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# Ontario Medical Journal.

SENT TO EVERY MEMBER OF THE PROFESSION IN ONTARIO, BRITISH COLUMBIA,  
AND NORTH-WEST TERRITORY.

R. B. ORR, EDITOR. - J. A. CREASOR, ASSOCIATE EDITOR

All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. III.]

TORONTO, DECEMBER, 1894.

[No. 5.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends ever, where current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

*Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.*

## Editorials.

### ANTITOXIN.

The serum treatment of diphtheria has occupied the attention of the medical world for some time past. It has been the leading subject for discussion at associations, at congresses, and in the European medical press.

It is considered upon all sides that it possesses both curative and prophylactic actions, the degree of success alone being discussed. The success of this remedy in this particular disease has opened up new fields for research in the same line in the treatment of other germicidal diseases. We desire therefore to review briefly the curative action and the mode of preparation of the serum.

The cardinal principle upon which its curative action depends is contained in the fact that the blood possesses in its normal constituents a certain germicidal action due to some constituent not yet clearly defined. This constituent destroys micro-organisms that find their way, from whatever source, into the animal economy. The battle wages in every germicidal disease for a longer or shorter time, till either the blood or the micro-organisms and their products predominate. For instance, typhoid fever twenty-one days, small-pox and diphtheria a shorter time. If the blood is

victorious in the struggle, this germicidal constituent is enormously increased, and consequently produces an immunity to the particular disease until it has disappeared from the blood, which in different diseases varies greatly—for instance, small-pox or scarlet fever probably for life, in diphtheria not more than six or eight months. In consideration of this fact, the question arose in Behring's Memorandum, how can we produce an artificial immunity in an animal and make a practical application thereof. So that the action of antitoxin is physiological or natural in that it is simply transmitting this accumulated germicidal constituent from the animal in which it has been generated to the animal or person suffering from this disease, and the disease is cured by the serum containing this constituent acting upon and destroying the organisms in the system into which it has been introduced.

The artificial immunity is produced in this way: A healthy animal susceptible to the disease is selected, either a goat, sheep or horse—preferably a horse. He is treated with a subcutaneous injection of a culture media containing diphtheria bacilli. This injection, which is called the primary, is in an attenuated form as the germs are subjected to 85° Cent. of heat for five minutes, thus rendering them less virulent. In three days he is again treated with a stronger.

injection in a similar way, and so on for several months until the animal is no longer affected by the injections of the most virulent cultures, or until complete immunity has been produced.

Blood is now drawn from the animal under the strictest precautions as to contamination from the air, or in fact any source, as the slightest contamination destroys the efficacy of the serum. It is then allowed to separate into serum and clot; the serum is then drawn off under the same strict precautions and placed in tubes for use. Thus is this remedy prepared.

This serum contains the germicidal constituent we have already mentioned, possessing the power of destroying the diphtheria bacilli when introduced into the circulation of a diphtheria patient.

Disappointments have been met with in this treatment. It, to be successful, must be carried out with the strictest antiseptic precaution. Every thing used must be carefully sterilized. A hypodermic syringe is prepared especially for this purpose. The treatment must be as careful as the preparation of the serum. The dose given has no relation to age, but depends upon weight of patient, the gravity and stage of the disease. The dose usually given for curative action is 20 cc., and for prophylactic action about 10 cc.

From the complexity of detail in the production and the administration of this serum, the neglect of the apparently simplest point may produce disappointing results and the failure laid at the door of the serum, which is due to an unexperienced or careless administrator. In all cases bacteriological examination of the throat should be made to verify the diagnosis.

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#### A SILENT FORCE IN NATURE.

We hear so much of the baneful results produced by some classes of those minute specks of vegetable protoplasm called bacteria, that we are apt to forget the beneficent work performed by the great mass of them. On the one hand we have the pathogenic or disease-producing class, against which humanity holds a deep grudge for the ills it has suffered; but on the other stands the non-pathogenic, the great portion of whose work at least is kindly in the highest degree. There is not a leaf that falls to the ground but would lie

there a waste and unproductive thing were it not for the action of some of these bacteria upon it, which feed on its organic elements and transform them again into inorganic substances, ready to afford nutriment once more to the living plant from which the leaf had fallen.

Bacteria, in fact, serve to transform inert organic matter into inorganic substances. They are nature's general scavengers, being the active workers in the processes of decay, putrefaction and fermentation, although it would seem that some of these terms should be changed, for the decay of the dead leaf is really its transformation from an inert state into one in which it again becomes useful as a food, and so all-important.

This transformation, or *mineralization*, in most cases, commences only after the death of the organic substance, whether vegetable or animal, and most microorganisms are capable of attacking this dead protoplasm only, but some have the faculty of attacking living protoplasm also. Bacteria are again divided into two classes, as follows: First, those that, in the process of decomposition they bring about, are capable of taking up their oxygen from the air; and second, those that are able to so break up the organic molecules, that not only do they themselves take up oxygen from the organic matter on which they are feeding, but they allow it to be handed on to the products to which they give rise. This decomposition or re-arrangement is called the process of nitrification or the conversion of the nitrogenous elements into ammonia, nitrous and nitric acids, carbonic acid and water. The terms, oxidation or mineralization, may be used to describe the same process.

The first class of bacteria spoken of are called aerobic, and are found on the surface of the soil and in the superficial layers where air is present. These, in the process of oxidation of the organic matter, derive their oxygen from the air about them. The second class are called the anaerobic, and are found specially in the deeper layers of the soil. They, wresting the oxygen from the oxygen-containing bodies that come down to them from nearer the surface, carry the process of decomposition a stage further and complete it, so that life in the soil after a certain depth becomes impossible through lack of nutrition. This depth is usually placed at twelve feet, but it varies of course

according to the nature of the soil and the amount of organic matter present. Thus it will be seen that these bacteria really keep up the circulation of matter, breaking down into their simplest constituents the excretions of living beings, and the remains of dead animals and plants, and thus supplying those elements that are necessary for the nutrition of plants. Duclaux, in stating the results of Pasteur's work, to whom so much is due for our knowledge in this field, says: "Whenever and wherever there is decomposition of organic matter, the work is exclusively done by infinitely small organisms. They are the important, almost the only, agents of universal hygiene. They protect the living against the dead; they do more. If there are still living beings, if, since the world has been inhabited, life continues, it is to them we owe it." Without them the surface of the earth would be covered with dead organic matter, the remains of plant and animal bodies, which, retaining the elements necessary for its building up of new plant life and animal bodies, would soon cut off the food supply of new plants and animals. Life would be impossible because the work of death would be incomplete, or, as Pasteur puts it, "because the return to the atmosphere and to the mineral kingdom of all that which has ceased to live would be totally suspended."

#### TORONTO BOARD OF HEALTH.

The local Board of Health seems frequently disposed to compare the statistics of this year with those of 1892, and deduct therefrom praise and credit to themselves for their efficient and economical administration. Nothing could be more unfair or more misleading than this comparison—unfair, since the Board well knows that the conditions and circumstances are completely changed; misleading, in that the system of reporting infectious diseases is entirely different. In 1892 every case of infectious, or apparently infectious disease, was reported, whether one occurred in a family, or several. This year, if several cases occur in a family, only one is reported, and the entire family may be all counted as one case. Moreover, the Board of 1892 insisted on the strict

reporting of all suspected cases, while to-day the greatest carelessness exists, as is shown in the cases occurring recently in the vicinity of Lansdowne School. Alderman Graham deserves great credit for the efficiency of the department over which he presided in 1892. During that year a most complete system of sanitary house-to-house inspection was adopted; rigid inspection of food, especially milk, was carried on. All this, of course, cost money. We are sorry to say the department, under Alderman Bailey's chairmanship, has seen fit to abolish all this in the interest of economy. As a result we have neglected privy pits and insanitary dwellings which would prove a fruitful soil for the generation and dissemination of infectious disease, should it unfortunately occur in the vicinity. The milk supply at present is at the mercy of the vendor, and cases have been reported to us during the last week where milk in a diseased condition has actually been supplied to customers, to say nothing of the wholesale dilution, and that probably with water from not too healthy wells. We urge the next Board to establish efficiency, without too much regard to economy.

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#### THE TEACHING OF ANATOMY.

It has been pleasing to the anatomy enthusiast during the last few years to observe the interest that is being taken here, there, and everywhere, in the subject of anatomy, and the best methods of acquiring and imparting a knowledge of it.

We are in a transition stage with regard to the subject at present, and any new ideas or suggestions as to methods are eagerly sought after by teachers of anatomy. From time to time papers have appeared in the *New York Medical Journal*, by William Keiller, F.R.C.S. Edin., Professor of Anatomy in the University of Texas, and, owing to the interest taken in the subject of late, we have thought a résumé of some of the points in his first paper might prove of interest to some of our readers. He appears to think that too much time cannot be spent in the dissecting room and at practical work. He advises, in a four years' course, that at least two hours daily during the first and second years should be devoted to dissecting.

Attention is called to the difficulty, both to student and to teacher, when the former commences a course totally unprepared, so far as preliminary education goes, particularly in the Latin and Greek.

This does not hold good in this country so much as in some of the States, for here in Ontario we can boast of a matriculation second to none on this continent, and holding its own with the best in Europe.

He says: "Intending students of medicine should always have a preliminary course in botany, natural history or biology, and of these three biology is perhaps the most important, including as it does anatomy (macroscopic and microscopic) and physiology, as seen both in animal and vegetable life."

He thinks the professor of anatomy, as well as the one of physiology, chemistry and pathology, should be debarred entirely from private practice. In this way he would be enabled to divide a large class into limited classes for practical purposes, and to devote all his time to them. He thinks, too, that the dissecting should be under the personal direction of the professor, so that work in the dissecting room and in the lecture hall may go hand-in-hand.

The necessity of cleanliness in the dissecting room is pointed out. He says: "Any surgeon might pass from dissecting in my rooms straight to a laparotomy with none but the usual precautions." This speaks volumes for a climate like Galveston.

The necessity for every teacher of medicine and surgery to be well informed upon anatomy is dwelt upon, not only for his own and the benefit of the patient, but also because of the fact that it impresses the student more and more as to the importance of a good knowledge of the subject.

He thinks that the use of diagrams materially assists in fixing the attention when lecturing to a large class. The plan of lecturing from the dissected specimen to a large class he characterizes as "worse than useless." His lectures are regional, and the class is divided according to the part upon which they are working; the lectures are illustrated by numerous diagrams, drawn on the board as he goes along, and all materially assist the student in his dissection.

#### EDITORIAL NOTES.

The *British Medical Journal* is in a position to supply to hospitals gratuitously antitoxin in bulk. They are enabled to do this through the kindness of Dr. Klein, F.R.S., who has produced a satisfactory serum at the Brown Animal Sanatory Institute. The animals used were horses.

A couple of months ago the *Canadian Practitioner* commented on the cost and style of the *Announcement* for 1894. We have little doubt as to their ability in the medical line, but on financing in printing estimates they have shown themselves lamentably ignorant. They said that this *Announcement* should be published for \$126, whereas, with the cost of the stenographic report, the bill was \$544.00. *Verbum sap.*

If the recent council elections have done nothing else, they have done one thing and have done it well, namely, to show electors the folly of promising votes to the first man that comes along. There are men who will sit in the next Council for whom many desired to vote, but they had "promised." It may be a warning to electors in future, and may teach a useful lesson to those who, at a not distant date, may have to decide upon representatives.

On Thursday evening, December 20th, a number of medical men enjoyed a treat on anatomical lines. We know nothing of the number invited to attend this demonstration, but we do know that there would have been a very large attendance if any idea of its character was even mooted about. Dr. Primrose, one of the professors of anatomy of the Toronto University, was the demonstrator, and right well he did his work. The object was to show the able aid there was in photography to teaching. Frozen sections of many kinds had been photographed, and were then displayed by limelight. In many cases the relations between the several parts and the different anatomical organs, were better shown in this way than by the actual section itself. A rather unique portion was the display of a few photographic plates of microscopical specimens, giving the audience a much better idea of giant nerve cells than they can obtain from any plate.

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. McGUIGAN, Associate Editor for British Columbia.

### HOT WATER IN OBESITY.

Great numbers of remedies have been suggested for reducing the amount of the adipose tissue of the body, but most of them are so unpleasant and entail so much self-denial that they are seldom persevered in for any great length of time. The causes of obesity are numerous and may be found mentioned in the text-books; suffice it to say that some of them are due to modes of living over which the individual has or ought to have control, while others depend upon some peculiar condition of the system, often inherited, which is favorable to the deposition of fat in the tissues over and above the requirements of the economy. It is no uncommon sight to see young men and women under thirty accumulating year after year enormous quantities of adipose tissue, which interferes with their locomotion and makes life a burden. Those persons are apt to be attacked at times by what might be termed acute indigestion, due probably to excess of acid in the small intestines. It is this very excess of acid which in some cases leads to the deposition of fat, inasmuch as the fatty matters in the food, instead of being split up by the pancreatic and hepatic secretions into glycerin and fatty acids is formed into an emulsion, and in that shape absorbed into the blood. The two first-named groups are easily oxidized and thus eliminated from the system, while the emulsion is not nearly so amenable to chemical changes and is deposited in the tissues in the form of fat. Within the last couple of months a gentleman of Vancouver, who tilted the scales at 270 pounds, has been experimenting on the effects of hot water in reducing obesity on his own person, and with very great success, for in about seven weeks he has lost thirty-one pounds, and he declares he never felt better in his life. He is quite enthusiastic with the system, and is urging all his fat friends to follow his example and drink hot water. He takes four pints daily of water as hot as it can be drunk. The first three pints are taken an hour and a half before each meal, and the last one a

half an hour before bed-time. The diet consists of lean meat at each meal together with bread and butter *ad lib.*, and though the variety here is not great, it can be continued for weeks without much inconvenience. When the decrease in weight has reached the desired point, the food may be taken in greater variety, and if the hot water drinking is continued the poise will remain stationary. It should be stated that no fluids should be taken with the meals, and with the exception of the four pints of hot water daily all drinking is interdicted.

Now, which is the most active factor in this treatment—the hot water or the restricted diet? There is no doubt that the limited amount of fluids allowed has something to do with the falling off in weight, and the nitrogenous food prevents the excessive formation of fat. Water-logged tissues weigh heavy, and several pounds might be thus accounted for after the body has been comparatively desiccated. It may therefore be said that the effect is the result of the restricted diet with the limited water supply and the consequent falling off in fat production. Whatever is the cause, there is no doubt of the practical results in the case of the gentleman whose experiments we are discussing, and if any of the readers of the JOURNAL are afflicted in the same way, we would advise them to follow in the footsteps of the burly Vancouver druggist.

### CASES IN PRACTICE.

BY ERNEST HALL, F.R.C.P. ED., ETC., VICTORIA, B.C.

