the operation, either by the natural progress of atrophic change, or by some injury inflicted upon the nerve. I did not think the latter explanation could possibly be the true one: although, from the shape of the orbit and other circumstances, the operation had been difficult of performance. In consequence of the doubt, I decided not to touch the other eye unless its vision should fail under my own observation; but, after a few days, it began to improve. It rose from $\frac{2}{20}$ ths to $\frac{3}{20}$ ths, and the patient was soon afterwards discharged from the hospital. As far as my point of view was concerned, I regarded the result as negative; but subsequent experience induces me to believe that the improvement in the sight of the right eye was probably due to the operation.

My second case was that of B. H., a single woman, aged 21, who was admitted into the National Hospital, under the care of Dr. Charlton Bastian, on May 25th, 1888. Five months before admission, she began to suffer from severe pain in the back of the head and neck, which became worse at night, from vomiting, and from failure of sight. She attended as an out-patient at the Central London Ophthalmic Hospital, and she told me that her eyes were frequently examined with the ophthalmoscope, and that her condition excited a good deal of attention, so that she was examined by a good many people. The failure of vision of the right eye increased more rapidly than that of the left, and she was for a time very deaf, but her deafness passed away. After a while, she began to stagger in walking, and all her other symptoms increased in severity. When she came to the National Hospital she had been unable to walk for two months.

On admission, she had an almost constant internal squint of the right eye. The movements of the left were normal, and there was no nystagmus. The right pupil was insensitive to light, the left

pupil reacted to it. The right eye had no perception of light, the left eye could barely count fingers at six inches distance. Both optic discs were much swollen, their margins obscured, and the smaller vessels of the disc surfaces were completely concealed from view. Dr. Bastian regarded the case as one of cerebellar tumor.

My attention was called to her on June 8th, a fortnight after her admission. She was perfectly intelligent, and told me that the small remaining sight of her left eye was steadily passing away. She had been taking iodide of potassium in ten-grain doses. There was still much headache, and frequent vomiting, so that there was a beginning of improvement in both these symptoms.

On June 14th, I incised the sheath of the left optic nerve, slitting it up from its insertion into the sclerotic nearly to the apex of the orbit. On the following day she was much as usual, but on the 16th there was very decided improvement as regards headache and vomiting. In both these respects the improvement has been continued, so that she has now little or no pain, and is sick only occasionally, two or three days passing without a single attack of vomiting.

As soon as the bandages were removed, it became evident that her sight had improved, and this improvement has been steadily progressive. I will not detain the meeting with details, but will give Dr. Hull's report for August 4th: "Tested at a distance, the left eye is always right at ten feet with letters of 200, and generally with letters of 100. It can spell out the letters of large primer (No. 16 of Pickard and Curry's tables) at four inches. The right eye has regained perception of light, so that it can count the windows on the opposite side of the ward, and tell when fingers, or any light-colored objects, are moved in front of it at a distance of six inches. The ocular movements are perfect, the right pupil reacts slightly to light, the left one fairly well." I may add to this that the patient easily recognises people who come into the ward, and that she has been able to write letters to her friends.

I made an ophthalmoscopic examination on August 3rd. The swelling of the left

disc had wholly disappeared, and all the small vessels were visible. The general color of the surface was pale. The right disc was still somewhat swollen, but much less so than before the operation. About July 20th, at my request, Dr. Charlton Bastian added some perchloride of mercury to the iodide of potassium; and, while I fully admit that the internal treatment may have been of contributory efficacy, I think that the greater improvement of the eye which was operated upon affords direct evidence of the benefit derived from the incision of the nerve-sheath.

My third case is that of M. A. B., aged 70, who was admitted into St. George's Hospital on Thursday, July 12th. She had had good health and good sight until July 2nd, ten days before admission, when she was seized with violent headache, almost entirely confined to the frontal region. This headache continued in undiminished intensity; and on Wednesday, July 4th, her sight began to fail. The failure increased, and by Saturday, the 7th, she was, in her own words, "quite blind." The frontal headache continued without abatement up to the time of her admission.

The patient was a stout, florid, well-nourished woman, intensely anxious and depressed, complaining of severe frontal pain. She was quite blind and helpless. It was doubtless whether she had perception of light, for she was sometimes right and sometimes wrong as to the position of a white handkerchief, waved close in front of her. The eyes were of normal tension, the pupils insensible to light, both optic discs white and swollen, their margins and small surface vessels completely lost, their larger veins distended and tortuous. The blurring of the disc margin was, if anything, more conspicuous in the left eye than in the right. There were a few striae of opacity in each lens.

At my request, Dr. Dickinson made a careful general examination of the patient, and found nothing to contra-indicate an operation. There were slight bronchial rales at the bases of both lungs, the heart-sounds were normal; the urine was acid, clear, with no albumen or sugar. I ordered a brisk purgative and ten grains

of iodide of sodium three times a day.

On the 14th, there being then absolutely no perception of light in either eye, I freely incised the left optic nerve-sheath, under chloroform, and in the presence of Dr. Knapp, of New York. On the following day the headache was greatly relieved, and the patient expressed herself as feeling much better. On the 18th, the right eye could see the movement of a passing hand. On the 20th, it could distinguish between light and dark colored objects. The bandage was then removed from the right eye, and the patient exclaimed that she could see a nurse standing at the foot of her bed. Her head was quite free from pain. On the 22nd, the left eye counted fingers at eight inches. The patient was permitted to get up; and, on the 25th, she could see her way without difficulty about the ward.

On August 3rd, the swelling of the left disc had entirely disappeared, its margins were well defined, and the small vessels on its surface were distinct. The swelling of the right disc was also much diminished, but not quite so much as that of the left. Vision was one-tenth of the normal, and 16 Jaeger could be read with either eye, at a distance of five inches, with the aid of a convex lens of six dioptries.

