

Dominion Medical Monthly

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Ontario • Medical • Journal

Sent to every Member of the Profession in

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By the Medical Councils of the respective Provinces

VOL. VI.

TORONTO, MAY, 1896.

No. 5

Lactopeptine is used in all Hospitals, and has the endorsement of the Medical Profession throughout the world.

Preparations of Lactopeptine

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Represents above preparation in liquid form, combining a tonic with the digestive action. An elegant and palatable preparation.

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WITH PHOSPHATES IRON, QUINIA AND STRYCHNIA

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FOR BOTH INTERNAL AND EXTERNAL USE.
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FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.
DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

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DISEASES OF THE URIC ACID DIATHESIS.

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REALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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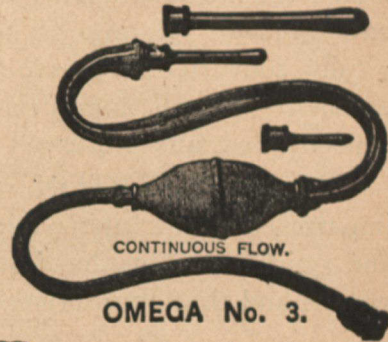
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The accompanying cut represents a young man who lost both legs by a railroad accident, one above the knee, and the other two inches below. **He is able to walk one-half mile in eight minutes**, without a cane or any assistance except his artificial limbs with rubber feet. He can perform a day's work without unusual fatigue; can go up and down stairs—in fact can do any of the ordinaries of life without exhibiting his loss.

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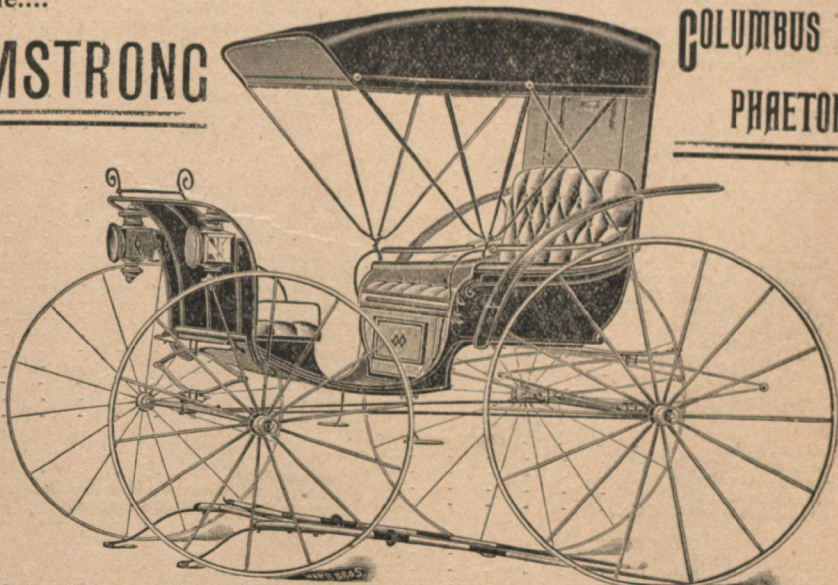
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LIVERPOOL SERVICE, VIA LONDONDERRY.

Summer Season, 1896

PROPOSED SAILINGS.

FROM LIVERPOOL	STEAMERS	FROM MONTREAL	FROM QUEBEC
April 16	*VANCOUVER	Saturday, May 2, daylight	Sunday, May 3, 9 a.m.
" 23	OTTOMAN	" 9,	" 9, 2 p.m.
" 30	*LABRADOR	" 16,	" 17, 9 a.m.
May 7	ANGLOMAN	" 23,	" 23, 2 p.m.
" 14	SCOTSMAN	" 30,	" 30, 2 p.m.
" 21	*VANCOUVER	June 6,	Sunday, June 7, 9 a.m.
" 28	OTTOMAN	" 13,	" 13, 2 p.m.
June 4	*LABRADOR	" 20,	" 21, 9 a.m.
" 11	ANGLOMAN	" 27,	" 27, 2 p.m.
" 18	*VANCOUVER	July 4,	Sunday, July 5, 9 a.m.
" 25	*SCOTSMAN	" 11,	" 12, 9 a.m.
July 2	OTTOMAN	" 18,	" 18, 2 p.m.
" 9	*LABRADOR	" 25,	" 26, 9 a.m.
" 16	ANGLOMAN	Aug. 1,	" 1, 2 p.m.
" 23	VANCOUVER	" 8,	" 8, 2 p.m.
" 30	*SCOTSMAN	" 15,	" 16, 9 a.m.
Aug. 6	OTTOMAN	" 22,	" 22, 2 p.m.
" 13	*LABRADOR	" 29,	" 30, 9 a.m.
" 20	ANGLOMAN	Sept. 5,	Saturday, Sept. 5, 2 p.m.
" 27	*VANCOUVER	" 12,	" 13, 9 a.m.
Sept. 3	*SCOTSMAN	" 19,	" 20, 9 a.m.
" 10	OTTOMAN	" 26,	" 26, 2 p.m.
" 17	*LABRADOR	Oct. 3,	Sunday, Oct. 4, 9 a.m.
" 24	ANGLOMAN	" 10,	" 10, 2 p.m.
Oct. 1	VANCOUVER	" 17,	" 17, 2 p.m.
" 8	*SCOTSMAN	" 24,	" 25, 9 a.m.
" 15	OTTOMAN	" 31,	" 31, 2 p.m.
" 22	*LABRADOR	Nov. 7,	Sunday, Nov. 8, 9 a.m.
" 29	ANGLOMAN	" 14,	" 14, 2 p.m.

Steamers marked * call at Rimouski about 7 p.m. of date they leave Quebec, to embark mails and passengers.

Steamers carry an experienced surgeon and stewardess. Special Railway Rates quoted by the Grand Trunk and Canadian Pacific Railways to Montreal, Quebec and Rimouski in connection with the Company's tickets.

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SECOND CABIN—From Montreal or Quebec to Liverpool, Londonderry, Glasgow or Belfast, \$30 to \$33; Return, \$65.50.

STEERAGE—From Montreal or Quebec to Liverpool, Queenstown, Londonderry, Glasgow, Belfast or London, \$24.50.

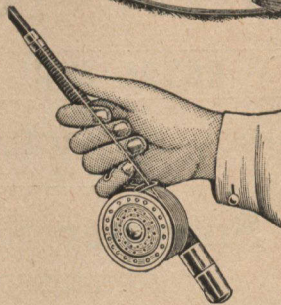
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We have had the satisfaction lately of examining the merits of two (at least) of the wines manufactured by the Ontario Grape Growing and Wine Manufacturing Co., of St. Catharines, their Golden Diana and their Fine Old Port. The Golden Diana is a very rich wine indeed, of excellent quality and put up in a most attractive form. The Old Port is, in our opinion, most suitable for use by convalescing patients. It has good body and, containing very little sugar, is very palatable. We think that physicians cannot do better than give the wines manufactured by this well-known house a good trial. Their goods can be obtained in Toronto from Josh. C. Moor, 433 Yonge Street. The advertisement of the St. Catharines firm appears on page 465 of this issue.



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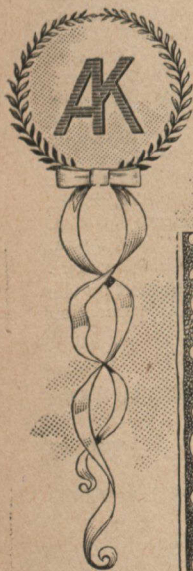
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- ANTIKAMNIA AND QUININE TABLETS, (2½ gr. Antikamnia, 2½ gr. Sulph. Quinine.)
- ANTIKAMNIA AND SALOL TABLETS, (2½ gr. Antikamnia, 2½ gr. Salol.)
- ANTIKAMNIA, QUIN. AND SALOL TABS., (2 gr. Antikamnia, 2 gr. Sulph. Quinine, 1 gr. Salol.)

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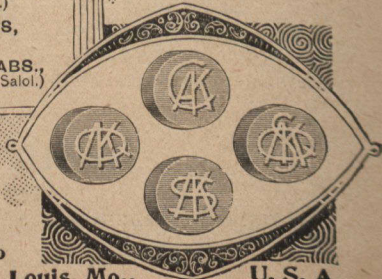
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30	"	"	2.50	"
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50	"	"	3.50	"

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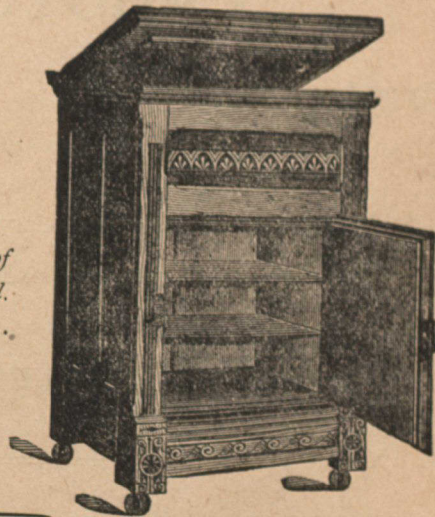
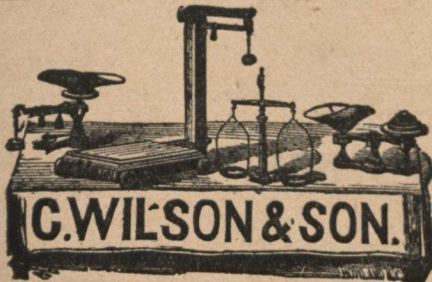
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THYREO-ANTITOXIN.—Sigmund Fraenkel (*Wien. med. Blatter*) has endeavored to isolate the physiologically active principle of the thyroid. The action of the gland was variously attributed to enzymes, ferments, globulins, etc., without experimental evidence until Schafer and Roos independently demonstrated that the properties of the extract were unaffected by boiling or the action of 10 per cent. HCl or caustic soda. Subsequently clinical evidence has shown that they are retained after peptic and pancreatic digestion; it has not, however, been possible to separate the active principles by chemical means. Fraenkel has therefore attacked the problem from the physiological side. He made an extract of the gland, precipitated the

albuminous constituents with acetic acid, and filtered. Experiments on himself and on animals showed that the washed precipitate had none of the properties of the gland, while the filtrate possessed them in a high degree. It was found to gelatinize on cooling after concentration; this was due to the presence of thyroid mucus, which further experiment showed to possess no specific properties. Some of the original extract was now taken,

LITTLE Willie from a mirror
 Licked the mercury all off,
 Thinking in his childish error,
 It would cure his whooping-cough
 At the funeral Willie's mother,
 Smartly said to Mrs. Brown,
 'Twas a chilly day for William
 When the mercury went down.

ERGOTOLE, S. & D.

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Tablets, S. & D.

Lapactic

Pills, S. & D.

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others just as good

If a placebo be prescribed, it matters little who fills the prescription. But when the issue is one of great moment, the dispenser becomes a most important party.

There are cod-liver oil "emulsions" on the market in which it is impossible to find a particle of cod-liver oil.

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Scott's Emulsion

of Cod-liver Oil, with the hypophosphites of lime and soda, contains a definite quantity of cod-liver oil thoroughly emulsified; and an exact amount of the hypophosphites.

The prescriber knows far better than the patient or the dispenser what remedy is best and whose preparation is the most reliable.

When Scott's Emulsion is prescribed, direct the patient to a druggist who will dispense this particular preparation.

The physician is often blamed for failure to cure, when the fact is his patient has not been taking what was ordered, but something else which he was told was "just as good."

Integrity and Palatability are two characteristics of Scott's Emulsion.

50 cents and \$1.00

SCOTT & BOWNE

Manufacturing Chemists, Belleville, Ont.

ACCURATE ADMINISTRATION OF LITHIA.—Wm. R. Warner & Co.'s original Lithia Water Tablets (three and five grains) admit of an accurate dosage of Lithia not to be obtained in any natural Lithia Water. These tablets are securely packed so as to maintain their permanency, in consequence of which, when a Lithia Water Tablet is placed in a glass of water it quickly dissolves, effervescing in so lively a manner as to excite the interest of the patient to such a degree, that the unpleasant thought that he is about to take a medicine, does not arise. Now that Lithia has become a valuable remedy for rheumatism, lithemia, gout, gravel, Bright's Disease, etc., these tablets are without doubt the most convenient method to administer it, as enough Lithia

Water Tablets may be carried in the pocket to make two and a half gallons Lithia Water of definite strength.

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[Continued on page 460]

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No. 72.—\$2,000 practice in village of 200, unopposed, good territory, County of Lennox. Price, \$250, for good-will and office contents.

No. 71.—\$1,800 medical practice in village of 300, with office and stable contents. The doctor is sick and must leave. Price, \$250 cash. County of Leeds.

No. 70.—\$4,000 to \$5,000 cash practice, with full introduction, in lovely section of Western Ontario, population 600, one opposition, long drives, thoroughly established. Price, \$3,000, which is not the cost of the residence which goes with practice. Terms, \$1,000 cash, balance on time. This is the greatest money-maker in the west.

No. 12.—\$4,000 practice and lovely home, in fine section, population 800, one *confreere*, thoroughly established, County of Wellington. Price, \$5,000. Terms, \$1,000 cash, balance on time.

No. 74.—A physician in Vancouver has a drug store which he cannot attend to, and is offering it at rock bottom price. It is located on the best situation and best street in town.

No. 69.—A house on Gerrard St., Toronto, which is now and has been a physician's residence for 20 years. The house being too small for present occupant it is offered at a bargain, and a good practice can certainly be expected.

Two desirable locations are offered to rent to physicians in Toronto.

THIS IS A FINE TIME TO SELL, as I can place any good opening at reasonable terms with some of my numerous registered buyers, and a number of graduating students will want locations.

The following Instruments, in perfect order, have been left on sale at very low prices: Compressed air apparatus, cost \$30.00, will sell for \$12.00. Allen's Surgical Pump, cost \$35.00, will sell for \$20.00. Aspirator, cost \$16.00, will sell for \$10.00.

✉ 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,

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No. 67.—\$2,000 practice and newly built, modern brick house, in richest part of County of Durham, is offered, with introduction, for \$2,500—\$1,000 cash, balance can remain on house. The doctor has to undergo a surgical operation which will incapacitate him for country work.

No. 64.—\$3,000 practice, introduction, road and office outfit, population 1,400, large and splendid country around. Price, \$1,000. Terms, \$600 cash, balance on time. County of Grenville.

No. 60.—The office contents in a rural village, vacated by the doctor in a hurry to secure a lucrative position, is offered for \$100—less than half what he paid—no opposition—county of Peterborough

No. 59.—\$2,000 to \$3,000 practice and lovely home, centrally located in city of 12,000, in County of Perth. Price, \$2,650. Terms, \$650 cash, balance on mortgage. Note the easy terms. Great opportunity.

No. 82.—\$2,000 to \$3,000 practice in city in Western Ontario, and introduction, to anyone renting the doctor's fine home.

No. 81.—A practice of \$100 per month, cash, is offered in village of 400, without opposition, in Alberta, N.W.T., on railroad. Appointments are worth \$400. Price, \$300 cash.

No. 77.—\$2,000 and upwards practice in a city and \$600 interest in great paying drugstore, office contents, good will and introduction, all for \$1,100. A splendid nucleus to commence on in a city.

No. 75.—\$3,000 to \$3,500 rural practice, unopposed, in village of 300, located in rich agricultural township, about thirty miles east of Toronto. Fine brick residence; two months' introduction; pay is excellent; suit Methodist or Presbyterian. Price, \$4,500. Terms, \$2,000 cash, balance mortgage on place. One of the surest country practices in Ontario.

original inventor of rubber feet, introduced an improvement which, while very simple, was of great value. It consisted simply of a longitudinal canvas, inserted from heel to toe near the bottom of the foot, the result of which was that the toe was drawn back to place and kept from mashing or turning up. This foot with the canvas brace was the standard for fifteen years, but is now superseded by what seems to be the last possible change that can be made for the better. The new invention consists of the insertion of a mattress of canvas in which is imbedded, side by side, a layer of narrow, flat, steel springs. The canvas holds them in the pocket, in which they slide freely, and the ends are capped with metal to prevent their perforating the rubber and

leaving their proper bed. The rubber which rests above this mattress is spongy, containing, therefore, a large percentage of air, increasing the lightness and also the flexibility of the foot. Further, just above the posterior end of the mattress in the heel there is a large air chamber so arranged that it cannot burst, and thus preventing the heel from matting or failing in elasticity. The operation of this steel spring mattress is to throw the toe back as it is bent in walking, and thus to materially assist in locomotion. This mechanism has been submitted to the most severe mechanical test, and found to be so durable that after being tested equal to 10,000 miles of actual walking to show no signs of giving way. By this improvement the foot is also

[Continued on page 462]

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

PHARMACEUTICAL SPECIALTIES.

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FOR ANÆSTHETICAL PURPOSES.

(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

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We claim for this absolute purity and comparative
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LYMAN BROS. & CO., LTD. - TORONTO

lightened, and now weighs from eight to sixteen ounces less than any other made, varying according to the weight of the person wearing the limb. A. A. Marks, 701 Broadway, N.Y., is the sole proprietor of this artificial foot.

THE ice cut and stored by the Belle Ewart Ice Co., whose advertisement appears on page 455 of this issue, is taken from Lake Simcoe in the direction reported by the City Health Officer as absolutely sterile of bacteria, and lying in a southerly direction from our ice house at Belle Ewart. The ice, when on the elevator on its passage to the ice-rooms and loading platform, passes under a planer, which removes the surface of the ice, and all impurities that natur-

ally accrue in the course of harvesting, thus enabling us to offer consumers absolutely pure ice in every respect. All of this company's ice is shipped from Lake Simcoe to Toronto and delivered from the cars direct to their customers. In case of failure to obtain cars, they have a supply house on the Esplanade in which is stored nothing but Lake Simcoe ice. Thus they are enabled to guarantee their customers ice from Lake Simcoe the year round. The following Toronto physicians will be glad to bear testimony to the uniform purity and excellence of the Belle Ewart Co.'s ice: Drs. E. Herbert Green, J. Orlando Orr, Edward Adams, H. J. Hamilton, G. Chambers, Charles J. Hastings, John A. Creasor, James McCulloch, J. H. Watson, R. B. Orr, A. Lynd, R. Jones.

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A SPECIAL COURSE OF INSTRUCTION

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This Course begins Tuesday, May 5th, and closes June 20th, 1896. It will consist of:

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- C. Clinics on Special Departments of Medicine and Surgery.** In Ophthalmology, Otology, and Gynæcology, two per week. In Dermatology, Genito-Urinary Surgery, Orthopedics, Laryngology and Pediatrics, one per week.
- D. Special Clinics**, one or more as required, on Modern Treatment of Diphtheria (Hospital for Infectious Diseases), Pelvimetry and Aseptic Midwifery (at the Maternity Hospital). Mental Diseases at Verdun Asylum. Medico-Legal Autopsy methods, etc.
- E. Laboratory Courses**, for which a small extra fee will be charged to cover cost of material, will begin in Operative Surgery, Clinical Bacteriology, Clinical Microscopy of Dejecta and Blood. Clinical Chemistry and Post-Mortem methods.

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Practitioners who purpose attending this Course may obtain time-tables and fuller details on application to

PROF. R. F. RUTTAN, Registrar.

IN his palmy days John Bright was fond of expatiating on the wonderful growth of the United States in material resources, and of demonstrating that its wealth was multiplying by leaps and bounds. We are reminded of the orator's favorite theme by the announcement that Parke, Davis & Co., have opened two new branch houses to satisfy the rapidly growing demand for their preparations—one in New Orleans and another in Baltimore—and by the receipt of their '96 price list, comprising over six thousand items and twenty-nine distinct lines of preparations! It is amazing how this house has grown within the past fifteen years. It has been erecting laboratories by the acre, multiplying its branches and agencies, and increasing its output of pharma-

ceutical preparations by the ton! The ground for this amazing prosperity is not hard to find—scrupulous integrity, dignified, honorable business methods, and, above all, a strenuous desire to treat professional men in accordance with professional methods. All the world knows that the label of this firm is a warrant of purity, activity and precision in the contents of the container, and the physician realizes that in his grim battle with disease he can depend upon Parke, Davis & Co.'s preparations every time.

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We now supply Chloroform containing about 1 per cent. of Alcohol, and having a specific gravity of 1490. 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.

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Photo-carb. of Iron, 3 grains. Dose—1 to 3 pills.

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Ferri Sulph. $Fe SO_4$ } = Ferri Carb. $Fe CO_3$
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Formula—Carb. Protoxide of Iron gr. ijss
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ADVANTAGES.—Does not constipate, is easily absorbed, is nerve tonic and quickly soluble. Per 100, 55c.

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Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is used with advantage in Rheumatism. Per 100, 55c.

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Formula—Sulphite Soda, - gr. 1
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Try this Pill. Used in all cases where there is no well-defined malady, yet patient is not well. Per 100, 55c.