The following is a report of the cases of abdominal surgery that have come within the sphere of the writer during the last five months. The list includes one vaginal hysterectomy, one removal of appendages (single) for pyosalpinx, one for prolapsed and cystic ovaries, and two for fibroids, with two cases of appendicitic abscess. Considering the advanced stage of the disease in some of the cases, it is gratifying to report recovery in each instance, and also intensely satisfactory to those engaged in alleviating human suffering, to be able to command such a valuable life-saving service as that which abdominal surgery has given us. Yet, while we appreciate the precision to which surgery has attained, and rejoice in its conquests, who amongst us cannot with regret consider the retro-

spect of but a few years, when we, armed only with ignorance and fear, lamented our helplessness, while the lives of those entrusted to our care slowly ebbed, to say nothing of the mist of meaningless platitudes—"cellulitis," "concealed hæmorrhage," "puerperal fever," "pelvic peritonitis" and "inflammation of the bowels"—that served as blanket expressions, concealing some of the most deadly processes known to modern pathology?

Case 1.—Mrs. M., aged 59, mother of thirteen children, menopause at 46. No inconvenience until six months previous to coming under observation, when occasional hæmorrhages appeared, which, becoming more frequent and exhausting, compelled her to seek advice. Examination showed epithelioma involving lower zone of uterus, cervix, and extending upon post-vaginal wall. The larger granulations were removed, and patient placed upon antiseptic douches with tonics, and the probabilities of the case placed before the patient, who preferred operative procedure with its few additional months of life expectancy, than her present condition. *Operation at St. Joseph Hospital.*—The granulations were thoroughly curetted, removing nearly all the cervix, and opening the *cul-de-sac*. A posterior incision in the healthy tissue, continued in front of cervix, freed the vaginal membrane; careful dissection was then made with the finger, separating the bladder from uterus and isolating the attachments of the broad ligaments on either side. The peritoneum on anterior surface of uterus was then divided, enabling the finger to loop over the upper border of the broad ligaments on either side. Owing to the tendency to prolapse of bowel, a small sponge was placed in the pouch, which controlled that condition. A clamp was then introduced, the posterior jaw passing upon the finger behind the left broad ligament, and the anterior jaw in front and locked, thus securing the lower part of the broad ligament including the uterine artery. The portion of ligament grasped by the clamp was then severed and a second clamp applied internal and higher than the former, grasping the upper part of broad ligament, including round ligament and tube; these parts were then severed, thus completely freeing that side of the uterus. A similar process upon the opposite side and the uterus was withdrawn. The sponge was removed, the vaginal

walls allowed to come together as close as possible over the clamps, and sponge placed at upper part of vagina, lower part packed with iodoform gauze. Clamps wrapped in sterilized gauze and legs bandaged together. Subsequent history uneventful, highest temperature 100°, passed urine normally. Clamp loosened in forty-eight hours, and removed after another two days. Patient discharged in four weeks, and up to the present enjoys fair health. Recent examination shows extension of growth on side of vagina involving broad ligament.

Class 2.—Lucy ———, aged 16, had been exposed to gonorrhœa, aborted at six weeks, followed by development of sepsis. Pelvic pain, with considerable febrile symptoms, continued in spite of well-directed treatment. Examination revealed tense semi-fluctuating mass in the pouch, and extending along left ligament. Right ovary felt normal; left ovary could not be found. Diagnosis made of suppurating ovarian cyst or pyosalpinx. *Operation.*—Omentum and bowel adherent to pelvic structures, right ovary and tube normal. In the *cul-de-sac* were left ovary and distended pus tube which were with difficulty separated from the adhesions, one ounce of pus escaping through rupture of tube. Tube and ovary removed, abdomen irrigated with sterilized water; a drainage tube inserted. Subsequent course normal; left hospital in four weeks.

Case 3.—Mrs. B., aged 43, mother of one child, suffered from uterine hæmorrhages, uncontrolled by medical agents. Examination showed intra-uterine fibroid larger than child's head. Previous experience with this variety of fibroid led me not to be over anxious to attempt removal through vagina, and to propose supra-vaginal hysterectomy, but upon opening the abdomen the adhesions were so dense, and the condition of the patient so critical that after ligature of the upper part of the broad ligaments, the removal of the appendages was considered all that was justifiable. Patient made an uninterrupted recovery, left hospital within four weeks. Results, so far, satisfactory.

Case 4.—Mrs. K., aged 43, mother of four children, had usual symptoms of fibroid, was curetted by her family physician with temporary benefit. Hæmorrhage returned more exhausting than before. Examination—small interstitial fibroid.

Operation by Dr. Frank Hall—removal of appendages. Recovery uneventful; left hospital in four weeks. Results, so far, satisfactory.

Case 5.—Mrs. W., aged 34; nurse; no children nor miscarriages—for one year had suffered from pelvic pain, increased previous to menstruation, with excruciating pain during defecation, and extreme nervousness, incapacitating her from following her employment. Examination showed uterine engorgement with ovarian prolapse. *Operation.*—Right ovary, cystic; left, fixed in pouch; removed appendages, with exception of part of stroma of right ovary, which was healthy. Recovery unimpeded.

Case 6.—Boy, aged 13; first attack; drank cold water when overheated and immediately developed inflammatory symptoms which were diagnosed appendicitis by attending physician. He received well-directed treatment for a few days, when all symptoms relapsed and patient was considered convalescing, when renewed pain, with swelling in iliac fossa, called parent's attention. Examination showed tense fluctuating tumor, filling half of lower abdomen, and extending toward right side. Temperature, 98°; pulse, 100. Section in median line; bowels somewhat congested. Dense adhesions matted bowels together and enclosed abscess containing three pints fetid pus, which was evacuated by turning patient upon his belly; appendix not found. The abdomen was thoroughly irrigated, and drainage inserted. The adhesions were not broken down as it was desirable to expose the least possible area for absorption of septic material, preferring rather a second operation than to unnecessarily increase the danger from the first. Patient left hospital in two weeks, and, at end of four weeks, was perfectly well.

Case 7.—Boy, aged 14; first attack; on fourth day of illness presented the quartette of symptoms, which Joseph Price considers indisputable indications for surgical interference, viz., pain and tenderness in region of appendix. Temperature, 101½°, and vomiting. In order to be more thorough in the examination, chloroform was administered, when a tumor could be distinctly felt in right iliac fossa. Operation by Dr. Frank Hall—section at edge of rectus, revealing circumscribed abscess containing one and one-half ounces of pus. Appendix gangrenous, except quarter of an inch

of base. This was removed, the peritoneum stitched over the stump, all adhesions separated, the abdomen flushed with boiled water and drained. Recovery interrupted; left hospital in four weeks.

## Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

### THE ROSSIN CASE.

MAGISTRATE PALMER DECIDES THAT ROSSIN VIOLATED THE MEDICAL ACT.

H. James Palmer, Esq., Stipendiary Magistrate for Queen's County, gave judgment this morning in the action brought against Frank Rossin for practising medicine contrary to the provisions of the Medical Act, 1892. He considered the objections taken at the hearing as to the regularity of the meetings of the Medical Council, and after referring at length to the law and the authorities on the subject, he held the same could not prevail. He decided that the Council was duly elected, and that the appointment of the Registrar was valid.

In referring to the merits, Mr. Palmer said he could not but come to the conclusion, under the evidence, that the defendant was practising medicine within the meaning of the Medical Act, 1892. From the evidence of several of the witnesses, it appeared each of them paid the defendant certain amounts, which he says was for medicine only. He did not think, however, that the defendant, who seems to have no other calling or occupation, treated these different people for a mere charitable purpose, or with a purely philanthropic object. The manner in which the amounts were paid, the fact that the defendant never accounted to his patients for the moneys received by him as to how they were expended, and the fact that they did not desire him to do so, as well as his frequent borrowings, convinced the magistrate that the defendant was not practising gratuitously. Rossin was fined \$25 and costs of prosecution, amounting to \$75.30.—*Charlottetown Examiner, Nov. 23rd.*

The above case was brought to trial on the 5th November and adjourned till the 10th November. The magistrate took time to consider and finally gave judgment, in favor of the prosecution, on the 23rd inst., at Charlottetown.

No less a person than the Attorney-General of the Province—the leader of the Government who passed the Medical Act—was engaged to defend the case in the interests of Frank Rossin. We fancy in the larger provinces of this Dominion no



Attorney-General would undertake such a task. The observance and maintenance of law would weigh more with them than pleading by subterfuge to bolster the cause of such a "bird" as Rossin.

As this man, Frank Rossin, claims to be from Toronto, in Ontario, and a direct descendant from the owner and original proprietor of the Rossin House, at Toronto, it would be interesting to the citizens of Toronto to read what this man had sworn to on the 10th inst. in the Police Court at Charlottetown. The prosecution was conducted by Messrs. D. C. Macleod, and W. S. Stewart, Q.C., of Charlottetown. In the cross-examination by Mr. Stewart, the defendant Rossin made the following answers:

Q.—"Where were you born? A.—I won't tell you." When told he must answer, he replied: "I was born on the sea." "I was not born at Tracadie, N.B. "My name is not Frank DeRoche." "I have a brother John, and Alexander, and they live in New York to-day." "I was never in the Adams House at Chatham." "I was never in Fredericton, N.B." "I never pawned or left a gold watch at the Adams House at Chatham." "I never did work for Edward Sinclair, of Miramichi." "I don't know Puttner, of Halifax." "I never forged a cheque of \$30." "I was never up before the Supreme Court at Halifax." "I never called myself Dr. Oliver. "I was never a patient in the V. G. Hospital at Halifax."

He was then asked if he could read and write? He replied, he "could both read and write." He was asked, "Where were you educated? A.—I won't tell you." "I buy my medicines wherever I like—from Hughes, Johnson, Reddin and Rankin." "I got bills for the medicines at Rankin's and Reddin's. (The witness could not produce them.) "I have \$700 a year of an income from my sister at Toronto." "She is Mike Irish's wife." "He used to keep the Rossin House at Toronto." "My mother is dead; she died in 1871." "My father's name is Malkish Rossin, or Malcolm Rossin." "My father told me he belonged to Germany." "He is in the Lunatic Asylum at Toronto." "I draw money every six months, or any time I want it." "The last I got was \$82, by cheque, at the Bank of Nova Scotia." "The time before *dat* was in April last; I got \$111 and some

cents." "I would treat and give medicines to an 'Indian' or 'squaw,' it would make no difference." "I swear I never told McKenzie, the tailor, that Boyer would pay for the clothes." "I told him Mrs. Boyer would pay for them." "My income comes from the Rossin estate at Toronto." "My father sold it to the 'Club.'" "My mother's will gives me the income." "It was her money that built it." "I have been getting this money for three years, and my mother died in 1871." When asked why he did not receive it before, he replied: "There was a note burned by my hand." "I had to go away to make my own living."

We noted the above answers as they fell from the witness' lips. The veracity of the statements are open to great doubt. We are of opinion that the witness stated the truth in admitting that he had or has a brother or brothers called respectively John and Alexander. Now, we would like our genial friend Dr. O'Reilly, to inform us if he has such a patient as this man's father in the wards of his hospital, and in order to trace this strange character we will give the following description of him from the pen of a physician, at Charlottetown, who had good means of observing his facial and cranial peculiarities:

"Age, about 50; height, 5ft. 9in.; weight, about 160lbs.; hair, black; eyes, brown; whiskers, scraggy black, trimming white on chin; nose, lateral curvature, with convexity towards right side; scar on lower lip, seen through whiskers; voice, harsh; loud stammering; accent, of the lower order of the French Acadian laboring class.

It would be still further interesting if he had been questioned under what circumstances he received the wound in his lower lip. His career at the Clifton House, Annapolis, would also be a comfort to his friends and dupes in this province. The curious might correspond with Messrs. Alfred H. Ellis, commercial traveller, of Halifax, and John Clark, ex-conductor of the Windsor and Annapolis Railway. Could it be possible that there was a genuine Frank Rossin, besides the claimant, in this province? We leave his friends in Toronto to decide the matter. Anyhow, Mr. Sinclair, of Miramichi, badly belies him if he is not a native of Tracadie, N.B. He claims to have known him as the original Frank DeRoche, whom he met at Summerside. We may refer to

the evidence of the witnesses in this case in another issue. We have secured the scoundrel's photograph, and with it we hope to be able to trace and locate his existence in Toronto.

We are also in communication with Dr. Irvine, the physician to Sing Sing Prison, New York, and hope before the next issue to have startling information to communicate to the profession. Anyhow, the mysterious stranger will not occupy a monopoly of mysteriousness as he does at present. The London snake swallowed his mate; our "Frank," by that time, will swallow his dupes or die from the effect.

His career in this province would be sooner at an end if the druggists refused to dispense medicines for him, excepting on a prescription in his own handwriting. He swore he could read and write; let him no longer trade on the skill of the druggists in compounding drugs. It is not at all to the credit of the druggists that they should compound medicines for him and write on the label "Dr. Rossin," when in fact he wrote no prescription, but the prescription credited to him was written by the druggist himself. The anxiety of the druggists to sell their medicines should not overstep the bounds of propriety and true wisdom. He will very soon perish like Jonah's gourd; the light of the "Sun of Truth" will be too strong for his temporary existence; he will seek strange pastures, but every medical man who reads this Journal will know him from the description already given.

Since writing the foregoing, we discovered that Dr. W. C. Chewett, of Toronto, is the gentlemanly owner of the Rossin House Hotel. He has very kindly informed us "that the man calling himself 'Frank Rossin' is either an impostor or lunatic. He cannot well be the son of Maurice Rossin who has been in the Lunatic Asylum here for over forty years. The other brothers, Marcus and Samuel (both dead), left sons—none called 'Frank.' Those of Marcus are living in Hamburg, and Samuel's two boys are in business together in New York. Maurice, the lunatic, was never married, so I do not see how he could have left a son. He was somewhere between twenty-three and twenty-five when he was placed in the Asylum and has been there ever since." The Doctor adds, "Whoever 'Frank' may be, he must have

been in Toronto some time. Before Mr. Nelson leased the house, six years ago, Mark H. Irish was my tenant—not Mike. The man you have is either a rank impostor and deserves to be punished, or a lunatic and ought to be confined."

Comparison made by the above statements of Dr. Chewett, with the sworn statements of the man calling himself "Frank Rossin," reveals what a scoundrel he is. He should be presented to the Grand Jury for making such false statements. The Rossins, we feel sure, have decided objections to his adopting their name. He was careful to claim the lunatic as his father, knowing that his evidence would not be produced, and the measure of his infamous design can be judged from his own evidence.

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### Original Communications.

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#### THE AFFINITY OF GOUT AND RHEUMATISM.