I think, I may claim for the two last cases that they completely establish what I have tried, on the strength of my first operation, to maintain before the Medical Society. They show that incision of the optic nerve-sheath is an operation which can be performed with certainty, and without risk to the eye; and that, in any case of compression of the nerve, it affords a mechanical means by which such compression may be relieved. It would also seem, from the abatement of sickness and headache, that the relief of pressure must extend to the cranial cavity—presumably because the incision establishes effectual drainage of the subarachnoid space. I should be prepared to advise and to perform the operation in every case of swollen disc, however arising, in which sight was suffering progressive impairment notwithstanding treatment, even although the impairment had already made considerable pro-

gress, as well as in an early stage of every case of true neuritis, as distinguished from swollen disc, in which the inflamed nerve might be injuriously compressed by its unyielding sheath. I believe the operation will be likely to preserve vision in many cases in which it is now constantly lost—as, for example, in true neuritis, in cases of swollen disc dependent upon tumours or other slow progressive changes within the cranium; and also in the cases in which, during the course of some acute disease, meningeal effusion makes its way into the nerve-sheath. In all these instances, as we are too well aware, it is not uncommon for the patient to recover, but, at the same time, to be left totally blind; and I feel much hope that the last named calamity need no longer be suffered to occur.

In the paper already referred to, I fully described the method of performing the operation, and also discussed the grounds of its utility. I therefore will not occupy the time of the Section in referring to these matters on the present occasion; but I have brought with me the instruments which I designed for the proceeding, and shall be glad to reply to any inquiries which may be put to me. I may perhaps be permitted to add that I would not advise any surgeon to undertake the operation until he has either witnessed it or has performed it himself upon the dead subject.

A PLEA FOR THE INSPECTION OF CATTLE, MEAT AND MILK.

BY DANIEL F. WRIGHT, M.D.,

Member of State Board of Health, Clarksville, Tenn.

The object of food inspection has assumed an importance and urgency in the present day far beyond what it has demanded at any former period, and I desire this paper to be looked upon as an appeal for immediate legislation on a matter not less threatening to the community than was the epidemic whose invasion we escaped so narrowly and with such active exertions last fall.

In the first place the knowledge of animal diseases and of their communicability to man has attained a copiousness and precision in the present day such as has never been attempted till now. It was one of these cattle diseases named

"anthrax," or "splenic fever," which was the occasion with the celebrated Pasteur of entering on those studies of the microscopic germs of disease which have issued in his hands and those of others in the creation of a new department of pathology, entitled *micro biology*, which has already been fruitful of inestimable benefits in the treatment and prevention of human and animal diseases. Anthrax, however, though not unknown in this country, is less prominent here than several monia, foot and mouth disease, reinderpest other animal diseases, such as *pleuro-pneumonia, foot and mouth disease reinderpest or cattle plague*, and lastly, *tubercle*, more commonly known as *scrofula*.

Although all these diseases are of vast importance as contaminating our meat supply, this paper will be confined to the consideration of the last mentioned, both because it is a more direct cause of disease in the human family, and because it is a more imminent menace to the public health at this particular time.

Tubercle in cattle is the same disease as tubercle in man: it is in both the substance characteristic of consumption when found in the lungs, and it is not only common to man and the lower animals but is communicable from the one to the other.

Tubercle is communicable from cattle to man through the breath of tuberculous animals, more directly so through eating their flesh when insufficiently cooked (which is the fashionable way of eating beef in the present day), still more so by consuming the milk of tuberculous cows. It would appal some mothers of families did they know the vast number of cows thus infected which are now supplying nourishment to their children. It is amongst milk cows that the disease is specially prevalent, in older cows more so than heifers, and most so in cows confined the year round (as they are in cities) in stables with insufficient and insubstantial food. This progressive prevalence of tubercle in milk cows has been made the subject of statistical report in Bavaria, as follows: We quote from an address delivered by Dr. Klopffel of Memphis, before the International Grange

Association and the Butchers' Protective Association:

In 1887 there were found in Bavaria 4,976, and in 1878 5,052 tuberculous cattle, the former number being 1.62 per cent. and the latter 1.61 per cent. of all the cattle, sound and unsound, in that country; but the relative prevalence of the disease at different ages and sexes renders the statement much more significant. It prevails much more in females than in males, and in the former more and more with advancing age. Here is the specification of tuberculous cattle according to age.

	Under 1 Year.	1 to 3 Years.	3 to 6 Years.	Over 6 Years.
1877	64	378	1846	2445
1878	65	351	1750	2360

Making in the two years respectively of cattle over six years old, a little over 50 per cent. in 1877, and 46 per cent. in 1878 affected with tuberculous disease.

But this presents very inadequately the probable prevalence of tuberculous disease in the great dairy sheds of our cities. In the first place, the enumeration was taken in Bavaria, so as to include the whole nation, town and country, and without distinction of sex, whereas it is known that the disease is much more prevalent among cows than among bulls or oxen, and very largely so among cows confined in city sheds and stables over those on farms in the country, though even there, if large numbers are kept in crowded sheds and barns the same trouble arises as in town. On both these kinds, we must add something in detail which possesses a terribly practical bearing in this country.

First, then, tubercle prevails much more among females than among males of the bovine race. This may be briefly dismissed. It need only be stated that the Bavarian veterinaries found tuberculous cows to be three times as numerous as bulls and oxen similarly diseased.

Second, as to the infinitely greater prevalence of tubercle among cows confined in "byres," as they are called in Scotland, meaning buildings with stalls for large

numbers of cows, we must dwell on the observations of Mr. Dewar, a very eminent Scotch veterinarian who practiced in an extensive breeding and rearing district. Quite early in his practice he found a perfect endem-prevalence of tubercle; he found to his dismay that he could not cure a single case. He came to the conclusion that the building in which the animals were confined was too close. He had called in a physician—practised on human patients—they made post mortem examinations and both agreed that it was tubercle, and the doctor called it *phthisis pulmonalis*, as he would have styled it in one of his human patients.

This was in 1839, at which period the existence of tubercle in the lower animals (except in monkeys), and its infectious character even in man, were by no means generally admitted; neither proposition is doubted now.