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APOMORPHINE MURIATE1-20 gr.	60	16	DUBOISINE SULPHATE1-60 gr.	80	20
APOMORPHINE MURIATE1-8 gr.	1 10	26	ERGOTIN1-6 gr.	60	18
APOMORPHINE MURIATE1-12 gr.	85	19	ESERINE SULPHATE1-60 gr.	80	20
ATROPINE SULPHATE1-60 gr.	40	12	ESERINE SULPHATE1-100 gr.	45	13
ATROPINE SULPHATE1-200 gr.	30	10	HYOSCINE		
ATROPINE SULPHATE1-150 gr.	30	10	HYDROBROMATE1-100 gr.	75	19
ATROPINE SULPHATE1-120 gr.	35	11	HYOSCYAMINE SULPHATE1-50 gr.	50	14
ATROPINE SULPHATE1-100 gr.	35	11	HYOSCYAMINE SULPHATE1-100 gr.	40	12
COCAINE HYDROCHLORATE1-8 gr.	50	14	MERCURY CORROSIVE		
COCAINE HYDROCHLORATE1-4 gr.	90	22	CHLORIDE1-40 gr.	30	10
COCAINE HYDROCHLORATE1-10 gr.	45	13	MERCURY CORROS.		
COCAINE HYDROCHLORATE1-2 gr.	1 60	36	CHLORIDE1-60 gr.	30	10
CODEINE SULPHATE1-8 gr.	70	18	MERCURY CORROS.		
CODEINE SULPHATE1-4 gr.	1 00	24	CHLORIDE1-50 gr.	30	10
CONINE HYDROBROMATE1-100 gr.	30	10	MORPHINE BIMECONATE1-3 gr.	85	21
CONINE HYDROBROMATE1-50 gr.	60	18	MORPHINE BIMECONATE1-4 gr.	70	18
CONINE HYDROBROMATE1-60 gr.	50	14	MORPHINE BIMECONATE1-6 gr.	45	13
DIGITALINE, Pure1-100 gr.	30	10	MORPHINE BIMECONATE1-8 gr.	35	11
DIGITALINE, Pure1-60 gr.	50	14	MORPHINE MURIATE1-8 gr.	35	11

SOLUBLE HYPODERMIC TABLETS	Per Bottle 100 Tablets	Per Tube 20 Tablets	SOLUBLE HYPODERMIC TABLETS	Per Bottle 100 Tablets	Per Tube 20 Tablets
MORPHINE MURIATE1-6 gr.	\$ 45	\$ 13	MORPHINE AND ATROPINE No. 13, { Morphine Sulph. 1-2 gr. } ..	\$ 75	\$ 19
MORPHINE MURIATE1-4 gr.	50	14	{ Atropine Sulph. 1-150 gr. } ..		
MORPHINE NITRATE1-4 gr.	90	22	MORPHINE AND ATROPINE No. 14, { Morphine Sulph. 1-2 gr. } ..	75	19
MORPHINE NITRATE1-6 gr.	70	18	{ Atropine Sulph. 1-120 gr. } ..		
MORPHINE NITRATE1-8 gr.	55	15	MORPHINE AND ATROPINE No. 15, { Morphine Sulph. 1-2 gr. } ..	75	19
MORPHINE NITRATE1-12 gr.	50	14	{ Atropine Sulph. 1-100 gr. } ..		
MORPHINE SULPHATE1-8 gr.	30	10	MORPHINE AND ATROPINE No. 16, { Morphine Sulph. 1-2 gr. } ..	75	19
MORPHINE SULPHATE1-6 gr.	35	11	{ Atropine Sulph. 1-240 gr. } ..		
MORPHINE SULPHATE1-4 gr.	40	12	NITROGLYCERIN1.50 gr.	40	12
MORPHINE SULPHATE1-3 gr.	50	14	NITROGLYCERIN1-150 gr.	40	12
MORPHINE SULPHATE1-2 gr.	65	17	NITROGLYCERIN1-100 gr.	40	12
MORPHINE AND ATROPINE No. 1, { Morphine Sulph. 1-8 gr. } ..	45	13	NITROGLYCERIN1-200 gr.	40	12
{ Atropine Sulph. 1-200 gr. } ..			NITROGLYCERIN, 1-100 gr. & STRYCHNINE, 1-50 gr.	40	12
MORPHINE AND ATROPINE No. 2, { Morphine Sulph. 1-6 gr. } ..	45	13	PHYSOSTIGMINE SULPH., 1-60 gr. (See Eserine Sulph.)	80	20
{ Atropine Sulph. 1-180 gr. } ..			*PILOCARPINE MURIATE1-5 gr.		
MORPHINE AND ATROPINE No. 3, { Morphine Sulph. 1-4 gr. } ..	50	14	*PILOCARPINE MURIATE1-8 gr.		
{ Atropine Sulph. 1-150 gr. } ..			*PILOCARPINE MURIATE1-20 gr.		
MORPHINE AND ATROPINE No. 4, { Morphine Sulph. 1-4 gr. } ..	00	16	*PILOCARPINE NITRATE1-20 gr.		
{ Atropine Sulph. 1-100 gr. } ..			*PILOCARPINE NITRATE1-8 gr.		
MORPHINE AND ATROPINE No. 5, { Morphine Sulph. 1-8 gr. } ..	45	13	*PILOCARPINE NITRATE1-4 gr.		
{ Atropine Sulph. 1-150 gr. } ..			SODIUM ARSENATE1-30 gr.	30	10
MORPHINE AND ATROPINE No. 6, { Morphine Sulph. 1-8 gr. } ..	50	14	STRYCHNINE NITRATE1-150 gr.	50	14
{ Atropine Sulph. 1-100 gr. } ..			STRYCHNINE NITRATE1-100 gr.	35	11
MORPHINE AND ATROPINE No. 7, { Morphine Sulph. 1-6 gr. } ..	50	14	STRYCHNINE NITRATE1-60 gr.	40	12
{ Atropine Sulph. 1-150 gr. } ..			STRYCHNINE SULPHATE1-150 gr.	30	10
MORPHINE AND ATROPINE No. 8, { Morphine Sulph. 1-6 gr. } ..	55	15	STRYCHNINE SULPHATE1-120 gr.	30	10
{ Atropine Sulph. 1-120 gr. } ..			STRYCHNINE SULPHATE1-100 gr.	30	10
MORPHINE AND ATROPINE No. 9, { Morphine Sulph. 1-4 gr. } ..	50	14	STRYCHNINE SULPHATE1-60 gr.	30	10
{ Atropine Sulph. 1-200 gr. } ..			STRYCHNINE SULPHATE1-30 gr.	30	10
MORPHINE AND ATROPINE No. 10, { Morphine Sulph. 1-4 gr. } ..	55	15	STRYCHNINE SULPHATE1-50 gr.	30	10
{ Atropine Sulph. 1-120 gr. } ..			STRYCHNINE AND ATROPINE No. 1, { Strychnine Sulph. 1-50 gr. } ..	50	14
MORPHINE AND ATROPINE No. 11, { Morphine Sulph. 1-4 gr. } ..	60	16	{ Atropine Sulph. 1-150 gr. } ..		
{ Atropine Sulph. 1-60 gr. } ..			STRYCHNINE AND ATROPINE No. 2, { Strychnine Sulph. 1-30 gr. } ..	50	14
MORPHINE AND ATROPINE No. 12, { Morphine Sulph. 1-3 gr. } ..	75	19	{ Atropine Sulph. 1-120 gr. } ..		
{ Atropine Sulph. 1-120 gr. } ..			STRYCHNINE AND ATROPINE No. 3, { Strychnine Sulph. 1-60 gr. } ..	50	14
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Superior to Pepsin of the Hog

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A Powder.—Prescribed in the same manner, doses and combinations as Pepsin.

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It is superior to the Pepsin preparations, since it acts with more certainty, and effects cures where they fail.

A SPECIFIC FOR VOMITING IN PREGNANCY
IN DOSES OF 10 to 20 GRAINS.

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VOMITING IN GESTATION AND DYSPEPSIA

I have used Messrs. Warner Co.'s Ingluvin with great success in several cases of Dyspepsia and Vomiting in Pregnancy. In one case of the latter which I was attending a few weeks back, Ingluvin speedily put a stop to the vomiting, which was of a very distressing nature, when other remedies had failed.

ROBERT ELLITHERON, M.R.C.S., Lancaster House, Peckham Rye, S.E.

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN he cleared three out of four cases of VOMITING IN PREGNANCY.

Dr. C. F. Clark, Brooklyn, N.Y., has used INGLUVIN very extensively in his daily practice for more than a year, and has fully tested it in many cases of VOMITING IN PREGNANCY, DYSPEPSIA, and SICK STOMACH, and with the best results.

Dr. Edward P. Abbe, New Bedford, Mass., mentions a case of vomiting caused by too free use of intoxicating liquors; INGLUVIN was administered in the usual way—the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says: "I was suffering terribly from indigestion. I could eat nothing. Life was almost a burden to me. INGLUVIN was prescribed in five to ten-grain doses; the medicine was taken for about eight weeks. Result, a permanent cure.

In fact, were we to note all remarks of the profession and our experience in relation to this remedy, and report to you the cases in detail, we could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours respectfully,

WILLIAM R. WARNER & CO.

Dispensed by all Druggists.

CHOLERA INFANTUM

TREATED WITH INGLUVIN.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhoea, to a greater extent in the summer period, induces us to call the attention of the medical fraternity to the lately introduced remedy "INGLUVIN." It has been used in practice with very happy results for a considerable time. We find indigestion generally at the bottom of the bowel complaints, which INGLUVIN has almost instantly corrected alone or in combinations. It is given in the following formulas with great advantage:

INFANT FORMULA

R Ingluvin gr. xii.
Sacch. Lac. gr. x.
Misce et ft. cht. No. x.

R Aqua Calcis f ̄ ij.
Spts. Lavand. Comp.
Syr. Rhei. Arom. . . aa f ̄ ̄
Tr. Opii gtt. x.

Sig.—One every 4 hours.

Misce—Sig.—A teaspoonful every 2 to 4 hours.

In inflammatory affections INGLUVIN is combined with Subnitrate of Bismuth, equal parts, and oleaginous mixtures with Ol. Terebinth, instead of Aqua Calcis. Should the evacuation be suddenly arrested, and Tympanitis supervene, follow with a dose of oil or magnesia, or injections. In many cases of sick headache and indigestion the most happy results follow from the combining of INGLUVIN with Pp. Nuc. Vomica, the one-twentieth to one-tenth grain.

HOLLOWAY ENGLAND, Dec. 29th, 1895.

DEAR SIR:—I duly received the sample of INGLUVIN you kindly forwarded me at my request. I am very much pleased to inform you that the results achieved by it are most satisfactory. I prescribed one powder, 15 grains, twice a day, in case of obstinate vomiting during pregnancy; after taking six powders the vomiting and nausea had quite ceased, and the patient can now take her ordinary food with relish. I thank you for the sample, and beg to state that you can make what use of this letter you please.

I remain, yours faithfully,

EUSTACE DEGRUTHER, L.R.C.P., L.R.C.S., etc.

GENEVA LITHIA MINERAL WATER

STRONGEST IN THE MARKET

Recommended by Physicians in the United States

**FOR STOMACH
LIVER
KIDNEY
AND
BLADDER
TROUBLES**

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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. TORONTO SALT WORKS, 123 Adelaide Street East, Toronto—Importers.

MEDICINAL WINES



We produce them from the pure juice of the grape. Our wines are 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.**

MEDICAL MEN--ATTENTION!

The way to ensure good health to your patients, is to insist on them using

THE SCHRAM PATENT WATER GUARD.

It is very easily applied to any tap in the house, thoroughly filtering every drop of water, as well as preventing any noise from splashing. The price is within the reach of all—

For Plain Tap 50 cts.
Where Standard Hose Thread is attached to Tap 75 cts.

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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.

CONCLUSIONS OF NEW ORLEANS ANTIPHTHISIN COMMISSION.—In November, 1895, the Parish Medical Society of New Orleans, La., appointed a commission for the investigation and a public test of Antiphthisin as to its value in tuberculosis, to be made in the Charity Hospital of New Orleans, the commission consisting of the following members: Dr. Edmond Souchon, President; Dr. A. J. Bloch, Secretary; Dr. J. D. Bloom, House Physician of Charity Hospital; Prof. John B. Elliott, Prof. R. Matas, Prof. F. W. Parham, Dr. F. Loeber, Dr. Charles Chassaingnac, Dr. John H. Bemis, Dr. Joseph Holt, Dr. H. L. Lewis, Dr. P. E. Archinard, Dr. O. L. Pothier, Dr. A. McShane, Dr. C. J. Landfried. The treatment of cases began November 27th, and

its final report was presented to the Parish Medical Society at its regular meeting, March 28th, 1896. The report is voluminous and will be published in full. The following are the conclusions arrived at: *In Surgical Cases*—A consideration of the three improved cases would certainly lead us to believe that Antiphthisin has decided value, and we should commend its careful, tentative employment in such cases in conjunction with general measures, and the usual appropriate surgical operative treatment. The glandular case we consider especially encouraging. This case would seem to have required a most serious operation for the removal of the glands, with great uncertainty of ultimate benefit. The improvement under Antiphthisin

[Continued on page 468]

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

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Duncan, Flockhart & Co.,
EDINBURGH

Agent in Canada

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Samples free on application

To the Medical Profession

We will mail free to any of your patients a large sample tin (sufficient for a week's food) of

Robinson's Patent Barley

BARLEY WATER is the best diluent of boiled cow's milk for the feeding of infants deprived of Nature's Food.

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	Gr. 30
Black Haw (bark of the root)	" 60
Asparagus seed	" 30
Gum Gualacum	" 30
Henbane leaves	" 6
Aromatics	"
To each fluid ounce	

Prepared solely by
HENRY K. WAMPOLE & CO.
 Pharmaceutical Chemists,
 PHILADELPHIA, PA.

treatment would alone justify us in ascertaining that we have in this remedy a most valuable aid in the management of such cases. We beg to call attention in this connection to the case of Dr. Ambler, of Ohio, reported recently in the *New York Medical Record* as confirmatory evidence of the value of Antiphthisin in glandular tuberculosis. The hypodermic employment of the remedy would seem to be especially advantageous, if administered under careful aseptic precautions. *In Medical Cases*—(1) In nearly every case the area of lung involved decreased, if it did not clear up entirely. (2) Auscultation bore out the results of percussion, vesicular respiration replacing to a greater or less degree morbid breath-

sounds in those cases which were classed as cured, the departure from health being only such as is due to the results of every continued pneumonic process. (3) Secretion was diminished even in the cases marked only improved, and entirely absent in others. (4) Bacteriological reports in most of the cases bore out the results obtained in physical and other examinations. (5) The general condition of the patients improved in the large majority of cases, even in those whose physical examination did not show any great improvement. (6) The use of the remedy was not attended with any danger to the patient. (7) Finally, Antiphthisin does seem to have *curative* and not simply palliative qualities.



SAVARESSE'S CAPSULES

SANDAL
WOOD
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. Savarasse's Capsules have been
PRESCRIBED BY THE FACULTY IN ENGLAND FOR 50 YEARS.

Other copies of Testimonials on application

13 College Square East, Belfast, 25th Feb., 1890.

I have prescribed your Savarasse'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.

Savarasse'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 & 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 460 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

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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."

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Is Sold in Tins
by chemists etc.
everywhere

Wholesale of all wholesale houses

OVER 2,000 EYES

The Best Lenses in Steel Frames \$1.00. Solid Gold \$3.00.

Last month we told you we'd examined over 1,600 eyes in our optical department.

NOW

we've had the experience of examining over 2,000 eyes, and all within the last few months.

Careful attention to oculist's prescriptions.

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KENTS'

Sign of the Big Clock.

I. E. DOUSSAN, A.M., M.D., New Orleans, La., writes: "I have found Borine most efficient in the treatment of Stomatitis and Apothæ." In no class of cases do physicians more fully appreciate the great range of usefulness of Borine than in the various inflammations of the mouth included under the term Stomatitis, whether its origin be toxic in consequence of the destruction of the mucous membrane by the direct local action of some corrosive poison, or in consequence of the cachexia produced by some poison introduced within the system, as mercury or lead, or due to some constitutional disease. By the regular use of Borine no more toxins are formed, and the local condition is relieved, and this holds as true of a

stomatitis due to mercurial poisoning as it does of a stomatitis the result of a depraved state of the system, or one due to local, oral or buccal infection.

THE Detroit and Cleveland Steam Navigation Company's steamers are now running daily (except Sunday) between Detroit and Cleveland. When travelling East or West, North or South, try to arrange to take advantage of these luxurious steamers between Michigan and Ohio. If you are contemplating a summer outing, write A. A. Schantz, G. P. A., Detroit, for illustrated pamphlet, which gives full information of a trip to Mackinac *via* the Coast Line.

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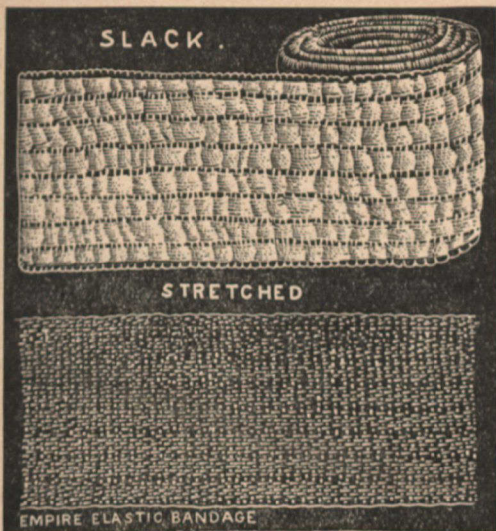
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THE EMPIRE ELASTIC BANDAGE

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.

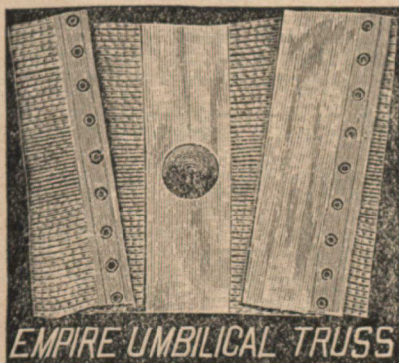
3rd. ITS ABSORBENT PROPERTIES—greatest in the "Empire."

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
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Twelve inches wide (double rubber).....	4 00

Manufactured by

THE EMPIRE MANUFACTURING CO'Y.

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URIC ACID HEADACHE.—“In my own case, individually, I have not been able to make use of the salicylates, because they always disturbed the digestion. I have tried the carbonate of lithium, but did not get good results. I have had better results from this combination of lithium with an organic acid. It has been shown that in the burning up, or the oxidation of these acids in the system, the result is the forming of carbonate of lithium in the blood-serum. There is a considerable difference in the efficacy of the carbonate presented to the system in that way, and that in which the carbonate of lithium is taken in bulk into the stomach. Moreover, in making practical experiments with the lithium preparations, I find that as between the citrate and

the bitartrate there is a marked difference in therapeutic effect. With a uric acid headache coming on, one of those absolutely paralyzing and debilitating headaches, two tablets of the Tartarolithine taken dry will, inside of twenty minutes, relieve the condition.”—E. C. KIRK, M.D., *Dental Cosmos*.

WE have been notified by that well-known New York drug house, McKesson & Robbins, that they have just published Coblenz's “Newer Remedies,” certainly the most complete list yet published. That firm are willing to send to any Canadian physician, who may desire it, a copy of this list upon receipt of post-card to that effect.

Comfortable Riding,
if the

Christy Anatomical Saddle

(THE PERFECTION IN SADDLE CONSTRUCTION) IS FITTED TO YOUR BICYCLE



Shows pelvis as it rests on
Christy Saddle.

The Christy Anatomical Saddle is moulded in anatomical conformity to the parts; comfortable cushions are so placed as to receive the bony prominences of the pelvis, and the frame being constructed of metal, maintains its correct shape under all circumstances. The horn of the saddle is just long enough to afford perfect security to the rider; it does not interfere in an uncomfortable way with the clothing, and this feature especially recommends it and is of great importance to women.

Manufacturers and dealers are notified that the Christy Saddle is fully protected by mechanical and design patents and infringers will be prosecuted. Price, \$5.00.

A. G. SPALDING & BROS.,

New York. Chicago.
Philadelphia.

Factory at CHICOPEE FALLS, MASS. Largest manufacturers in the world of Bicycles, Bicycle Sundries and Bicycle Clothing.



Shows pelvis as it rests on
Ordinary Saddle.

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.

There is a BEST in everything

And the best in Cod Liver Oil preparations is

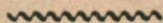
— STEARNS' WINE OF COD LIVER OIL

which, to-day (barring a largely advertised emulsion), is the best selling preparation of the oil on the druggists' shelves. The reasons are obvious, among which may be mentioned:

- 1st. It is a preparation of great merit.
- 2nd. It fills a long-felt want.
- 3rd. It is prescribed by physicians everywhere.
- 4th. It always gives satisfaction to the customer.

And it has made its own way entirely upon its merits, as it has never been advertised to the public.

.... LITERATURE SENT ON REQUEST



FREDERICK STEARNS & CO.

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

Manufacturing Pharmacists,

WINDSOR, ONT.

IT is a well-known fact that doctors are fishermen. Why it should be so cannot be explained. Now that the spring season is well advanced, it is but natural that one's thoughts should turn in the direction of hunting up last season's rod and reel. If our readers are like many more, they will probably find that their tackle requires replenishing. The firm of Wm. Croft & Sons, at 37 Colborne Street, Toronto, keeps the largest stock of rods, fishing lines and baits of any house in Canada, and we think that any doctor requir-

ing any goods in this line cannot do better than look them up or drop them a card for prices.

ILLINOIS CENTRAL HOSPITAL FOR THE INSANE.—I have repeatedly prescribed antikamnia for various neuroses with good effect. Recently prescribed it in a case of croupous enteritis, patient adult, highly nervous, and during continuance of paroxysm, and preceding it, is nervous and hypochondriacal, suffering intense pain. The case is one of long standing, and one where

[Continued on page 476]

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I beg herewith to notify the Medical Profession that I have opened my NEW

LADIES—Tuesday and Friday Mornings, admit from 9.30 till 12.30, and all day Thursday, from 9.30 a.m. till 9.30 p.m. GENTLEMEN—Every Day, Afternoons, and all Night, except Ladies' Hours.

Single Bath \$1.00. Day Tickets—six for \$5.00, or Thirteen for \$10.00. Evening Tickets (from 6 till 10). Single Baths, 75c.; Eight for \$5.00, or seventeen for \$10.00. Physicians' Tickets, 50c., or Twenty for \$10.00.

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BATHS OPEN DAY AND NIGHT

TURKISH BATHS

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Removed to their New Building, 135 CHURCH STREET, TORONTO.

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**ARTIFICIAL LIMBS,
TRUSSES AND SURGICAL
APPLIANCES.**

Poro-Plastic Jackets

For Curvature of the Spine, made to order, and warranted to fit.

We are the only firm in Canada manufacturing these Jackets.

**ELASTIC STOCKINGS,
CRUTCHES, Etc.**



THE TORONTO NURSING HOME

AND

COTTAGE HOSPITAL.

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

RECOGNIZING the demand which exists for some Institution, other than a public hospital, where the advantage of trained nursing can be obtained under the direction 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.

opium was objectionable, because of the tendency towards forming opium habit. However, opium has been used, but the effect of antikamnia has been more magical, more persistent, and followed by no digestive disturbance as has been the case when opium was used. My directions have been to use antikamnia whenever a paroxysm occurs. Have also found it invincible in protracted neuralgia.

FRANK P. NORBURY, M.D.

Jacksonville, Ill., Sept. 19, 1891.

MR. R. L. GIBSON, the popular and genial Canadian representative of the Maltine Manufacturing Co., of New York; of Reed & Carnrick, and the Palisade Manufacturing Co., of Yonkers; and of Duncan & Flockhart, of Edinburgh, Scotland, has moved from his old premises on

Wellington Street East, to 88 Wellington Street West. He has there the handsomest suite of offices we have ever had the pleasure of being in, with a cellar for storage and packing purposes, which for light, etc., is without a peer anywhere in Canada. Mr. Gibson will be as pleased as ever to see any and all physicians who care to look him up at his new address, and we can guarantee that they will be used right.

FIRST-CLASS steamboat service between Detroit and Cleveland, and Cleveland, Put-in-Bay and Toledo. D. & C. Floating Palaces are now running daily between Detroit and Cleveland, and on May 1st commenced to run daily between Cleveland, Put-in-Bay and Toledo. If you are travelling between the above

(Continued on page 478)

BOROLYPTOL

OWES ITS REMARKABLE ANTISEPTIC VIRTUE not to any one of its ingredients alone, but to the germo-zymocidal power of a combination of agents which exercises both an inhibitory and destructive effect upon all varieties of micro-organisms and their spores. This will be readily seen from a consideration of its formula, which is herewith given.

Formula of "BOROLYPTOL."—Contains in a delightful and permanent form, 5 per cent. Aceto-Boro Glyceride, 0.1 per cent. Formaldehyde, in combination with the active antiseptic constituents of *Pinus Pumilio*, *Eucalyptus*, *Myrrh*, *Storax*, *Benzoin*.

"BOROLYPTOL," while it is a powerful enemy to germ life, is absolutely non-toxic and non-irritant to the tissues. It possesses a fragrant balsamic odor and a pleasant flavor, and is devoid of staining properties. It can, therefore, be safely and effectively employed whenever an antiseptic fluid is indicated in Gynæcology, Rhino-Laryngology, Ophthalmology, Otology, Surgery or Dentistry, and internally as an intestinal antiseptic in Typhoid Fever, etc.

A sample of "BOROLYPTOL," together with a more extended treatise on its properties and therapy, will be sent to any physician upon request, by

THE PALISADE MANUFACTURING CO'Y,

88 Wellington Street West

TORONTO.

The Cleveland

Ladies' Wheel

is, par excellence, THE WHEEL OF SOCIETY.

A bicycle that can be ridden in safety by women of delicate constitution, with unnecessary fatigue, and is universally recommended by the medical profession as by far the most desirable machine to ride for promoting exercise to gain and retain health.

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THE CLEVELAND BICYCLE ACADEMY,  
Granite Rink, Church St.,  
NOW OPEN.

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H. A. LOZIER & CO.,
Proprietors, - - 169 Yonge St., Toronto.

E. R. THOMAS, Resident Partner.

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points, take advantage of a water trip and save money. Spend your vacation on the Great Lakes. Send for illustrated pamphlet. Address A. A. SCHANTZ, G.P.A., Detroit, Mich.

MOST physicians are connoisseurs regarding the quality of high-class brandies, etc., so many of which are on the market, and cracked up to be especially desirable for the use of invalids. Any of our readers writing the firm of Laporte, Martin & Cie., of Montreal, will be sent a sample bottle of their Cognac (P. Richard) V.S.O.P., that firm being anxious that the medical profession should try this very fine liquor, feeling sure that its quality is such that thereafter it will be always specified when ordering. We take pleasure in recommending this brandy.

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 Passenger Department of Santa Fe Route, contain such complete information relative to these regions as invalids need.

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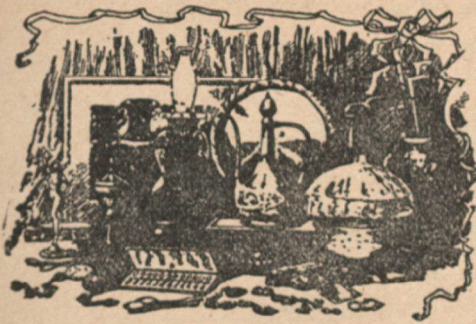
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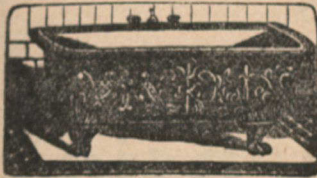
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Vol. VI.