BY R. SHAVE TYRRELL, M.D., L.R.C.P., LONDON,  
TORONTO, CANADA.

The time, no doubt, is rapidly drawing to a close when retention of excess of excrementitious matter will any longer be tolerated during the treatment of diseases in general.

Not a score of years ago the practice in London was, as everybody knows, to lock up the bowels for a fortnight or more during the course of enteric fever, and this mode of treatment was instituted by the very man, viz., Murchison, who enlightened the medical world on the subject of lithæmia, and as his custom in typhoid fever has long since been abandoned, so also has his theory regarding the production of lithæmia been brought into question. The object, however, of this paper is to endeavor to show the close relation which exists between gout and rheumatism. And if the cause of gout is, and has been for some time, quite apparent and beyond dispute, viz., uric acid in excess in the system; and if, on the other hand, the cause of rheumatism is still in doubt, may it not be justifiable to draw attention to this close resemblance between these diseases, and, if possible, to explain why their effects are somewhat different.

I well remember the late Dr. Murchison diagnosing a case of severe inflammatory affection of

the elbow-joint, which was not preceded by a local injury, as a first attack of gout, and his opinion was corroborated by subsequent events. This case, I need hardly say, occurring on one of the larger joints as a primary attack, would probably suggest the conviction to many minds of so-called rheumatic origin. And Garrod says, "It is not uncommon to hear a patient call the disease gout as long as it is confined to the feet, but rheumatism or rheumatic gout when the upper extremities become attacked, although the same condition of the system which causes the one gives rise to the other." One naturally infers that the patient referred to above calls his disease what his physician does, and that a certain amount of doubt is in many cases manifest in regard to its etiology, particularly if the disease be of a chronic character or situated in the muscles; many aches and pains and neuralgias, which were formerly designated rheumatic, are now held to be lithæmic, and give way under an eliminative mode of treatment. It is, I say, in the chronic forms of rheumatism and gout that one notices the resemblance is the most marked. I think that lumbago, which is considered a form of muscular rheumatism, is always lithæmic in origin, and certainly purgation and diaphoresis have, in my hands, given more satisfactory results than the accepted mode of treatment by acupuncture. Osler says, "Persons of a rheumatic or gouty habit are certainly more prone to this affection." Here, again, we have an uncertainty expressed.

Dr. Beverley Robinson, of New York, has stated that in his hay-fever patients he has frequently noticed a rheumatic habit, while Dr. Bishop, of Chicago, and I have independently proved, at least to our own satisfaction, that the affection is lithæmic in origin. There is, no doubt, in that pronounced form of gout occasioned by an excess of alcohol, some characteristic appearances which frequently stamp it as a distinct affection from acute rheumatism, caused, I will state, by a loaded condition of the system, due to inactive organs, plus some exciting cause; but in many cases the physician is severely taxed before he arrives at any definite conclusions, possibly because there has been noticed not only an alcoholic habit, but also defective elimination with exposure. In the one case the attack has been occasioned solely by the

effects of an excess of alcohol or its products circulating through the blood. In the other case the supply of alcohol or food may not have been in excess, but due to faulty elimination—the effete products circulate through the blood and give rise to the inflammatory condition known as rheumatism. The hypothesis which I rely upon is, that both gout and rheumatism are due to inefficient elimination; if in the one case the kidneys, bowels and skin could be made to do excessive duty, we would have no gout, and if this same activity could be constantly kept up we would have no rheumatism. If this be tenable, I think we are approaching the cause of rheumatism, and may possibly class it with gout under the term "Lithæmia." Now, in regard to the results of these affections, Garrod says that in all cases of gout you have a diseased condition of the kidneys, and it is well known that one finds a small amount of uric acid and urates in the urine in cases of gout due to this diseased condition, and consequently one naturally expects that this uric acid and urates will make their appearance somewhere, which always occurs frequently, but not always in the joints; but in the case of rheumatism the kidneys are not diseased, and hence you do not have a deficiency of uric acid and urates in the urine, but an excess, and consequently you would not look for uric acid in the blood, or deposits of urates or biurates in the joints or elsewhere, because the kidneys being active and healthy are able in time to carry them off, so that this distinction between gout and rheumatism, in regard to uric acid in the blood, and biurates of soda in the joints, is explained by the condition of the kidneys. I have had many cases of so-called rheumatism, which have in after years developed the usual symptoms of gout, and I explain the fact in this way, that at first the kidneys were active and healthy and afterward became diseased.

Again, youth is the special time for rheumatism, when the kidneys are liable to be healthy. Middle age is the choice time for gout, when these organs are more prone to disease. And in this connection I may say that experience has taught me that there is a transitional stage between healthy and diseased kidneys when chemical and microscopical examinations of the urine is of small practical value.

I have stated that rheumatism is caused by a loaded condition of the system (by this I mean an excess of uric acid and urates), plus an exciting cause, viz., cold and dampness; this exciting cause occasions an explosion, as it were, in this way. That it not only shuts off all excretion by the skin, but also causes a congested condition of the internal organs which interferes with their eliminative action, particularly that of the liver, and hence you have the system suddenly charged with waste products, so that cold is essentially the exciting cause in producing this congested condition which prevents elimination as is evidenced from the fact that in tropical climates we find no rheumatism. Do you not always find a state of constipation in acute rheumatism, and is not purgation, combined with diaphoresis, the most satisfactory mode of dealing with this disease? As it is also, in my experience, the most efficient way of cutting short an attack of gout, and it is hardly necessary to say that the large class of dyspeptics which we come across daily are relieved most effectually by purgation—in fact elimination by the bowels and skin probably relieves more suffering and avoids more acute attacks of illness than all other forms of treatment combined. I have been in the habit for several years of advocating the theory that in order to enjoy good health it is, as a rule, not only necessary that the bowels should be moved daily, but that they should be freely moved daily, and I think that if this principle were urged to a greater extent than it is we would have much less rheumatism and gout, or, as I will take the liberty of saying, a marked diminution in cases of lithæmia in general.

### STRANGULATED MESENTERIC HERNIA.

BY J. BAUGH, M.D.

On November 8th, Ethel B., aged seven years, attended school as usual, ate freely of hazel and niggertoe nuts during the evening, and was put to bed apparently well at nine o'clock. Half an hour later she awoke and cried out that she had a pain in her stomach. She was given a teaspoonful of brandy and water, which made her vomit, and a messenger sent for me. At 10.30 I found the child lying on the lounge, her face pinched and pale, her pulse 140, and temperature normal.

The pain had entirely gone. I remained with the child about half an hour, observing her closely. All the symptoms of shock were present, and I thought it best to intimate to the parents my suspicion of some serious internal trouble, probably something in the nature of a twist or a perforation. They, however, felt quite sure the trouble was entirely due to an over-indulgence in nuts and candy.

A grain of calomel and soda was given as a placebo, and a dose of castor oil ordered to be given early next morning.

The child was restless all through the night.

At ten o'clock next morning her pulse was 160, temperature normal. The bowels were moved by enema, showing an abundance of undigested nuts. No pain or tenderness over abdomen, except on deep pressure. A little tympanites. Signs of continued shock becoming more marked, advised an abdominal section.

11 a.m. Consultation with another medical man, who would neither say what he thought as to the nature of the ailment, nor would he consent to an operation.

3 p.m. Pulse between 190 and 200, temperature 100½, child drowsy, but conscious when spoken to.

Drs. McCabe and Smith having been called in, an immediate abdominal section was decided upon and done.

A small coil of intestines, about fifteen inches long, had been forced through an opening in the mesentery and had become strangulated. Extensive adhesions had formed at the point of constriction which had to be broken down and the constriction divided, before the loop of bowel could be withdrawn.

The herniated portion of the bowel presented a greenish appearance, while on the proximate side of the constriction, for about four feet of their length, the intestines were jet black and gangrenous.

The intestines and abdominal cavity were washed well with hot water and section quickly closed.

Patient did not rally. Time of operation, twenty minutes.

*Remarks.*—It would seem that three days previously, while playing at school, the child was run

into by a big girl, and received a severe blow on the abdomen which may have caused the rupture in the mesentery.

As regards the operation, everybody now knows it was done too late. I think had it even been done a few hours earlier the child's life may have been saved, and I only regret not having assumed the entire responsibility and operated in the forenoon.

Hamilton, Nov. 16, 1894.

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### Meetings of Medical Societies.

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#### TRINITY MEDICAL SOCIETY.

The students of Trinity Medical College have organized the above-named society, which meets every Tuesday evening at 8.30 in the Final room of the college, and at which a very interesting and profitable time is spent. The object of the meetings is to afford the students an opportunity of keeping one another in touch with the various branches of medicine. The work is so arranged that the gentlemen of the different years have the privilege of taking an active part. Matters of surgical, pathological or medical importance are taken up by third and fourth year men, while the members of the first and second years deal with questions concerning anatomy, chemistry, pharmacy, etc.

The junior members of the Faculty and the house surgeons of the General Hospital also manifest a good deal of interest in the meetings, and take an active part in the filling in the programme.

The following table gives the order in which the entertainment at each meeting is carried out:

1. Minutes of previous meeting.
2. Papers.

These papers are carefully prepared previous to the meeting, and, after they are read by the author, the subject dealt with is discussed by several members.

3. Cases in practice.

Cases of special importance are presented, and symptoms, diagnoses, etc., illustrated.

4. Presentations of pathological and anatomical specimens.

5. General business.

#### TRINITY MEDICAL COLLEGE,

November 16th, 1894.

The Trinity Medical Society met in the Final room this evening at 8.30 p.m., the President of the Society, Mr. H. Krugg, in the chair.

An outline of the work of the Society was given by Dr. Anderson, representative of the Faculty, to which Dr. Wishart added a few remarks of interest.

Dr. Fenton presented a case of locomotor ataxia, and read a paper on the same, after which the subject was discussed by Dr. Field and Mr. J. Hutchinson.

Mr. A. C. Lambert, read a paper on Amyloid Liver, and presented gross and microscopical specimens of the same.

A kidney having two ureters was presented by Dr. Wishart.

Typhoid was taken up by Dr. Shuttleworth. He presented a specimen of intestine showing ulceration and perforation.

After a short discussion on the treatment of typhoid, the meeting was closed.

J. R. McRAE, *Secretary*

#### TORONTO UNIVERSITY MEDICAL DINNER.

The Faculty of Medicine of Toronto University celebrated their eighth annual dinner at the Rossin House, on Thursday evening, December 6. Till an early hour in the morning the dining-hall was resounding to the eloquence of the speakers and the applause which showed the appreciation of the guests. Evidently the success was decided, and thanks are due to the committee with their energetic secretary, Mr. Frank McConnell.

The guests were both numerous and distinguished. Mr. W. T. McArthur, the President, was at the head of the table, and to his right and left at the head table and among the guests were: His Honor Lieutenant-Governor Kirkpatrick, Hon. George W. Ross, Dr. James Thorburn, Professor Mavor, Mr. D'Alton McCarthy, Q.C., M.P., Mr. W. S. Lee, Mr. J. S. Willison, Dr. D. Clark, Prof. James H. Richardson, Prof. Ellis, Prof. McPhedran, Prof. A. B. McCallum, Prof. I. H. Cameron, Dr. W. T. Aikins, Dr. J. E.

Graham, Vice-Chancellor Mulock, Q.C. M.P., Mr. Justice Rose, Rev. Principal Caven, Rev. Principal Sheraton, Rev. Chancellor Burwash, Prof. Primrose, Dr. Bain, Dr. Rae of Oshawa, Dr. L. McFarlane, Alfred Baker, Dr. McDonagh, Prof. R. A. Reeve, Dr. Cameron, Dr. Pync, Dr. Adam Wright, Dr. Alexander, Dr. Armour, Dr. Thistle, Dr. O'Reilly, Dr. Spencer, Dr. Burnham, Dr. Dwyer and Mr. E. E. Sheppard. Letters of regret were sent by the Governor-General, Sir Oliver Mowat, Hon. A. S. Hardy, Hon. Wm. Hart, Rev. Father Teefy, Dr. John Hoskin, Mr. John Ross Robertson, Mr. Justice Falconbridge, Chancellor Boyd, Chief Justice Meredith, Mr. Justice Hagarty, Mayor Kennedy, Mr. Hugh Blain, Mr. George Gooderham, Mr. E. B. Osler and Mr. Goldwin Smith. A pleasant incident was the reading by the secretary of a cablegram, "Toronto Forever," sent by Drs. James MacCallum, MacLaren, Bruce, Grant, Glasco, Taylor, Rykert and Harris, graduates of the college, who are taking post graduate courses in London.

At ten o'clock Mr. W. T. McArthur opened the speaking in warmest words—referring to Toronto, its progress, its work, and also its needs.

The toast of "The Queen" honored, Mr. S. H. Westman, the First Vice President, proposed the toast of "Canada" in a well-put speech, His Honor the Lieut.-Governor responding. When one saw, he said, how prosperous this and other medical schools were, and the number of young doctors being turned out by them, he would think the country must be very unhealthy; but that was not the case, for they were turned out, not as doctors alone, but as ornaments of society. (Cheers and laughter.) The men of this school were very fortunate in their able staff (cheers), in their connection with the Provincial University, and in the advantages which surrounded them, and which were far in advance of those enjoyed by the early physicians of the country.

Dr. James H. Richardson next responded to the toast, and in calling upon him Mr. McArthur told the audience how, in 1860, in a meeting in St. Lawrence Hall to consider how the native-born Canadians should welcome the Prince of Wales, Dr. Richardson had proposed that the maple leaf should be taken as their national emblem. This

procured for the Doctor a doubly warm reception, and he told what a pleasure it was to him to find the emblem which he had suggested still honored in so hearty a way. With heartfelt words he declared his love for his country; and he went on to say that, so far as her future went, he felt sure that she could not attain to her proper destiny until all racial and sectarian spirit has been submerged, and Canadians of all sorts and creeds were united, to secure for Canada what was for her advantage, and her good, and her benefit. (Cheers.)

Mr. J. A. Rennie then proposed the toast of "Toronto University."

Mr. Vice-Chancellor Mulock rose to reply. He congratulated the Medical Faculty upon the success which had up to that moment waited upon their efforts, and then referred to the hopes expressed that a Park Hospital would soon be established, arousing general regret by saying that at present the indications are that it will not be established. Much as he regretted it, and much as he believed in the establishment of such an institution, the indications were that it was not destined to succeed. Mr. Mulock strongly defended the principle of the connection between the University and the Medical Faculty, saying that the Medical Faculty could not be regarded as a step-child; it was fully enrolled as a member of the University, and all graduates must be glad that steps had been taken to put the science of medicine upon a scientific basis.

Prof. Baker also responded.