However, Mr. Dewar continued his investigations; and, first, in a therapeutic direction, he tried to cure the disease, using the methods prevalent in human tubercle. His first attention was directed to the buildings. He could find no fault in them, except the want of a free circulation of air. He says the "byers" were recently built, and ceiled and plastered like a drawing room. The proprietor agreed to remove the partition walls and to make openings opposite one another on the outside walls, so that there might be a current of fresh air passing through. In addition to all this, he used the medicines customary in human tubercular disease, as cod liver oil and tonics, which he thinks may have prolonged life, but not saved it, and eventually the whole flock died out. After a thorough cleansing of the building and burning the soiled litter, other animals were admitted with good result, but constant vigilance was necessary to prevent the admission of infected animals or even their offspring, for the heredity of the disease was now admitted.

Other employees of his neglected the same precautions, though warned by him (for he had now a large practice in the district), but never neglected with impunity, and he says that "soon so many animals

were affected that the byres were infested with the fearful malady."

I have dwelt more at large upon these early investigations of the subject, because they were the occasion of developing a tide of public opinion on the subject of food hygiene which has never ebbed, a development which it is earnestly desired to elicit in this state.

Much has been done since. Methods of investigation more rigid and more logical have been applied to the modes in which the disease is spread to the causes from which it originates, and some of these will be here touched on in order to account for the facts now recognized by all experts occupied with the subject, that *bovina tubercle* has very largely increased of late in this country. Let us consider, then, the different ways in which such inspection is distributed.

It has been found to be spread by the breath, the milk, the flesh and the sputa of tuberculous animals, and animals of tuberculous parentage are specially predisposed.

Of infection by the breath of tuberculous animals, there is ample proof; the breath of cows, for instance, is found to contain a special abundance of moisture, with which when thus diseased large quantities of tuberculous matter pass off, as fluids are dispersed by a doctor's atomiser; it is in this way that animals confined in badly ventilated sheds so rapidly contract the disease from one another till a whole herd is affected. Of the milk nothing need be said; no secretion so rapidly absorbs material, healthy or morbid, from the general system as this. Of the flesh when eaten, dogs, cats and pigs have answered to the experiments of scientists by abundant evidence of tubercular infection, and the sputa or expectorations in the hand, of Gerluch, Viseur and Tapeiner have given unquestionable results. These experimental lesions cannot be given in detail, but it must be stated that Viseur's description of the autopsy of a cat thus experimented upon might serve as a graphic description of the intestines and mesenteric glands of human child dead with *tabes mesenterica*, of which the present writer has dissected many specimens.

From all these considerations, does it not become abundantly evident, even without the testimony of our experts to its great increase of late, that tubercle once introduced among our cattle, and not combatted by the most stringent methods of repression, must increase in geometrical progression? In what was stated about the statistics of the disease in Belgium, it would at first sight appear that it does not necessarily increase, the percentage is a little smaller in 1878 than in 1877, but this inference vanishes with a statement of the facts. The exposures of 1877 led to a vigorous effort on the part of the government toward stamping out the disease, and thousands of animals were slaughtered and their carcasses destroyed; even so, however, it took years to entirely expurgate the country of its plague.

Here we have no repressive measures and no statistics, and we only know by general statements and necessary inference that tubercle must prevail to a frightful extent among our cattle and among our milking stock especially.

I have dwelt upon this subject for urgent reasons (this acknowledged increase of tubercle throughout the country in our herds and dairy establishments), because I believe we are in danger of an epidemic which will soon become very difficult, if not impossible, to eradicate, and I want to impress upon the people of Tennessee that the establishment of a disease among us in an endemic form is a thing much more to be dreaded than any epidemic. We have had from time to time very frightful epidemics, especially yellow fever and cholera, and many among us remember the alarm and terror with which the presence of these scourges has been regarded; but how if it were to transpire that one or both of these scourges were established among us in permanence, as cholera lingers in the jungles of Hindoostan, or yellow fever on the coasts and among the islands of the Carribean Sea? And yet this is exactly what is in progress of being established in this country at this time; for bovine tubercle is a disease which not only is highly infectious, but is one capable of originating without infection, one which constantly does so originate, and if one

tuberculous cow or ox gets into a stable or stock yard, or farm occupied by sound animals, the whole herd is liable to be tainted.

This is the reason why, in preference to a great many very malignant cattle epidemics, I have selected the endemic tubercle. I could have given descriptions of other diseases which we have had among us, with details to make men shudder; I could have told of cattle plague, pleuro pneumonia, big-jaw or foot and mouth disease, but with all other horrors, these are epidemics and can be stamped out, and that once done we are rid of them till new cases are imported, but with regard to bovine tubercle, exemption from that, like liberty, has no less a price than eternal vigilance.

I have thus endeavored, in words as plain as I could find for the purpose, to put forth a warning against what I believe to be a most formidable danger threatening the health of the State, and I am sensible how inadequate words are to express the momentous importance of the subject. Of this, however, I am entirely confident that the facts I have laid before you (and they are but a small fraction of what might be stated were there time enough) need not any rhetorical aid to enlist your most earnest consideration.—*Nashville Tenn. State Board of Education.*

DURATION OF LIFE IN CANCER.

Mr. Roger Williams, surgical registrar to the Middlesex Hospital, London, gives the duration of life in cancer in the *London Lancet*. Paget and Bryant find that the average duration of life after cancer of the breast is first noticed, to be a little more than four years. According to Sibley the duration of life in cases operated on is 52.2 months, and in those not operated on, 32.25 months. Gross, the latest writer in this field, gives 38.5 months for those operated on, and 28.6 months for those in whom the disease has run its course. The prognosis as regards duration of life is better in breast cancer than when occurring in other organs. In cancer of the tongue the duration of life is placed at 18 months, in the uterus, 24

months, the rectum 27 months, and cancer of the lip is on a par with cancer of the breast as to its effect on life. In 26 cases the average duration of life subsequent to amputation of the breast for the primary disease was 40.3 months, the shortest 7 days, the longest 259 months. The average interval between the first operation and the first obvious recurrence in 46 cases was 26 months, the maximum, 130 months and the minimum 2.5 months. The duration of the interval between the first operation and the first obvious recurrence in 8 cases of 52 months and upwards, was 52 months, 2 cases 58, 62, 89, 91, 124, and 130 months respectively.