TORONTO, MAY, 1896

No. 5

ORIGINAL ARTICLES.

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

THE CRIMINAL INSANE—A CHANGE IN THE LAW REQUIRED.

By W. J. MCGUIGAN, M.D., Vancouver, B.C.

Readers of the public press of the Dominion during the month of January of this year must have come to the conclusion that a change is necessary in the manner in which criminals arraigned for murder, and pleading insanity, are tried, otherwise the administration of justice is destined to become a farce, if indeed it is not so already. The Beauharnois case has served to bring this matter to a climax, and no matter how much we may be welded to our institutions, and however conservative we may be in regard to changing them, we should not make ourselves ridiculous by clinging to them when they have grown out of date, and have become anachronisms. Britishers, and Anglo-Saxons generally, pride themselves upon what is called the common law of England, and they have reason to do so. The spirit of the common law is the spirit of freedom, and its origin goes back to those days when our ancestors lived on the shores of the North Sea, and had not yet visited the coasts of England, or at least had no abiding place there. Under its influence have grown up those institutions of which we are all proud; to it we owe Magna Charta, the Petition of Right, and *Habeas corpus*, which are called the absolute rights of every Englishman. It is *sui generis* to the people of the Anglo-Saxon race, and has made them what they are to-day, the rulers of the world. Now, the great characteristic of the common law is its adaptability to circumstances. As Henry John Stephen remarks, "It is pre-eminently a practical system; it has broken away from the shackles of theory and technicality when, in the changing conditions of society and of propriety, justice and expediency required it. For a time the ancient rules and practice may have resisted the equitable demands of the new exigencies in human life; but when the new exigencies have shown themselves to be permanent interests in society, English jurisprudence has always found within its acknowledged frame of justice means of providing for the new rights and obligations which have sprung from the ever-widening

sphere of civilization." From this probation it will be seen that, when the circumstances of society demand a change, the flexibility of our law allows it to be done without any violence being offered to its integrity as a system, and we think most Canadians will agree with us when we say that we think the time has now emphatically come when a decided change should be made in the trial of alleged criminal lunatics.

It has been well remarked, "that the whole government of England is but a contrivance to bring twelve men into the jury box," and trial by jury is the corner-stone of the liberties of a British subject. But if trial by jury is truly a bulwark of our safety, it has also its limits of usefulness; and when pushed too far may be positively dangerous and injurious to the public security, and become an instrument of injustice. Due care is taken that juries are not allowed to decide any questions of law; they must only decide questions of fact and leave all matters of law to the judge. It is therefore admitted that as to points of law they are not to be trusted. As to matters of fact submitted to them, however, in the eyes of the law they are supposed to be infallible; but unfortunately they are not, and that is where in many cases they cease to be a protection to the safety of the subject and become positively his worst enemy. If as a practical fact juries were composed of men of ideal intelligence and were walking treatises of scientific and other knowledge, they might safely be entrusted with all matters of fact; but not to put too fine a point upon it, they are nearer being of the opposite character, and it would seem the ideal jurymen of the lawyers is almost an idiot. I remember seeing a cartoon representing a modern jury in one of the New York comic publications last summer, which, though exaggerated as it was intended to be, was only a too true picture of what a jury really is after some weeks have been spent in selecting it. It looked like a wilderness of monkeys. I was in Chicago during the impanelling of a jury in a famous trial, which took one month to secure, and recollect one good and true man was selected on the ground that he never heard of the case, because he had been living in the backwoods of Michigan or Wisconsin where newspapers never penetrated. But taking juries as we find them, they are composed of ordinary business men, laborers, farmers, mechanics, etc., *et hoc genus omne*, for the exemptions are so numerous that most of the intellectual and professional classes are excused from attendance. Can these raw and inexperienced men weigh and sift evidence with any great success even in cases which are only a little out of the ordinary beaten track? It is very doubtful. Indeed, they do the best they can, and that is all that is expected of them. But now we arrive at a point when an ordinary jury is called upon to decide between contradictory assertions made by an array of expert witnesses who have been summoned by the Crown and by the defence to decide upon the sanity of a prisoner who is arraigned for murder. Expert witnesses are admitted on both sides to be as a rule thoroughly unreliable, and medical experts are no exception to the rule. The whole expert evidence is a sort of a duel between the witnesses and attorneys for the Crown and those who are acting for the defence,

the object of both being to win over the jury under any circumstances, fair or foul; and whoever has been in a court of assize during one of these trials must admit that it would be exceedingly difficult to tell after all was over whether the prisoner at the bar was sane or insane. Much will depend upon what impression the prisoner makes on the individual members of the jury. The fact that the accused is a lunatic will not save him, if it is not accompanied with external manifestation of its existence striking enough to impress the mind of the ordinary jurymen whose ideal of a person *non compos mentis* is a raving madman, the *fou furieux* of the French authors. But the most dangerous kind of lunatic is of quite a contrary appearance, and both judges and juries are deceived thereby. And speaking of judges recalls the fact that English criminal law, both in its substance and procedure, is far behind the times in its dealings with the homicidal insane. We have just been speaking of the procedure; let us look for a moment on the other division of the subject, viz., the substance of the criminal law of England with regard to its teachings on the subject of insanity in relation to murder, larceny and arson. According to it, delusion and the knowledge of right and wrong are the tests of insanity, and an individual partially insane is equally responsible for his crime as a person of sound mind. I will here quote the language of Drs. Guy and Ferrier on these points: "To make delusion the sole test of insanity in criminal cases and especially in cases of homicide, is completely at variance with the well-ascertained facts of impulsive insanity in which the existence of delusion can be distinctly negatived, as well as in many cases of emotional insanity in which delusions form no necessary feature of the disease.

On the other hand, the test of a knowledge of right and wrong is condemned by the notorious fact that a great many insane patients, and even imbeciles, have a clear appreciation of the two ideas. Indeed, the whole management of our lunatic asylums presupposes a knowledge of right and wrong on the part of the inmates.

Nothing can be more illogical than the statement of the law in reference to the partially insane. It amounts to nothing less than an absolute denial of the significance of a state of things universally acknowledged to constitute a valid test of insanity. It will thus be seen that law and medicine are opposed to each other on what really constitutes insanity, even at the present day; but one hundred years ago, before the trial of Hadfield, for shooting at George III. in Drury Lane theatre, the legal authorities did not know the difference between mania and idiocy. Both Coke and Hale held "that to protect a man from criminal responsibility there must be a total deprivation of memory and understanding." Under all the circumstances, does it appear at all strange in trials for murder, when the plea of insanity is made, and an issue is publicly taken thereon, that a large element of farce enters into the proceedings? Whether the accused is insane or not is rarely determined to the satisfaction of anyone in our courts of law, unless, indeed, it is a very palpable case. An amendment to the criminal code in that respect is urgently called for.

In the French criminal code, Article 64, we find a more liberal doctrine laid down than in English jurisprudence. It is this: "Il n'y a ni crime ni délit lorsque le prévenu était en état de démence au temps de l'action, *on lorsqu'il y a été contraint par une force à laquelle il n'a pu résister.*" The irresistible force mentioned is such as we often find insane criminals victims of, though all the time they may clearly know the difference between right and wrong, but are pushed forward in spite of themselves to deeds of blood. Imbeciles are more likely to be affected in this way; and there is a typical case of one, A. H., who was tried in Taunton, England, March, 1868, for killing a boy, aged 13. He had been reading of murders in the newspapers till he thought that he should commit one; the thought had been in his mind for a week. He was in the habit of wandering around from place to place, and on the day of the murder had walked twenty miles armed with a big stick and a sharp knife. He had been tempted to kill two or three persons, but had abstained; but at length he killed "a poor little boy in a field," and after washing the blood off his hands gave himself up to the police. He admitted that he knew he was doing wrong, but had no power to resist. The jury in this case acquitted the prisoner in the face of the questions, "Whether he knew he was doing wrong," or "Whether he knew the difference between right and wrong," though following the strict letter of the law he should have been hanged according to his confession. In a French court he would never have reached the Assizes, as he would have been dismissed by the juge d'instruction. Having mentioned the name of this officer, it might be appropriate to give a short account of how the French criminal courts dispose of cases of insane homicides. The prisoner is first brought before the "juge d'instruction," which answers to our police court; the juge d'instruction examines the prisoner when the latter is alleged to be insane, or is suspected to be so, in order to find out whether his insanity is real or only pretended. To quote the language of the author of the work on jurisprudence which we are consulting, "Les visites et les rapports des gens de l'art, l'audition de certains témoins, peuvent servir à décider la question;" in other words, the accused is subjected to professional observation by experts on insanity (gens de l'art), and their evidence and that of other witnesses decides the magistrate as to the sanity or insanity of the prisoner. If it is decided that the accused is insane, an ordinance of what is called "non-lieu" is rendered, which is equivalent to our word, "not guilty." In the majority of cases this is the result. Everything is done decently and in order in the quiet recesses of the juge d'instruction's office, and in the prison where the accused is confined. If the party is insane he is sent to an asylum, and if thought to be sane is sent on to the next court, which is called "La Chambre des mises en accusation." He is tested there again, and if that court thinks him insane an ordinance of "non-lieu" is rendered, so that the prisoner has two chances of escape if he is irresponsible before he is finally put on his trial before a jury at the "cour d'assises." Here the question of insanity may be gone into before the public, which in the two courts above mentioned was

discussed privately. The principles are rarely put in question, though the facts are often the subject of lively discussion; but as was remarked before, there are very few persons who are really insane that ever reach the Cour d'assises. While this article was in preparation I wrote to Dr. Reinhard, of Vernon, B.C., who is a graduate of the University of Basil, in Switzerland, and by birth a German. I asked him for the procedure in Germany when a prisoner was accused of murder and pleaded insanity. The Doctor replied as follows: "In Germany such a prisoner is sent to a detention hospital, where he is watched and examined by medical experts. From there he goes either to the asylum or in the dock. I have seen malingerers who were plainly overdoing the thing handed back to the police again by some smart catch of the expert. To try the issue or hear the host of arguments of so-called experts pro and contra in COURT, is something unheard of in my country." What is to prevent some such system being established in Canada, and thus remove from our courts the occasion of many scenes which are far from edifying, and often lead to a miscarriage of justice?

CASE OF LARYNGEAL DIPHTHERIA TREATED BY INTUBATION AND ANTITOXINE ALONE.*

By DR. HORSEY, Ottawa

On Tuesday, January 21st, at 9 o'clock a.m., I was urgently called to meet Dr. Logan and to bring my intubation set. The patient, a girl of four years, was found lying limp and unconscious on the bed with a deathly expression and pallor of face, lips cyanosed, breathing rapidly and shallowly, and looking as though she had but a few minutes to live. The cornea were insensitive to touch, and the pupils were contracted.

The case seemed almost hopeless, and I was about to say so, when to the appeal, "Cannot something be done?" I resolved to incubate as a *dernier ressort*, as she evidently had but a few minutes to live if unrelieved and was past suffering distress by the operation of intubation.

She was accordingly held on her father's knee in the proper position and the tube fortunately at the first attempt inserted, when she ceased to breathe for several seconds. Windows and doors were thrown open and fans plied. Artificial respiration was thought of, when she gave an encouraging gasp, followed by fairly regular and satisfactory respiration. The face and lips gradually assumed a better color, and signs of improvement soon became plainly evident. It was decided to use antitoxine, which I went to procure, being absent about half an hour. On my return and entering the room I had the gratification of seeing the patient, who was still on her father's knee,

* Related to the Ottawa Medical Society, January 31st, 1896.

turn her head to see who was coming. She had become conscious, and was able to whisper to me.

I have Dr. Logan's consent to say that this report is not overdrawn, and that the child was *in extremis*, and had it not been for the timely intubation, would have survived but a few minutes. Five cc. of Gibier's diphtheria antitoxine were then injected by a thoroughly cleansed hypodermic syringe which held about half a drachm, three of which were given into the cellular tissue of the side of the abdomen, and the patient was left in a favorable condition.

She was visited at 5 o'clock the same day (Tuesday). Temperature 101° F., pulse 140, respiration easy and regular, coughs somewhat, has much difficulty in swallowing fluids. Given ice, calfs-foot jelly, ice-cream and a little milk. Membrane forming on left tonsil. Five cc. antitoxine injected.

I would here state that the child took ill on Sunday, that she was first seen by Dr. Logan on Monday afternoon and by myself on Tuesday morning, when intubation was effected, and that her symptoms were croupy (laryngeal) from the beginning; that the father two months previously had diphtheria, and that the mother and her six months old nursing infant, as well as the nurse, have since had it in a mild degree.

Fourth day of disease.—Had a good night, temperature $101\frac{1}{2}$, pulse soft and frequent, difficult to count, respiration 35, lips cherry red. Injected 5 cc. antitoxine. Wednesday afternoon.—Membrane forming on both tonsils, injected 5 cc. antitoxine, patient is strong, mentally clear, sleeps at intervals, coughs and has rales in throat after fluid drinks.

Fifth day.—Temperature 102, pulse soft, difficult to count—about 150, respiration easy and noiseless. Skin generally has a dusky, inky hue, with a fulness of its vessels. Injected 5 cc. antitoxine. Pulse 140, fuller and more easily counted, bowels moved by copious injection of warm water.

Sixth day.—Looks bright, passed a good night, respiration languid, temperature normal, pulse 120, patches on tonsils ceased to spread, and at places are thinned so that the tonsillar tissue shows through. The bluish, inky appearance of skin has gone (has not been washed). The left cheek and skin below the jaws are puffy and erythematous. No glandular enlargement. The same favorable condition continues.

Seventh day.—Passed a good night, looks bright, temperature 99, pulse 145, respiration natural except in frequency. Membranes in throat disappeared. Tube, after being in over four days, was removed with difficulty (at twelve o'clock noon), after which breathing was not so free. By 4 p.m. the whole aspect of the case was so changed for the worse and the breathing so embarrassed that the tube was reinserted. Breathing was improved, but not nearly so easy as before it was removed, owing, I think, to its faulty position, having been partially withdrawn from the larynx by the instrument that introduced it. This opinion is strengthened by the fact of the tube suddenly falling out upon the floor, when the father who carried the child in his arms while her head hung over his shoulder with its face downwards, suddenly threw her up over his shoulder when her head suddenly and forcibly

fell forwards with the above stated result. The tube was at once readily reinserted and breathing immediately became easier than before. Patient again presents a favorable appearance; temperature $101\frac{1}{2}$, pulse 140, respiration 48; has taken little nourishment the past twenty-four hours. Moist rales in right lung.

Eighth day.—General aspect good, rested well, intellect clear, tube gives no discomfort, not as much mucus and saliva spat up as during the previous two days, some moist rales in right bronchus; temperature $99\frac{2}{3}$, pulse 120, respiration 48. Has taken considerable food.

Ninth day.—Passed a quiet night, breathing fast (50) though easy, temperature $101\frac{1}{5}$, pulse about 150. Takes milk, the greater part of which is returned. Takes jelly, ice-cream and thick Nestles food fairly well, which she has a desire for. Injected 2 cc. antitoxine.

Tenth day.—Was quiet last night, but slept little, cheeks flushed, seems weary and duller. Respiration 58, pulse 140, temperature $101\frac{1}{2}$, moist rales throughout right lung with free crepitation at the base, also to a lesser degree in the left; no dulness on percussion. Has taken little food since yesterday. Is not so promising. Seems changed for the better in general aspect, but pulse, temperature and respiration do not confirm it.

Eleventh day.—A quiet night, but did not sleep much, looks jaded. Respiration 60, pulse 140, temperature $102\frac{2}{3}$, rales in right lung general, large and moist, also crepitation, no dulness. Rales in the left bronchus. Is restless, continually changing position, though respiration did not appear obstructed or difficult. It was decided after much uncertainty to again remove the tube, which was done with unusual difficulty, adding to her already critical condition and distress. For half an hour after removing the tube respiration seemed somewhat improved, but her condition rapidly became worse, and she died at 6.30 p.m., about two hours after removing the tube. No post-mortem.

REMARKS.

The case presents several points of interest and instruction.

Firstly.—That in acute laryngeal diphtheritic obstruction where death is imminent from apnoea, it is never too late to intubate while the respiratory centre is not seriously implicated, as was in this case inferred from the contracted pupils. Though the respiratory centre and pupil centre are not the same, they are closely allied. The third nerve centre which regulates the pupil is usually influenced before the respiratory centre in narcosis, and serves to warn us of danger, a contracted pupil meaning safety.

Secondly.—The rapid recovery of the child to consciousness proved that its abolition was due to (apnoea) carbonic acid narcosis and not to an overwhelming dose of diphtheria poison.

Thirdly.—Had the patient died at the time of first intubation the disease might by some have been thought one of croup, as no membrane appeared in the fauces till the evening of Tuesday. It was an error, as subsequent insertion demonstrated, to have removed the tube on the first occasion, and

perhaps so on the last. But in the first instance, as the breathing was easy and regular, the temperature had fallen to normal, the membrane had disappeared from the fauces, along with the difficulty and danger of deglutition the tube occasioned, it was thought advisable if possible to do without it.

It had not been in so long as some cases reported by others, but longer than any of my previous cases of intubation, a few of which were reported in this journal a year ago. The difficulty in removing the tube to me was a new experience and I cannot account for its being held so tightly.

The difficulty in swallowing liquids which was much greater than in any of my previous cases, suggests in future, where it exists, feeding by an œsophageal tube, as we were prepared to do at one visit, but a reported improvement in swallowing caused it to be deferred. The significance of the moist bronchial rales and their prognostic value were difficult to estimate, to what extent they were caused by secretions in and about the tube, or how much to the entrance of liquids through it into the bronchi, or how much to septic bronchitis. The moderate elevations of temperature and disproportionate number of respirations and pulse are difficult to estimate. Death apparently began at the lungs from apnoea, rather than from aspsis.

It is rarely that the treatment of a case of diphtheria is confined to the two most approved agents at our disposal, enabling the value of each to be more accurately determined. In the case under consideration antitoxine did play a part, most probably in dissipating the membrane, and favorably influencing the disease, while there were no indications that it had any untoward effects. The patient had apparently outlived the diphtheria and succumbed to broncho-pneumonia. It is quite certain that intubation saved the patient from an earlier death, and thus afforded time for the action of the antitoxine, and another chance of life.

WHAT IS A FATAL DOSE OF CARBOLIC ACID?*

By J. J. CASSIDY, M.D., Toronto.

The following report containing the history of a recent case of carbolic acid poisoning, and summaries of six other cases, recent and remote, is respectfully presented as a contribution to the solution of the question taken as the title of this paper :

On May 13th, 1895, 11 p.m., Mr. H., a gentleman who lives about two hundred yards from my house, rang my office bell. I admitted him and immediately observed the peculiar odor of carbolic acid which proceeded from his person. He informed me that about thirty-five seconds before he had swallowed a wineglassful of the common brown carbolic acid, such as is

* Read before the Board of Health of Ontario.

used for drains. He had taken it in mistake for fluid Cascara Sagrada. Recognizing his mistake, he dashed out of his house and ran swiftly to my office. His lips, tongue and the mucous membrane of the mouth presented the usual appearance of carbolic acid poisoning. I gave him immediately thirty grains of sulphate of zinc dissolved in about a wineglassful of whiskey and water. Vomiting began soon and was kept up incessantly by introducing the tube of a stomach pump into the gullet. It was my intention to wash out the stomach, but the mere introduction of the tube into the gullet seemed to bring on emesis, so that I did not pass the tube into the stomach. Some food and large quantities of mucus smelling strongly of carbolic acid were vomited. This emetic treatment was kept up for an hour. Before vomiting began, the patient seemed about to fall into a state of coma, and acted very much like a drunken man. Afterwards, while able to talk and walk, he could not see objects properly. He said that a general brightness seemed to surround him. At 12 midnight, I gave him an ounce of olive oil to drink and an emulsion consisting of

R Ol. Olivae	℥ i
Potass Carb	grs. xlv.
Aq. Menth Pip.	℥ viii.

Sig. ℥ i. every 2 hours.

He walked home with a friend.

May 14th, 10 a.m.—The patient had spent a restless night, hawking and spitting up phlegm. The urine, voided at 4 a.m., was dark green in color. Pulse 88. A careful examination of the glass which he had used showed that he had taken exactly eleven drachms of brown carbolic acid. I prescribed half an ounce of sulphate of magnesia in milk, and ordered a diet of milk and lime water.

May 15th—The bowels had been freely moved, the fæces being very dark and smelling strongly of carbolic acid. The urine was no longer dark green in color, though far from natural. The mucous membrane of the mouth and lips was beginning to peel off; the throat was tender, the mouth not so. Milk diet continued. Patient strong; went out riding on his bicycle.

May 23rd—Felt well; the only abnormal sensation which remained was a partial loss of the sense of taste.

In Taylor's *Medical Jurisprudence*, referring to the poisonous dose of carbolic acid, the author says: "A woman died from swallowing a wine-glassful of carbolic acid, probably a weak aqueous solution. She did not speak after taking it, and died in about half an hour. In 1867, a child under two years was brought into Guy's Hospital under the effects of this poison. It had taken two teaspoonfuls of the ordinary brown liquid carbolic acid. This proved fatal in twelve hours. In another case a tablespoonful proved fatal to a young man. It has caused death rapidly. In a case which occurred to Mr. Jeffrey, an adult died in fifty minutes after taking from one to two tablespoonfuls of the liquid acid."

In 1890, a night-watchman was brought into one of the London (England) hospitals, who had swallowed three ounces of common brown carbolic acid, such as is used for drains, thinking that it was cold tea. He presented all the well-known symptoms of poisoning by carbolic acid, and passed rapidly into a state of coma. The stomach pump was used, and the stomach washed out with water; artificial respiration and hypodermic injections of ether were employed, but without avail, as the patient died in forty-five minutes after taking the poison.

At page 64, Annual Report Provincial Board of Health, 1889, I reported the case of a boy of four years of age, who drank about a tablespoonful of liquid, which was lying in a glass over about half an ounce of carbolic acid in crystal. Emesis was established in about five minutes. The patient subsequently passed into a state of collapse, requiring the use of hot blankets externally and stimulants internally. He rallied from the collapse. Olive oil in teaspoonful doses three times a day was prescribed, and milk diet ordered. He recovered. He was a strong child.

The rapid recovery of Mr. H., after taking almost one and one-half ounces of carbolic acid, must, I think, be put down to two causes: (1) the rapid establishment of emesis; (2) a strong constitution. The recovery of the child who was treated in 1889 must, I think, be attributed to similar causes.

A dose of three ounces of carbolic acid would probably be fatal to a strong adult man, in spite of the most rapid and enlightened treatment.

In view of the fact that prescriptions containing carbolic acid are frequently ordered, and that it is frequently purchased by people without prescriptions, the following recommendations seem timely: (1) That physicians prescribing carbolic acid direct it to be dispensed in peculiarly shaped bottles, which, as I am informed, are now manufactured for such purpose, and can be as readily obtained as ordinary prescription bottles. (2) It is at present customary for physicians ordering remedies, lotions, etc., containing poisons such as carbolic acid, to write directions as for any remedy not possessing toxic properties. The danger of this custom will be at once apparent to you. It is now, I believe, the custom amongst druggists to supply carbolic acid in unlimited quantities to any person, responsible or otherwise, who may apply for it at the counter.

This custom cannot be too strongly denounced, owing to the dangerous nature of the drug; and in view of the fact that, of late years, so many serious accidents have resulted from the careless handling of this drug, I strongly recommend the passing of such legislation as may be found necessary to safeguard carbolic acid, which, although a very valuable remedy, is also a dangerous poison.

The report was adopted, and the Committee on Foods and Poisons was instructed to co-operate with the Ontario College of Pharmacy in obtaining legislation such as was indicated in the report.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

The regular meeting of the Toronto Medical Society was held on February 27th, 1896, Dr. Oldright in the chair.

The minutes of last meeting read and adopted.