In a few warm words Mr. T. W. Jeffs proposed the toast of "The Faculty," and Dr. McPhedran responded, urging all to be loyal to their University and to retain the enthusiasm of the present. Professor A. B. McCallum responded next, speaking of the necessity for the University to have a strong Medical Faculty, which should have the strongest support that all could give it. Dr. McCallum then assailed the statement that the University subsidized the school, holding that the Faculty last year netted the University \$4,000, and will this year net it \$5,000, so that it was the other way. The situation is one of hope, he said in conclusion.

The toast of "The Legislature" was then proposed by Mr. W. Ferris, and was responded to by

Hon. Geo. W. Ross, who, after some pleasant introductory remarks, proceeded to say.

"It is likely the medical profession and its privileges will be up for discussion before the next session of the Legislative Assembly, and it is possible the question may be asked, 'there any good reason for throwing around the practice of medicine any statutory safeguards whatsoever? Would it not be in the public interest to abolish the Medical Council and allow the various colleges and Schools of Medicine in the country the fullest liberty in the matter of issuing licenses to practise medicine? You are doubtless aware that the Medical Council was first established in 1866 by the old Parliament of Canada: that since that time Medical Councils, having jurisdiction somewhat similar to the Medical Council of Ontario, have been established in England and a great many States of the American Union. The object of the Legislature in establishing the Council was not so much to protect the profession as it was to protect the public. Different Schools of Medicine and colleges were found to be competing with each other for students, and from the desire which students usually have to find, if possible, some royal road to learning, the college offering the greatest facilities for an easy degree might possibly have the largest number of graduates. It will be for the medical profession to show that the protection given to the public by the establishment of the Medical Council has not unintentionally resulted in creating a monopoly for the medical profession, or erected insuperable barriers in the way of entrance to the profession, that the Medical Council has itself been progressive in the highest sense of the term, and that through its examinations professional education has not been retarded, but rather advanced.

Then, when you have justified the existence of the Medical Council, as I hope you will be able to do, you may be asked to readjust the standards of the profession. For instance, it is said that the standard for admission to the profession should be lowered, the course of study shortened, and the additional year for clinical study under a regular practitioner abolished. Each of these objections must be examined on its merits. Does the standard for admission now prescribed deter any person of reasonable ability from entering the

profession? Are the obligations imposed by the medical profession upon students, either in the way of fees, or studies, or clinics, so great as to interfere with that freedom of professional movement or choice which should be the privilege of every man in a free country?

It will be your duty to answer these questions. And if I am not very much mistaken your answer will be that the supply is quite equal to the demand, and that the standards required by the Medical Council, while not preventing any person from entering the profession who has talent, energy, and a moderate amount of capital, furnish a guarantee—a very proper guarantee to the public that the licentiate of the Council is a *bona fide* physician, equally learned with his fellows of similar standing in any part of this continent, or any other continent, where medicine is included among the learned professions.

But these elementary questions may not exhaust the legislative catechism in which you are likely to be drilled. For instance, you may be asked to consider whether you should be allowed to continue to exercise the right you now possess of disciplining the profession. Have you exercised that right prudently? Have you ever expelled a member because he wore a high hat, or dressed too dudishly, or drove too fine a turn-out? Have you so terrorized and tyrannized the members of the profession generally that, rather than endure such bondage, the best of them have resigned their license and taken to law, or politics, or aldermanic honors, or some other more lucrative calling than medicine? Have your rules for professional etiquette and honor lost to the country any doctor whose great talents thus summarily extinguished could fairly be called a public loss? If not, you must be prepared with evidence, for it is quite possible the charge will be made.

You see from these brief observations how much of the time of the Legislature of Ontario may be taken up with the consideration of professional matters in which you are no doubt deeply interested. I cannot speak for this legislature—I have not seen it yet—but I will be greatly surprised if it will lend itself to any legislation which will lower the educational standards of the medical or any other profession, or will give for one moment color to the idea that the Province of

Ontario is tired of professional excellence, skill, knowledge and experience, and is longing for an era of quackery, patent medicines and manufactured advertisements. The medical profession deserves well of the people of Ontario. It has been most unselfish in its efforts to promote the public health and improve the sanitary conditions of the country. It has been at all times ready to accept every discovery in medical science which is calculated to prolong life or relieve suffering humanity. By years of effort, and at great cost to the profession itself (for the public treasury has not been available for its purposes), it has placed medical education on a broad foundation, and has enlisted in its service many of the ablest men which the country has produced. It has been generous without jealousy towards every other profession. It has given good value for every privilege which has been of real service to the profession itself or to the country. Should it appear that it has privileges which are of no substantial use, or which may be used to cast discredit upon the profession, let them go; but as to the great and fundamental characteristics of the legislation, which is of far greater advantage to the public than it is to the profession, the greatest consideration should be given to any proposal for a change. So long as frail humanity is heir to so many ills medical men will be in demand. Let us have the best that skill and training can supply, and let us have the honor of training them ourselves in our own colleges and universities, and in such a way as to suit the genius of our own people.

Next followed "The Press," which was proposed by Mr. McCallum, and was responded to by Mr. E. E. Sheppard, Mr. J. S. Willison, Mr. J. H. Woods, and Mr. James A. Tucker.

The toast of "Other Professions" was proposed by Dr. W. T. Graham in a neat speech; Mr. Justice Rose responded for the law, and Rev. Chancellor Burwash for the clergy. "Medical Associations" was the next toast honored, Mr. L. T. Kellum proposing it, and Dr. Aikins, Dr. Ketchum and Dr. Smith replying. Next came the "Toronto General and Victoria Hospitals," Mr. E. M. Hooper proposing it, and Dr. Lee, Dr. O'Reilly and Dr. Dwyer responding. "Sister

Institutions" were then heartily honored, Mr. Lambly replying for McGill, Mr. Mascen for Bishop's, Mr. Heager for Queen's, Mr. James for London, and Mr. Pearson for Trinity. Mr. W. C. White proposed "Athletics," the response being by Messrs. Spence and Gillies. Mr. F. McNulty proposed "The Graduates," Dr. Donald Armour and Mr. McKay replying. To "The Ladies" Mr. McNamara replied, Mr. Elliot proposing it; and Mr. A. H. Addy proposed the toast of "The Freshmen," to which Mr. Crawford made response. This brought to an end a very pleasant dinner.

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### Correspondence.

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*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

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#### THE MEDICAL PROSECUTOR ON VIAMI.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

DEAR SIR,—There appeared in your valuable journal of September, 1894, an article under the heading, "Still After the Frauds." The article is the only one under that heading, and you publish it as taken from the *World*, August 4th. That article is a libel from start to finish. The *World* saw fit to publish a correction on October 28th, 1894. We enclose a clipping from that paper of that date. You kindly published the first article; we kindly ask you to please publish the correction in your next issue, and oblige,

THE TORONTO VIAMI Co.,

A. H. KEITH, *Manager*.

Toronto, Nov. 29th, 1894.

[This communication was received by us, and has been considered. In the following letter from Thos. Wasson, our reasons for non-retraction are given.—ED.]

*To the Editor of* ONTARIO MEDICAL JOURNAL.

DEAR SIR,—I have received from you a letter asking for information with respect to the case of A. H. Keith, of the Viami Company, who was convicted and fined in August last of practising as a medical man without being registered, and have to state in reply that at the time I made a



full investigation, and before entering proceedings, satisfied myself that Keith was guilty of an infraction of the law, and in addition, I may say that I had evidence to prove that his wife was equally guilty. I commenced proceedings against her, and had the necessary witnesses on hand, but she left the city before I could serve her with a summons, and it was only yesterday that I learned that she had returned.

In order that there may be no misunderstanding in this case, I herewith give you a detailed statement as to proceedings, from which you will naturally conclude that the presiding magistrate was about right when he characterized the fraud as a serious one, and one that should be punished by imprisonment instead of a fine.

The information charged that "on the 30th July, A. H. Keith, of Toronto, being a person not registered, did unlawfully practise medicine for hire, gain or hope of reward by prescribing and treating one Samuel Croot."

After several adjournments, and after the defendant had pleaded not guilty, the following evidence was given:

Samuel Croot, sworn: In July last I went to the office of the Viavi Medical Company, at the Confederation Life Insurance building, in this city, to see defendant as a doctor. I saw defendant's wife, and asked for the doctor. I waited there, and when defendant arrived, his wife said to me (in his hearing) that the doctor was in now. I asked him if he was the doctor, and he said, "Yes." He asked if I felt sore, and I said, "Yes, across the chest and kidneys." He asked me if I was subject to cold feet, and I said I was. He said that was the worst thing in the world, and that I should light a fire and warm my feet before going to bed. I asked the price of his treatment, and he said \$15 for three months' treatment. He said my back pains were caused by my taking cold. I paid him \$5 cash for the whole treatment, which he gave marked "A" and "B." The first time, my wife was with me, and defendant said then he was the doctor. The salve was to rub on my chest and back. I do not know how to read very well.

To Mr. Murdoch: I was always subject to cold feet. I had pains in my chest and loins. The

month's treatment was to be \$6; I paid \$5 on account, and owe \$1. I swallowed six of the capsules, and rubbed the salve on my back. I did not see the medicine until I had paid my money.

William Boyd, sworn: I went to defendant's with Samuel Croot on 25th ult. and saw defendant, who asked Croot how he felt. Croot said he had pains all over. Defendant said he could cure him. He said he had three treatments, namely, \$15 for three months, \$6 for a month, and a \$3 treatment.

Daniel Thomas, sworn: I went to defendant's about a week ago with Mr. Leland. Defendant told me he was the doctor. I told him I had pains in my chest and back. He said he would give me one treatment for \$3. He gave me the capsules and salve produced marked "C" and "D," and Leland paid him \$1 on account, and he gave us the book and receipt marked "E" and "F"

To Mr. Murdoch: I used the salve on myself outside, but did not take any of the capsules, as I was afraid of them. He charged me the \$3 for whole thing.

James F. Leland, sworn: I went with last witness, on 24th ult., to defendant's office. Thomas told him how he felt, and defendant said \$6 would be the treatment for a full month. I told him Thomas was poor.

Thomas Wasson, sworn: I am complainant. Exhibit "G" is a copy of what is painted on defendant's door and office windows. There are various anatomical pictures in defendant's office.

Fined \$100 and costs, or thirty days in jail without hard labor.

In connection with this trial, I may add, that in giving his decision, the Magistrate used some very severe comments, remarking that Keith's case was one of the worst instances of fraud that had been brought before him, and that such cases should be punished by imprisonment instead of by a fine.

I may further inform you, that I yesterday had an interview with Mr. Keith, during the course of which I asked him for the name of the medical practitioner, whom he said was in charge of his patients. After hesitation, he gave the name of Dr. H. O. Marten, whom I found to be the medical gentleman who had acted for the

staff of so-called English Physicians and Surgeons who operated in Canada some years ago. I also learned that this Dr. Marten was also connected with John O. Wood, druggist, and had likewise represented Dr. Washington, who was struck off the rolls. I may say that I purpose to bring Dr. Marten before the Discipline Committee.

In conclusion, I may say that I read the article in the *Toronto World* which Mr. Keith quotes as an apology, and must explain that the so-called apology is simply an advertisement, paid for at so much a line by the Viavi Company.

I remain, yours, etc.,

THOMAS WASSON,  
*Detective C.P.S.O.*

#### COUNCIL PROSECUTIONS.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

DEAR SIR,—Kindly find enclosed the list of prosecutions for months of November and December to date :

Mrs. Seigel, Pontypool—no case.

J. S. Paine, Tweed—two charges ; fined \$25 and costs.

David McCarty, Paris—two charges ; fined \$50, and \$75, notice of appeal.

George Shaw, Queensboro', fined \$25 and costs.

Kikapoo Indian Medicine Company, Beamsville—no case ; promised to leave the following day for the United States.

A. Finley, Flinton, fined \$25 and costs.

R. Caldwell, Northbrook, fined \$25 and costs.

A. Bennett, Belleville—no case, as he left the previous day.

J. R. Harding, Coe Hill, fined \$25 and costs.

Mrs. Plunkett, Madoc, fined \$25 and costs.

C. H. Gardiner, Bannockburn, fined \$25 and costs.

One case in Arden, one case in Lindsay, and two cases in Toronto, not yet disposed of.

Yours,

THOS. WASSON,  
*Detective C.P.S.O.*

Toronto, Dec. 19th, 1894.

#### Book Notices.

*Mental Diseases.* A synopsis of twelve lectures, delivered at the Hospital for the Insane, Toronto, to the graduating medical classes. By DANIEL CLARK, M.D., Medical Superintendent, Extra-Mural Professor of Medicine and Psychology in University of Toronto, Canada. Toronto : William Briggs.

This work of Dr. Clark's, though composed of only twelve lectures, divided into thirty-two chapters, is a very exhaustive introduction to the study of mental diseases. What is an introduction, to the author's mind, would be almost a treatise to the ordinary practitioner. Here this is the case, and a very fair exposition of the subject it turns out to be, dealing succinctly with insanity in its various forms, from its various causes, and with its various lines of treatment.

The first three chapters deal with the brain, its pathology and structure, and its mental power classified as mind. The chapters on amentia and crime are noteworthy.

We must congratulate Dr. Clark on the strength of his work, and would certainly advise every practitioner to invest in and digest the contents of the volume. The publisher has left nothing to be desired.

*A Manual of Modern Surgery.* General and operative. By JOHN CHALMERS DACOSTA, M.D., Demonstrator of Surgery, Jefferson Medical College, Philadelphia ; Chief Assistant Surgeon Jefferson Medical College Hospital, etc. With 188 illustrations on the text, and thirteen full-page plates in colors and tints, aggregating 276 separate figures. 1894. Philadelphia : W. B. Saunders.

It is a fact of the age that almost every work based on medical lines contains a chapter on Bacteriology. To keep in tune Dr. DaCosta has given us an excellent one to begin his work, and rightly places it in a volume of surgery. He speaks truly when he says that without a knowledge of this science there will be an inevitable failure in the application of antiseptic and aseptic methods. Bacteriology is the science of micro-organisms, and we here have them well described and illustrated. Chapters on Inflammation, Repair, Ulcerations, Gangrene, etc., follow. The most note-

worthy department is the long yet concise, the accurate yet complete, portion which deals with diseases of bones, which includes disease, proper fractures and dislocations, and operations for faulty growth.

The illustrations are good all through, and are a great help in studying the text. For a student we know of no better work, and for a busy practitioner an invaluable aid has been added to his library.

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*Clinical Manual to Diseases of the Eye.* Including a sketch of its anatomy. By D. B. ST. JOHN ROORA, M.D., LL.D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School and Hospital; Surgeon to the Manhattan Eye and Ear Hospital; formerly Professor of Diseases of the Eye in the University of the city of New York, and the University of Vermont; Consulting Surgeon to the Brooklyn Eye and Ear Hospital; President of the New York Academy of Medicine; Hon. Member of the Medico-Chirurgical Society of Edinburgh; Honorary Fellow of the Academy of Medicine, Havana, etc.