DEAF MUTES.

In reading the paper on "Deaf Mutes," published in your last issue, I could not avoid the thought that it would have been fair, and perhaps courteous, to credit others with the *modus operandi* of eradicating deaf mutism which Dr. Agnew, innocently or otherwise, conveys as an idea of his own. When the doctor asks, "would it not be an act of supreme kindness to the unfortunates themselves to render it impossible for them to transmit their own deformity to a future generation," he should remember, that Professor Bell and others have tendered the same question, and the same prescription. But from a professional gentleman, accurate knowledge of his subject should be expected.

The reading public under whose eye, THE LANCET is brought in the rooms of the Historical Society of this city and elsewhere, must in their perusal of the paper, receive wrong impressions of deaf mutism. There is certainly nothing either evil or hideous, in children being deaf and unable to talk. The doctor is not apropos in comparing deaf mutism with leprosy, and I deny that the former is more liable to be propagated.

If the reader refers to the article on "Deaf and Dumb," in the *Encyclopædia Britannica*, he will see that the Principal of the New York institution says: "We can show that it is much the most common for the children of deaf and dumb parents to possess the faculties of which their par-

ents are deprived; still, although the offspring may not be defective, they may likely inherit that peculiar taint of constitution, by which the disease will be transmitted to future generations." Now if this be true, the fallacious reasoning of Professor Bell and his supporters, at once becomes obvious. In what manner, will it naturally be asked, are the non-defective offspring of deaf and dumb parents, to be treated?

From being deeply concerned in the welfare of the deaf, I have come into contact with such offspring—children whose appearance have betokened robust health, and in whom no blemish of constitution, or of faculties have been discovered. Are these fit cases for the knife? Surely there is no process of reasoning to lead people to believe so. It might as well be argued that the offspring of phthisical parents should be subjected to the treatment under discussion. And what is one to think, if for instance, there should be nine children in one family whose father has died of consumption, and this a case common among others that shows complications, from the fact that three of those children manifest signs of the dread disease? Would the scientific world advocate, that the remaining six children should suffer, by act of Parliament, anatomical dismemberment? Tait and Spencer Wells would laugh at such an idea.

In looking over the 18th annual report for 1888, of the Ontario Institution for the Deaf and Dumb, I notice a remarkable article by Dr. E. A. Fay, taken from Buck's Reference Hand-Book of the Medical Sciences, and I cannot do better than re-produce some of the doctor's own words, viz: "Up to the present, I can find but one deaf child in Ontario, both of whose parents are deaf, and I only learned of this one, who is now about three years of age, in June last. In September, 1885, a boy was admitted to the institution whose mother is deaf. She became so, however, at four years of age, and the child lost his hearing at two years of age. The foregoing are the only cases of deaf children having deaf parents, that have come to my knowledge. There are a good many deaf mutes married in this province, and I know of none who or less happy

and prosperous, than the average class of persons in like condition of life. I do not think that the percentage of deaf children from such marriages is any larger than from the ordinary classes. I can see no valid reason why deaf persons should not intermarry, if they are so disposed, as the marital relation is calculated to afford them as much, if not more happiness and protection, than it does hearing people. This is owing to their infirmity, which isolates them from society, and deprives them from a large share of social pleasures. They find each other's society a source of enjoyment, that proves a sure shield from many of the temptations and excesses of life, and a sense of responsibility leads to industry and economy. In view of all the circumstances any opposition to the consummation of deaf-mute love matches, partakes of the nature of an injustice." If figures are brought to our aid, I would like to ask Dr. Agnew, what he would propose doing with the 40,000 or more deaf mutes now living in the United States. I quote that country, because the percentage there is low.

But the making of Eunuchs in North America in the 19th century! It reads like a sentence from remote antiquity. Verily, there is nothing new under the sun.

CHARLES FLEXON.

SIR LYON PLAYFAIR ON THE DREAD OF DEATH.

Sir Lyon Playfair, in a letter to Junius Henri Browne, author of a paper in the *New York Forum*, for October, under the above title, says: "Having represented a large medical constituency (the University of Edingurgh) for seventeen years as a member of Parliament, I naturally came in contact with the most eminent medical men in England. I have put the question to most of them, 'Did you, in your extensive practice, ever know a patient who was afraid to die?' With two exceptions they answered 'No.' One of these exceptions was Sir Benjamin Brodie, who said he had seen one case. The other was Sir Robert Christison, who had seen one case, that of a girl of bad character who had a sudden accident. I have known three friends who were partially devoured

by wild beasts under apparently hopeless circumstances of escape. The first was Livingstone, the great African traveller, who was knocked on his back by a lion, which began to munch his arm. He assured me that he felt no fear or pain, and that his only feeling was one of intense curiosity as to which part of his body the lion would take next. The next was Rustem Pasha, now Turkish ambassador in London. A bear attacked him, and tore off part of his hand and part of his arm and shoulder. He also assured me that he had neither pain nor fear, but that he felt excessively angry because the bear grunted with so much satisfaction in munching him. The third case is that of Sir Edward Bradford, an Indian Officer, now occupying a high position in the India Office. He was seized in a solitary place by a tiger, which held him firmly behind the shoulders with one paw and then deliberately devoured the whole of his arm, beginning at the end and ending at the shoulder. He was positive that he had no sensation of fear, and thinks that he felt a little pain when the fangs went through his hand, but is certain that he felt none during the munching of his arm."

BLOODLESS TREATMENT OF INGROWING NAIL.