Dr. Gilbert Gordon reported a case of carcinoma of the rectum followed by secondary infection of the liver. The patient was an energetic, active, business man, whom he treated first on the 27th of July for a pain between the ribs and the ilium, and constipation. The fæces were made up of small balls. The pain increased and was accompanied with hemorrhage from the rectum, which it was thought was probably due to piles. There was a certain amount of prolapse of the bowel. The condition was relieved by astringent enemata. On a careful examination made about the 1st of September, the liver was found to be noticeably large, and it increased in size rapidly and soon a nodular condition could be noted on palpation. Malignant disease was suspected. Several eminent men of the profession were consulted, but none of them thought it was cancer. One of the most marked symptoms was constant dryness of mouth and throat (probably due to gastritis), which caused a great deal of discomfort and was difficult to treat. All sorts of washes were tried, but without effect. The pain which was particularly severe on movement, was easily controlled by morphia. The dose at first was a quarter of a grain; the amount before death reached six grains per day. He was

able to continue at his business till four weeks before death. Restlessness and irritability were prominent symptoms. There was no jaundice present except a slight passing attack on one or two occasions. Towards the last, œdema of the lower extremities and ascites were quite marked.

Dr. C. J. Hastings asked what was the diagnosis made by the other medical men who saw the patient.

Dr. McPhedran said the absence of jaundice was not a matter of surprise, as there was doubtless no obstruction to the ducts.

Dr. Anderson reported on the post-mortem condition. The liver weighed twelve pounds and was studded with carcinomatous nodules which had begun to degenerate. The primary focus was found in the rectum. There was there a lacerated surface which involved the whole thickness of the wall. There was no obstruction to the lumen as the cancer had sloughed away as it grew, so that the tumor in the rectum seemed comparatively insignificant. Microscopical section showed it to be a malignant adenoma. The tubules were filled with epithelium which in many spots had broken through the membrane.

Dr. C. J. Hastings presented a specimen of myxomatous degeneration of the placenta. He said an interesting feature of the case was the difficulty of diagnosis. The patient had been married a year and a half and this was her first pregnancy. She had used all efforts to restore the menstrual function. About six weeks ago he was called in. The patient was complaining of having a slight bloody discharge. She had been drugging herself without effect and

had introduced a catheter and injected water, which had given rise to severe pain; but this had subsided. On examination, no dilation was found; there was a slight sanguineous discharge. She was ordered to bed and given uterine sedatives. The condition continued about ten days or two weeks. Patient was kept in bed four weeks, but at the end of this time the condition was not improved; and as her general health was suffering, she was allowed to get up. As far as he could learn, there was no discharge from the cyst. She went on to the fifth month. The uterus did not seem any larger than one would expect to find in a case of normal pregnancy. On examination the cervix was found to be dilating satisfactorily, and as there was little or no hemorrhage, the case was left to nature. After six hours of pretty severe labor pains, the Doctor introduced two fingers, getting the mass away. He could not discover the fœtus. He called attention to the fact that this condition had been referred to as a hyatid mole, which was improper. It was generally agreed that the vesicles were formed from the chorionic villi which had undergone proliferation followed by myxomatous degeneration. The cysts contained mucin, albumen and salts. He called attention to the fact that they had been improperly compared to a bunch of grapes. But the cysts, instead of each having a separate connection, were each attached to the other by a pedicle. The condition must, of necessity, occur during the first ten weeks of pregnancy; after that date the villi become vascular and the placenta definitely formed. The cause was supposed to be on the

maternal side. It occurred very rarely in primiparæ. He thought in the efforts to bring on the miscarriage, the ovum had been disturbed and that a sub-acute inflammatory condition had been brought about in the endometrium or in the membranes of the ovum itself, giving rise to the slight discharge. The health of the patient was very good all the way through. There were no pains in the lumbar region.

Dr. Oldright reported having seen a specimen before, which was contributed by Dr. Winstanley to the Pathological museum.

Dr. A. R. Pine reported having had a case in practice occurring about the fifth month, which was very similar to the one presented.

Dr. W. J. Wilson said that he had seen one which was very much easier to diagnose than the one reported. The uterus enlarged very rapidly. He did not remember finding any fœtus. In that case there was no attempt at interference.

Dr. King gave a demonstration of the apparatus used in producing photographs by the X rays. He described how Prof. Roentgen had accidentally discovered this method, and gave the history of the experimentation that followed it. Hertz and Lenarder had some three years ago found that a sensitized plate was affected by rays coming through aluminum into a tube of high vacuum. The Doctor referred to the various experiments that had been made in photographing various parts of the body, and spoke of its possibilities. Experimentation for the time was checked by the scarcity of Crooke's tubes. He referred to the advance

in the method that had been made in the University of Toronto by reducing the time of exposure to a few seconds by the use of a bell-jar.

The next meeting of the Toronto Medical Society was held March 5th, 1896, Dr. Oldright in the chair. Minutes of last meeting were read and adopted.

Moved by Dr. Edmund E. King, seconded by Dr. J. N. E. Brown, That it is with the most profound regret that we have learned of the sad death of Dr. Laughlin McFarlane.

The circumstances surrounding the case and nature of his accident vividly present the dangers that daily surround the members of the profession; yet he did not shirk any duty. He was overtaken in active hospital work by an enemy that has claimed as its victims many medical practitioners.

The profession at large has lost one of its most popular and enthusiastic members; the profession in Toronto, one of its most prominent practitioners; the University, a senator whose wise counsel was much appreciated and a professor of great ability; the General Hospital, one of the most active and energetic members of its staff; his friends, one who will be missed more than words can tell; and his wife, a loving and faithful husband.

That the members of the Toronto Medical Society desire to express to Mrs. McFarlane their most sincere sympathy at her great loss.

The Secretary was instructed to have this resolution engrossed and a copy sent to Mrs. McFarlane.

Dr. Garrett reported a case in

practice. The patient had always been in good health up to the time the Doctor was called to see him. He was suddenly attacked by a very severe pain in the abdomen. When the Doctor arrived, he was rolling about the floor. Morphia was administered and the patient ordered to bed. The pain was not localized over any particular spot. The temperature taken a few hours after was 101°. The pain was controlled by hot applications externally and morphia internally. Warm water enemata were used. The diagnosis was uncertain. The patient suffering from an exacerbation of symptoms, the Doctor was immediately called, but before he arrived the patient was dead. Two other medical men saw the case; one thought it was volvulus, the other appendicitis. Post-mortem examination by Dr. H. B. Anderson showed an inflammatory condition of the peritoneum, and after a close search a small round ulcer in the posterior wall of the stomach was found.

Dr. E. H. Stafford read a paper on "Epilepsy in the Insane." In opening his paper, the essayist drew attention to the various manifestations of the disease. The leading authors had described no less than sixty-five varieties. Now, however, the classification had been simplified into three well-defined varieties, Grand Mal, Petit Mal and Jacksonian epilepsy; the first being marked by muscular convulsions and unconsciousness, the second by loss of consciousness without convulsions, and the third by convulsions without loss of consciousness. The Doctor drew graphic pictures of the clinical symptoms as he had observed them in the asylum

wards, particularly those of Grand Mal. He cited several extremely interesting cases of Petit Mal, some of which were marked by an attack of unconsciousness which lasted but a few moments, and others by an attack which lasted a number of days or weeks, of which the patient afterwards had no distinct recollection. Patients who exhibited this last phenomena, and who often wandered about in the community, perhaps lost to their friends entirely, seemed to be dominated by another Ego. The various forms of treatment were then referred to. That recommended most highly by the reader of the paper was strict attention to hygienic dietetic measures. Generally, he believed, these patients were drugged too much. The various causative elements of the disease were then mentioned. Special attention was given to the hereditary element. It would be found in most cases that those afflicted belong to families in whom there were some marks of degeneration. An interesting point adverted to was the comparative immunity from this form of nervous disease among our forefathers in the early days of New England, or in Canada before 1850. The Doctor then gave some statistics in regard to the time of life the disease manifests itself. In regard to the pathology of the disease, the Doctor drew attention to the various conditions coexisting with, if not causative of, its manifestation—syphilis, disease of the peripheral nerves, the various forms of meningitis, abscesses, tumors, the various sclerosis of the brain and cord, cerebral embolism, hæmorrhage, etc. Then there was the idiopathic

variety in which no gross lesion was demonstrable.

This paper was discussed by Drs. Oakley, Starr, Carveth and Oldright.

J. N. E. BROWN, *Sec.*

PASTEUR MEMORIAL.

At the first quarterly meeting, a deputation from the Provincial Board of Health, consisting of Drs. Macdonald, Covernton and Cassidy, was appointed to wait on Sir Oliver Mowat and the Cabinet, in order to request that the Province of Ontario should contribute to the erection of a memorial in honor of the French *savant*, Louis Pasteur. February 28th was fixed by appointment for the interview. Dr. Macdonald, chairman, being unable to be present, Dr. Cassidy introduced the deputation, to which Dr. Bryce had been added, explaining the object of their visit, and then requested Dr. Covernton to read the following address :

To Sir Oliver Mowat and Gentlemen of his Government :

As instructed by the Provincial Board of Health, we, as a special committee of that Board, beg to bring to the attention of your Government, the loss which the whole world, and especially the world of science, has sustained in the recent death of the renowned French *savant*, Louis Pasteur.

The Pasteur Institute, established by the French Government and supplemented by gifts from other nations, is already an enduring monument of his great and world-wide services ; but the immediate disciples of this

great Master of Science are desirous of paying some last tribute to his memory, which will be an international testimony to those works and services to the world, which have rendered his name immortal. To them and to all who enjoyed his friendship, he was specially the counsellor and friend, the guide and assistant. Persistent in ideas, he was always a well-wisher and understood the art of showing constantly in daily intercourse that a great man might also be a good man.

France, by the Government, and Paris, by its population, gave to this illustrious man a funeral to be remembered. There were assembled in the sorrowing crowd, the Minister of Public Instruction, and the deputies, and the national troops to honor him at once, both as a *savant* and a patriot.

Beginning his investigations as a chemist, he proceeded from theories with regard to the methods of crystallization of salts, to inquiries into the nature of fermentation. Its vital character, so long contested, was revealed by him in his studies on wine and beer, as being due to microscopic beings, which assist in the essential mutation of organic matter and which are as the secret workmen and the invisible witnesses of the most profound phenomena in nature.

From this time forward Pasteur is the master of these ferments or minute beings, and commences the work of cultivating and modifying them at his will, and adapting his knowledge to the wants of the sciences.

By natural sequence the study of ferments led Pasteur to the study of

those diseases affecting the human and animal bodies. He proved that like the ferments, their viruses were living though minute organisms, and thus began a revolution in hygiene and medicine. He gave to surgery the boldness and serenity which have facilitated the most marvellous operations and definitely enlarged the horizon of the possible. The doctrine of the spontaneity of virulent diseases was destroyed, and the possibility of inoculating the human and animal bodies, protecting them as by vaccination against the invasion of disease, was demonstrated. In cases which formerly were desperate, Science is now mistress, exorcising the most dangerous conditions by her antiseptic methods, and preventing changes from the growth of microscopic bodies, which are both a menace and danger to life.

From vaccination, which in the beginning was little more than empiricism, he conceived a reasonable theory and enlarged its applications. His successive studies on anthrax, which had annually its hundreds of thousands of victims in cattle and sheep, on the silk-worm plague, on fowl-cholera, and in hydrophobia were all as pearls from the infinite depths of ocean; and these investigations continued by his students have now taught the mysterious origins of tuberculosis and diphtheria, and something of nature's methods of antidoting their virulence or of establishing a cure.

All these discoveries characterize the wise and prudent progress and glorious halting-place of some of the most marvellous scientific conquests which have been yet given to men.

Now the modified poison has become not only inoffensive, but actually the the antidote agent of cure against the most formidable virus.

But it is impossible to express in adequate terms or in fitting language the wonderful achievements of this greatest necromancer of the nineteenth century. There is not a field of the natural sciences where his influence has not penetrated, not a branch of agriculture in the history of plant-life, or as affecting the health of farm animals, which is not feeling the vitalizing influences of his teachings as to the economic value of sunlight and oxygen on the growth and development of plants, or in protecting the millions of farm animals against disease. The industrial arts have in some fields been metamorphosed, even revolutionized by his discoveries, while medicine, empirical since Hippocrates, has at last found a solid scientific basis, which even within twenty-five years has banished the cholera and the plague from Europe and America.

To medicine he has been the light-bringer, and to the world the giver of life wherever the rays of this source of light have penetrated.

The different Governments of Europe are contributing to a memorial to this illustrious benefactor of his race. Local committees and private individuals are everywhere co-operating with the central Paris committee to commemorate the deeds of the glorious hero, who has shown it to be nobler to save life than to kill, to prevent evils than to cure them; and your Provincial Board of Health would respectfully submit to your Honorable self and Government, that

this enlightened and progressive Province recognizes what the life of Louis Pasteur has meant for the health, happiness and prosperity of its people.

Signed on behalf of the committee,
C. W. COVERNTON, M.D.,
J. D. MACDONALD, M.D.,
J. J. CASSIDY, M.D.

Sir Oliver Mowat replied in a very kind manner, and intimated that his Government would contribute to the fund for the Pasteur memorial.

THE AMERICAN ORTHOPEDIC ASSOCIATION.

The 10th Annual Meeting of the American Orthopedic Association is to be held in Buffalo, N.Y., May 19, 20 and 21. Dr. R. Whitman, 126 W. 59th Street, New York, is President, and Dr. John Redlon, 103 State Street, Chicago, is Secretary. A large number of valuable papers will be read by the principal orthopedists of America, including such well-known men as Drs. Sayre and Gibney, of New York, and our own Dr. B. E. McKenzie, of Toronto.

CANADIAN MEDICAL ASSOCIATION.

The Canadian Medical Association meets in Montreal, August 26th, 27th, and 28th. We are informed by the ever-popular Dr. Freddy Starr, that this meeting is to be the best yet. It is expected that a larger number of physicians will be present than ever before. Come one, come all.

Legislation.

READY REFERENCE NOTES ON THE ACT RE BIRTHS, MARRIAGES AND DEATHS, 1896.

NOTES ON SECTIONS OF CAP. 17, 59 VICT., 1896.

We feel sure that the following matter will be of interest to all our readers:

In order to have the provisions of the new Act put into force at once, it has been thought advisable to not only forward copies of the new Act, which should be carefully examined, but also to direct the attention of Division Registrars to some of the details therein contained. Referring to sections in their order—

7.—(1) Provides that applications for searches in records shall be made to the Registrar-General, accompanied by a fee of 25 cents for each search; and sub-sec. (2) requires the payment of a fee of 50 cents for every certificate issued.

11.—(2) Provides that returns shall be made by Division Registrars half-yearly on or before the 15th days of January and July in each and every year. Sec. 11, sub-sec. (3) requires that the returns received by Division Registrars shall be indexed in books prepared according to the form prepared by the Registrar-General and supplied at the cost of the municipality.

11.—(4) Provides that returns shall be made to the Registrar-General on or before the 5th day of every month by Division Registrars of all deaths from contagious diseases according to the form supplied by the Registrar-General.

12. Burial certificates shall be delivered without fee to any person requiring the same for burial, according to the form prepared by the Registrar-General stating that the particulars of such death have been duly registered.

FORM B. ISSUED BY THE REGISTRAR-GENERAL OF ONTARIO. RETURN OF DEATH.		By Order of the Registrar-General. F. R. F.
County	Died	
Name and Sex	M. P.	
Date of Death		
Age		
Occupation		
Where Born		
Cause of Death and length of illness		
Name of Physician		
Religious Denomination		
Date of Return		
Signature of Person making Return		

427 Neglect on the part of any parent, householder or physician to comply with the Act relating to Births, Marriages and Deaths, is subject to a penalty of \$10.00. Secs. 21, 22, 59 Vict., cap. 17, 1896.

13. Requires Division Registrars to make diligent inquiry concerning births, marriages and deaths and to notify the proper person to register the same. It is advised that a blank card be placed in the small envelopes prepared for this purpose and addressed to the persons required by law to register. If after notification such registrations are neglected, Division Registrars are required to send in a list of persons so neglecting to the office of the Registrar-General and addressed to the Inspector.

14. Provides for Division Registrars correcting errors of registration within

one year or sending the correction to the Registrar-General for correction.

15. Provides for registration of births by the parent or other person responsible therefor within *thirty* days of birth.

By Order of the Post-
master-General.
F.R.E.E.

**ISSUED BY THE REGISTRAR-GENERAL OF ONTARIO.
RETURN OF BIRTH.**

County..... Div.....

Name.....
Sex, and Date of Birth.....
Name of Father.....
Maiden Name of Mother.....
Occupation of Father.....
Physician in Attendance.....
Remarks.....

Date of Return.....
Signature of Person making Return.....

⚠ Neglect on the part of any parent, householder or physician to comply with the Act Relating to Births, Marriages and Deaths, is subject to a penalty of \$10.00. Secs. 15-16, 39 Vict., cap. 11, 1896.

16. Provides for registration of births, *forthwith*, by medical practitioners attending at such births, on the forms supplied to them through the Division Registrar, which will be supplied by the Registrar-General from time to time as asked for.

17. Provides that no birth can be registered without the consent of the Registrar-General if neglect has continued for a longer period than *one year* from date of birth.

19. Provides that the alteration of the name of any child shall be made only by the Registrar-General, and within ten years from date of birth.

20. Provides that all marriages

shall be registered within *thirty* days from date of their celebration.

21. Provides for the registration of every death by the person responsible therefor *before the interment of the body*.

22. Every medical practitioner shall *forthwith* send the certificate of death to the Medical Health Officer in the case of cities, towns and villages, and to the Division Registrar in townships and in those cities, towns or villages where no Medical Health Officer exists.

23. No removal for burial or no interment can legally take place until the certificate, according to the form prepared by the Registrar-General, has been signed by the Division Registrar, except in the case of deaths from contagious diseases in townships, when the nearest Division Registrar may issue a burial certifi-

Form C.
**ISSUED BY THE REGISTRAR-GENERAL OF ONTARIO.
MONTHLY RETURN OF CONTAGIOUS DISEASES.**

County..... Div.....

Name of Disease.	Deaths during Month.	Source of Epidemic, where known.
Small-pox		
Scarlatina		
Diphtheria		
Measles		
Whooping Cough		
Typhoid, or Malaria		
Tuberculosis (or Consumption)		
Remarks		

Date of Return..... Sig. of Division Registrar.....

⚠ Every Division Registrar shall, on or before the 5th day of every month, make a Return of all deaths from Contagious Diseases occurring within the preceding month. Sec. 11, sub-sec. 4 of Act Relating to Births, Marriages and Deaths. Cap. 11, Vict. 39, 1896.

By Order of the Post-
master-General.
F.R.E.E.

cate, to be endorsed by the Medical Health Officer of the municipality. This provision is to facilitate speedy private funerals, and to prevent exposure to contagious diseases and transportation of contagious diseases on trains.

24. Provides that no person in charge of a cemetery shall permit burials therein until he has received the certificate of the Division Registrar. Such caretakers and others shall likewise supply the Division Registrar with a list of the burials and the names of all persons buried therein during the previous half-year.

25. Provides that no registration of a death of a body found outside of a house, or of any person after two years shall be made without the consent of the Registrar-General.

26. Provides penalties for neglect on the part of Division Registrars to make returns.

27. Provides penalties for false statements concerning any particulars required to be made under this Act.

28. Provides penalties for neglect to make returns to Division Registrars, and for prosecutions therefor by the Inspector of the Province, to be begun within two years after the time required to make the return.

31. Provides for the payment of 20 cents for each *complete* registration on presentation by Division Registrar of the certificate of the Registrar-General to the Treasurer of the Municipality.

34. Repeals Cap. 40 of the Revised Statutes of 1887.

RICHARD HARCOURT,
Registrar-General.

AN ACT TO PROVIDE FOR THE INSPECTION OF MEAT AND MILK SUPPLIES OF CITIES AND TOWNS.

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1.—(1) The municipal council of every city or town may by by-law provide for the establishment of a public slaughter house, or abattoir, within the limits of the municipality, or in such adjoining municipality, as shall by by-law sanction its erection therein, and for the construction of cattle-yards and pens and for the proper keeping therein of animals intended for slaughter, and for charging fees to defray the costs incurred by the local board of health in carrying out the provisions of this Act.

(2) Every such slaughter house, or abattoir and cattle-yard and pen, shall be constructed, equipped and regulated in conformity with any regulations in that behalf, from time to time adopted by the Provincial Board of Health, and approved by the Lieutenant-Governor in Council.

2.—(1) The local board of health of every city or town in which such slaughter house or abattoir, cattle-yards or pens may be established shall have the control and supervision of the same, and shall be responsible for the due carrying out of the regulations of the Provincial Board of Health made in connection therewith; and the costs of the supervision and inspection carried out under this Act, and of any regulations made under it

with regard to slaughter houses or abattoirs, or cattle-yards or pens, or in carrying out any other provisions of this Act, shall be paid from time to time by the treasurer of the city or town out of the fees charged for such slaughter or inspection, on the order of the local board of health.

(2) The powers conferred upon local boards of health and their officers by Section 99 of *The Public Health Act* shall apply in the supervision and inspection carried on under this Act.

3. The local board of health of every city and town where such cattle-yards and pens are established, may employ one or more competent persons, approved of by the Medical Health Officer, to inspect at such slaughter house or abattoir, or at such cattle yards or pens, all animals, carcasses and meat brought into the municipality and intended for human food.

4.—(1) The local board of health of every city and town may, in addition to periodical examinations as to purity of public milk supplies, and as to the sanitary condition of the byres, or places where cows for public milk supplies are kept, inspect every milch cow kept therein, as to its general health. In addition to such general inspection the local board of health may provide for the testing with tuberculin by a registered veterinary surgeon of every cow kept in such byres or places for the diagnosis of tuberculosis.

(2) Every cow may be tested, and thereafter dealt with according to the methods set forth in the regulations adopted by the Provincial Board of Health, and approved of by the Lieutenant-Governor in Council.

5. Any meat-packing establishment heretofore or hereafter erected within the limits of any municipality in Ontario shall be subject to inspection in a manner similar to that of the municipal slaughter house or abattoir.

BY-LAW NO. 66.

Whereas, power hath been granted to the Medical Council of the College of Physicians and Surgeons of Ontario, under Section 13 of the Ontario Medical Act, R. S. O., 1877, C. 142; be it therefore enacted as follows:

1. This Council hereby appoints Dr. James Carlyle as auditor, for the purpose of auditing all the accounts of the Council.

2. The remuneration to be paid by the Council to the auditor for his services shall be twenty dollars.

Read first, second and third time and adopted.

W. T. HARRIS, *President*.

June 14, 1895.

COMMITTEE ON EDUCATION.

To the President and Members of the Ontario Medical Council.

GENTLEMEN,—The Committee on Education beg leave to present for your approval the following report of the various matters submitted for their consideration.

A large number of students have petitioned for permission to be placed in the four years' course, some of whom were qualified for registration as matriculants prior to November 1st, 1892, and who, for various reasons, failed so to register. These cases are embraced in Section I.

Those who were not qualified before

the above date are referred to in Section II.

A few miscellaneous communications from registered students are dealt with in Section III.

Section III. includes applications for registration as matriculants; and Section V. petitions for the aforesaid; and, in addition thereto, a dating back of such registration.

SECTION I.

1, Campbell, C. A.,* 2, Charlesworth, Joseph E.,* 3, Clarke, J. T.,* 4, Elliott, J. H.,* 5, Gray, Thomas L.,† 6, McNulty, F. P.,* 7, Mayburry, W. F.,* 8, Morgan, J. A.,* 9, Shultis, John,* 10, Wilson, F. W. E.,* 11, Yeomans, W. L.*

SECTION II.

1, Addy, A. H.,* 2, Anderson, Norman W.,* 3, Cairnes, George,* 4, Lennox, J. W.,* 5, McGillivray, Donald,* 6, Radcliffe, A. W.,* 7, Stephens Wellington,* 8, Walker, H. C. R.,* 9, Welch, Gustin,* 10, Piersol, W. H. (granted), 11, Redmond, Robert C. (being a B.A. to be allowed to complete his course in four years from the time of registration as a matriculant).

SECTION III.

1, Shaw, Charlton (to be allowed, subject to other provisions of curriculum), 2, Silcox, W. L.,† 3, Williamson, A. R. B. (B.A. asking for three years' course—must take four years' course).

SECTION IV.