The aim of the author in this book has been to prepare a cyclopædic text-book of ophthalmology. The reader will not find in its pages all that has been described or suggested by the numerous writers upon diseases of the eye, but he will find a complete and safe guide to the practitioner. The author places his views on the points in ophthalmology upon which authors differ, in a very clear and distinct manner. These differences are chiefly contained in the fourth part of this work. The author invites an impartial hearing upon those points, many of which are very clearly and logically argued. The work is divided into four parts.

Part I. deals with the anatomy and physiology of the various parts of the eye and its appendages. In this part the anatomical illustrations by Dr. A. E. Davis are worthy of commendation. The drawings were made by Dr. H. S. Potter, under his direction, and are very clear and accurate.

Part II. treats of the relative frequency of different diseases of the eye, the methods of examination, therapeutics and surgery of the eye. This is a most valuable part in this work.

Part III. Diseases of the eye-lids, the lacrymal apparatus, the conjunctiva, eye-ball and orbit. In this part, which is uniformly explicit, the chapter on injuries to the crystalline lens and cataract

is most deserving of note, as being especially valuable to the practical physician.

Part IV. Conditions of the eye, requiring the use of glasses, errors of refraction and accommodation, strabismus, affection of the ocular muscles. In this department, Dr. A. B. Deynard, of the Manhattan Eye and Ear Hospital, a former Ontario practitioner, renders valuable assistance to the author.

The work is published by William Wood & Co., New York. It is in a beautiful, clear type, contains one hundred and seventy-eight engravings, and six chromo-lithographic plates. The plates are beautiful and clear. The work is a credit to the publishing firm.

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*A Dictionary of Medicine.* Including General Pathology, General Therapeutics, Hygiene, and the Diseases of Women and Children. By various writers. Edited by RICHARD QUAIN, Bart., M.D., London LL.D., Edin. F.R.S., President of General Medical Council, etc., assisted by FREDERICK THOMAS ROBERTS, M.D., London B.Sc., F.R.C.P., and J. MITCHELL BRUCE, M.A., Abdn. M.D., London F.R.C.P. With an American Appendix, by SAMUEL TREAT ARMSTRONG, M.D., Ph.D., Visiting Physician to the Harlem, Willard Parker and Riverside Hospitals, New York, etc. New Edition, revised and enlarged. Vol. II. Macro—Zyme. Publishers: D. Appleton & Co., New York.

In our last issue we made some remarks about Quain's Dictionary of Medicine, pointing out its great value and drawing attention to some deficiencies. Vol. II. is an excellent second, and, if anything, it is more complete and contains a greater number of interesting articles. This is, however, probably owing to the alphabet rather than to any other cause.

Among the new material, J. Fletcher Little contributes an instructive article on Massage—Robert Muir has assisted Prof. Greenfield in the preparation of the article on Micro-organisms—Anthrax was however prepared, including some excellent drawings, entirely by himself. The paper deals with the present standpoint of the subject, then takes up the modes by which it is studied, after which it outlines the parts in which there will probably be some modification as investigation continues. The morphology and life history of bacteria is then considered. In the classification,

always a difficult task, they take as a basis the form of cells. Some useful information on the mode of cultivation, staining, etc., is given. What is of special interest to the practitioner, however, is that part of the article that deals with the relation of micro-organisms to the living body and to special diseases.

R. G. Hebb assists Allchin in the preparation of the article on the Microscope in Medicine. Stanley Boyd contributes a good account of Diseases of the Mouth. He takes up also Psoas Abscess and Diseases of the Tongue.

Of the old contributors we must of necessity say little, but we cannot pass the article on Myxœdema without a reference. The recent literature on the subject has evidently been carefully scanned by that veteran in medicine, W. M. Ord, and some useful knowledge, especially as to treatment, has been added to the subject so ably described by him many years ago.

A good, but of course short, description of Diseases of the Nose is contributed by W. McNeill Whistler. Like most specialists, he talks more of general diseases—true, as to the manner in which they affect special parts—than about diseases limited especially to the nose.

Blair Sutton gives a brief note on Pentastoma Denticulatum and another on Psorospermia.

Treves, besides having re-written the article on Perityphlitis, has contributed a characteristic paper on Physical Education. He deals with his subject under four heads—the effect of exercise upon the body, the effect of exercise on the mind, the elements of physical education, and the selection of exercises according to individual needs.

Sidney Martin deals with Phagocytosis, and has appropriately illustrated his article. Radcliffe Crocker takes up Pityriasis Rosea and Psoriasis. Pringle disposes of Pityriasis Rubra, Mycoses Fungoides, Xanthoma, and Xanthoma Diabeticorum. John Tweedy gives some useful information as to the manner in which observations should be made in disorders of the pupil.

Percy Kidd contributes the article on Sputum, in which the general practitioner will find much that is valuable. He is associated with Dr. Gee in the production of the papers on Scrofula and on Tubercle, etc.

Space does not permit or I would individualize

still further, but can only say that one cannot fully appreciate the book until he has read it.

The second volume has a great many illustrations. There are 1,305 pages, of which about forty pages are taken up with an American appendix. The book is beautifully bound in half-morocco. D. Appleton & Co. are to be congratulated upon producing such a handsome volume.

*Obstetric Surgery.* By EGBERT H. GRANDIN, M.D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the French Hospital, etc.; and GEORGE W. JARMAN, M.D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the Cancer Hospital, etc.; with eighty-five illustrations in the text and fifteen full-page photographic plates. Royal octavo, 220 pages. Extra cloth, \$2.50, net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The keynote to this volume is *election* in obstetric surgery. So says the preface, and the idea is well borne out. Scientific methods as given by the authors shine out in the pages, originality being a cardinal symptom. As this work pertains only to obstetrics, surgically speaking, we have dealt with, pelvimetry, with all its various instruments and aims combined, in one chapter with abnormal pelvis; artificial abortion and induction of premature labor; the styles and proper manner to use forceps; that new and very useful operation, symphysiotomy, version, Cæsarean section, embryotomy, etc. On abortion, we looked for more material on the question of rectal feeding as a factor to prevent or stave off the use of this extreme measure, but it is possible we expect too much from a purely surgical work.

The indications for abortion and induced premature labor are well defined, and the various modes of performing given fully. The finger is advocated as the best and safest instrument for abortion, by slow introduction and cleaning out of the uterus. Other plans are practically passed over.

When the authors come to deal with forceps we are disappointed. They neither describe the best instruments nor the best method of using them, though properly some stress is laid on the use of axis-traction forceps, the Lusk-Tarnier, and Jewitt & Reynolds' being the only ones men-

tioned. Descriptions of other makers in simple forceps are even more wanting.

The method of applying is very well illustrated by use of the phantom, and could with benefit be studied by many accoucheurs.

The operation of symphysiotomy has its history given, and its indications and limitations laid down with almost too strict laws. We are sorry to disagree with authors who have given us such an admirable work, but we must take exception to one remark here. They say, "The operation is performed purely in the interests of the child." We simply ask if, by a smart operation, first performed in Canada by Dr. Springle, of Montreal, and many others afterwards, we can save the child, and the mother's feelings, is it not better to do so than save the mother by embryotomy or the child by Cæsarean section, with a two to one chance for the mother? *Verbum sap.*

The binding is good, and the paper, print and cuts are excellent. The half-tone engravings, accountable to the authors themselves, are some of the finest we have ever seen. All students and most practitioners will thank the publishers for having obtained such a work, and for having put it on the market in such superior style. Truly the F. A. Davis Co. have shown themselves superior to any emergency.

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## AN EPITOME OF CURRENT MEDICAL LITERATURE.

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### MEDICINE.

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**Low Degrees of Eye Strain a Source of Systemic Disturbance.**—Eight years ago I communicated to the Bath and Bristol Branch of the British Medical Association the notes of two cases in which the ciliary region was proved to be an epileptogenous zone. Both patients completely recovered on the adoption of suitable lenses. That was the first time, so far as I am aware, that the connection between epilepsy and eye strain was noticed. Since that time, I have, when possible, examined the eyes of all patients complaining of headache, giddiness or of other symptoms which might be reflex to an over-exercised ciliary region. The result of this systematic ob-

servation of all such cases goes to show that, in astigmatism, the low degrees are far more potent in producing reflex phenomena than the high degrees; although in hypermetropia the reverse of this obtains. The reason, I think, is not far to seek. In mild astigmatism by an effort of focus perfect vision can be obtained, and the ciliary region persists in making this effort so long as its object can be accomplished. In more pronounced cases, however, no effort of accommodation can produce clear vision, and, if I may so speak, the ciliary region gives up the attempt in despair. It is not then the astigmatism which produces reflex disturbances, but the effort to overcome it.

The effect of peripheral irritation must depend not only upon the degree of such irritation but also upon the excitability of the brain and reflex centres; a fact which is only too obvious when studying the different results of the same amount of eye strain in different subjects.—T. PAGAN LOWE, in *British Medical Journal*.

**Clinical Demonstrations on Typhoid Fever.**—Typhus fever has almost gone; relapsing fever we never see now; yellow fever has not reached these latitudes for many years; malarial fevers are becoming yearly less frequent; one member only of the old group of the fevers remains in full possession of its rights and privileges, still remains a witness to civic incapacity, to municipal folly, to domestic carelessness, and shall I not add, to professional supineness? Typhoid fever, the autumnal fever of the physician of the latter part of the last and of the beginning of this century, the slow nervous fever of Huxham, still numbers scores of victims in cities, towns and villages; and to-day, as at the beginning of the century, it is the serious fever of the year. No disease demands a more careful and thorough study, since its manifestations are so varied, and the larger your experience the more impressed will you be at the complexity of the picture which it presents. Preliminary to, or rather concurrent with, your observation of the cases in the wards, I would urge you to read the important literature on the subject, of which you will find the following in the library: Louis's great work on typhoid, both the original and the translation, by H. J. Bowditch; Gerhard's articles in the *American Journal of the*

*Medical Sciences* for 1837, in which for the first time the essential differences between typhus and typhoid fevers were clearly and succinctly announced; Bartlett's work on fevers (1842), in which the two diseases were separately considered and the differences fully acknowledged; Jenner's articles (1848), which have been recently reprinted with his contributions on diphtheria; the great work of Murchison on the continued fevers; the article by Liebermeister in von Ziemssen's *Encyclopaedia*; while in Vol. 1 of the *New French Traité de Médecine* you will find an elaborate account by Chanterresse of the bacillus and the conditions under which it develops. I have also given the librarian for your use Brand's brochure on the treatment of typhoid fever. Let me at the outset refresh your memories upon one or two points in the etiology of the disease. The bacilli or their germs are very widely spread, and though the possibility of infection through the air cannot be denied, yet undoubtedly they enter chiefly through the digestive tract with food or water. They settle in the lymph follicles of the intestine, in the mesenteric glands, in the spleen, and to a less extent in the liver, and after a variable period (the stage of incubation, in which they are growing and extending) produce sufficient toxic material to cause symptoms. It is important to bear in mind that they do not settle on the mucosa of the bowel, but that they grow *in* its tissue, and they are not found in the *fæces* until the middle or toward the end of the second week. It is an infection of the chylopoietic lymphatic system, not of the intestine alone, and there are fatal cases in which the bowel lesion, believed to be characteristic, has been extremely slight or even absent. There may be the most intense toxic and nervous manifestations with very slight intestinal affection. The dangers of the disease in order of severity are: 1. The general toxæmia. 2. The intestinal lesion. 3. The secondary infections. The typho-toxines may be produced in such quantity as rapidly to overwhelm the system, and patients may succumb within a week or ten days with intense nervous symptoms before the ulcers form in the intestines. In other instances the system fails gradually in a less profound but more prolonged toxæmia. The dangers from the intestinal lesion are very great. As the necrotic tissue separ-

ates, blood-vessels may be eroded and cause a fatal hæmorrhage or the sloughs may be so deep as to extend through the entire wall, or in separating leave so thin a base that perforation subsequently occurs. These two accidents together account for fifty per cent. of the fatal cases. Primarily causing an affection of the chylopoietic lymph glands the typhoid bacilli may themselves pass to distant organs and excite inflammations—nephritis, meningitis, pneumonia, etc., but more often the organs, weakened by the prolonged fever, fall a prey to the colon bacilli, the staphylococci, the streptococci, and the micrococcus lanceolatus, which cause the secondary complications and which constitute the third great danger in the disease. Upon the question of the treatment of typhoid fever the profession has not reached any unanimity. I must say that the cases are still, as a rule, overdosed. I am sometimes appalled at the number and variety of drugs which are poured into an unfortunate victim with this disease. You will here have an opportunity of seeing what a non-medicinal plan of treatment can do, since a very large majority of our cases receive no drugs from the beginning to the close. We employ a systematic hydrotherapy, believing that on this plan a certain percentage of the cases are saved, and we shall continue to use it until some method is devised by which the mortality in large series of cases in hospital practice is reduced below six or seven per cent. Not much progress has been made with the so-called specific treatment of the disease. Sterilized typhoid cultures have been used, but the number of cases is as yet scarcely sufficient upon which to base any positive opinion. I show you here the charts of two cases in which during last session we then employed cultures. Both were cases of great severity, and one patient after seven injections seemed so ill that we thought it better to abandon the injections and return to the baths. In the other case also the injections did not seem to have any special influence. Following one of the injections in half an hour the patient had a very heavy chill. We should not, however, be discouraged, as the outlook for serum therapy seems at present unusually bright. Specific medication in the fevers has not kept pace with the enormous development in our knowledge of their etiology. Take, for example, the cases

admitted during the past two days which you saw in Ward F this morning. In beds 8 and 10 we could say positively that by specific medication the fever would disappear and the patients would be afebrile at the time of the next ward visit on Friday; whereas in the patients in beds 23 and 24 by no method of procedure with which we are acquainted could we arrest the progress of the fever. It is, however, quite possible that some day we may have typhoid fever under our control just as we have malarial fever. I should like to call your attention to the fact that we do not give a preliminary calomel purge, nor do we mind if constipation exists. In looking over any long series of cases you will find that those with constipation do better as a rule than those with diarrhoea. It is extremely interesting to note how from time to time the profession returns to old ideas on practice which it had abandoned years ago. At present you will see a good deal in the journals about the eliminative and purgative treatment of typhoid fever. To promote in every way the excretion of the toxins (by keeping the skin active and by stimulating the flow of urine) is a most rational indication, best met by the use of water, external and internal. If the bacilli manufactured their poisons on the surface of the mucosa, calomel laxatives and intestinal antiseptics of various sorts would be indicated, but as I mentioned to you, the universal opinion of bacteriologists is that the bacilli are not found in the faeces or on the mucosa until about the middle of the second week, by which time in severe cases a profound toxemia may have developed and many even have proved fatal. Later in the disease, when the sloughs have separated and the ulcers are present, the use of purgatives is, I hold, very bad practice. —WILLIAM OSLER, M.D., in *Maryland Medical Journal*, Nov. 17, 1894.