Dr. Patin recommends the following procedure for removal of ingrowing toenail, which he has employed with excellent results in all of his cases. After thorough cleansing of the nail, a solution of gutta-percha 10 parts, in 80 parts of chloroform, is applied with a brush to the interstices between the nail and the granulations. This is repeated several times on the first day, and subsequently at longer intervals. By exercise of care and patience it will be found that the nail is gradually lifted from the underlying parts, and can then be removed without pain with the scissors. If a properly fitting shoe is worn no recurrences need be apprehended. The solution applied in this manner exerts a double effect, the chloroform is anesthetic, and the gutta-percha acts mechanically, forcing its way between the granulations and the nail, and finally liberating it from its abnormal position.—*Gaz. des Hopitaux*. —*The Clinical Reporter*.

 MANITOBA, NORTHWEST AND BRITISH COLUMBIA LANCET.

We hoped that as the results of the scientific investigations as to milk being a vehicle for the transmission of disease, were given in the columns of the LANCET, more particularly as these investigations and their results emanated from the scientific centres of the world—that the daily press of the city would in their columns have urged immediate attention to this all important subject—but the milk interest is too strong, and the aldermanic mouths are sealed, and the daily newspaper columns closed against a subject, which, is largely occupying the investigators of sanitary science throughout the civilized world. It would seem that until this local generation pass away that disease and death is secured a sure abiding place in the milk pail of this city, that infants will continue to toss in restless agony with the pangs of mortal disease, and mothers will grow pale and weary with their melancholy vigils, the result of culpable negligence on the part of those who undertake duties they are either incompetent or unwilling to perform, and, if the latter be the true solution of the apathy exhibited, and the cause of the unwillingness be the fear of interfering with the profitable occupation of some friends or confreres, then, it is to the lasting disgrace of those gentlemen who wilfully endanger the lives of the community whose safety they have undertaken to guard. It is proved beyond doubt that various forms of disease are communicable to mankind from the brute creation. It has been long known that death is found lurking in the goblet scintillating with the brightness of the water with which it is charged; which is impregnated with organic matter, but it is comparatively of recent date, that the nourishing fluid drawn from the cow, supposed to be the most harmless of all drinks, has been proved to be a prolific source of fatal maladies. The bacilli from tuberculous cows are to be detected in the milk drawn from them, and its attractive character is too well known to require further comment, and with the proved facts which day by day are being demonstrated as to

its being a causation of disease, the neglect of all proper precautions in securing as far as possible, its delivery to the public in an innocuous condition is one of the very gravest importance. The animal may appear in good health and yet yield a disease laden secretion. To afford healthy milk a cow should be in perfect condition and fed on well laid down pastures. An animal allowed to roam over the prairies and feed on the thousand herbs that so abundantly thrive in the luxurious virgin soil of this Province, will assuredly not yield a perfectly healthy fluid. It must be familiar to many the intolerable taste and smell of milk when the animals have got into the woods and fed on wild garlic, of which they are specially fond. Horse owners know the effect of hay containing lobelia inflata, which abounds in this country. These herbs when consumed by a ruminating animal yield a large portion of their active principle, and the lactiferous glands are especially active in converting all matter passing through the system to their use. It can therefore be readily appreciated how the tender organs of an infant may be hopelessly disordered by the consumption of seemingly healthy milk. The observance of every possible sanitary precaution regarding it cannot be too strongly urged, or the neglect too strongly condemned. The City Health Officer suggests that all persons keeping more than one cow should remove outside the city limits. A healthy cow with properly kept and healthy surroundings, is by no means an objectionable neighbour, and is preferable to many a biped. It is the cramped lodging, the accumulated dirt and filth that are undesirable. The atmosphere of a well kept cow house is as little objectionable as that of one's drawing room. The Health Officer in his report, clause 7, says: "Hundreds of dollars are expended in the burial of people, many of them were infants, which if applied to purposes of relief for the living would benefit many deserving poor." What would the officer suggest? He cannot purpose to leave these hundreds of remnants of mortality without Christian burial—the evil would almost exceed the cow question. Nor can we agree with

his recommendation that the Dominion Government should build a poor house. No more demoralising institution was ever erected, and the taint to its most transitory inhabitant clings through life. By all means help the aged and infirm who are helpless and friendless, but in this sparsely populated country, capable of supporting many millions with the bread of life, if not with its comforts, may the day be far distant before it becomes necessary for the walls of a poor house to blot the landscape.

DOCTORS ADVERTISING THEMSELVES.

This is the first instance where so gross a puff has been inserted in a daily paper in this city, as is the paragraph which appeared in the *Sun* of March 26th anent one of the commonest and now most ordinary operations performed almost daily throughout the world "Ovariectomy." That the account was furnished by the operator we cannot doubt inasmuch as it enters into the details of the case both at the time and subsequent to the operation. Few ovariectomists would care to publish a case where the patient was kept for one hour and a half on the operating table, and most professional men would stigmatize it as bungling work of the worst kind. This attempt to gull the public through newspaper columns is a very glaring one, and we unhesitatingly show it up. It is with regret we see in the nauseous paragraph the names of gentlemen—Professors of Manitoba Medical College. It will neither redound to the honor of that college or to their credit among their professional brethren. But we feel sure that in our next issue these gentlemen will avail themselves of the space at their disposal to repudiate any knowledge of this *hyper-self* laudation. This may be the *modus operandi* pursued by the profession in Dr. Dame's province for working up a practice, but wherever medical men accustomed to European ethics are to be found he may rest assured such a course will be condemned in no doubtful terms. The whole paragraph is glaringly unprofessional. The poor woman's name in full is heralded to

the readers of the *Sun*. Dr. Dame is denominated Surgeon Gynecologist of Winnipeg, and the fanfaronade winds up with "this striking feature of the case is, the *Doctor* says, probably due to antiseptis."

The striking features of the case is "that the woman survived the fumbling."

THE HOLLAND MURDER.