1, Albert, Moses (must matriculate), 2, Allan, Robert (must comply with the curriculum), 3, Anderson, Duncan M. (granted on producing departmental certificate of marks as stated in application), 4, Bingham, E. O. (must matriculate before applying for concessions), 5, Brown, Walter N.,* 6, Casselman, P. C.,* 7, Durnin, Chas.,* 8, Ewers, Geo. A. (must comply with curriculum), 9, Fadden, William,* 10, Ferguson, John,* 11, Harrison, Percy,* 12, Hartin, Gilbert,† 13, Howey, R.,†

14, Husband, G. L.,* 15, Hutchins, C. H. (must matriculate), 16, Jamieson, W. R.,* 17, Grant, J.,* 18, Jenkins, W. H. (granted on conditions named in his letter), 19, Kalbfleisch, W. H.,* 20, Keating, B. H. (must comply with the requirements of the curriculum), 21, King, J. W. D. C. (must comply with curriculum), 22, Kitchen, W. W.,† 23, Leader, R. W.,† 24, Lovett, Dr. W. (*in re* son's registration. Is evidently under a misunderstanding. The Education Department has granted no certificates of matriculation on divided examinations), 25, McCann, J. D.,† 26, McTavish, F. (examination cannot be divided), 27, McDonald, Robert S. (must comply with curriculum), 28, Mason, W. R.,† 29, Millar, Wm. Thos.,† 30, Pascoe, M. W.,† 31, Robertson, Wm.,† 32, Rutherford, R. M. (must comply with requirements of curriculum), 33, Swift, T. A.,* 34, Wilson, Percy,† 35, Vivian, R. Percy (to be registered after passing in physics), 36, Watson, C. E.,† 37, Gahan, Percy (registration as matriculant), 38, Little, H. M. (granted registration as a matriculant).

SECTION V.

1, Armstrong, Claude C. (to comply with the curriculum), 2, Brown, W. M. D. (to comply with curriculum regarding matriculation before applying for concessions), 3, Crosby, Robt.,* 4, Edwards, Harold R. (to comply with curriculum regarding matriculation before applying for concessions), 5, Farewell, N. E.,† 6, Ferguson, W. R.,* 7, Fish, Geo. N.,* 8, Frizzel, W. T. (must comply with curriculum), 9, Hunter, G. L. (granted), 10, Jaquith, Walter A. (granted on production of departmental certificate of having matriculated, Latin, Greek and one modern language to be included), 11, Kingsmill, H. A.,* 12, McElroy, A. S.,* 13, McIntosh, J. C.,† 14, Morrison, C. A. O.,* 15, Smith, A. G. (must comply with requirements of curriculum), 16, Watson, Harry J. (must comply with curriculum), 17, Woods, W. H.,†

* Not allowed.

† Not granted.

SECTION VI.

Through Sir James Grant a communication was received from Lord Aberdeen expressing his appreciation of the sentiments of devotion and loyalty in the address presented to His Lordship last year on behalf of the Ontario Medical Council.

SECTION VII.

A report was received from Mr. Osler stating that no legislation can be enacted for individuals, but must be general in its application. No action is deemed necessary.

SECTION VIII.

In accordance with memorials from the University of Toronto Medical Faculty and the Ontario Medical College for Women, a conference took place with representative deputations from those institutions, the subject of petition being the desirability of extending winter sessions from six to eight months in lieu of the summer session.

The Committee recommended that the matter be left in abeyance for the present in order that the other teaching bodies may have an opportunity to discuss it.

SECTION IX.

The Committee considered a communication from Allan E. Clapper-ton, the Convener of the Joint Board of Examiners of the Scottish Universities. We recommend that the Registrar be instructed to write explaining the matter in full, and enclosing such copies of the Departmental regulations as refer to the Council's requirements for registration as matriculants.

SECTION X.

Drs. W. Burt, of Paris, and A. A. Macdonald, of Toronto, have written stating their unwillingness to be re-appointed as Examiners. We suggest that the Registrar express to them the Council's appreciation of past services rendered.

SECTION XI.

A circular similar to others sent to the Medical Councils in all the British dependencies was received from Richard Quain, Esq., M.D., the President of the General Council of Medical Education and Registration of the United Kingdom, calling attention to the fact that it may soon be thought expedient to issue a new edition of the British Pharmacopœia, and inviting the Ontario Medical Council to co-operate with the British Council by forwarding such suggestions as the peculiarities of disease, climate and the flora of Ontario may warrant.

It is recommended that a committee consisting of Drs. Thorburn, Fowler and Geikie be appointed to take the matter in hand, and to report to the Council at its next annual meeting.

SECTION XII.

Dr. Ruttan, the Registrar, calls attention to the fact that McGill has extended its sessions from six months to nine, and, as the Council's Spring Examination is too early to harmonize with the change, inquires whether or not the senior students will be allowed to come up in September for examination.

A reply to be made that they shall be eligible for the next ensuing Council examination.

SECTION XIII.

The report of the Board of Examiners was considered, and we direct attention to the following facts in brief: 1. Primary examination in September, 1894, thirty-four examined; fifteen passed and nineteen failed. Percentage of passed, forty-four. 2. Final examination in September, 1894, thirty-two examined; twenty passed and twelve failed. Percentage of passed, sixty-two. 3. Primary examination in April, 1895, one hundred and forty-one examined; seventy-seven passed, sixty-four failed. Percentage of passed, fifty-five. 4. Final examination in April, 1895,

one hundred and thirty-four examined, ninety-three passed; forty-one failed. Percentage of passed, sixty-nine. 5. As the Board of Examiners did not hold any meeting this year after their work had been completed, there are no suggestions from the Board as a whole; but the individual members were invited to forward any hints they thought necessary. In response a few suggestions were offered.

In accordance therewith it is recommended to be ordered that the professional course of instruction in Pharmacy shall hereafter be taken before the candidate presents himself for examination in *Materia Medica* and Pharmacy.

SECTION XIV.

It is recommended that the existing requirements for registration of matriculants, as set forth in Clause 1, Section 1, of the regulations for 1894-95, as per Annual Announcement, shall cease to be accepted on and after the First day of November, 1897, and that instead of the said clause the following shall be substituted:

"Everyone desirous of being registered as a matriculated medical student in the register of this college, except as hereinafter provided, must, on and after the First day of November, 1897, present to the registrar of this college the official certificate of having passed the Departmental Pass Arts Matriculation Examination with not less than second class honors in each of the following subjects: English, Physics, Chemistry, Botany and Zoology, or, in lieu thereof, an official certificate of having passed the Departmental Pass Arts Matriculation Examination, and in addition thereto, a certificate of having passed not sooner than in the ensuing year, the Arts examination held at the end of the first year of the university course by a recognized university; the second and third clauses of said section to remain in force."

It is further advised, in order to prevent misunderstanding on the part of candidates or their teachers, that a fourth clause giving notice of such change, shall be appended to said section in the Annual Announcement for 1895-96 and 1896-97.

SECTION XV.

A letter from Dr. McKay, M.L.A., *in re* past legislation. No action necessary, the Registrar to reply.

SECTION XVI.

Communication from the Secretary of the Territorial Association of West Toronto *re* interrogations to the members of the College concerning lodge practice. The Registrar to be instructed to reply that the subject is not within the jurisdiction of the Medical Council.

SECTION XVII.

We advise as the Board of Examiners for 1895-96 the following. (See page in Announcement).

SECTION XVIII.

It is recommended that the examiners be instructed to hereafter attach to each question a printed number of the value of a full and correct answer thereof, the whole of such numbers to amount to 100; also, that on reading the paper they mark in colored chalk what they regard as the numerical value of the answer given.

SECTION XIX.

Dr. Henry's motion to raise registration fee to \$50 instead of \$20 as it now exists, was considered, and it is not thought advisable that it be adopted.

SECTION XX.

We recommend that a special committee consisting of Drs. Britton, Fowler, Geikie, and Moorhouse be requested to jointly prepare a list of text-books to be recommended in the various branches, and to report at the next regular meeting of the Council.

SECTION XXI.

It is recommended that the Registrar be directed to make all necessary changes in the Annual Announcement as to dates, etc., and to bring the Announcement into harmony with the report of the Education Committee.

All of which is respectfully submitted.

(Signed) W. BRITTON,
Chairman.

June 25th, 1895.

“Adopted in Council.”

WILLIAM T. HARRIS,
President.

British Columbia.

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

NEW MEDICAL COUNCIL.

The elections for the new Medical Council took place on Monday, 28th April, with the following result: Dr. G. L. Milne, Victoria; Dr. J. A. Duncan, Victoria; Dr. J. C. Davie, Victoria; Dr. R. E. McKechnie, Nanaimo; Dr. T. W. Lambert, Kamloops; Dr. W. J. McGuigan, Vancouver, and Dr. J. C. Hagan, New Westminster. The above-mentioned gentlemen hold office for three years. Drs. Lambert, Hagan and McKechnie are new men; the others were members of the old council. Dr. Milne has been a member of every council since the passing of the Medical Act in 1886, has been registrar all the time, and on every occasion of an election has headed the poll, as he did at the one which has

just taken place. Two of the defeated candidates of the old council were away, viz., Drs. Lefevre and Hanington, for Dr. Hanington only arrived back from an eight months' tour around the world a few days before the election, and had no time to reach his constituents or to let them know soon enough of his return. Had these gentlemen been on hand there is no doubt they would have been re-elected. The third member of the old council who had the misfortune to be defeated was Dr. Wolf-Smith, of New Westminster. It is a matter of great regret that he was not re-elected, as he was one of the most active and conscientious members of a series of councils since 1887. It is hard to account for such defeats as his. As it is, however, the present council is a good one, and there is no doubt it will work for the best interests of the profession. One of the first things it will have to do is to thoroughly reconstruct the present Medical Act by eliminating parts of it and adding to it in other directions. It was a very good Act when it was first passed some ten years ago, but the condition of things in the Province has changed since then, and necessary alterations should be made in it to keep it in touch with the times. It should never be forgotten, however, that we have always a legislature to reckon—with a legislature composed of members not at all in sympathy with the medical profession, and liable at any time to lop off rather than increase our privileges. This fact is not sufficiently understood amongst our people in British Columbia, and some of them are apt to growl at not enough

being done by their representatives in the Medical Council. For instance, a certain practitioner found fault with the old council because it allowed advertising of rather an extensive kind, and the cutting of fees on the part of a couple of medical men located in one of our cities, and refused to vote because legislation had not been obtained for cutting the names of these men off the list of licensed practitioners. The Legislature would, however, rather pass a bill in the direction of encouraging such men; for cutting rates is something that appears favorably to hearts of everyone outside the medical profession, and if the Council asked to have a law passed prohibiting it, the Medical Council itself and the Act under which it exists might be abolished altogether. We have to act very "cannily" with the folks who make the laws if we want even to keep what we have. As some of the new members of the Council are well-known diplomats, they may be able to do something which the old council was not able to bring about, and if they do the profession should rise up and bless them. It is to be hoped their expectations may be realized. As a personal reference the associate editor takes this opportunity of thanking in the most heartfelt manner his many supporters in the late contest, a list of whom he was careful to obtain after election, and has preserved for frequent reference lest their names by any weakness of the memory should pass into oblivion, which is too often the case when favors have been bestowed.

Special Selections.

PUERPERAL ECLAMPSIA.

Zweifel (*Centralbl. f. Gynak.*, Nos. 46, 47, 48, 1895), reporting on his experience of 129 cases in the Leipzig clinic, divided them into two series, forty-nine before the beginning of 1892, treated on the expectant plan, and eighty since that time treated actively on Dührssen's principle of emptying the uterus as soon as possible. The mortality among the former was 32.6 per cent., among the latter only 15 per cent., and even if the proportion of severe cases is not the same in both series, as many women die before they could be delivered, any error is to the disadvantage of the active treatment. Most of the patients were attacked before admission, when many were quite unconscious, but the mortality among eighty-three available cases was 22.7 per cent. in cases which began before labor, 12.5 per cent. in those commencing after it; 15.4 per cent. in puerperal cases; it was 16.6 per cent. among primiparæ, while only 5 per cent. among multiparæ; two (10 per cent.) of the puerperal cases were fatal. The fits ceased in 52 per cent. (27) only of the patients delivered by Dührssen's method, but in 65 per cent. (62) of those in whom dilatation was effected without loss of blood. These figures which agree with those of Wieger, Bidder, and Schauta, differ widely from Dührssen's and Halbertsma's. The average number of fits in cases treated on the expectant plan was five, on the active plan ten to eleven, though the mortality was less; and

Zweifel concludes that although, in spite of the anæsthesia, the interference increased the number of the attacks, the number of fits is not so important as other attendant circumstances. In fifteen cases in which there were nine or more fits after delivery, there was fever during labor, and in all but two protracted fever in puerpery; in some infection was proved by cultures of the microbes; and it seems probable that pyogenic infection is one cause of the persistent recurrence of the fits after the wound is emptied. Though Zweifel never incised the vagina or perineum, and in speaking of Dührssen's method refers only to incisions in the cervix, he had ten cases of severe hæmorrhage in cases so treated and two after simple dilatation; the tampon had to be replaced by a firmer one in seven instances, and vessels had to be secured in three. Dührssen's method, therefore, is not without danger, and Zweifel does not recommend it for adoption in ordinary practice. Latterly he has made the incision between two of Billroth's clamps, which fix the edge of the cervix so that he is able to cut deeper and more firmly with the scissors and to control the hæmorrhage better. Halbertsma carries the principle of emptying the womb in eclampsia so far as to advocate the Cæsarean section; Zweifel performed the operation in one case of contracted pelvis, and the woman had thirty fits after it. Multiple thromboses are invariably found in the liver, lungs, and brain in all fatal cases of eclampsia, and certainly indicate the existence in the circulation of some blood-coagulating product of organic change, whether kreatin, sug-

gested as long ago as 1853 by Wieger and Schottin and more recently by Landois, some leucomaine or carbamic acid. The inoculation of kreatin into the cortical cerebral matter of apes produced clinical symptoms like those of eclampsia. The mechanical retention of the kidney secretion in the ureters can hardly be a common cause of the convulsions, for only once were the ureters found dilated. Zweifel concludes by advocating the principle of immediate delivery by operation in every case of eclampsia, by dilatation with elastic bags, and when the cervix is already taken up, slight incisions into the os, or, in cases not so far advanced, by making more extensive incisions into the cervix. As the amount of blood that may be lost after these incisions cannot be seen, venesection, which is very useful when the fits persist after the child is born, especially when the pulse is of high tension, is, unless under the same conditions of the pulse, hardly advisable before delivery, though the older authorities are agreed as to the surprising effect it has in accelerating dilatation. While nothing should ever be given to an unconscious patient to swallow, a proper sound may be used to introduce liquid nourishment, to siphon out the stomach when desirable or to administer dilute solutions of citric, tartaric or acetic acid, which, in extreme restlessness are most beneficial. The author does not think ether contraindicated as an anæsthetic; either it or chloroform may be employed. Finally, he insists that a rigid asepsis is the more necessary as infection favors the recurrence of the fits.—*British Medical Journal*.

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:

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No. 4.—Dr. J. CAMPBELL, Seaforth.

No. 9.—Dr. A. R. HARVIE, Orillia.

" 2.—Dr. M. F. LUCAS, Ingersoll.

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" 8.—Dr. H. R. FRANK, Brantford.

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

VOL. VI.

TORONTO, MAY, 1896.

No. 5.

CHRISTIAN SCIENCE AGAIN.

It is a pity that to-day while our politicians are so much agitated over the de-Christianizing of the schools in the West, they do not at the same time take up the Christianizing of the Christian Scientists. Just what particular attributes these people take to themselves are unknown to us, but as they style themselves Christian Scientists, it is to be presumed that they have some biblical foundation for their peculiar form of belief. We must confess, however, our inability to remember any particular precepts in the Bible, instructing people of this calibre to set themselves up at this late day as possessors of a power only given to our Lord. We hope the professors of this science will pardon us if we refuse to take them seriously, and consider

their system of medication sufficient for all human ills; and we would draw their attention to the fact that when our Lord was suffering from thirst on the cross, a sponge soaked with vinegar and water was found not to be without benefit. We may be also excused if, in the light of modern science, we feel that the human family would be benefited by the substitution for the British Pharmacopœia of a small slip of paper with "Faith" in small caps. on it, even if that faith was of the peculiarly fine line of the Christian Scientists. We have every belief in the efficacy of prayer in the sick-room, and believe that ministering by recognized exponents of the Gospel cannot but have a good effect upon the patient, if those ministrations are

conducted on such lines as to recognize that the patient is sick and suffering in strength, and not in a condition to be benefited, either physically or spiritually, by religious excitement. What we absolutely decline to believe is that any patient is likely to be benefited by the withholding of all proper medicaments and stimulants, with nothing to save themselves but the *vis naturæ* aided by the powerful and efficacious prayers and sublime and undiluted faith of the faith-curiers—a faith that nothing surpasseth, that is bound neither to rip, rave, nor run down at the heel.

In this city lately we have had another exhibition and example of justice "as she is spoke." It was not long ago that a prominent physician here, through an oversight, neglected to notify the authorities of a case of diphtheria which had occurred in his practice. The result was that the physician was forced to appear in the Police Court, in company with common drunks, and was fined \$5.00 and costs. It was only the other day that a man in this city was attended by a prominent faith-curist of the Christian Science persuasion for a "claim" of diphtheria. The evidence at the *post-mortem* showed that he most probably had died of the "faith," and that if he had had proper care and treatment, the case was not so serious that he could not have been relieved. In the meantime the man's child attended the public school, and served to disseminate more diphtheria; and while the physician was fined for an oversight, and justly fined, we consider, there is no remedy to protect the public against the charlatan, by

whom no precautions are taken, through whom one man dies, or more properly speaking, is murdered, and the family spread the seeds of disease throughout the city. One of our Chief Justices said in a case of this kind, which lately came before him, that had the faith-curists administered so much as a bread pill, they could have been indicted under the statute; but the fact that there is no protection to the public, that they are a menace and a danger, counts for little in the mechanical administration of the law. The details of this particular case were interesting. One of the physicians attending the inquest was asked by the counsel defending the "curist," "If the disease were of a microbic origin, and always contagious, where did the first case come from?" and the legal solon considered that he had thereby scored a good point. All the accumulated evidence of science counted for nothing with this gentleman of unbounded faith. The small boy who, when he had explained to him all the wonders God had created, asked the question, "Who made God?" would be dubbed by this man a sceptic, and sure of eternal damnation. The Christian Scientists are undoubtedly a great people; they undoubtedly think they possess the power of the healing art, which we religiously believed was only possessed by the Great Physician himself, and we hope that they will excuse us, while it is with pain that we ask it—that they will excuse us from believing that Mr. McKenzie is possessed of those powers which we have been taught all along were only possessed by our Lord.

INSPECTION OF MEAT AND MILK SUPPLIES.

Owing to the prejudices of the country members, the excellent bill introduced by the Provincial Board of Health, providing for the inspection of meat and milk supplies of cities and towns, has been passed only as a permissive Act. (*Vide* page 459.) We think that large municipalities where the meat trade is extensive and likely to grow, will not be slow in availing themselves of the provision of this Act relating to the establishment and working of abattoirs.

As an earnest of this feeling we note with pleasure that a Toronto deputation, headed by Ald. O. B. Sheppard, has recently interviewed the Federal Government in regard to a proposal for further developing the business in dressed meat between Canada and Great Britain. They met Dr. Montague, and talked the question over with him very freely. The special object of their interview was to have abattoirs established in Toronto, as well as other places.

The Ontario Act is quite opportune, for the American people, filled with the true trade instinct and determined to retain their European meat trade, have passed a most stringent Act relating to the expert examination of all animals intended for the food of man, previous to slaughter. Subsequently the meats are subject to a rigorous examination, and ticketed, so that the purchaser has a guarantee from the American Government of the soundness of the article purchased.

If Canadians wish to keep pace

with the Americans in the European meat market, they cannot do any less.

We understand that the Provincial Board of Health is about to prepare a model by-law for the guidance of municipalities desirous of establishing an abattoir, in which information is given respecting the size of the grounds, the buildings, mode of construction, drainage, ventilation, lighting, cost, etc.

All this is in the right direction. It is to be hoped moreover that equal zeal will be evinced in securing the enforcement of clause 4 of the Act, which provides for the inspection of milch cows. This Act being permissive, the inspection need not be done.

That an inspection of cow byres and milch cows is necessary goes without saying. That it will cost something to have it done is quite another question. Some five years ago Toronto got along without a local board of health, and saved money by the economy. This city now spends \$15,000 per annum in health work, and seems to think the expenditure legitimate. If a few thousands should, later on, be called for to secure us a pure milk supply, who would object, and why?

The Doctor Himself.

Dr. JIM PATERSON, an old Toronto School boy, son of the late Chief Justice Paterson, is back in Toronto.

WE regret exceedingly to hear that Dr. J. A. Burgess, who went away to the Southern States last October for his health, has taken a turn for the worse and is rapidly failing.

Dr. F. R. ECCLES was in Toronto on April 23rd.

Dr. SECORD, of Brantford, was in Toronto April 16th.

Dr. ANNIE CARVETH has resumed practice at 327 College Street.

Dr. W. H. FOX resumed practice on May 1st, at 56 Carlton Street.

Dr. J. H. BURNS has returned after spending a week or two at Washington, D.C.

Dr. HARVEY CLARE, gold medallist of Trinity Medical College, has located in Pickering.

Dr. G. S. RYERSON left for England on April 15th and expects to be away for two months.

Dr. COOK, Homœopathist, will move from Carlton Street to 90 College Street about May 25th.

Dr. A. W. MOODY has been appointed Medical Superintendent Winnipeg General Hospital.

Dr. A. H. GARRATT sailed May 13th for England where he intends spending two or three months.

PROFESSOR PRIMROSE has been re-elected Secretary of the Medical Faculty of Toronto University.

Dr. R. B. ORR has been appointed returning officer for West York during the approaching elections.

Dr. S. M. HAY, Spadina Avenue, has just returned from Indianapolis, Ind., where he spent two or three weeks.

Dr. J. E. ELLIOTT has removed from Carlton Street to the north-west corner of Church and Alexander streets.

Dr. J. H. EASTWOOD, of Pickering, has removed to Peterboro', where he has purchased the practice of Dr. Goldsmith.

WE are glad to know that Dr. J. M. Henwood, of Avenue Road, is rapidly recovering from his recent bicycle accident.

Dr. SHEARD, Toronto's able medical health officer, has returned after spending a vacation of about two weeks' duration in New York.

Dr. PETER H. BRYCE returned some weeks ago from a tour of inspection of the Barrie waterworks, and left almost at once for Buffalo, N.Y.

FOR SALE.—A two thousand dollar practice in a village within twenty miles of a city. No opposition. Price real estate only. Box 99, THIS OFFICE.

Dr. J. DUNCAN, of Parliament Street, purposes giving up general practice, taking up as a specialty eye and ear work. He leaves for London shortly to take a course at Moorfields Hospital.

THE remains of Dr. Robert McGee, who died in El Paso, Texas, recently, were interred in Collingwood on April 14th. Deceased was a graduate of Trinity College, and had gone south for the betterment of his health.

Dr. REEVE was unfortunately defeated by a very small majority in the late election which occurred to fill the place held by the late Dr. Laughlin McFarlane on the Senate of Toronto University. Dr. Reeve was, however, elected Dean of the Medical Faculty.

Dr. SAMUEL STEWART, of Thamesville, has been appointed an associate coroner of Kent, in place of Dr. Tye, deceased. Dr. Harry Sumner Martin, of Erin, has been appointed associate coroner of Wellington, in place of Dr. McNaughton, deceased. Dr. Roland K. Kilborn, of Kingston, has been appointed an associate coroner of Frontenac, in place of Dr. Saunders, deceased.