**The Treatment of Typhoid Fever with Cold Baths.**—As constant dropping wears away the hardest stone, so has the persistence of Brand and his disciples finally overcome the prejudices of the medical profession, and established and forced to universal recognition the great therapeutic utility of cold bathing in the treatment of typhoid fever. With a somewhat natural unwillingness to adopt new methods, specious technical objections were

raised when once it was shown and admitted that the action of the bath was actually most beneficial and innocuous. Of these objections there remain the difficulty of bringing the necessary appliances and assistants to the bedside of patients in private practice, and the fears of the family and the sensibilities of the patient. The last two may be considered as purely sentimental, and not substantial, and means have been devised to overcome the first. One of the simplest and most available devices for effectuating the end in view is that described by Burr (*Chicago Medical Recorder*, vol. vii., No. 4, p. 227). A rubber sheet, two and a half yards long by one and a quarter yards wide, is slipped under the patient, and drawn up over his pillow, and its edges tucked up alongside of his body. A folding, crib-like frame, six feet two inches long by two feet wide and eight inches deep, is then unfolded and placed over the patient, resting upon the mattress and surrounding the patient, pillow, rubber sheet and all. The edges of the sheet are then drawn up over the top rail of the crib and down the outside to the lower rail, where it is hooked fast by means of rings attached near its edges with elastic tape. There is thus devised a light and perfect tub, with the patient resting undisturbed on his mattress and pillow. The accessories may be a couple of water-buckets, a five-eighth inch rubber hose, six or eight feet long, for a siphon, to which a spray nozzle may be attached, a sheep's-wool sponge of good size, and a bath thermometer. —*Med. News*.

**Pilocarpin in the Treatment of Acute Articular Rheumatism** — Drappier (*Journal des Sciences Médicales de Lille*) reports the case of a man, forty-five years old, who suffered yearly from two or three attacks of acute articular rheumatism. At first the salicylates were employed with success, but subsequently these failed. Other remedies were also employed without avail. In one such attack pilocarpin was employed, subcutaneous injections of one sixth grain of the nitrate being made daily. These induced profuse sweating and rendered the patient perfectly comfortable. The treatment was thus pursued for five days more and proved entirely successful; nor did the symptoms return. —*Med. News*.

**Scarlatina and Measles Coexisting in the Same Person.**—On June 29th last I saw a boy of nine who had sickened and complained of sore throat that morning; next day a scarlatinal rash was undoubted. By July 6th desquamation was distinct on neck, breast, abdomen and thighs. On the 9th he had severe coryza and a constant irritating cough. On the 10th I found him covered over with a most intense eruption of measles. Desquamation, as if accelerated by the second skin attack, proceeded with unusual rapidity. I was not able to trace the source of infection, but it is noteworthy that the two poisons must have found a lodgment in the child at much the same time. The boy made an excellent recovery. —JAMES FERGUSON, M.B., C.M., in *British Medical Journal*.

**Menthol in Diphtheria.** F. Kastorsky (*Vratch*) reports thirty-seven cases of diphtheria (in three adults and thirty four children) treated and cured by painting with a 10 per cent. alcoholic solution of menthol. The paintings (by means of a piece of cotton wool) were usually carried out three times daily. In some cases, however, a single free application was followed by complete disappearance of false membranes within two days. A marked improvement in the patient's general condition was invariably noticed from the beginning of the treatment. The same simple method was successfully practised by the author in numerous cases of anginas of various forms, and by Trutovsky in a group of cases of scarlatinal diphtheria. The paintings are said to be painless and quite harmless. —*British Medical Journal*.

**Guaiacol Externally in Tuberculosis.**—In the *Medical News* of September 30, 1893, I published a "Preliminary Note on the Pronounced Effect of the Endermatic Use of Guaiacol in Controlling High Temperature in Tuberculosis." After more than a year of continuance of the treatment, it is worth while to add my present satisfactory impressions of the remedy, the result of its use in something under fifty cases, some thirty of them in the Home for Consumptives at Chestnut Hill, and therefore under peculiarly favorable surroundings. We began in that institution with a dose of ℥ xlv, as had been recom-

mended in the French journals. This dose was far too great in the climate at Chestnut Hill, and sometimes produced positive collapse. So rapidly did the temperature fall that the lips and finger-tips of the patient soon became blanched, the cardiac impulse weak, and the perspiration profuse. We then diminished the dose. We found ℥ xxv a good average. Some patients did equally well with doses of ℥ xx, ℥ xv, and even of but ℥ x. Free perspiration is a good indication of satisfactory action of the remedy; the temperature falling more rapidly the more free the perspiration. When perspiration is slow, hot milk or other hot drink given just before the remedy is applied, or hot water-bags placed along the surface of the body, will favor the perspiration. Temperature reduced with ℥ xv of guaiacol does not remain reduced for so long a period as when reduced with larger doses. It will generally rise again on the following day. If a dose of ℥ xx or ℥ xxv is then rubbed into the same patient there will probably be a prompt reduction of three or more degrees, perhaps even a degree or so below the normal standard, with return to normal in a few hours, and continuous maintenance of the normal temperature for three or four days a week or longer. This normal temperature was maintained for six weeks in one of our hospital patients. Should the temperature fall very rapidly from 103.5° or 104° to below normal, with profuse perspiration, the patient will feel cool and comfortable, the cardiac impulse will remain unimpaired, and the lips and finger-tips will continue rosy until the temperature has dropped to about 99°. Then, if the temperature continues to fall, as it sometimes does, to 97°, or even to 96°, the sensations of comfort are replaced by sensations of chilliness, and the rose tint of the lips and the finger-tips becomes empurpled. A hot drink, and a hot water-bag at the side, will send the temperature back to normal in a few minutes, and the patient may fall into a refreshing sleep. The method of using guaiacol at the Home for Consumptives is as follows: The skin where the guaiacol is to be rubbed in is well washed with soap and water and then thoroughly dried. The place selected is a matter of indifference, but we have usually chosen a spot over the seat of greatest lesion of the lung. Ten or more minims of guaiacol, as may be wanted, are poured



into a dish, whence it is taken up upon a camel's-hair pencil and brushed upon the parts, back and forth, until the whole dose has been absorbed. This will take ten, fifteen or more minutes. Then the part is rubbed dry with the hand, after which it is covered with a layer of cotton protected by paraffin paper or oiled silk. In many cases the temperature drops a degree or more before the rubbing is completed, and two degrees within thirty minutes of commencing the application. When the patient is near death, and the temperature elevated in consequence of the approach of dissolution, guaiacol in the doses in which we have applied it had no effect in arresting continuous rising of the temperature. It may be concluded that the endermatic use of guaiacol, when carefully employed, often promotes the comfort of the patient in a manner which cannot be obtained from its use by ingestion, by subcutaneous injection, or by direct injection through the air passages.—J. SOLIS-COHEN in *Medical News*.

#### Cardiac Syphilis and Angina Pectoris.—

At the Berlin Medical Society, Dr. Fraenkel recently demonstrated a specimen of cardiac syphilis from a woman, thirty-six years of age. When first seen last year, she had aortic regurgitation, and suffered from frequent headaches, which were occasionally associated with fainting attacks. The heart disease was supposed to be consequent on acute rheumatism. The husband was syphilitic, and the woman herself had suffered from swellings on the head, which had ulcerated and left scars. She improved at first and left the hospital, but was re-admitted this year with severe attacks of angina pectoris, in one of which she died. At the necropsy, the left coronary artery was found quite permeable, but the orifice of the right coronary was completely obliterated by a process of arterio-sclerosis (much in excess of the patient's years), and its proper position could only be determined by probing backward along the lumen of the artery. There was a gummatous tumor,  $4\frac{1}{2}$  cm. long, in the septum ventriculorum, and Fraenkel thinks this shows that the arterial changes were really of syphilitic nature. The arterio-sclerotic changes in the aorta reached down to the bifurcation. Fraenkel, moreover, remarks on the part played by syphilis in the etiology

of aneurisms. Walsh thought that sixty per cent. of true aneurisms were due to syphilis, others think still more. Fraenkel himself, during the last four years, has seen nineteen cases of aneurism of the thoracic aorta in which there were necropsies; three cases were in women, sixteen in men. Of the nineteen patients, nine, that is, forty-seven per cent., had had syphilis, and these were all under fifty years of age. The case illustrates the relation of precocious arterio-sclerosis and syphilis.—*Berliner klinische Wochenschrift*.

#### Hepatic Colic without Gall-stones.—

Lépine (*Intern. klin. Rundschau*) contends that hepatic colic may result from simple spasmodic contraction of the gall-bladder or biliary ducts. This opinion is based on both clinical, pathologico-anatomic and experimental evidence. From the clinical point of view reference is made to the hepatic colic observed in hysterical individuals as a result of emotion, without discoverable cause in the intestinal evacuations. In some individuals the ingestion of certain articles of food is followed by hepatic colic. A case is cited in which after death no concretions were found in the choledochus duct, although a few small grains were present, together with active contraction of the walls of the duct. In dogs spasmodic contraction of the lower portion of the choledochus duct may be induced artificially. It is maintained that contraction of the biliary canals may be induced reflexly.—*Med. News*.

**Pancreatic Colic.**—Dr. Minnich has observed a case of this kind in a man sixty-eight years of age. At the age of forty he became troubled with attacks of colic which were attended with jaundice, and continued during a period of three months, but disappeared upon treatment. In the stools were found typical biliary calculi. There then followed a period of freedom from attacks for ten years and a half, when attacks of colic recurred. These again yielded to suitable treatment. Seventeen years later the man was suddenly awakened at night by an attack of colic resembling previous attacks. A second attack took place on the next day, and a third several months later. At this time there appeared a sense of oppression in the epigastrium, together with loss of appetite and distaste for

fluids. This condition persisted for about a month, without the occurrence of an actual attack of colic. At the end of this time the man was seized with diarrhoea, lasting for three days, and ending with an attack of colicky pain, referred to the left hypochondrium and to the epigastrium. The patient was well nourished, and presented no œdema. The scleræ were a little yellowish, and the skin dry and of normal warmth, but not icteric, although the seat of annoying itching and a chronic desquamative eczema upon the exterior surfaces of the arms. The temporal arteries were slightly tortuous, but there was no other evidence of arteriosclerosis. There was an absence of abdominal tenderness, so that deep palpation could be practised, but without yielding positive information. The liver was not enlarged, and the gall-bladder could not be appreciated. The spleen was likewise not palpable, and the area of splenic percussion dulness was not increased. There was no evidence of dilatation of the stomach, and a peritoneal effusion could not be detected. The patient described the paroxysm as beginning with a sense of dull, heavy, constricting pain above the epigastrium and in the left hypochondrium, increasing in intensity and localizing itself deeply in at one point below the left costal margin, just within the mammillary line. At the height of the attack the pain extended from this point circularly to the vertebral column in the course of the costal arch, thence radiating beneath the left scapula. At the termination of the attack pain was still perceptible at the point below the costal margin, in an area about an inch and a half in diameter. Careful exploration of this region failed to explore any morbid condition, excepting slight tenderness. The attack abruptly came to an end at the expiration of two hours, and was followed by a sense of hunger. The urine passed at this time was free from albumen and sugar, and did not respond to tests for biliary coloring matter. From this time the attacks were repeated almost daily, usually setting in toward the end of the day, and lasting from a fraction of an hour to several hours. The condition resisted the ordinary treatment for hepatic colic. An examination of the stools failed to disclose the presence of fat or fatty crystals, or biliary calculi. On several occasions, however, light gray, round calculi were found, which could be crushed between the fingers, and microscopi-

cally proved to be constituted of amorphous matter. They dissolved in chloroform, leaving a turbid solution. They fused in the flame, giving off a dense vapor having an aromatic odor. The residue yielded the reactions of calcium carbonate and calcium phosphate. Subsequent attacks of pain occurred, but no more calculi or other abnormal matter was found in the intestinal evacuations. The condition was regarded as one of calculous formation resulting in obstruction of the excretory ducts of the pancreas, and giving rise to attacks of colic. The subsequent history of the patient is not given, however, and the diagnosis therefore lacks confirmation.—*Berliner klinische Wochenschrift*.

**The Vitality of Diphtheria-Bacilli in False Membrane.**—We have on several occasions pointed out for how long periods convalescents from diphtheria may be a source of infection, and wish here only to refer to a report made by Abel (*Deutsche Medicinische Wochenschrift*), detailing the case of a girl, twelve years old, in which an attack of faucial diphtheria was, after apparent recovery, followed by the development of fibrinous rhinitis in the membrane, in which virulent diphtheria bacilli were found as late as sixty-five days after the onset of the primary illness. This observation and others emphasize the caution to be observed in permitting convalescents from diphtheria to associate with others, and seem to show that the false membrane of diphtheria, as well as that of fibrinous rhinitis due to the activity of diphtheria-bacilli, constitutes a specially favorable medium for the preservation of these organisms.—*Medical News*.