The Haffield trial is concluded and a merciful jury and humane judge have spared a life which many thought was justly forfeited to the offended laws of his country. Few, however, will cavil at the leniency shown. The wretched convict will have time to ponder over the dread crime he was guilty of, and his own conscience will be his sternest monitor. The trial will be memorable in the criminal annals of this Province, not alone on account of its unclean surroundings, but from the array of medical evidence brought forward by the defence, and this skilled evidence being so ingeniously handled; exclusively directed as it was to the proving of points, which practically had no bearing on the question of Haffield's commission of the crime, whether the round stick said to have been used, was capable of causing a round contusion or not was of little moment. The particular part of the skull on which this contusion existed, whether the weapon used was round or flat could from the contour of the head only be brought in contact with a limited portion of either surfaces. And whether the blow given was the cause of instantaneous death, or that the death resulted from the effects of the blow, it was equally murder. But these points were made so much of that they no doubt somewhat mystified the minds of the jury and scored for the defence, which was ably and exhaustively conducted. That the man's act caused this woman's death none can doubt, and if a verdict of acquittal had been rendered there are few who would not consider that a grave miscarriage of justice had occurred. As it is we can but rejoice that the city is spared from being the scene of that violent death which English law claims shall be the penalty de-

manded of those who commit the greivous crime of murder, and we hope that the salutary life of the penitentiary may, if he be spared to complete the term of his sentence, render him fitter for association with his fellows.

INQUESTS.

The very slender protection to life, in so far as medico-legal enquiries are concerned, which the Government of this Province extends to its inhabitants must strike with force on many minds, but more especially must this be patent to the medical profession. One of the most powerful legal measures for duly guarding the lives of the people is the anciently established coroner's quest, which provides that the cause of all persons coming to a violent or unnatural death must be enquired into by this tribunal. And who that knows the working of this act but must acknowledge it to be one of the most powerful legal engines for the protection and safeguard of the public. The details given before it determines whether there is sufficient *prima facie* evidence to show that the death was occasioned by natural causes, accident or design—by the act of God, or the negligence, culpable, or otherwise, of man—and decides on the necessity for a closer and more thorough investigation. The coroner is its head, but the jury is the power that settles the question, and it is their verdict which governs future action. In London, where this legal machinery may reasonably be supposed to be most efficient, we read of a coroner saying, that hundreds of children are made away with yearly within the bills of mortality of that great metropolis. And yet, in every case of uncertificated death coming to the knowledge of the authorities an inquest is held, and, though, not even the suspicion of foul play is entertained by the public; they look for the formality, and are satisfied by the jury's verdict. Now, throughout this Province, except in cases of such notoriety that they are impossible to ignore, a coroner's inquest is of rare occurrence, while the burial of bodies without a certificate of the cause of death from a pro-

fessional man is of opposite frequency. A De Brinvilliers might here circulate her death dealing potions with comparative impunity; and this possible insecurity to life is due to *motives* of economy—the saving of the coroner's fee and the jury's miserable pittance.

How the Winnipeg coroner is paid we do not know. If he is a government official paid by a salary and under the control of a superior, it is inimical to the public welfare. The coroner for each district should be elected by the votes of the ratepayers, and his fees paid out of the local exchequers; efficiency and proper economy would be thus assured. We have not unfrequently heard of the city coroner declining to hold an inquest. Is this action on his own responsibility, or is he merely acting under the direction of a superior authority? If the former, he is assuming a responsibility which most people would shun, and if the latter, it is derogatory to that high position he occupies, and which entire fitness for should alone entitle a man to hold. The subject is one which demands public attention, and the sooner the public take it up the better for the entire community. Within this month we have had two instances, one, where a man was cut to pieces by a railway train. No enquiry was held on the remains, which were buried, but, so strong was the protest at this that they were ordered to be exhumed, brought back to the city, and an inquest held over them. True, no extra evidence was adduced by this, but we might ask, was there any coroner's officer appointed to hunt up evidence, or was this relegated to an ordinary constable, who should not be called upon for this duty. It is very improbable that McNally met his death other than by pure misadventure. But the enquiry was so superficial that a dozen different theories may be held concerning it, a result which can only be regarded as very unsatisfactory. There is Wilson's case, of which an unpleasant tale appeared in the daily press. Missed for several weeks, he is at last found in a snow drift some miles from town, solidly frozen, his residence and family being in the city. This death may admit of easy explanation, but that

it very properly required investigation into, few will deny. But the authorities are among that few. Their judicial reasoning amounts to, "It's only another man dead, no use in going to the expense of an inquest; a man who sits down in the snow with the thermometer thirty below zero must freeze." "Bury him," and, under the sod he goes without the semblance of an enquiry as to cause. But the circumstances which led up to his death become the nucleus for Baron Munchausen stories disquieting to many Economy in the disbursement of public money is most commendable, but economy in carrying out a statute, by which it is rendered valueless, when that statute is of vital interest to the whole community and should be observed in its minutest detail, to speak mildly, is false economy. The registration of deaths is a most important provision, and without a certificate of the cause of death from a medical man, there are few cases where, in the interests of the public, it should not be enquired into.

REFERENCE TABLE OF DOSES.

BY JOSEPH W. ENGLAND, PH. G.

In *American Journal of Pharmacy*.