A MEDICAL CENTENARIAN.—On March 16th, Mr. William Salmon, of Pennlynn Court, Glamorganshire, who is a member of the medical profes-

sion, completed his one hundred and sixth year. Mr. Salmon, who is the son of a medical man, was born in Suffolk in 1790. He became a member of the Royal College of Surgeons of England in 1809, the year Mr. Gladstone was born. In early life Mr. Salmon was an army medical officer, but, though it was then a stirring time for the British army, he seems not to have seen any active service. He afterward married an heiress, thus becoming the owner of Pennlynn Court and the Garth. He has been a magistrate for the County of Glamorgan for fifty years. Mr. Salmon is not only the oldest member of the medical profession in Great Britain, but is believed to be the oldest Freemason in the world. He has had eight children, only one of whom (a daughter) is now alive. According to an account in a local newspaper he sleeps well, rises at noon, and goes to bed at nine o'clock. He dines at six, and Sir Benjamin Ward Richardson may be interested to know that he takes two glasses of wine at his evening repast. He gave up smoking at the comparatively tender age of ninety. We are sure the whole profession will join us in the hope that Mr. Salmon's life may be prolonged for many years.—*British Medical Journal*.

[Since above was put into type, we regret very much to see from a late paper that the dear old gentleman has passed away.—ED.]

Birth.

CASSIDY.—On Sunday, May 3rd, the wife of Dr. J. J. Cassidy, of a daughter.

Death.

ROGERS.—At Newmarket, on May 12th, David L. Rogers, M.D.

Correspondence.

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

Correspondents are requested to be as brief as possible.

To the Editor:

SIR,—In the November issue there is a letter from Dr. Stevenson giving a simple treatment for a very serious condition of a patient. So serious is the condition and so simple, and, to me, useless is the treatment that I would not dare to try it. I have waited expecting someone to say something about the contents of his letter, but have seen nothing so far. I wish Dr. S. had given some other symptoms not so dangerous to patient with a specific for them; then I would have been inclined to have tried what he might suggest. For instance, if he would take a case somewhat similar to any one of the three following:

(a) Patient is suddenly seized with intense pain to the right of spine, near region of lower ribs. Main line of pain is from this part downwards and forwards to the lower front part of abdomen.

(b) A patient has a dry inflamed pharynx, sore throat, husky voice, a cough which is dry and very troublesome at night. Says the windpipe feels sore or raw all the way down.

(c) A patient of healthy appearance and well-nourished body. Tongue fairly clean, a little bluish-white in appearance, with a light fur near base, breath inoffensive. Some mornings a nasty taste in mouth. Appetite fairly good; after meals some bloating with intense pain in stomach, no belching of gas or fluids. Pain continues for hours. May be free at bedtime and be awakened by it in the morning. Some days pretty free, some entirely free, and then again some very bad. Diet does not appear to cause any difference. Stomach somewhat tender but not markedly so. Occasional headaches with vomiting—vomits neither invariably sour nor bitter, but is so at times. Head-

ache may be absent for days. Bowels slightly constipated. Functions of other organs apparently normal.

If I have given the symptoms sufficiently clear for him to prescribe, and for any of the cases he can give a specific which will be rapid in its effect, I would be pleased to try it. Or let him take some case where there is no immediate danger to life and give the symptoms with treatment, and I think many would be inclined to try what he would suggest. I for one would, if for no other reason than to lessen the cost of doing my own prescribing.

Also, it would encourage some of us a little if he would state why even the alcohol must be supplied by a homœopathic pharmacy. Do not both class of druggists, say, in Toronto, obtain their alcohol from the same source, and for that part their tinctures, unless they manufacture their own, and even then when they do, do they not purchase the crude drug from the same source? A word or two in explanation would make this part clear to any of us who may like the "whys" for the way in which to walk.

Trusting to hear again from friend Stevenson.

I remain, yours truly,

A. T. EMMERSON.

Claude, Ont., April 10, 1896.

The Physician's Library.

Color-Vision and Color-Blindness. A Practical Manual for Railroad Surgeons. By J. ELLIS JENNINGS, M.D., St. Louis, U.S.A.

This somewhat neglected subject is treated in a practical way, and if (as the author hopes) it will stimulate to further effort in making our railway and ship companies more exacting in their examinations regarding the color sense in their employees, it will, no doubt, prevent many of the serious accidents which are proven to be due

frequently to this defect. It contains much useful knowledge and is plainly put, making it a handy little book for the surgeon.

Researches into the Anatomy and Pathology of the Eye. By E. TREACHER COLLINS, F.R.C.S., Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

This book is composed of three Hunterian lectures which the author gave the Royal College of Surgeons in 1894, together with some additions and ten plates and twenty-eight figures in the text. Mr. Collins, during his six years of office as curator, and since as assistant surgeon to the above hospital, has had excellent chances for research, as they have the largest number of eye cases of any institution in the world. The book helps to clear up many knotty points for the eye surgeon, and shows the author to have been painstaking and persevering, and that he made good use of his opportunities; resulting in a very interesting and scientific work.

A Manual of Practical Medical Electricity. By DAWSON TURNER, B.A., M.D., F.R.C.P. (Ed.), M.R.C.P. (Lon.), Lecturer on Medical Physics and Electro-Therapeutics, Surgeon's Hall, Edinburgh. London: Balliere, Tindall & Cox, 20 & 21 King William St., Strand. 1893.

This manual serves well as an introduction to the study of electricity in its applications to medicine. It is most suitable to those practitioners and students to whom an elementary work, kept as far as possible free from mathematical and physical definitions and formula, is a desideratum. The book puts the reader in possession of the more important recent additions to our knowledge in this department of medical science, such as the remarkable discoveries of Tesla and Elihu Thomson. The illustrations all the way through are capital. We recommend the work to all.

Public Health Laboratory Work. By HENRY R. KENWOOD, M.B., D.P.H., F.C.S., Instructor in the Hygienic Laboratory, University College, and Assistant to Prof. Corfield in the Public Health Department, University College, Theorial Officer of Health and Acting Public Analyst for the Parish of Stoke Newington, Fellow of the Sanitary Institute, etc. Second Edition—with illustrations. London: H. K. Lewis, 136 Gower Street, W.C., 1896

This is a work which should be in the possession of everybody who takes any interest whatever in such matters as public health. It is written in a most lucid and concise manner, and is readable in every sense of the word. Those seeking Public Health Degrees should purchase the book without delay, as it is written in such a way as to be of especial assistance to such. The subject is so treated to convey to the reader in a practical form the knowledge necessary to enable him to best perform those analyses which may be fairly considered to be included within the domain of practical hygiene.

Maisch's Materia Medica—New (6th) Edition. A Manual of Organic Materia Medica. Being a guide to Materia Medica of the Vegetable and Animal Kingdoms. For use of students, druggists, pharmacists and physicians. By JOHN M. MAISCH, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. New (sixth) edition, thoroughly revised by H. C. C. MAISCH, Ph. G. In one very handsome 12mo volume of 509 pages, with 285 engravings. Cloth, \$3.00. Philadelphia: Lea Brothers & Co., Publishers, 1895.

Professor Maisch's "Organic Materia Medica" is a work noted on both sides of the Atlantic, and esteemed as much in Germany as in America.

The author's wonderful grasp of every detail connected with this vast subject is equalled by his skill in selecting those parts of importance to students, druggists, pharmacists and physicians. As a repertory of information, authoritatively set forth and presented in a manner securing the greatest convenience in use, the work has no equal. The abundant series of illustrations is noted for accuracy and beauty. The five editions of this manual have always been maintained abreast of their date of issue, and to this rule the present is no exception.

The Diseases of Children's Teeth; their Prevention and Treatment. A Manual for Medical Practitioners and Students. By R. DENISON PEDLEY, M.R.C.S., L.D.S. (Eng.), F.R.C.S. (Edin.), Dental Surgeon to the Evelina Hospital for Sick Children, Southwark, London. With numerous illustrations. Published in London by J. P. Segg & Co., 289 and 291 Regent Street W. In America by The S. S. White Dental Manufacturing Co., Chestnut Street, Philadelphia, Pa.

This manual for medical practitioners and students will be found a very useful and readable work. The chapter on "Oral Hygiene" is decidedly instructive. That children may be cured of chorea and even epilepsy by extracting carious teeth is worth knowing, if for no other reason than to direct the practitioner's attention to a probable cause of these formidable diseases before resorting to a lengthy course of medication.

The author remarks that a careful examination of the mouth should be made in every case of illness, and he also insists that the nurses, in addition to cleansing the mouths of their charges with antiseptic washes, should not fail to attend to the hygiene of their own mouths.

Several useful formulæ for mouth washes are given. The last chapter on Treatment is very full. The book is well printed on heavy paper.

Atlas of Traumatic Fractures and Luxations, with a brief Treatise.
By H. HELFERICH, Professor at the University of Cambridge. With 166 illustrations after original drawings by Dr. Jos. Trumpp. New York: Wm. Wood & Co. 1896.

The above well-known firm of medical publishers in New York City are publishing a series of atlases upon various branches of medical and surgical science, which for accuracy, beauty and compactness certainly exceeds anything heretofore produced. The plates are printed in colors, some of them requiring twenty-one impressions of various shades and tints to secure the proper effects. The scientific faithfulness to nature of these plates is vouched for by some eminent medical men. The atlases, of which there are five, contain from fifty to seventy-five full-page plates, many of them comprising several figures, together with appropriate descriptive text. The books are of uniform size, about 5 x 7½ inches, most convenient for ready use and reference. The descriptive matter for each plate is always printed on the page immediately opposite for convenience of study. The atlas on fractures and luxations is a little beauty. It will be an immense aid to students entering upon that important field of surgery, which embraces the subject of fractures, etc. The colored plates will aid the reader very much in the comprehension of the questions arising, especially as regards anatomical details, and will be a most valuable supplement to the demonstrations and explanations of the instructor. In this atlas almost all the cuts are original drawings from specimens, while many specimens illustrating important injuries were artificially produced by the author in the manner he had been accustomed to for years in connection with the operative course on the cadaver. The set of five atlases cost only \$15, and we take pleasure in recommending our

readers to purchase the complete set, the plates alone being worth double the money.

General Pathology; or, The Science of the Causes, Nature and Course of the Pathological Disturbances which Occur in the Living Subject. By DR. ERNST ZIEGLER, Professor of Pathological Anatomy and of General Pathology at the University of Freiburg in Breisgan. Translated from the eighth revised German edition, by DR. LEONARD WOOLSEY BACON, jun., of New Haven, Conn.; Drs. B. Meade Bolton, and Henry W. Cattell, of Philadelphia, Pa.; Drs. Theodore Dunham, John S. Ely, E. M. Foote, Walter B. James, and Wm. G. Le Boutillier, of New York, N.Y.; and Dr. R. A. McDonnell, of New Haven, Conn. Editor, Dr. Albert H. Buck, New York. New York: Wm. Wood & Co. 1895.

During recent years, quite a number of manuals of pathological anatomy have been published, whose authors seem to have laid stress upon a point that a text-book intended for the use of medical men should deal with the subject-matter in the most concise manner possible. The author of this work, however, viewed the matter differently, and in writing his general pathology decided to give so important a subject much wider scope and treat general pathology and pathological anatomy in a truly scientific manner. Dr. Ziegler has not written a book in such a manner that when completed presents the characteristic of a mere catalogue of facts which would scarcely convey to the reader's mind a clear conception of the processes that take place in the human body when it or any of its organs are diseased, and which furthermore would compel the beginner to merely commit to memory those things which, by the aid of his reasoning power, he

should make a permanent and useful part of his medical knowledge. General pathology should constitute the foundations of that knowledge which is to enable the practitioner of medicine to interpret correctly the symptoms of disease as they present themselves before him at the patient's bedside. In a word, without a careful study of pathological anatomy a practitioner of medicine cannot interpret in its full breadth and depth the significance of the disease under observation. In this, the eighth revised German edition of Ziegler, particular attention has been given by the author to increasing the number of cuts, which are such a help to the reader. The consideration of pathological processes, their causes, their mode of origin, the course they pursue and their sequelæ, is given increased amount of space. Special consideration has been given to the subject of the general etiology of diseases and pathological physiology, and in harmony with these alterations the author has changed the title of this general part from "General Pathological Anatomy" to "General Pathology." Special chapters have been written on the protective mechanisms and forces, and on the healing powers of the human body, on inherited and acquired weaknesses and predispositions, on idiosyncrasy and immunity. The section relating to retrograde disturbances of nutrition and infiltration of the tissues, the chapter devoted to hypoplasia, agenesis and atrophy, and that relating to pigment formation are the ones which have been remodelled to the greatest extent; and the section on inflammation has been entirely re-written. We notice that the definition of inflammation given by the author in this edition of the work is the same as that suggested by him two years or more ago and published in pamphlet form. The eighth edition of Ziegler is well worthy of a place in the physician's library.

Human Anatomy. A complete systematic treatise by various authors, including a special section on Surgical and Topographical Anatomy. Edited by HENRY MORRIS, M.A. and M.B. (London), surgeon to, and lecturer on surgery, formerly lecturer on anatomy at the Middlesex Hospital, late examiner in anatomy in the University of Durham, and for the Royal College of Physicians on the Conjoint Board. Illustrated by 791 woodcuts, 214 of which are printed in colors from drawings made expressly for this work by special artists. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1895, and for sale by J. A. Carveth & Co., 413 Parliament Street, Toronto.

As the knowledge of human anatomy must form the basis of a surgeon's skill, and as not even the ordinary every-day practitioner of medicine can expect to be able to practise the healing art without having a complete knowledge of the "make-up" of the human frame, Henry Morris has indeed made a name for himself and rendered a splendid service to humanity in having compiled so complete and exhaustive a work as the anatomy of the greatest work of God, man. It aims at being a complete and systematic description of every part and organ of the human body, so far as studied in the dissecting room. Histology and development are not included, as such subjects are now more appropriately dealt with in books of physiology. The different sections have been written by separate authors, who are known to have devoted special attention to the subjects allotted to them. So carefully compiled has this work been that the editor so arranged it that the proof sheets of several articles, besides his own particular one, were submitted to several of the authors, so that they received the approval and endorsement of others than the original writer.

This was especially the case with such sections as Osteology, Arthrology, Myology and Neurology. The colored plates are without a doubt the finest and most distinct we have ever had the pleasure of studying, and they will certainly prove an immense help to students in "getting up" their anatomy, especially at times when they cannot have the assistance of being alongside of the cadaver. The origin of muscles is indicated in the cuts by the insertion of blue lines and the attachment of ligaments by dotted black lines. A splendid feature of the work is the mode of describing illustrations. It consists in printing the descriptions in different types at the end of the pointers. The muscles, fasciæ and ligaments are in one kind of type, arteries, veins and lymphatics in another, bones in a third and nerve structures in a fourth. The names of special organs, such as the liver, lungs, etc., are printed in the same type as the bones, so as to avoid too great a variety of lettering. We like the idea the author has carried out in repeating several of the illustrations in different parts of the book, in that way sparing the reader the trouble of referring from one section to another. We consider that Henry Morris' "Human Anatomy" should be found in the hands of every medical student, as without it he can only have an incomplete knowledge of this most wonderful of all studies.

A Guide to the Selection and Adaptation of Orthopedic Apparatus, with a detailed Description of the Salient Points. By F. GUSTAV ERNST, Orthopedic Mechanician. Illustrated by forty-six "ink photo" plates, and seventy-one wood cuts. London: Illustrated and published by Sprague & Co., proprietors of the "ink photo" process, 22 Martin's Lane, Cannon Street, E.C. 1889.

So much success followed the issue of Mr. Ernst's first little book on

Orthopedic Apparatus that he felt he would be only performing a duty which he owed to the profession in publishing this more extensive work. In this book the author has brought the use and practical points of each appliance more prominently into notice than heretofore. He lays stress upon the fact that the reason that so much prejudice exists to-day against the use of mechanical appliances is due to the fact that in many cases the deformities are not taken in hand sufficiently early, in which cases very little can be done to permanently relieve the disfigurement. The author points out in a most telling manner that the reason the lay public so dislike "irons" being put upon their children is that some orthopedic apparatus made in the present day is heavy, clumsy and ill-fitting, with the old ideas and old models carried out, yet presented as specimens of perfect mechanism. We heartily agree with Mr. Ernst when he says that everyone pretending to make orthopedic apparatus should have a considerable knowledge of the anatomy of the human frame first of all. The cuts of the different appliances are capital, and will be of the greatest assistance to the practitioner who has a somewhat difficult case of deformity, and is not sure as to which is the best arrangement to use.

The International Medical Annual, 1896. A Complete Work of Reference for Medical Practitioners. The conjoint authorship of thirty-nine distinguished American, British and Continental authorities. Price \$2.75 post free. E. B. Treat, publisher, New York.

We are in receipt of the fourteenth yearly issue of the *Medical Annual* so long and so favorably known as the "physician's handiest and best One Volume reference work." The volume for 1896 contains, as have the previous issues, a Review of Therapeutics for the year, together with descrip-

tive articles on the new remedies with clinical indications for their use; a dictionary of new treatment, giving a complete index of diseases and showing the latest methods of treatment, both medical and surgical, in a series of specially prepared articles and reviews from the pens of thirty-nine eminent members of the profession on subjects with which their names are specially associated. A glance at the synopsis of contents shows that the present edition surpasses in wealth of material any of its predecessors. The volume is copiously illustrated by colored plates and photographic reproductions in black and white. Any physician requiring a handy and concise reference book cannot do better than purchase this work.

A Treatise on the Diseases of Infancy and Childhood. By J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children in the Bellevue Hospital Medical College, New York. New (8th) edition, thoroughly revised and rewritten and much enlarged. Handsome octavo of 983 pages, with 273 illustrations and four full-page plates. Cloth, \$4.50; leather, \$5.50. Lea Brothers & Co., Publishers, New York and Philadelphia, 1896.

"Smith on Children" has been the familiar friend and counsellor of a generation of physicians, and equally the leading text-book on its subjects for a generation of medical students. The department it covers is one of the larger specialties, deriving its importance from the universality of the cases, from the special affections to which children are liable, and from the clinical differences which must be observed in the diagnosis and treatment of human maladies in general when they affect the young. A guide to the diseases of children necessarily forms part of a physician's working library, quite as much as a treatise on practice. Pro-

fessor Smith has received the most unusual compliment implied in a demand for eight editions of his work. He has thus been enabled to keep it constantly in touch with the advance of its subject. In the present revision he has sought the assistance of Dr. Stephen Smith equally eminent as a surgeon, to whose pen are due the sections on the surgical diseases of children, a new feature. It goes without saying that the medical portion of the work is thoroughly revised. In connection with these changes the fivefold increase in the number of illustrations and the addition of one hundred pages and several full-page plates will make the volume one to be obtained not only by those who possess its predecessors, but also by students, and those physicians who have not yet learned to depend upon its guidance.

A Text-Book upon Pathogenic Bacteria for Students of Medicine and Physicians. By JOSEPH MCFARLAND, M.D., Demonstrator of Pathological Histology and Lecturer on Bacteriology in the Medical Department of the University of Pennsylvania; Fellow of the College of Physicians of Philadelphia; Pathologist to the Rush Hospital for Consumption and allied Diseases. With 113 illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street, 1896, and sold by A. P. Watts & Co., 10 College Street, Toronto.

The pages of this book convey to the reader a concise account of the technical procedures necessary in the study of bacteriology, a brief description of the life history of the important pathogenic bacteria and sufficient description of the pathological lesions accompanying the micro-organismal invasions to give an idea of the origin of symptoms and the causes of death. The work being on pathogenic bacteria, it does not cover the whole scope of parasitology, and the para-

sites of higher orders are all omitted. Malaria and amœbic dysentery are omitted as logically as tape-worms and pediculi. The higher fungi are also omitted, both because they are not bacteria and because their proper consideration would make a small book in itself. A long list of spirilla, similar to and probably closely allied with the spirillum of cholera, is given considerable space and we consider justly so. Only such bacteria as can be proven pathogenic by the lesions or toxins which they engender have been described, at the same time mentioning as fully as is necessary the species with which they may be confounded. The book ought not only to be found in the hands of medical students, but practitioners as well.

—
The Theory and Practice of Medicine.

By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P., Fellow of University College; Professor of Materia Medica and Therapeutics and of Clinical Medicine at University College; Physician to University College Hospital; Consulting Physician to Brompton Hospital for Consumption and Diseases of the Chest; late Examiner in Medicine at the University of London, and for the Conjoint Board; Vice-President of the Medical Society of London, etc., etc. Ninth edition. London: H. K. Lewis, 136 Gower Street. 1894.

The ninth edition of this excellent work on medicine has been carefully revised throughout, and many parts have been re-written. We find also that several subjects, which have come into recent prominence, are discussed for the first time. The author has also altered the arrangement of the work in such a way that it is more readable than the last edition was. Bacteriology has now assumed such an important position in relation to practical medicine that the subject has been given special consideration,

both from its general aspect and in connection with individual diseases. New sections have been written dealing with the general therapeutics of the principal systems and organs of the body, which will be found most useful as a preliminary introduction to the study of the symptoms and the diseases belonging to each, as well as in their practical treatment. In the present day when it is all-important that both the student and the practitioner should have a strictly reliable and up-to-date work on the practice of medicine, we feel that Roberts' ninth edition will be found to in every way fill the bill.

—
The Science and Art of Obstetrics.

By THEOPHILUS PARVIN, A.M., M.D., LL.D., Professor of Obstetrics and Diseases of Women and Children, Jefferson Medical College; ex-President of the State Medical Society of Indiana, of the American Medical Journalists' Association, of the Philadelphia Obstetrical Society, of the American Academy of Medicine, and of the American Gynecological Society; one of the Honorary Presidents of the Obstetric Section Berlin International Congress, 1890, and of the Periodic International Congress of Gynecology and Obstetrics, Brussels, 1892; Honorary Member of the Washington Obstetric and Gynecological Society, of the District of Columbia Medical Society, of the State Medical Society of Virginia, and of that of Delaware; Honorary Fellow of the Edinburgh Obstetrical Society, and of the Berlin Society of Obstetricians and Gynecologists, etc. Third Edition. Carefully revised. Illustrated with 269 wood cuts and two colored plates. Philadelphia: Lea Bros. & Co., 1895, and for sale by A. P. Watts & Co., 10 College Street, Toronto.

Parvin's Obstetrics is certainly a faithful reflex of obstetric science and

art at the present hour. We find that nearly one-third of this book has been re-written. Additional illustrations have also been added, greatly increasing the value of any work on this subject. There is no doubt that the same favorable reception will be given this edition that was given to the previous ones, both by the profession in this country and in Great Britain.

—

Syphilis. By ALFRED COOPER, F.R.C.S. (Eng.), Consulting Surgeon to the West London Hospital; Senior Surgeon to St. Mark's Hospital for Fistula; late Surgeon to the Lock Hospital, etc. Second edition. Enlarged and illustrated by twenty full-page plates, twelve of which are colored. Edited by EDWARD COTTERELL, F.R.C.S. (Eng.), Surgeon (out-patients) London Lock Hospital, etc. London: J. & A. Churchill, 11 New Burlington Street. 1895.

The progress of knowledge in this department of venereal diseases during the ten years since the first edition of this book was issued, has rendered it necessary that a second be written. All the chapters have been thoroughly revised, and several of them entirely re-written, whilst a new one has been added on the relationship between syphilis and insanity. A new feature of this edition is the illustrations, the colored plates being reproductions of original paintings taken expressly for the work. We think that the changes and additions which have been made to the work, will render it a reliable help and guide to all who are engaged in the study of syphilis.

—

On Diseases of the Vermiform Appendix with a Consideration of the Symptoms and Treatment of the Resulting forms of Peritonitis. A dissertation presented to the Uni-

versity of Oxford for the degree of Doctor of Medicine in April, 1894. By HERBERT P. HAWKINS, M.A., M.D. (Oxon.), F.R.C.P., Assistant Physician to, and Lecturer on Pathology at, St. Thomas' Hospital; Assistant Physician to the London Fever Hospital; late Radcliffe travelling fellow of the University of Oxford. London: Macmillan & Co., and New York, 1895.

When nowadays we hear so much of appendicitis and its dire effects, and when general practitioners are apt to run up against such cases any day, cases requiring strictly correct diagnosis and frequently operation practically upon the spot, we think that this concisely written and readable book by one so well able to write upon such a subject as Mr. Herbert P. Hawkins, should be in the hands of almost every practising physician, and certainly those giving most of their time to abdominal surgery. The price is certainly within the reach of all, and the book can be procured through any medical book agency.

—

Diets for Infants and Children in Health and Disease. By LOUIS STARR, M.D., Editor "American Text-Book of the Diseases of Children." Philadelphia: W. B. Saunders, 925 Walnut St. 1896.