**The Treatment of Diphtheria by Antitoxin.**—The first report on the therapeutic value of Behring's antitoxin in the treatment of diphtheria has been communicated to the Budapest Society of Physicians by Professor Johan Bokai, the well-known pediatric physician. He used the serum at the Budapest Stephanie Hospital for Children from September 21st till October 22nd, when the treatment had to be stopped, on account of the lack of the serum, which had not been obtainable since then from the German clinical establishment at Hoechst, near Frankfurt. During the time

stated above thirty-five cases of diphtheria were treated with the serum. There were nine cases of pharyngeal diphtheria, seven cases of pharyngeal diphtheria combined with nasal diphtheria, four cases of pharyngeal diphtheria combined with slight laryngeal diphtheria, and fifteen severe cases of laryngeal diphtheria. There were, therefore, thirty-seven per cent. of mild and sixty three per cent. of severe cases. The oldest patient was twelve years of age, and the majority of cases (twenty) were below four years of age. Five of the thirty-five cases died, giving a mortality of fourteen and one-third per cent. This result seems very satisfactory if compared with the statistics of the previous epidemics. The following table shows the number of children treated from October, 1891, to 1894 :

October.	Admitted.	Died.	Recovery.	Percentage of Recoveries.
1891.....	74	72	32	43.2
1892.....	56	21	32	57.1
1893.....	69	37	23	33.3
1894.....	35	5	30	85.6

Regarding the immunizing power of the serum, the results were less favorable, and there were cases which underwent relapse, though injections of the serum had been made. It seems that the serum is excreted within from eight to seventeen days after the injection, and that the organism loses its immunity in the course of this short time. *The Lancet.*

### SURGERY.

**Enlarged Prostate with Retention of Urine.**—Mansell-Moulin (*The Medical Press and Circular*) reports the case of a man, eighty-one years old, who for a number of years had been troubled with occasional retention of urine, relieved by catheter with more or less difficulty, and returning after an interval of a month or two. When he came under observation the bladder was greatly distended, and a catheter could not be introduced. Through the rectum the prostate was found to be much enlarged, smooth and hard. The bladder was aspirated above the pubes, and a large quantity of urine neutral in reaction and containing a considerable amount of pus, was removed. On the following day small amounts of urine were

passed at frequent intervals. The condition continued thus for about two weeks, subsequently growing progressively worse. It was impossible to introduce a catheter. The amount of pus in the urine increased, the cystitis became more aggravated, and the patient's strength began to fail. The prostatic growth was now as large as a Tangerine orange. It was considered that a suprapubic prostatectomy involved too much risk. The chance of success if a suprapubic urethra were formed or a perineal drain inserted was considered better, but in view of the patient's years the prospect was felt not to be a good one. Accordingly, castration was proposed and agreed to. The operation was performed with but slight shock and without rise of temperature. The wound upon the one side healed at once; that upon the other became infected and suppurated a little. From the day after the operation the urine passed more freely. On examination ten days later the prostate, felt through the rectum, was much smaller. Three weeks after the operation it had simply disappeared. An ordinary silver catheter entered without the necessity of more than the usual depression, and when the finger was introduced into the rectum all that could be felt was a fusiform thickening along the catheter not sufficiently large or dense to prevent the shaft being felt distinctly along the entire length. The bladder was beginning to regain power and the urine had become acid.—*Medical News.*

### The Treatment of Fractures in Children.

—Leblois (*These de Paris*) concludes a study of fractures in children and their treatment as follows: Fractures in young persons differ from those in adults by the frequency of their seat at the junction of the epiphysis with the shaft, the preservation of the periosteum and the rapidity of union. This last fact is due to the greater activity of the elements that participate in the reparation of bony tissue. Frequently an excess of this process gives rise to the formation of an undue amount of callus. Such a hyperplasia in the case of fractures about the joints may result in interference with the restoration of normal mobility. Protracted immobilization must be carefully avoided in the treatment of fractures about joints, and should give way to massage and early passive movement.

The treatment of fractures in children, by these methods, is in most cases attended with excellent results, both as to the speediness of recovery and the restoration of function.—*Medical News*.

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**Varicose Ulcers Successfully Treated by a New and Painless Method.**—Mrs. B., aged 56. History of struma during childhood. Is the mother of two children. General health fair. Veins much dilated from knees down, with very poor cutaneous circulation. Has suffered from chronic ulcers for many years. Was first seen by the author, December 8, 1893; at that time she presented one or two ulcers that had not been healed for five years, and others of more recent date. The manner in which these ulcers appear is as follows: First, a macule, which soon becomes papular, and later capped by a vesicle, which soon ruptures, liberating a bloody serum. The mass continues to enlarge, forming an ulcer the size of a quarter of a dollar, or even larger. During the formation and growth of this ulcer it is highly sensitive and constantly painful. At the time of my first visit, after cleansing the ulcers with a solution of soda bicarbonate, I applied a solution of methyl violet—care being taken to bring it in contact with the entire area of the base and margins. After allowing it to dry, each stained ulcer was covered by a small bit of absorbent cotton. Mechanical support was furnished by Martin's elastic bandage. This entire procedure was repeated every morning. On the second or third day it was evident that the healing process had begun. At my first visit a new and very painful ulcer was forming on the left leg. This I treated for a few days with subnitrate of bismuth, boracic acid being tried and found too painful. No benefit was derived from either. Pain was constant. On the third or fourth day I painted it with methyl violet, and to my great surprise and the patient's comfort, the pain at once ceased. After two or three daily applications the sensitiveness had so far subsided as to render bandaging of that part of the leg possible. All of the ulcers were thenceforth dressed daily. At the appearance of any new vesicle I applied methyl violet, which prevented further development. Internal treatment consisted of potassium iodide, grs. x. to xv. t.i.d. The patient continued her

duties as housekeeper, and at the end of six weeks only cicatrices remained to mark the site of her former ulcers. An ideal solution, as used by Dr. M. F. Coomes, of Louisville, Ky., in the treatment of lupus, is made by using Merck's methyl violet, grs. v., aqua destillata, ʒ ij. This forms a harmless and entirely painless application. I would not hesitate to use it on any chronic ulcer. The bandage has been worn most of the time, and to this date there has been no return of the ulcers. To put at ease the mind of anyone who may think the internal treatment and bandage are deserving all the credit, I will state that both had been used, with the accepted local treatment, with but little success by other physicians, at intervals, for several years. Also ulcers that began forming under the bandage were invariably arrested in their course by methyl violet. Its action we believe to be germicidal and highly astringent.—J. W. SUMMERS, M.D., in *Medical Record*.

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**Cancer of the Kidney.**—Alm (*Hygiea*) publishes the following case: A man, aged 39, had for six or seven years been subject to recurrent attacks of hæmaturia, at first only a few times yearly, but during the last three years oftener. The attacks came on independently of exertion or any other cause, and were not, as a rule, preceded or followed by any pain. Between the attacks the urine had been normal, but it had during the last years shown a trace of albumen. Only once, a few years ago, had he passed a small stone, the size of a pin's head. No tenesmus, not even during the attacks. Three years ago a hardening began to be felt under the right costal margin, and this has gradually increased in size until a year ago, since which time the patient thinks it has increased more rapidly. The tumor has never been tender, but on examination there has been slight pain. As the attacks of hæmaturia have become more frequent, the patient's general health has been reduced. The tumor, which could be felt midway between the costal margin and Poupart's ligament, was hard and almost round, the size of a man's fist. It was freely movable, and could be pushed up so that its upper part disappeared under the costal margin. Its surface was somewhat uneven. The ascending colon ran obliquely across it. Nephrectomy was performed,

as the left kidney was found normal, and no metastases were detected in the peritoneal cavity. The patient made an uninterrupted recovery. On examination the tumor was found to be a primary carcinoma. That the hæmaturia from the first, six or seven years ago, was caused by the malignant new growth, the author believes for the following reasons: There had never been any symptoms of stone or disease of the bladder. All the symptoms pointed to the kidney being the cause of the bleeding. Only once a very small stone had passed, but too small and smooth to cause hæmaturia; in the extirpated kidney there was no concretion found, and in the left none could be felt. Although cases of hæmaturia occur when on laparotomy nothing pathological can be detected, when as in this case a malignant tumor appears after a few years' time is it rash (the author asks) to conclude that this has been the cause of the hæmaturia from the first?—*British Medical Journal*.

#### MIDWIFERY.

**A Case of Quadruplets** (*Polytechnique Médicale*).—M. Bousquet, of Marseilles, is responsible for the following interesting narrative:

If examples of double and even of triple pregnancies be relatively frequent, the same cannot be said when four embryos are found occupying one womb. In fact, according to Veit, this latter occurrence takes place only once in 371,126 accouchements; but according to Spenyler Plos the proportion is as low as one to 181,154; and Sikel states that among 213,330 parturient women the phenomenon was observed no less than forty-six times.

Amongst recent cases I can find only one, reported by Movaste and W'terwulghé in the *Journal d'accouchements de Liège*, which presents points of interest equal to mine. On the 14th September last, at nine o'clock in the evening, I was summoned to one of the principal hotels in Marseilles to attend a young woman who had been seized with pains while travelling, and was consequently obliged to interrupt her journey. In reply to my questions she informed me that she was twenty-four years of age, a primipara, married eight months previously, and pregnant for the same period. The abdomen was very large and

extremely tender; the pains had set in during the journey between Nice and Marseilles, and were recurring at short intervals.

Auscultation, carefully repeated several times, enabled me to clearly detect the presence of three foetuses: the heart beats numbering respectively 122, 135, and 157. The uterine neck was effaced, and largely dilated. Digital examination revealed the presence of two heads in contact in the centre of the pelvis, and I concluded that the third infant was a footling, being confirmed in this diagnosis by the results of abdominal palpitation. Under these circumstances I thought it right to warn the lady's friends that delivery would be difficult; and also took steps to be ready for all eventualities.

Meanwhile, the pains were increasing in energy, and I was shortly able to ascertain with satisfaction that one of the two heads had descended lower than its neighbor, which was thereby forced to recede. On arrival at the floor of the perinæum, however, the resistance offered by the soft parts was so great that I did not think it prudent to allow such a state of things to continue. I accordingly seized the head with the forceps, and after one or two pulls succeeded with ease in completing the extraction.

The child was living, of the male sex, and presented the average development of an eight months' foetus. Having firmly tied the funis, I made a re-examination to ascertain the state of affairs with regard to the second head, but found that it had vanished. Then I made out several feet, three at the very least; I was able to distinguish two right and one left.

My perplexity hereupon was very great indeed, but there was nothing for it but to wait, and act according to circumstances.

Soon a foot presented itself at the vulva; it was a right foot. I seized it, and proceeded to exercise traction with great care; and then, following up the leg, I found the left foot, which I also brought down beside the first. Quickly I freed the hips, disentangled a loop of funis, next released the shoulders, and finally the head in the occipito-posterior position.

This child was also living, and was of the female sex. Without losing a moment I handed it to the nurse, anxious to find out how it was that I had felt a third foot in the vicinity of a head.

This time I could not make out any lower extremity, but the head I had felt in the first instance on the left of the pelvis was now approaching the mesial line, and very soon began to make rapid progress. Applying the stethoscope I once more counted 122 pulsations. The abdominal walls, now somewhat flattened, and less tense, permitted me to make out, high up and to the right, a hard convex mass which I recognized as a head. Auscultation in this neighborhood now made it very evident that another heart was beating at the rate of 152 to the minute. Thereupon I thought I might venture to announce to the bystanders the presence of a fourth infant.

While this investigation was in progress the labor was advancing; presently the occiput of the third foetus made its appearance; and soon afterwards the child was born. It was a boy, somewhat larger than its predecessors, and in perfect health.

Scarcely had I finished tying and cutting the cord, when a heel protruded between the labia. It was the fourth and last foetus; extraction was very rapidly accomplished, the latest born being a girl and the smallest of the quartette, but lively and well developed.

In consequence of the enormous distention of the uterine walls and their extreme thinness, I thought it would be prudent to depart from the habitual rules, and consequently administered a strong subcutaneous injection of ergotine. In twenty minutes, uterine action assisted by very slight traction expelled a huge placental mass consisting of the four placentas united by their margins. The membranes, which were very thin, seemed to me to form but a single sac.

In spite of my orders, the placenta was thrown away, and I was therefore unable to re-examine it with the attention it merited. Needless to add, the uterus was freely washed out with a solution of corrosive sublimate. No complications whatever occurred after accouchement; there was neither hæmorrhage nor fever, the secretion of milk was abundant, and with the help of three nurses this young lady was able to contribute actively to the nutriment of her children, of whom I lately received favorable news.

[M. Bousquet does not mention the nationality of this prolific young mother, but in all probability

she is not a Frenchwoman. Were that the case she would be the recipient of medals and diplomas of honor from the various societies engaged in combating the depopulation of France, and her name would be trumpeted through the press, from one end of the country to the other.]—*Provincial Medical Journal*.

[We desire to draw attention to the accuracy in diagnosing this case.—ED.]

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### Personals.

Dr. H. S. Harrison, of Brantford, Ont., is studying at the New York Polyclinic, paying special attention to diseases of the chest.

Dr. R. A. McArthur has returned to the city, having spent a year and a half as Chief Surgeon on the C. P. R. steamship *Empress of China*.

We have received a note requesting us to publish the fact that Drs. Burns, Atherton, Ferguson, A. A. Macdonald and Ryerson have withdrawn from the staff of the *Dominion Medical Monthly*. Knowing it to be authentic, we do so.

Dr. Ernest Hall, of Victoria, B.C., called on us and presented us with a most ingenious Japanese apparatus for the purpose of applying dry heat to the medicine man on his long drives in winter. It would be an excellent hand-warmer.

Dr. W. E. Hamill, who has been spending the past two years in the eye and ear hospitals of Chicago, New York and London, Eng., in the special study of diseases of the eye, ear, nose and throat, has returned, and purposes locating permanently in Toronto as a specialist, at present at 159 Simcoe St. The Doctor's former dozen years' experience in a large general practice, together with his subsequent special training, warrants us in expecting him to enjoy the confidence of the profession from the start.

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### Births, Marriages, Deaths.

#### MARRIAGE.

HILL—FOSTER.—At Holy Trinity Church, Welland, on Wednesday, Aug. 29, 1894, by the Rev. Dr. G. Johnston, Gilbert S. Hill, M.D., of Detroit, Mich., to Mattie Isabel Foster, M.D., youngest daughter of Mr. James Foster, of Welland.

**Miscellaneous.**

A bill has recently been introduced to the Legislature of Oregon by Senator Mitchell making hypnotism, electro-magnetism and mesmerism a crime punishable by death. This bill was suggested by a distinguished lawyer who expresses the opinion that many heinous crimes are directly attributed to these unholy influences. In New York State there is a bill before the Legislature providing for the licensing of Christian scientists, clairvoyants, etc. With these facts before us it is little wonder that leading periodicals give up their space to articles such as appeared recently in *The Forum*, entitled, "Is New York more civilized than Kansas or Oregon?"—*Cincinnati Medical Journal*.

A BON-MOT OF DR. HOLMES.—Dr. Arthur P. Perry writes to the *Boston Medical and Surgical Journal*: "A bon-mot made by Dr. Holmes at the time one of his sons was born, was lately written out for me by a physician who was a student at the time; and, as it is as good as all Holmes'

sayings were, and I think has never been in print, I thought it might appear in the *Journal*. I give it *verbatim* as it was sent me: "In the "forties," Dr. Holmes was one of the instructors in what was known as the Tremont Medical School, which gave instruction to quite a large number of students between the lecture terms of the Harvard Medical School. Usually prompt, we were one day surprised by his non-appearance at the beginning of the lecture hour—but we waited. Finally he entered the room, hurriedly glanced around with a smile and said, "Gentlemen, I know I am late, but there is a little stranger at my house." And then, with an expression such as only Holmes' face could assume, he continued, "Now, can any one of you tell me what well-known business firm in Boston he is like?" There was no answer. "He is Little & Brown," said the doctor, with a twinkle in his eye."