DRUG.	DOSE.
Liq. Potassæ	10-15-30 m.
" Potas. Arsenit.	3-5-7 m.
	Max. 7-10 m.
" Potas. Citrat.	$\frac{1}{2}$ - 1 fl. oz.
" Sod. Arseniat.	3-5-7 m.
	Max. 7-10 m.
Lithii Benzoas.	10-15-30 gr.
" Bromidum	5-10-30 gr.
" Carbonas	3-5-15 gr.
" Citras.	10-15-30 gr.
" Salicylas.	10-15-30 gr.
Lupulinum	5-10-15 gr.
Magnesia ponderosa	$\frac{1}{2}$ - 2 dr.
Magnesii Carbonas	1-2-3 dr.
Magnesii Sulphas	$\frac{1}{2}$ - 1 fl. oz.
Magnesii Sulphis	10-15-30 gr.
Mangani Oxidum Nigr.	3-5-15 gr.
" Sulphas	5-10-15 gr.
Massa Copaibæ	5-15-30 gr.
" Ferri Carbonat.	3-5-7 gr.
" Hydrargyri	3-5-10 gr.
Menthol	1-3-5 gr.
Mist. Ammoniaci	$\frac{1}{2}$ - 1 fl. oz.
" Asafetidæ	$\frac{1}{2}$ - 1 fl. oz.
" Creta	$\frac{1}{2}$ - 1 fl. oz.
" Ferri Composita	$\frac{1}{2}$ - 2 fl. oz.
" Ferri et Amon Acet.	$\frac{1}{4}$ - $\frac{1}{2}$ fl. oz.
" Glycyrrh. Comp.	2-4-6 fl. dr.
" Magnesiæ et Asaf.	
	(for children) 10-15-30 m.
" Potass. Citratis	$\frac{1}{2}$ - 1 fl. oz.
" Rhei et Soda	$\frac{1}{2}$ - 2 fl. dr.
Morphinæ Acetas	$\frac{1}{8}$ - $\frac{1}{4}$ gr.
	Max. $\frac{1}{4}$ - $\frac{1}{2}$ gr.
" Hydrochlor.	$\frac{1}{8}$ - $\frac{1}{4}$ gr.
" Sulphas	$\frac{1}{4}$ - $\frac{1}{2}$ gr.
	Max. $\frac{1}{4}$ - $\frac{1}{2}$ gr.
Naphthalinum	3-5-10 gr.
Nitroglycerinum	$\frac{1}{4}$ - 1 - 3 m.
	(1% solution) $\frac{1}{2}$ - 2-6 gtt.
	Max. 3-5 m.
Oleoresina Aspidii	$\frac{1}{4}$ - 1 fl. dr.
" Capsici	$\frac{1}{4}$ - 1 m.
Oleoresina Cubebæ	5-15-30 m.
" Lupulini	3-5-7 m.
" Piperis.	$\frac{1}{4}$ - 1-2 m.
Oleoresina Zingiberis	1-2 m.
Oleum Chenopodii	3-5-10 m.
" Copaibæ	5-10-15 m.
" Cubebæ	5-10-15 m.
" Erigerontis	5-10-30 m.
" Eucalypti	5-10-15 m.
" Gaultheriæ	5-15-30 m.
" Juniperi	5-10-15 m.
" Menthæ Pip.	1-3-5 m.
" Menthæ Vir.	1-3-5 m.
" Morrhæ	$\frac{1}{4}$ - 1 fl. oz.
" Phosphoratum.	1-2-3 m.
	Max. 3-5 m.
" Ricini	$\frac{1}{2}$ - 1-1 fl. oz.
" Sabinæ	1-3-5 m.
" Santali	10-15-30 m.
" Succini	5-10-15 m.
" Terrebin.	{ Stim. 5-10-30 m.
	{ Anthel. 2-3-4 fl. dr.
" Tiglii	$\frac{1}{4}$ - 1-2 m.
Paraldehydum	$\frac{1}{4}$ - 1 fl. dr.
	Max. 1-2 fl. dr.
Pepsinum (scale)	3-5-10 gr.
Pepsinum Saccharatum	15-30-60 gr.
Picrotoxinum	$\frac{1}{8}$ - $\frac{1}{4}$ - $\frac{1}{2}$ gr.
	Max. $\frac{1}{4}$ - $\frac{1}{2}$ gr.
Pilocarpinæ Hydrochlor.	$\frac{1}{8}$ - $\frac{1}{4}$ gr.
	Max. $\frac{1}{4}$ - $\frac{1}{2}$ gr.
Pil. Aloes	2-3-5 p.
" " et Asafetidæ	2-3-5 p.
" " " Ferri	1-2-3 p.

DRUG.	DOSE.	DRUG.	DOSE.
Pil Aloes et Mastiches	2-3-5 p	Quinidinæ Hydro-	} Tonic..... 1-3-5 gr Antipyret 10-15-30gr
" " Myrrhæ	2-3-5 p	" Sulphas chlor.	
" Antimonii Comp.	1-2-3 p	Quininæ Bisulph.	
" Asafœtide	2-3-5 p	" Hydro-	
" Oatharticæ Comp	2-3-5 p	" chlor.	} Tonic..... 1-3-5 gr Antipyret 10-15-30gr
" Ferri Compositæ	2-3-5 p	" Sulphas	
" Ferri Iodidi	2-3-5 p	" Valerianas.	1:2:3 gr
" Galbani Compositæ	2-3-5 p	Resina Copaibae	5-10-20 gr
" Opii (1 gr.)	1-2 p	" Jalapae	1-3-5 gr
Max	2-3 p	" Podophylli	1-1-1 gr
" Phosphori	1-2-3 p	Max	1-2 gr
Max	3-5 p	Resorcinum	3-5-15 gr
" Rhei	2-3-5 p	Rheum	5-15-30 gr
" Rhei Compositæ	2-3-5 p	Salicinum	10-15-30 gr
Piper Nigrum.	5-10-20 gr	Salol	3-5-15 gr
Piperina	1-5-10 gr	Santonica	10-30-60 gr
Plumbi Acetas	} Artring. 1-2-3 gr Hæmostat. 3-4-5 gr	Santoninum	1-2-3 gr
" Iodidum		1-1-1 gr	Sapo
" Nitras	1-1-1 gr	Scilla	1-2-3 gr
Potassa Sulphurata	3-5-10 gr	Senna	1-1-2 dr
Potass. Acetas.	10-30-60 gr	Sinapis, (Emetic).	1-2-4 dr
" Bicarbonas	10-30-60 gr	Sodii Acetas.	15-30-60 gr
" Bitartr., Aper	1-1-2 dr	" Arsenias	1-1-1 gr
" Purgat	4-6-8 dr	Max	1-1-1 gr
" Brom., Sedative	10-20-30 gr	" Benzoas	15-30-60 gr
" Hypnotic	30-45-60 gr	" Bicarbonas	10-30-60 gr
" Carbonas	10-20-30 gr	" Bisulphis	10-15-30 gr
" Chloras	5-10-20 gr	" Boras	10-15-30 gr
" Citras	15-30-60 gr	" Bromid., Sedative	10-20-30 gr
" Cyanid	1-1-1 gr	" Hypnotic	30-45-60 gr
Max	1-1-1 gr	" Carboras	10-15-30 gr
" et Sod. Tartr.	} Aper 1-1-2 dr Purg 1-1-1 oz	" Carbonas Exsicc	5-10-15 gr
" Ferrocyanidum		10-15-30 gr	" Chloras
" Hypophosphis	5-15-30 gr	" Chloridum	10-30-60 gr
" Iodid., Alter	5-10-15 gr	" Choleas	3-5-15 gr
" Antisyph	15-30-60 gr	" Hypophosphis	5-10-30 gr
" Nitras	10-15-30 gr	" Hyposulphis	10-15-20 gr
" Permanganas	1-1-3 gr	" Iodid., Alternative	5-10-15 gr
" Sulphas, Aper	15-30-60 gr	" Antisyphil	15-30-60 gr
Purg	2-3-5 dr	" Nitris	1-2-3 gr
" Sulphis	15-30-60 gr	" Phosphas, Laxative	1-2-4 dr
" Tartras	1-1-1 oz	Purgative	4-6-8 dr
Pulvis Antimonialis	3-5-10 gr	" Phosph. Exsicc., Lax	1-1-2 dr
" Cretæ Comp.	15-30-60 gr	Purg	2-3-4 dr
" Glycyrrh. Comp	1-1-2 dr	" Salicylas	10-30-60 gr
" Ipecac. et Opii	5-10-15 gr	" Sulphas	} Aper. 1-2-3 dr Purg. 1-1-1 oz
" Jalapæ Comp.	1-1-1 dr	" Sulphas Exsicc	
" Cpii.	1-1-2 gr	" Sulphis	10-30-60 gr
Maximum	2-3 gr	" Sulphocarbonas	10-15-30 gr
" Rhei Comp	1-2-3 dr	" Sulphoichthyolas	3-5-10 gr
		Sparteinae Sulphas	1-1-1 gr