The busy practitioner will find in this diet list a most useful addition to his armamentarium. It is in such a booklet as this that the well-known firm of W. B. Saunders & Co. seem to study to a nicety the practical needs of the medical man. Each page is a blank, which, when filled up by the attendant physician, consists of the necessary directions to the mother exactly as to the nature of the food and the hours that food should be administered to the infant, as well as the directions regarding the clothing, bathing, sleeping hours and amount of exercise to be indulged in by the youngster. We expect to hear

of this book being out of print before long, so large a sale do we think it at least deserves.

Lunacy Law for Medical Men. By CHAS. MERCIER, M.B., Lecturer on Neurology and Insanity, Westminster Hospital Medical School, and the Medical School for Women; author of "The Nervous System and the Mind," "Sanity and Insanity," "Lunatic Asylums, their Organization and Management," "The Attendant's Companion," etc., etc. London: J & A. Churchill, 11 New Burlington St. 1894.

There is frequently no position in which a medical practitioner very often finds himself which can be more disagreeable and uncomfortable than the occasion of examining a supposed insane person, and pronouncing as to whether the case is one suitable for an asylum or not. It is then that the medical man would give a good deal to have some small, concisely written work on such a subject as "The Lunacy Law for Medical Men," in his possession. We think Mercier's book is one which exactly fills the bill, and we feel sure that the publisher ought to be encouraged by the large sale the work deserves.

Injuries and Diseases of the Genital and Urinary Organs. By HENRY MORRIS, M.A., M.B. (Lond.), F.R.C.S., Surgeon to, and Lecturer on Surgery at, the Middlesex Hospital; member of the Council and of the Court of Examiners of the Royal College of Surgeons, England; examiner in Surgery in the University of London. With 97 illustrations. New York Wm. Wood & Co. 1895.

To the practising surgeon, who has also to lecture, we can confidently recommend this clearly written work. It takes up in a most concise manner the subject of the genital and urinary organs, and the injuries and diseases

they are subject to. The descriptions are clear and complete and yet brief. In reference to "operative treatment," the author has confined himself to "principles," referring readers to works on operative surgery for details as to technique of the various operations. In compiling the several parts of the treatise, the author has drawn largely upon the notes of cases which occurred in his own practice, and he has not hesitated to state his own conclusions. The illustrations are especially well executed.

Obituary.

DR. FRANCIS RAE.

Dr. Francis Rae, whose death occurred on the morning of May 8th, at his residence, Oshawa, was one of the best-known physicians of Ontario. He was graduated from Toronto University in 1865, and began the practice of his profession in Oshawa in the same year. In 1882 he was appointed a member of the Provincial Board of Health at its inauguration. He was appointed Chairman of the Board in 1888, and filled the office until 1891.

Dr. Rae was a prominent Liberal, and unsuccessfully contested South Ontario in the interests of the party in the general election before last. A few weeks ago he was appointed Registrar of Ontario County by the Provincial Government.

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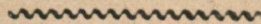
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Alphabetical Index of Formulæ.

(Continued.)

RHEUMATISM, CHRONIC (*Cont'd*).—

- ℞ Potass. et sodii tartrat. ℥ ss.
Vini colchici sem. f ℥ ij.
Aqua. q. s. ad f ℥ ij
M. Sig.: Teaspoonful three times
a day.—*Charity Hospital, N. Y.*
- ℞ Ol. gaultheriæ,
Ol. olivæ,
Liniment. saponis,
Tr. aconiti,
Tr. opii. āā ℥ ij.
M. Ft. liniment. Sig.: Apply to
part.
- ℞ Liniment. aconiti (B. P.),
Liniment. belladonnæ, āā f ℥ ij.
Glycerinæ ad f ℥ ij.
M. Sig.: Apply over the seat of
pain.—*Fothergill.*

- ℞ Chloroform,
Tr. aconiti rad.,
Ol. terebinthinæ āā f ℥ ss.
Ol. sassafras. ℥ v.
Lini. saponiscamphorat. f ℥ iiss.
M. Sig.: Apply locally.—*Gerhard*
- ℞ Ol. cajuputi,
Tr. opii. āā f ℥ ij.
Ol. terebinthinæ f ℥ iv.
Liniment. ammoniæ. f ℥ j.
M. Sig.: Use locally.—*Fuller.*

SARCINÆ AND TORULÆ.—

- ℞ Sodii hyposulphitis. ℥ ij.
Infus. quassiæ. f ℥ vj.
M. Sig.: Tablespoonful three
times a day.—*Neale.*
- ℞ Sodii sulphitis. gr. xxx-xl.
Infus. quassiæ. f ℥ iss.
M. Sig.: To be taken three times
a day.—*Jenner.*

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SARCINÆ AND TORULÆ (*Cont'd*).—

R Acid. sulphurosi..... f ʒ i-iss.
 Infus. calumbæ..... f ʒ xij.

M. Sig.: Wineglassful ten minutes before meals.—*Lawson*.

R Acid. sulphurosi..... f ʒ ss-j.
 Aquæ..... f ʒ ij.

M. Sig.: To be taken three times a day.—*Tanner*.

SCARLATINA.—

R Acid. boracic..... ʒ ss.
 Potass. chlor..... ʒ ij.
 Tr. ferri chlor..... f ʒ ij.
 Glycerinæ,
 Syr. simp..... āā f ʒ j.
 Aquæ..... f ʒ ij.

M. Sig.: Teaspoonful every two hours for a child of five years.—*J. Lewis Smith*.

R Tr. ferri chlor..... f ʒ j.
 Potass. chlorat..... gr. xlviij.
 Glycerinæ..... f ʒ j.
 Aquæ..... q. s. ad f ʒ iij.

M. Sig.: Teaspoonful every two hours for a child of four years.—*Morris*.

R Infus. digitalis..... f ʒ iv.

Sig.: One-half to one teaspoonful every two or three hours.—*Bartholow*.

R Acid. carbol..... ℥ xx.
 Vaseline..... ʒ j.

M. Sig.: Apply to body night and morning.—*Starr*.

R Acid. salicylic..... gr. xlviij.
 Aquæ..... f ʒ ij.
 Syr. aurantii.... q. s. ad f ʒ iij.

M. Sig.: Teaspoonful every hour during the day and every two or three hours at night.—*Hare*.

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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 its 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.

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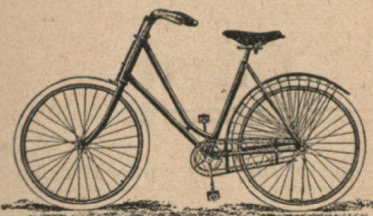
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SCARLATINA (*Continued*).—

R Ol. menthæ pip. . . . . ℥xv.  
 Ol. olivæ. . . . . f℥ iij.  
 M. Sig.: Apply to body night  
 and morning.—*Starr*.

R Tr. digitalis. . . . . f℥ ss.  
 Liq. ammon. acetat. . . . . f℥ iss.  
 Spt. æth. nit. . . . . f℥ ij.  
 Syr. tolu. . . . . f℥ ss.  
 Aq. cari. . . . . q. s. ad f℥ iij.  
 M. Sig.: Teaspoonful every two  
 hours for a child of six or eight years.  
 —*Goodhart and Starr*.

R Chloralis. . . . . gr. xxx.  
 Syr. lactucarii (Auber-  
 gier),  
 Aquæ. . . . . āā f℥ ss.  
 M. Sig.: Teaspoonful in cold  
 water every two, three, or four hours.  
 —*J. C. Wilson*.

R Hydrarg. biniodid. . . . . gr. i-vj.  
 Ex. glycyrrhizæ. . . . . gr. xij.  
 M. Et ft. pil. No. xxiv. Sig.: One  
 pill every four hours.—*Dukes*.

R Resorcin. . . . . ℥ ij.  
 Lanolini. . . . . ℥ iss.  
 Ol. sesami. . . . . ℥ ss.  
 M. Sig.: Rub well into the skin.  
 (To hasten desquamation.)—*Jamieson*.

R Pulv. digitalis fol. . . . . ℥ j.  
 Aq. bullientis . . . . . f℥ vj.  
 M. Ft. infusio. Sig.: Give one tea-  
 spoonful every hour until you get the  
 physiological effect.—*Atkinson*.

R Ex. jaborandi fl. . . . . f℥ ss.  
 Liq. potass. citrat., q. s. ad f℥ iij.  
 M. Sig.: Teaspoonful every four  
 hours at the age of six years. (Scar-  
 latinal anasarca.)—*Starr*.

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 which we sell exclusively to Druggists, and we guaran-  
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SCARLATINA (*Continued*).—

R Antifebrin. . . . . gr. xv.  
 Sacch. alb. . . . . gr. xxx.

M. Et ft. chart. No. x. Sig.: A powder as required to relieve fever, for a child of three or four years.—*Widowitz.*

R Acid. carbol. . . . . gr. xx.  
 Thymol. . . . . gr. x.  
 Vaseline, vel ung. simp. ℥j.  
 M. Sig.: Rub in well.—*Starr.*

SCIATICA.—

R Antipyrin. . . . . ℥ij.  
 Syr. aurant. cort. . . . . f℥ss.  
 Aq. aurant. flor. . . . . f℥ij.

M. Sig.: A dessertspoonful every hour to four hours, until three to six doses are taken.—*Germain See.*

R Saloli,  
 Sacch. lact. . . . . āā ℥ij.

M. Div. in pul. No. xii. Sig.: One powder every four to six hours.—*Aschenbach.*

R Pul. sulphuris sub. . . . . ℥iv.  
 Sig.: Dust thickly on the limb and envelop it in soft flannel.—*Ringer.*

R Veratriæ. . . . . ℥i-ij.  
 Adipis. . . . . ℥j.

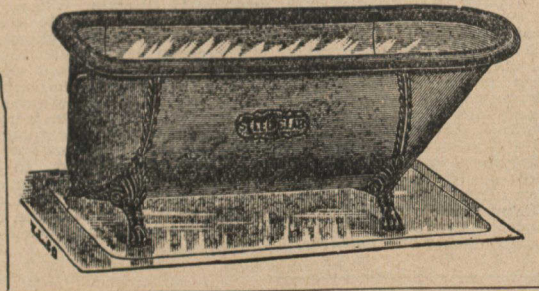
M. Sig.: Rub well into painful part.—*Turnbull.*

R Morphiæ sulph. . . . . gr. ss- $\frac{2}{3}$ .  
 Atropiæ sulph. . . . . gr  $\frac{1}{5}$ .  
 Aq. destillat. . . . . ℥xx.

M. Sig.: Inject deeply into the muscle over the course of the nerve.—*Brown Sequard.*

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the malt used in its manufacture being specially prepared under an entirely new process, and is a new departure from all other methods of preparing malt extracts. It is generally acknowledged to be the most delicate preparation ever obtained from malted barley. It has been pronounced by leading physicians to be a

## Powerful Nutritive and Tonic

and is especially recommended in cases of malnutrition, convalescence from fevers, gastric disorders, general debility, and particularly for all pulmonary affections. It being a particularly refined preparation, it can be used by the most fastidious. This is the only

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SCIATICA (*Continued*).—

- R Quininæ sulphat..... gr. ij.
- Morphinæ sulphat.... gr.  $\frac{1}{20}$ .
- Strychninæ sulphat... gr.  $\frac{30}{100}$ .
- Acid. arseniosi..... gr.  $\frac{20}{100}$ .
- Ex. aconiti..... gr.  $\frac{1}{4}$ .

M. Et ft. pil. No. i. Sig.: Take one pill every one, two, or three hours.—*Gross*.

- R Ex. ergotæ fl..... f $\frac{3}{4}$  ij.
- Aq. cinnam..... f $\frac{3}{4}$  ij.

M. Sig.: Dessertspoonful in water every three or four hours.—*Waakes*.

Methyl chlorid. sprayed along the course of the nerve.—*Hughes*.

- R Theinæ,  
Sodii benzoat.....āā ʒj.
- Sodii chloridi..... gr. xv.
- Aquæ..... f $\frac{3}{4}$  j.

M. Sig.: From five to fifteen minims hypodermically.—*Mays*.

- R Potass. iodid..... ʒj.
- Decoct. sarsap. co..... f $\frac{3}{4}$  ij.

M. Sig.: To be taken three times a day. (Chronic cases.)—*Waring*.

- R Tr. aconiti rad.,
- Tr. colchici sem.,
- Tr. belladonnæ,
- Tr. cimicifugæ.....āā f $\frac{3}{4}$  j.

M. Sig.: Twelve drops every four to eight hours.—*J. T. Metcalf*.

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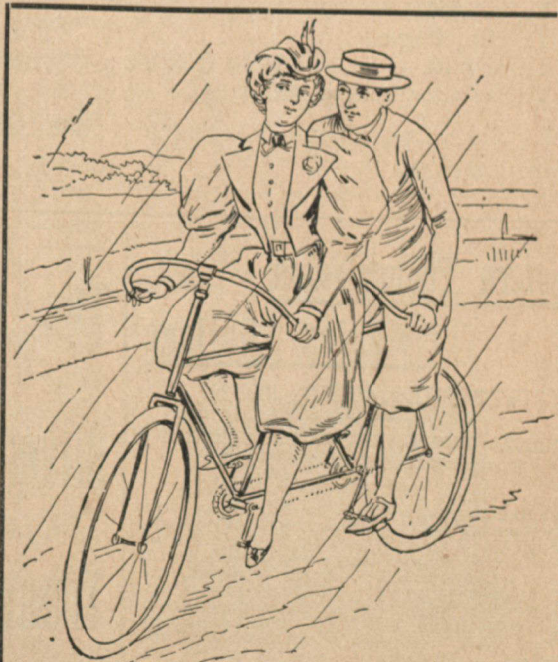
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SCIATICA (*Continued*).

℞ Chloroformi..... f℥ij.

Sig.: Five to fifteen minims hypodermically near the seat of pain.—*Bartholow.*

℞ Tr. colchici sem..... gtt. xv.  
Potass. iodid..... gr. x.  
Tr. zingiber..... gtt. x.  
Syr. simp.,  
Aqua..... āā q. s. ad f℥ij.

M. Sig.: Apply a strip of blistering plaster over the course of the nerve, and give the above in water three times a day.—*Da Costa.*

℞ Tr. colchici,  
Tr. cimicifugæ,  
Tr. aconiti,  
Tr. belladonnæ..... āā ℥¼

M. Sig.: One tablet.—*Vanderbilt Clinic.*

℞ Saloli..... ℥ss.  
Ol. vaselini..... ℥v.

M. Sig.: Inject twenty or thirty minims over course of the nerve.—*Meunier.*

SCLEROSIS, POSTERIOR SPINAL.—

℞ Ex. belladonnæ..... gr. iv.  
Ol. terebinthinæ..... f℥ij.  
Ol. theobromæ..... q. s.

M. Et ft. capsulæ No. xii. Sig.: One three times a day.—*A. McL. Hamilton.*

℞ Potass. iodid..... ℥vi-viiij.  
Ferri et ammon. citrat. ℥ij.  
Tr. aurant. cort.,  
Syr. simp..... āā f℥iiij.  
Aq. menthæ pip.... ad f℥iv.

M. Sig.: Teaspoonful in water an hour after meals.—*Sweringen.*

**Western Pennsylvania  
Medical College**

PITTSBURG, PENN., 1895-96.

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UNIVERSITY OF PENNSYLVANIA

The Regular Session begins on the third Tuesday of September, 1895, 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., 1895. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1896, and continues ten weeks.

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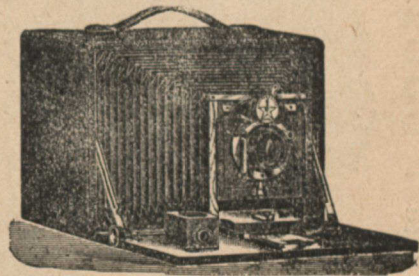
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SCLEROSIS (*Continued*).—

℞ Antipyrin..... ℥ij.  
 Syr. sarsaparillæ comp. f℥ij.  
 Aq. cinnamomi..... ad f℥vj.

M. Sig.: Tablespoonful every hour or two until relieved.—*Suckling*.

℞ Tr. ferri chlor.,  
 Tr. nucis vomicæ,  
 Acid. phosphoric. dil.,  
 Syr. simplicis..... āā f℥j.

M. Sig.: Teaspoonful in water an hour before meals.—*Sweringen*.

℞ Argenti nitratis,  
 Ex. belladonnæ..... āā gr. i-viiij.  
 Ex. gentian..... q. s.

M. Et ft. pil. No. xxiv. Sig.:  
 One after each meal.—*A. McL. Hamilton*.

## SCURVY.—

℞ Potass. bitartratis..... ℥j.  
 Ol. limonis..... ℥xv.  
 Sacch. alb..... ℥ij.  
 Aq. bullientis..... Oij.

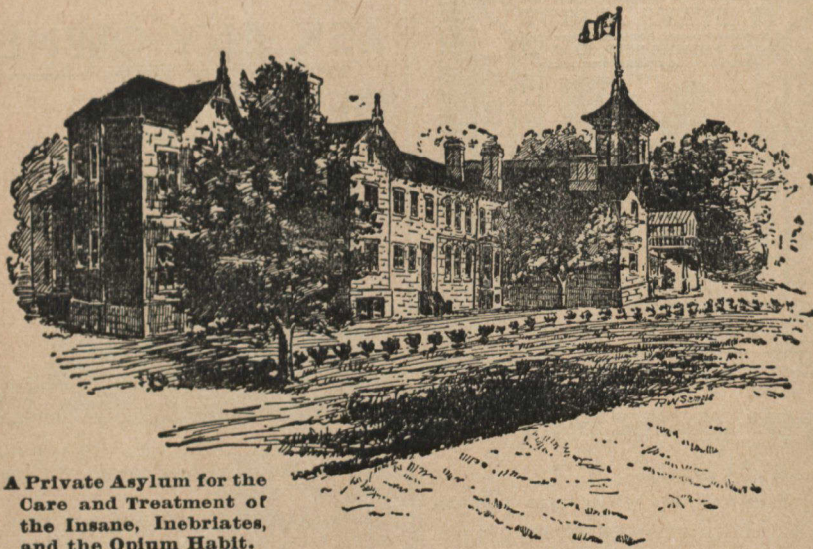
M. Ft. haustus. Sig.: Use when cold as a drink.—*Tanner*.

℞ Acid. muriat..... f℥j.  
 Mellis,  
 Aq. rosæ..... āā f℥j.

M. Sig.: Apply three or four times daily to the gums.—*Branda*.

℞ Succ. limonis..... f℥viiij.

M. Sig.: Twotablespoonfulsdaily.  
 —*Parkes*.

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SEA-SICKNESS.—

℞ Cerii oxalat..... gr. ij.  
 Tr. valerian. co..... fʒj.  
 Aqua..... fʒj.

M. Sig.: Take every thirty minutes until relieved.—*Walsh.*

℞ Chloroform..... fʒ ss.

Sig.: Two to five minims on sugar every half hour until relieved.—*Bartholow.*

℞ Chloral hydrat..... ʒ ss.  
 Syr. aurant. cort..... fʒj.  
 Aq. aurant. flor..... ad fʒij.

M. Sig.: One or two teaspoonfuls every four hours.—*Ringer.*

℞ Cocaini hydrochlor.... gr. xxx.  
 Aqua..... fʒivss.

M. Sig.: Four or five drops on a small piece of ice three times a day.—*Otto.*



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℞ Amyl nitritis..... ℥ij.  
 Sig.: Inhale three to five drops on a handkerchief, with care.—*Bartholow*.

℞ Hyoscyami,  
 Strychniæ..... āā gr. ss.  
 Ex. gentian..... ℥j.  
 M. Et ft. pil. No. xxxiii. Sig.: One every ten minutes.—*Embleton*.

SHINGLES.—

℞ Veratriæ..... ℥i-ij.  
 Vaselini..... ℥j.  
 M. Sig.: Apply locally.—*Ringer*.

℞ Hydrarg. chlor. mit... gr. v.  
 Sacch. alb..... ℥ss.  
 M. Et ft. chart. No. x. Sig.: One powder every two hours, to be followed by a saline aperient.—*Gerhard*.

℞ Zinci phosphidi,  
 Ex. nucis vomicæ... āā gr. x.  
 M. Et ft. pil. No. xxx. Sig.: One pill every two to four hours.—*Bulkley*.

℞ Magnesii carbonat.... gr. xx.  
 Vini colchici rad.,  
 Tr. opii..... āā f℥ss.  
 Aq. camphoræ..... f℥j.  
 M. Sig.: For one dose. (To relieve the deep-seated pain in the chest.)—*Thompson*.

℞ Sulphuris sublimat.... ℥j.  
 Hydrarg. ammoniat... ℥ss.  
 Ungt. simplicis..... ℥j.  
 M. Sig.: Apply two or three times a day.—*Corfe*.

℞ Collodii flex..... f℥j.  
 Sig.: Apply with a brush to the affected area constantly, to exclude the air.—*Austie*.

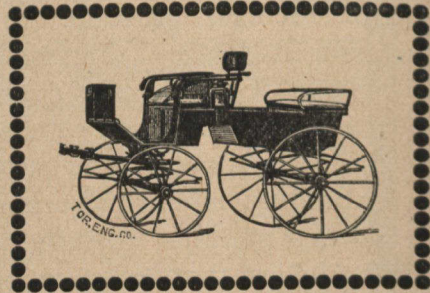


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SHINGLES (*Continued*).—

℞ Pulv. amyli..... ℥ iv.  
 Sig.: Apply as a dusting powder.  
 —*Bulkley.*

## SKIN DISEASES.—

℞ Liq. potassæ..... f℥ j.  
 Aquæ..... f℥ j.  
 M. Sig.: Apply to acne spots only,  
 then use:—

℞ Plumbi nitrat..... gr. xv.  
 Ungt. petrolei..... ℥ j.  
 M. Sig.: Apply twice daily. (In  
 acne indurata.)—*Bartholow.*

℞ Hydrarg. chlor. corros. . . gr. ij.  
 Ungt. petrolei..... ℥ j.  
 M. Sig.: Apply thoroughly. (In  
 acne rosacea.)—*Hughes.*

℞ Sulphuris præcip..... ℥ j.  
 Glycerinæ..... f℥ ss.  
 Adipis benzoat..... ℥ j.  
 Ol. rosæ..... gtt. iij.

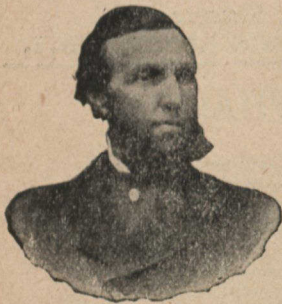
M. Sig.: To be thoroughly rubbed  
 into the skin at night.—*Duhring.*

℞ Acid. acetic..... f℥ j.  
 Lanolini..... ℥ j.  
 Hydrogen peroxide (so-  
 lution),  
 Vaselini..... āā ℥ ij.

M. Sig.: Use locally. (In pustu-  
 lar acne.)—*Unna.*

℞ Liq. potass. arsenitis . . f℥ ij.  
 Vini ferri..... ad f℥ iv.

M. Sig.: Teaspoonful in water  
 after meals. (In acne with anæmia.)—  
*Van Harlingen.*



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SKIN DISEASES (*Continued*).—

- ℞ Sulphuris præcip . . . . . ℥ iv.
- Pulv. camphoræ . . . . . gr. x.
- Pulv. tragacanthæ . . . . . ℥ j.
- Aq. calcis . . . . . f ℥ ij.
- Aq. rosæ . . . . . f ℥ ij.

M. Sig.: Shake the bottle before using, and apply every few hours. (In acne rosacea).—*“Kummerfeld’s Lotion.”*

- ℞ Sulphur. præcip.,
- Cretæ præcip.,
- Aq. laurocerasi,
- Spt. vini rect.,
- Glycerinæ . . . . . āā ℥ ij.

M. Sig.: Bathe the face with hot water and dry it with friction, then apply the lotion. (In acne of the face).—*Leroy.*

- ℞ Magnesii sulphat . . . . . ℥ j.
- Ferri sulphat . . . . . gr. iv.
- Sodii chloridi . . . . . ℥ ss.
- Acid. sulphuric. dil . . . . . f ℥ ij.
- Infus. quassia . . . . . ad f ℥ ij.