A QUARREL OVER THE DIPHTHERITIC ANTITOXIN.—There is an unpleasantness in Berlin over the diphtheria antitoxin. Professor Behring, who has been made Professor of Hygiene at Halle,

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recently published an article in a lay journal in which he claimed priority in the matter of the discovery and use of the serum, and accused Prof. Virchow of not giving him credit and of recommending the use of Aronson's serum. It seems that Aronson, as soon as Behring's discovery was made, at once went to work and manufactured a serum by the same methods, but made one that was stronger, and put it promptly on the market. Professor Virchow publicly disclaims any claim for himself or others, however. Evidently there has a good deal of the commercial spirit crept into the manufacture of the antitoxines.—*Medical Record.*

FOR BRONCHITIC ASTHMA :

℞ Extracti stramonii . . . . . gr. ʒj.  
 Potassii iodidi . . . . . gr. v.  
 Ammonii carbonatis . . . . . gr. iv.  
 Tincture lobeliæ æther . . . . . ℥v.  
 Aquæ chloroformi . . . q.s. ad ʒss.  
 Misce et fiat mistura.  
 S.—A tablespoonful from every four to six hours.  
 —*Provincial Medical Journal.*

CHOREA :

℞ Salipyrin . . . . . ʒiiss.  
 Bromide of strontium . . . . . ʒv.  
 Syrup of orange-peel . . . . . ʒij.  
 Linden water . . . . . ʒvj.  
 M. Sig.: Teaspoonful three times a day.  
 In lymphatic patients give also at meals a liqueur-glassful of the following preparation :  
 ℞ Glycero-phosphate of iron . . ʒi¼.  
 Syrup of orange-peel . . . . . ʒij.  
 Wine of cinchona,  
 Wine of kola . . . . . aa ʒvj.—M.  
 —*La Tribune Med.*

GASTRALGIA :

℞ Cocain. hydrochlor. . . . . gr. j.  
 Codcin. sulph. . . . . gr. ij.  
 Menthol . . . . . gr. vj.  
 Sacch. alb. . . . . ʒj.  
 M. ft. pulv. Divide in dos. no. vj.  
 Sig.: One powder every hour till relieved.—  
*Medical Review.*

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- ℞ Boric acid ..... gr. x.
- Biborate of sodium ..... gr. iv.
- Distilled water ..... ℥i.

Sig.—Use freely three times a day.

For conjunctival hyperæmia :

- ℞ Boric acid ..... gr. x.
- Hydrochlorate of cocaine ..... gr. ii.
- Rose-water ..... ℥ss.
- Distilled water ..... ℥ss.

Sig.—Use freely three times a day.

For subacute conjunctivitis :

- ℞ Biborate of sodium ..... gr. viii.
- Camphor water ..... ℥i.
- Distilled water ..... ℥i.

Sig.—Ten drops every four hours.

The following formulas are recommended by Mittendorf :

For simple blepharitis :

- ℞ Red oxide of mercury ..... gr. x.
- Vaseline ..... ℥ss.

Sig.—Apply to the edge of the lid at bedtime.

Or,

- ℞ Ammoniated mercury ..... gr. xx.
- Powdered camphor ..... gr. x.
- Vaseline ..... ℥ss.

Sig.—Apply at night.

Or,

- ℞ Solution of subacetate of lead ..... gt. x.
- Ointment of rose-water ..... ℥iii.

Sig.—To be used for the more chronic forms of marginal blepharitis.

THE DOSAGE OF ALKALOIDS AND OTHER ACTIVE PRINCIPLES.—So many questions come to us as to what is the required dose of each of the alkaloids, etc., that we wish to make as full a statement as possible of the principles upon which these drugs are properly administered. The idea of a standard adult dose, to secure a full effect, is not a logical one, as what is a light dose for one patient would be a full dose for another one. The scientific method is to give the minimum dose, usually that contained in one granule or other similar preparation, and repeat it at short intervals until the desired effect is observed, then lengthen

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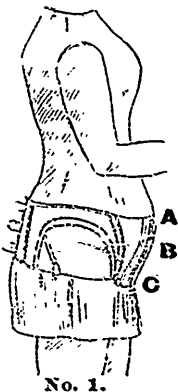
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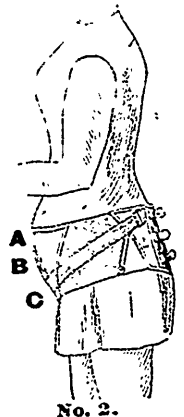
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the intervals to maintain that effect. Thus no more medicine is given than is needed and the patient does not get an overwhelming effect at any time. However, many do not wish to give the repeated small doses, but wish to give what may be taken as a standard full dose, repeating at longer intervals or when its effects have begun to decline. For their benefit we give below what have been generally accepted as the standard adult dose of many of the alkaloids, corresponding to an average dose of the crude drug.

Aconitine .....	grain	$\frac{1}{100}$
Atropine .....	grain	$\frac{1}{100}$
Brucine .....	grain	$\frac{1}{10}$
Strychnine .....	grain	$\frac{1}{10}$
Codeine .....	grain	$\frac{1}{2}$
Morphine .....	grain	$\frac{1}{6}$ to $\frac{1}{2}$
Colchicine .....	grain	$\frac{1}{100}$
Daturine .....	grain	$\frac{1}{100}$
Duboisine .....	grain	$\frac{1}{100}$
Emetine { as expectorant .....	grain	$\frac{1}{100}$
{ as emetic .....	grain	$\frac{1}{4}$
Gelseminine .....	grain	$\frac{1}{10}$
Hyoscine hydrobromate .....	grain	$\frac{1}{100}$

Hyoscyamine .....	grain	$\frac{1}{100}$
Physostigmine .....	grain	$\frac{1}{100}$
Pilocarpine .....	grain	$\frac{1}{4}$
Quassine .....	grain	$\frac{1}{4}$
Sanguinarine .....	grain	$\frac{1}{12}$
Sparteine .....	grain	$\frac{1}{4}$
Veratrine .....	grain	$\frac{1}{30}$

These active principles may be given in solution, using due mathematical precision as to the amount of the drug contained in each drop or teaspoonful of the solution; but we have found it far more convenient, accurate and economical to administer them in carefully prepared granules or other similar preparations, giving the number required by multiplication to make the desired amount of the drug.—*Medical World.*

EDUCATION AND CRIME.—Sir John Lubbock recently addressed the Sociological Congress in Paris upon the effect in England of education upon crime. Since 1870 the number of children in English schools has increased from 1,500,000 to 5,000,000, and the number of persons in prison has fallen from 12,000 to 5,000. The yearly average of persons sentenced to penal servitude for the

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worst crimes has declined from 3,000 to 800, while juvenile offenders have fallen from 14,000 to 5,000. Sir John Lubbock sees in these figures a confirmation of Victor Hugo's saying, that "He who opens a school closes a prison." In France, according to the Paris *Temps*, criminal statistics and the statements of magistrates show that as schools have been opened prisons have filled, and that the diffusion of education has been accompanied, apparently, with increase of crime, and especially of juvenile crime. In attempting to account for this phenomenon the *Temps* points out that in France, under the republic, education is simply intellectual instruction. In England there is not only instruction, but training. Moral and religious influences are brought to bear upon the children.—*Medical Record*.

**BACTERIOLOGY OF HOSPITAL BED-CARDS.**—Dr. Trousholiavski, in an inaugural dissertation recently presented to the University of St. Petersburg, gives the results of some curious researches made by him on the bacteriology of hospital case-books and papers. Before use these are

almost free from microbes. Old case-books, which have been used at the bedside, and have afterward been shut up in drawers from eighteen months to two years, also contain very few microbes. On the other hand, papers which have been close to, or in contact with, patients, yield a large number of micro-organisms. In forty six bed-cards and admission cards examined for the purpose, the average number of micro-organisms found was forty-three per square centimetre of paper. By the side of indifferent micro-organisms, pathogenic microbes such as *B. pyocyaneus*, the bacillus of tubercle, and streptococci were found. Virulent micro-organisms placed on dry, sterilized paper preserved their virulence for a considerable time; the coma bacillus from five to fourteen days, the typhoid bacillus for sixty-three days, the diphtheria bacillus for thirty-eight days, the streptococcus for ninety-eight days.—*British Medical Journal*.

TO RELIEVE THE THIRST OF DIABETICS pilocarpin may be administered in solution or in pill form. The pills are best prepared by the addition of glycerine and gum arabic. Each contains

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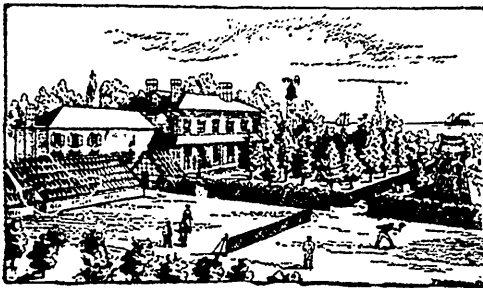


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**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

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OAKVILLE.

gr. 1-60 of pilocarpin nitrate. For the solution the following formula is given :

R Pilocarpin nitrate.....gr. ʒs.  
 Spirit. vini dilut.....℥xx.  
 Aquæ .....ʒj.

M. S.—The tongue is to be moistened with five or six drops of this solution four or five times daily.—*Nouv. Remèdes*, No. 11.

THE TREATMENT OF CYSTITIS IN CHILDREN.  
 Escherich (*Sem. Méd.*), in the treatment of cystitis in children with alkaline urine, practises lavage of the bladder twice daily with a warm one or two per cent. solution of boric acid, or a five per cent. solution of thymol. Besides he employs the following formula :

R Potassium chlorate.....gr. viiij.  
 Simple syrup.....f ʒss.  
 Water.....f ʒj.

M. S.—A dessertspoonful every two hours.

In addition he makes an infusion of the leaves of uva ursi (half an ounce), in boiling water (five ounces), and adds simple syrup (two drams and a

half). Of this also a dessertspoonful is to be taken every two hours.

In cases in which the urine is acid, good results will be obtained by lavage of the bladder with weak solutions of creolin (from ten to fifteen drops, in boiled water, eight ounces), and the internal administration of salol in small doses.—*Medical News*.

CHRONIC PHARYNGITIS. —In the dry form pencil the throat with

R Acid. lactic.....ʒi¼.  
 Aq. destillat.....ʒvi.—M.

Or,

R Salol.....gr. xv.  
 Ol. vaselin.....ʒss.—M.

Or,

R A-naphthol,  
 Pulv. camphor.....aa gr. xxiv.  
 Ol. vaselin.....ʒss.—M.

—*St. Louis Clinique*.

# THE ACID CURE.

HITHERTO our "Guaranteed Acetic Acid" has not been pushed in Canada, and consequently is not generally known. We wish now, however, to press it on the attention of the Medical profession. That "The Acid Cure" is deserving of study is sufficiently obvious from the subjoined professional notices which were published shortly after the Acid Cure was first introduced into America over 20 years ago. The "Guaranteed Acetic Acid" (Acetocura), is absolutely pure and will not injure the skin. To effect the cure of disease, it must be used according to our directions, which are supplied with every bottle. Our larger treatise, "The Manual of the Acid Cure and Spinal System of Treatment," price 50c., we will forward to any qualified practitioner for 35c.

## TESTIMONIALS.

The late D. CAMPBELL, M.D., Edin., President, College of Physicians and Surgeons, of Toronto.

"I have used your 'Guaranteed Acetic Acid' in my own case, which is one of the forms of Asthma, and in several chronic forms of disease in my patients, and I feel justified in urging upon the medical profession an extended trial of its effects. I consider that it acts in some specific manner, as the results obtained are not only different, but much more permanent than those which follow mere counter irritants."

Extract from "The Physiological and Therapeutic Uses of our New Remedies." By JOHN BUCHANAN, M.D., Professor of Surgery, University, Philadelphia.

"New Cure.—'The Acid Cure' is attracting a great deal of attention at the present time in some parts of Europe. It has been introduced by Mr. F. Coutts in a very able Essay on the subject. He begins by stating that the brain and spinal cord are the centres of nerve power; that when an irritation or disease is manifest in any portion of the body, that an analogous condition of irritation is reflected to the cord by the nerves of sensation, so that in diseases of long standing there is a central irritation, or a lack of nerve power, and in order to reach all diseases it is necessary to strike at the original—the root of the nerve that supplies the organ diseased. . . . The Acid seems to stimulate a renewal of life in the part, then to neutralize the poison and overcome the morbid condition; in all diseases the Acid is potential, and as a prophylactic, never found to fail. As a preventive to disease, daily bathing the entire body with the Acid has been found to ward off the most pernicious fevers, infectious and contagious diseases, and is productive of a high grade of animal and mental life."

DR. J. T. COLLIER, Brooks, Maine, Oct. 26th, 1877, writes:—

"With regard to the 'Acetic Acid,' I have used it in my practice until I have become satisfied that it has a good effect, especially in Typhoid Fever and in cases of chronic complaints. I have no hesitancy in speaking in its favor."



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DYSPEPSIA IN WOMEN :

- R Ac. hydrochlorici dil. . . . . ℥x.
- Ac. hydrocyanici dil. . . . . ℥v.
- Liq. strychniæ . . . . . ℥iiss.
- Sodii chloridi . . . . . gr. xx.
- Glycerini . . . . . ℥xxx.
- Aq. . . . . ad ʒij.

M. ft. ht.

Sig.: To be taken thrice daily, an hour after meals.—*Therapeutic Gazette.*

A LOCAL ANÆSTHETIC SOLUTION. —Dr. J. H. Lowrey, of Neola, Iowa, speaks favorably of the following combination :

- R Cocaine hydrochloride,
- Resorcin . . . . . aa gr. xvj.
- Distilled water . . . . . ʒij.

He has found that the use of this solution is not followed by the systemic disturbances that cocaine alone sometimes produces.—*New York Medical Journ.*

FOR METRORRHAGIA :

- R Ext. opii . . . . . gr. jss.
- Tinct. hydrastis Canad . . . . ʒʒss.
- Tinct. zingiberis . . . . . ʒʒijss.
- Syrup. aurantii cort . . . . . ʒʒj.
- Aquæ destil . . . . . ʒʒijj.

S.—A tablespoonful every three hours.  
—LUTAUD, *Frauenarzt; Centbl. f. d. ges. Ther.*

FOR LICHEN URTICATUS :

- R Spiritus rectificati } . . . . . aa ʒʒj.
- Saponis mollis } . . . . . ʒʒv.
- Olei cadini . . . . . ʒʒv.
- Aquæ . . . . . ad ʒʒx.

Misce et fiat lotion.

S.—To be applied night and morning.

—*The Practitioner.*

ANTISEPTIC OINTMENT.—Dr. P. Reclus applies

- R Salol,
- Resorcin,
- Antipyrin . . . . . aa ʒʒijj.
- Boric acid . . . . . ʒʒv.
- Iodoform . . . . . gr. xv.
- Vaselin . . . . . ʒʒv.

—*Med. and Surg. Reporter.*

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