DRUG.	DOSK.
Spir. Ætheris Comp	1-2 1 fl dr
" Æther. Nit.	{ Febrif. 1-1 1 fl dr
	{ Diuret. 1-1 2 fl dr
" Ammon. Arom	1-4 1 dr
" Camphorae	5-15 30 m
" Chloroformi	10-30 60 m
" Gaultheriae	10-15 30 m
" Juniperi	15-30 60 m
" Juniperi Comp	1-2 4 fl dr
" Lavandulae	15-30 60 m
" Menthae Piperitae	5-10 20 m
" " Viridis	5-10 20 m
Strychnina	1-2 3 gr
Maximum	2-10 12 gr
Strychn. Sulph	1-2 3 gr
Max	1-1 1 gr
Sulphur Lotum	1-2 3 dr
" Praecipitatum	1-2 3 dr
" Sublimatum	1-2 3 dr
Syrup. Acidi Citrici	1-1 1 fl oz
" Allii	1-2 3 fl dr
" Aurantii	1-1 1 fl dr
" Calcii Locophos	2-3 4 fl dr
" Ferri Iodidi	10-30 60 m
" Ferri Quin. et Strych. Phos.	1-1 1 fl dr
" Hypophosph. Com	2-3 4 fl dr
" Ipecac. Expect.	5-15 30 m
Emetic	2-4 6 fl dr
" Krameriac	2-4 6 fl dr
" Lactucarii	1-1 2 fl dr
" Pruni Virginianae	2-4 6 fl dr
" Rhei	2-4 6 fl dr
" Rhei Aromaticus	2-4 6 fl dr
" Rubi	1-2 3 fl dr
" Sarsaparil Comp	2-4 6 fl dr
" Scillae	1-1 1 fl dr
" Scillae Comp	1-1 1 fl dr
" Senegae	1-1 2 fl dr
" Sennae	1-2 4 fl dr
" Tolutanus	2-4 6 fl dr
" Zingiberis	2-4 6 fl dr
Terebenum	5-10 15 m
Thallium	3-5 10 gr

(To be Continued.)

MISCELLANEOUS.

NEWSPAPER REGULATIONS.

1. Any person who takes a paper regularly from the Post Office, whether he has subscribed or not, is responsible for the payment.
2. If a person orders his paper discon-

tinued he must pay all arrears, or the publishers may continue to send it until payment is made, and then collect the whole amount, whether the paper is taken from the office or not.

3. In suits for subscriptions, the suit may be instituted where the paper is published.

4. The Courts have decided that refusing to take newspapers or periodicals from the Post Office, or removing and leaving them uncalled for, while unpaid for, is prima facie evidence of intentional fraud.

COCAINE is antagonistic to chloroform and ether, and the inhalation of either of these agents will allay convulsions due to poisonous doses of cocaine. The severer symptoms having been allayed, chloral may be afterwards given to keep up the effect. On the other hand, cocaine may be used as an antidote in cases of poisoning by narcotic agents, especially such as cause great depression of the respiratory and cardiac centres.

Cocaine is found to be a perfect substitute for strychnine, as it has all the therapeutic activity of that drug, without any of its poisonous qualities.

HOSPITALS.—We protest against the public hospital abuse, as tending toward the demoralisation of medical practice in our cities.

The positions in them are usually the rewards of favoritism or influence, with the exception of the internes, who are often chosen by competitive examination. In order to make a respectable showing as to the number of patients treated they vie with each other in "working up" a large list for their monthly or yearly reports.

In order to do this they disregard the requirements as to whether the applicant is fully able to pay for medical services or not. By doing so they cheat the neighboring physician out of his rightful practice, and encourage the contemptible spirit of mendicancy among a large class of people who, by rights, are not paupers. Of the many thousands daily receiving such services, a large proportion are able to pay for all the other necessities, and even comforts of life, and in addition have plenty for whiskey, beer and tobacco.—*Medical World.*

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