M. Sig.: Tablespoonful in a tumbler of cold water before breakfast. (In acne).—*Startin.*

- ℞ Chrysarobini . . . . . ℥ ss.
- Collodii . . . . . f ℥ j.

M. Sig.: Put a brush through the cork and paint lesion every night.—*G. H. Fox.*

- ℞ Potass. acetate . . . . . ℥ j.
- Sodii et potass. tart . . . . . ℥ ij.
- Syr. zingiberis . . . . . f ℥ ij.
- Aqua . . . . . q. s. ad f ℥ viij.

M. Sig.: Tablespoonful in a wine-glassful of water, after meals. (In acne).—*Taylor.*

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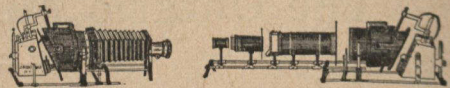
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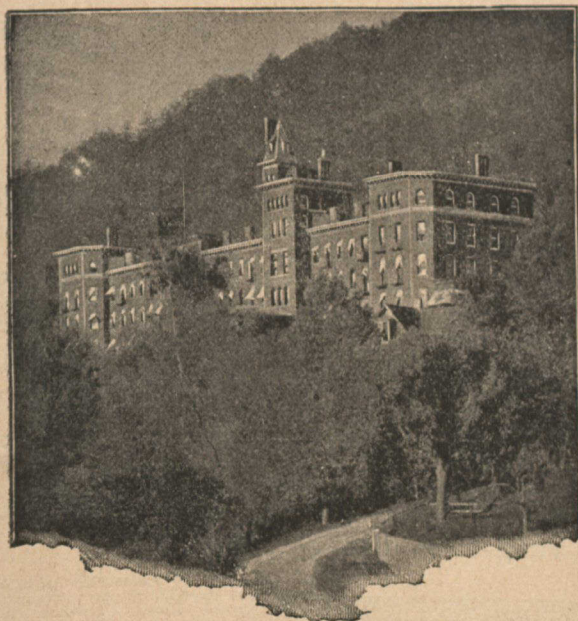
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SKIN DISEASES (*Continued*).—

℞ Potass. acetat. . . . . ℥iv.  
Tr. nucis vomicæ . . . . . f℥ij.  
Ex. rumicis fl. . . . . ad f℥iv.

M. Sig.: Teaspoonful, well diluted, after meals, three times a day. (In acne vulgaris).—*Bulkley*.

℞ Sulphuris præcipitat. . . . . ℥j.  
Ungt. aquæ rosæ,  
Ungt. petrolei. . . . . āā ℥iv.

M. Sig.: Use night and morning.  
—*Van Harlingen*.

℞ Ol. theobromæ,  
Ol. ricini. . . . . āā ℥iiss.  
Zinci oxid. . . . . gr. ivss.  
Hydrarg. ammon. . . . . gr. ij.  
Ol. rosæ. . . . . q. s.

M. Sig.: Apply morning and evening. (In chloasma).—*Moreier*.

℞ Zinci oleat.,  
Pulv. talc. . . . . āā ℥j.

M. Sig.: Dust on every morning.  
(In acne).—*Jamieson*.

℞ Hydrarg. pur. . . . . gr. c.  
Ungt. hydrarg.,  
Sevi benzoinati. . . . . āā gr. c.  
Adipis benzoinati. . . . . ad f℥iv.

M. Sig.: Spread on muslin and bind in patches at night, or rub in thoroughly with the finger. (In chloasma).—*Van Harlingen*.

℞ Zinci oxid. . . . . gr. iij.  
Hydrarg. ammoniat. . . . . gr. iss.  
Ol. theobromæ,  
Ol. ricini. . . . . āā ℥iiss.  
Essent. rosæ. . . . . gtt. x.

M. Sig.: Apply to the face night and morning. (In chloasma of pregnancy).—*Monin*.

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SKIN DISEASES (*Continued*).—

- ℞ Quiniae sulphat. . . . . ℥ ss.  
 Acid. sulphuric. aromat. f ℥ ss.  
 Tr. cardamomi comp. . . f ℥ iss.  
 Aquæ . . . . . q. s. ad f ℥ iv.  
 M. Sig.: Dessertspoonful three times a day. (In ecthyma.)—*Ringer*.
- ℞ Ex. opii . . . . . gr. x-xx.  
 Acid. tannic. . . . . ℥ j.  
 Unguent. . . . . ℥ j.  
 M. Sig.: Apply after the inflammatory condition has been subdued with lead lotion. (In idiopathic ecthyma.)—*Tilbury Fox*.
- ℞ Bismuth. subnitrat. . . . . ℥ iv.  
 Zinci oxidi. . . . . ℥ j.  
 Acid. carbolic. liquid. . . ℥ xxx.  
 Vaselin. alb. . . . . ℥ ij.  
 M. Sig.: Apply night and morning. (In eczema.)—*Mackintosh*.

- ℞ Sodii biborat. . . . . ℥ ii-iii.  
 Aq. rosæ. . . . . f ℥ vj.  
 M. Sig.: Apply two or three times a day. (In ecthyma.)—*Copland*.
- ℞ Hydrarg. iodid. rub. . . . gr. xij.  
 Cerati simp. . . . . ℥ viiss.  
 M. Sig.: Apply locally. (In ecthyma syphilitica.)—*Dida*.
- ℞ Cocainæ hydrochlorat. . gr. iij.  
 Atropiæ sulphat. . . . . gr. j.  
 Morphiæ sulphat. . . . . gr. ij.  
 Ung. acidi carbolici. . . . ℥ j.  
 M. Sig.: Use locally. (In eczema.)—*Shoemaker*.
- ℞ Picis liquidæ. . . . . f ℥ j.  
 Sulphur . . . . . ℥ j.  
 Ung. simplicis. . . . . f ℥ j.  
 M. Sig.: To be rubbed in morning and evening. (In eczema squamosum.)—*Stelwagon*.

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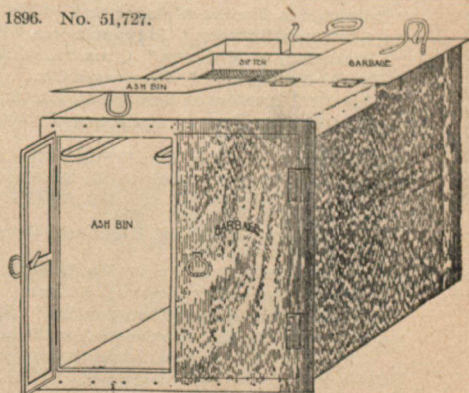
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 Acid. boric.,  
 Zinci oxidi. . . . . āā ℥j.  
 Plumbi acetat. . . . . gr. v.  
 Vaselini. . . . . ℥j.  
 M. Sig.: Apply night and morn-  
 ing. (In eczema of the nares.)—  
*Medical Press.*

R Glyceriti amyli. . . . . ℥viiss.  
 Acid. tannic.,  
 Hydrarg. chlor. mit. . . āā gr. xv.  
 M. Sig.: Apply morning and even-  
 ing. (In dry eczema with itching.)—  
*Vidal.*

R Pulv. rhei,  
 Sodii bicarb. . . . . āā ℥i-ij.  
 Aq. menthæ pip. . . . . f℥iv.  
 M. Sig.: Teaspoonful after meals.  
 —*Van Harlingen.*

R Ungt. zinci oxidi,  
 Ungt. plumbi subace-  
 tat. . . . . āā ℥ss.  
 Chloral hydrat.,  
 Pulv. camphoræ . . . . āā gr. xv.  
 M. Sig.: Use two or three times  
 daily, after bathing with warm water.  
 (In general eczema.)

R Bismuth. subnitrat. . . . ℥ij.  
 Zinci oxidi. . . . . gr. xxx.  
 Glycerinæ. . . . . f℥iss.  
 Acid. carbohc. liquid. . . ℥xx.  
 Vaselin. alb. . . . . ℥vj.  
 M. Sig.: Use night and morning.  
 (In eczema.)—*Mackintosh.*

R Potass. bromid. . . . . gr. viij.  
 Syr. aurantii. . . . . f℥j  
 M. Sig.: Teaspoonful as required.  
 (For eczema of dentition.)—*Medical  
 News.*

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SKIN DISEASES (*Continued*).—

R Cocain. hydrochlor. . . . . gr. ij.  
 Potass. bromid. . . . . gr. xv.  
 Glycerinæ,  
 Aquæ . . . . . āā f ʒ ss.

M. Sig.: Apply to the parts with the soft part of the finger. Give the following to produce sleep disturbed by the itching:—

R Acid. salicylic . . . . . gr. xlv.  
 Zinci oxid. . . . . ʒ iij.  
 Pulv. amyli . . . . . ʒ v.

M. Sig.: Dust the surface and cover with wadding.—*Elliott*.

R Ammon. sulpho-ichthyol., ʒ ij.  
 Aq. rosæ,  
 Glycerinæ . . . . . āā f ʒ ss.

M. Sig.: Use locally. (In nervous eczema.)—*Ravoghi*.

R Pulv. camphoræ . . . . . ʒ ss.  
 Pulv. zinci ox . . . . . ʒ iij.  
 Glycerinæ . . . . . ℥ xl.  
 Ungt. benzoatis . . . . . ʒ j.

M. Sig.: Apply locally. (In vesicular eczema.)—*Duhring*.

R Hydrarg. chlor. mit. . . . . gr. xx.  
 Acid. carbol. . . . . gtt. xx.  
 Ungt. zinci ox.,  
 Vaselini . . . . . āā ʒ ss.

M. Sig.: Apply night and morning. (In infantile eczema.)—*Powell*.

R Bismuth. subnitrat. . . . . ʒ j.  
 Glycerinæ . . . . . ʒ ij.  
 Acid. carbolic. liquid. . . . . ℥ xij.  
 Aq. rosæ . . . . . q. s. ad ʒ j.

M. Sig.: Shake up and apply with a camel's-hair pencil. (To relieve the itching of eczema.)—*Mackintosh*.

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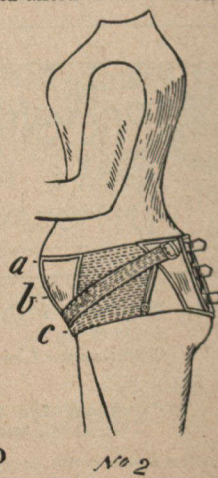
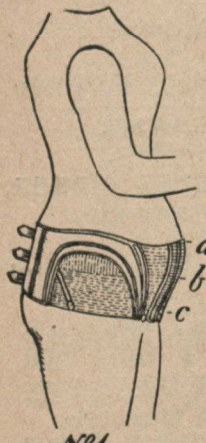
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℞ Acid. salicylic..... gr. xxv.  
 Pulv. amyli,  
 Pulv. zinci ox.....āā ℥ij.  
 Petrolati..... ℥ss.  
 M. Sig.: Use twice a day. (In  
 eczema of the hand.)—*Stelwagon*.

℞ Bismuth. oxidi..... ℥j.  
 Acid. oleic. pur..... ℥j.  
 Ceræ albæ..... ℥iij.  
 Vaselini..... ℥ix.  
 Ol. rosæ..... ℥ij.  
 M. Sig.: Apply twice a day.—  
*Anderson*.

℞ Resorcin..... gr. xl.  
 Glycerinæ..... ℥xv.  
 Alcohol..... ℥j.  
 Aquæ..... ℥iv.  
 M. Sig.: To be used in conjunction  
 with an ointment. (For eczema of  
 the hands.)—*Stelwagon*.

℞ Ex. grindeliæ robust. fl., f℥ij.  
 Aquæ..... Oj.  
 M. Sig.: Apply on cloths. (In  
 eczema covering a large surface.)—  
*Van Harlingen*.

℞ Ol. cadini..... f℥ss.  
 Glycerinæ..... f℥j.  
 Ungt. diachyli..... f℥iiss.  
 M. Sig.: Apply locally. (In  
 squamous eczema with thickened  
 skin.)—*Tilbury Fox*.

℞ Hydrarg. chlor. mit.... gr. lxxx.  
 Mucil. tragacanthæ... f℥j.  
 Liq. calcis..... ad f℥viiij.  
 M. Sig.: Apply locally and then  
 use the following:

℞ Pulv. zinci oxidi..... gr. lxxx.  
 Ungt. aq. rosæ,  
 Ungt. petrolei..... āā ℥iv.  
 M. Sig.: Apply after the above  
 wash. (In eczema.)—*Van Harlingen*.

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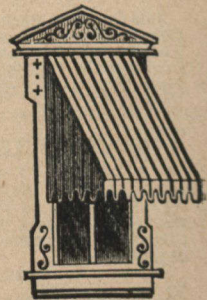
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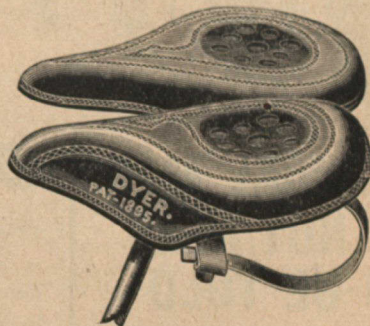
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℞ Pulv. bismuth. subnit. . . . . ℥ ss.  
Ungt. aq. rosæ . . . . . ℥ j.

M. Sig.: Apply night and morning. (In eczema of the scalp.)—*Van Harlingen*.

℞ Acid. boracic . . . . . gr. xv.  
Pulv. acaciæ . . . . . ℥ ij.  
Ol. vaselini . . . . . f℥ viiss.  
Aquæ . . . . . f℥ xv.

M. Sig.: Apply locally. (In eczema.)—*Knaggs*.

℞ Liq. plumbi subacetat. . . . . f℥ j.  
Glycerinæ,  
Aquæ . . . . . āā f℥ iv.

M. Sig.: To be applied two or three times a day with a camel's-hair brush. (In infantile eczema.)—*J. Lewis Smith*.

℞ Zinci oleat.,  
Ungt. aq. rosæ . . . . . āā ℥ iv.  
Ol. amygdalæ . . . . . q. s.

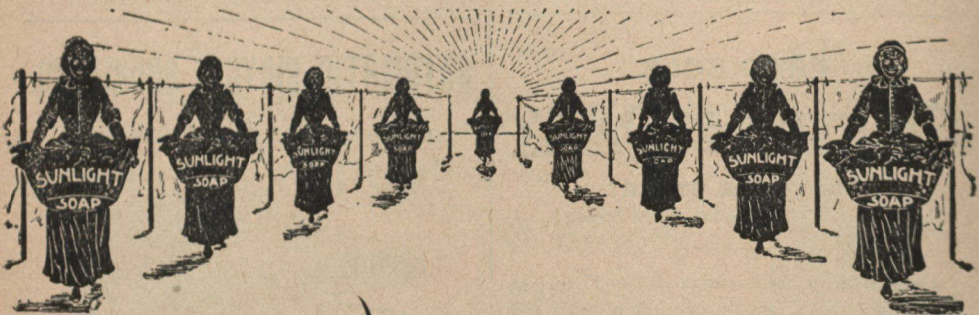
M. Sig.: Use twice a day. (In eczema.)—*Van Harlingen*.

℞ Hydrarg. ammon . . . . . gr. x.  
Acid. carbol. cryst. . . . . gr. viiss.  
Ungt. petrolei,  
Ungt. zinci oxidi . . . . . āā ℥ ss.  
Ol. olivæ . . . . . ℥ ss.

M. Sig.: Apply two or three times daily. (In infantile eczema.)—*Stelwagon*.

℞ Ungt. hydrarg. ox. rub.,  
Ungt. sulphuris . . . . . āā ℥ ij.  
Acid. carbol. . . . . gr. iij.  
Ungt. simp. . . . . ℥ ss.

M. Sig.: Apply to the affected parts. (In chronic eczema.)—*Da Costa*.



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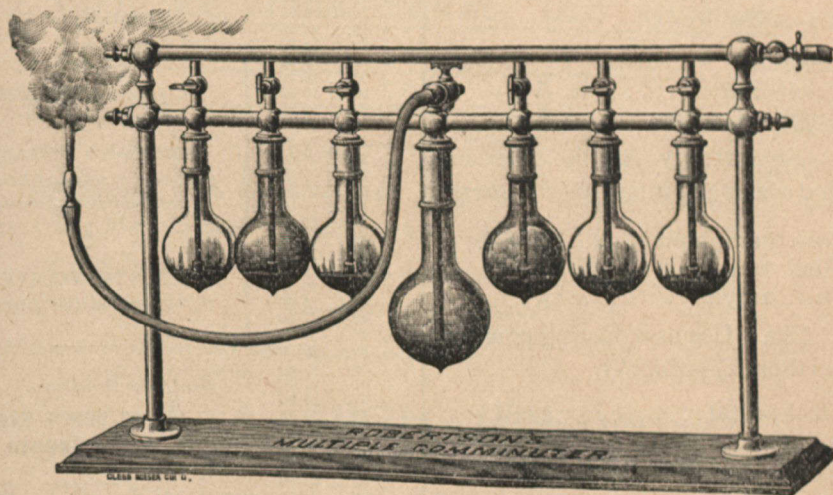
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℞ Acid. boric..... gr. lxxx.  
 Balsam. Peru..... gr. viij.  
 Vaselini..... ℥j.

M. Sig.: Apply twice a day. (In eczema of children.)

℞ Resorcin,  
 Zinci oxidi..... āā ℥j.  
 Ungt. aq. rosæ..... ℥x.

M. Sig.: Apply locally. (In indurated eczema of infant.)—*Fliesburg*.

℞ Pulv. camphoræ..... ℥ss-j.  
 Zinci oxidi..... ℥iv.  
 Pulv. amyli..... ℥j.

M. Sig.: Use as a dusting powder. (In erythema.)—*Bulkley*.

℞ Zinci acetat..... gr. ij.  
 Aq. rosæ..... f℥j.  
 Ungt. aq. rosæ..... ℥j.

M. Sig.: Apply locally. (In erythema.)—*Tilbury Fox*.

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J. K. MACDONALD,

Managing Director.

PREVENTION OF UTERINE DISEASE DUE TO CHILD-BEARING.—In the *New York Medical Record*, Dr. Gill Wylie gives the following directions for the prevention of uterine disease after childbirth: On or before the first indications of labor beginning, the patient is given a complete bath, if there is time, or, at any rate, the vulva and vagina are well scrubbed and washed with tincture of green in place of ordinary soap, and the parts washed off with 1-3000 solution of mercury bichloride. The nurse must have on a clean wash dress, and the author puts on a surgical gown; his hands and the nurse's are always washed with tincture of green soap and dipped in a solution of bichloride each time before exam-

ining the patient. During and after labor a solution of bichloride, 1 to 3000 or 4000, is used to wash off the vulva. If there is time, the bowels are well moved by castor oil and the rectum always emptied by enema. All instruments used should be sterilized by boiling, and put in a solution of 1-40 carbolic acid before being used. Any hæmorrhage is checked by emptying the uterus of placenta or clots, and, if necessary, by ligation of the circular artery when the cervix is torn, or by sewing up the perineum when it is torn. Any tearing of consequence to the perineum is sewed up. After labor, except in cases complicated by severe hæmorrhage or lacerations requiring sewing, the patient is made to sit up to pass

# St. Leon Springs Water

DR. SEVERIN LACHAPELLE, Editor-in-Chief of the *Journal of Hygiene*, in two well-written articles, recently published on the virtues of the

## CELEBRATED ST. LEON WATER,

gives a very careful analysis thereof, and he states the various diseases for which this water is positively efficacious; amongst others Dyspepsia, Scrofula, Rheumatism, Hemorrhoides, Liver, Kidney and Skin diseases. He says this Water, drank habitually, is the most powerful agent in destroying the germs of Rheumatism, which undermine the constitution. In cases of Typhoid Fever, St. Leon Water is the basis of treatment.

### ANALYSIS.

|                         |                  |                           |               |
|-------------------------|------------------|---------------------------|---------------|
| Chloride of Sodium..... | 677.4782 grains. | Sulphate of Lime.....     | .0694 grains. |
| " Potassium.....        | 13.6170 "        | Phosphate of Soda.....    | .1690 "       |
| " Lithium.....          | 1.6147 "         | Bi-Carbonate of Lime..... | 29.4405 "     |
| " Barium.....           | .6099 "          | " Magnesia.....           | 82.1280 "     |
| " Strontium.....        | .5070 "          | " Iron.....               | .6856 "       |
| " Calcium.....          | 3.3338 "         | Alumina.....              | .5830 "       |
| " Magnesium.....        | 59.0039 "        | Silica.....               | 1.3694 "      |
| Iodide of Sodium.....   | .2479 "          | Density.....              | 1.0118 "      |
| Bromide of Sodium.....  | .8108 "          |                           |               |

I hereby certify that I have analyzed a sample of "St. Leon Water," taken from the bulk from the store cellars in Montreal, and I am able to confirm the general result of the analysis published by Dr. T. Sterry Hunt., F.R.S., published in the report of the Geological Survey, 1863; also the analysis of Prof. C. F. Chandler, of Columbia College, New York, made in 1876.

(Signed) JOHN BAKER EDWARDS, Ph.D., D.C.S., F.C.S., and ex-Professor of Chemistry and Public Analyst.

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water or have the bowels move. For a full week the antiseptic napkins or absorbent pads are kept over the vulva and changed every few hours as required by the discharge, and after each act of defecation or micturition the vulva is washed off by means of a Davidson syringe and solution of 1-3000 mercury chloride. This is kept up faithfully for seven days after labor. On the sixth or seventh day the patient sits up out of bed, and on the tenth day is carefully examined as to the condition of the parts, the character of discharge, position and condition of the uterus, and to decide if any local treatment is needed to insure normal involution and prevention of subinvolution of the uterus, relaxation of the ligaments, or uterine displacement. No vaginal

douches are given after labor, unless instruments have been used to deliver, or hands have been introduced into the uterus, or there is a rise of temperature or an odor to the discharge.  
—*Therapeutic Gazette.*

CURRAN'S physician remarked to him when he was on his death-bed that he seemed to cough with more difficulty. "This is surprising," returned the wit, "as I have been practising all night." A local celebrity when on his death-bed, in this city, was informed that it had been decided to tap him for the ascites from which he suffered. "Then it's all over with me," he replied. "Nothing has ever lasted long in this house after being tapped."

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**Its Curative Power** is largely attributable to its stimulant, tonic and nutritive properties, by means of which the energy of the system is recruited.

**Its Action is Prompt**; it stimulates the appetite and the digestion, it promotes assimilation and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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## NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, **finds that no two of them are identical**, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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*Medical Letters may be addressed to . . . .*

Mr. FELLOWS, 48 Vesey Street, New York.

# NOTES ON THE TREATMENT OF GOUT, RHEUMATISM, ETC.

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It is admitted that the presence of an excess of uric acid in the system gives rise to the symptoms of gout and rheumatism.

It is known that in such cases the normal alkalinity of the blood current is much reduced, while the excretions are strongly acid.

It is also known that the restoration of the normal alkalinity is followed by excretion of the uric acid and by alleviation of the symptoms.

## THE ELIMINATION OF URIC ACID

The difficulty hitherto has been the bringing about of a rapid restoration of the alkalinity of the blood current and at the same time securing elimination of the uric acid in the system. Alkalies and alkaline lithium salts have been employed with more or less success, but the continued administration of alkalies tends to bring about cystitis (B. M. J., July, 1895), whilst lithium when administered in alkaline solution does not exert any great solvent action on the uric acid.

One of the most useful discoveries of recent years is the determination of the fact that in gouty and rheumatic patients the administration of certain organic acids causes a much more rapid and satisfactory restoration of the alkalinity of the blood current than when alkalies are employed.

## THE ACTION OF ORGANIC ACIDS

When the alkalinity is restored, and not till then, lithium will exert its solvent action on the uric acid concretions.

The further discovery has now been made by Dr. E. C. Kirk, and independently by Dr. Haig, that by combining an organic acid with lithium, an ACID

## THE ACID SALTS OF LITHIUM

salt can be prepared which possesses much greater solvent properties in cases of uricacidæmia than is possessed by lithium when administered alone, after exhibition of acids. The reason for this lies in the fact that the lithium is set free in the system at the point where its activity is required, and elementary bodies in the nascent state are always much more active than when in combination.

This acid salt has been termed **TARTARLITHINE** and is manufactured by

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The results from the administration of **TARTARLITHINE** so far obtained have exceeded expectations. It appears to be a specific in most cases.