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Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

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

VOL. II.]

TORONTO, SEPTEMBER, 1893.

[No. 2.

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

Editorials.

MEDICAL COUNCIL MATTERS.

In this issue of the JOURNAL we present to our readers in the correspondence column two letters on practically the same subject, that is, the Iniquities of the Present Council—the first from a well-remembered writer, and the second from a man new in our journal in that column. As a matter of politeness, we may deal with the visitor, if he may be so called, first.

Dr. Burrows bases his whole diatribe against the present regime on one factor, for which, to any extent, it is not at all accountable. The argument is that the present Council building is quite unnecessary in every way, and that the expense put on the profession by its maintenance should not have been incurred. This enormous expense is simply and solely the sum of two dollars annually, which, we hope, the members are all in a position to pay, and if they are not, we should advise them to try their hand at some other livelihood which would be more remunerative.

As for the expense to the students, it is practically the same now as it has always been since the inception of the Council. The benefits to the students and the profession generally from such a building are many, but we will only speak of the ones mentioned by the writer. In former times, even in the recollection of many of us not very

old, the examinations were held in various halls which were entirely unfitted for any such purposes. The seats and desks were ill-fitted for good work, and the position of all concerned was very conducive to that bane of both examiners and good students—copying, of which we know for a fact, very considerable took place.

As regards the proceedings which were a disgrace, and examinations which were a farce, we cannot give any explanation, as we know of none, unless Dr. Burrows would be a little more specific. In fact, his letter reminds us of that old story of Bret Harte's, that "It is good anywhere round these diggings."

As to increased expense in payment of examiners, we would like him to read the report on this subject before he displays his ignorance further, as then he will see that they are not paid per student anything like the amount they were. It is evidently forgotten that where formerly we had one student to examine, we have now, at least, five, and the expenses have not, by any means, increased in that ratio.

The doctor's suggestions with reference to supplying a room for congregating in by using a ward of the General Hospital, or a hotel, or the Y.M.C.A., are so out of the question that we could only wish he would try the experiment himself. Truly, we would like to see him tackle the governors of the Toronto General Hospital for any such purpose. He evidently does not know them.

Dr. Sangster's communication is of a different stamp, he mainly devoting himself to giving us advice on how to carry out a controversy with him. His advice may be good, but no man, even the best of us, is fond of taking it if it does not coincide with his own views. The doctor will probably remember that old and well known line in Virgil, "*Timeo Danaos et dona ferentes*," and just as probably be able to catch the meaning of the reference. Looking over the first paragraph, it is easily evident that the writer seemed bitten, but as we have nothing more to say on that point, if our readers want any enlightenment we would refer them to Dr. Sangster himself, who, we are sure, would gladly gratify any undue curiosity as to our action in connection with it.

The second paragraph in the letter is a mild attempt to try and get out of what he says in his former letter, his pen having evidently run too fast for his brains. Combined with this is some sarcasm which, if it pleases the doctor to use, can never do anyone any harm, so he is quite welcome to his style. Then he makes an attempt to come down to business, using his own expression, and discuss the ethics of the professional tax. But still he does not do so, evidently preferring to wander off and attempt to break his lance against our own personal shield. Please remember, doctor, that the profession is not interested in your opinion of us, and look for some arguments which, if they are forthcoming, we will certainly answer. It is not our business, nor is it what we are trying to do, to make a defence of the Council, as that has all been ably done before, but to give our correspondents a fair idea of our views on the matter presented to us by you.

Toronto may be a healthy city, and probably is too healthy for some of us, still it must be remembered that the medical men in the city are not millionaires, and in spite of that \$600 subsidy which seems to choke in our correspondent's throat, they must work, and work hard, to get that same necessary bread and butter that is needed by "obscure country doctors." As a conclusion, "the four new men put on" give thanks for the very high opinion held of them, and only hope they will continue to merit it.

REPORT ON REGISTRATION OF BIRTHS, MARRIAGES AND DEATHS.

The Report relating to the Registration of Births, Marriages and Deaths in the Province of Ontario, for the year ending December 31st, 1891, has come to hand. We cannot but be surprised at some of the reflections cast upon the medical profession of this Province in that report. We are told that the working of the Act has been but partially successful, and there is given as one of the reasons for this "a carelessness on the part of physicians." Further, in the Inspector's report to the Registrar General, he says: "I find that many physicians are entirely ignorant of the section in the Act which calls upon them to send in certificates of cause of death," etc. In summing up the question, we have asked our selves (1) What is the cause of this "carelessness"? (2) Who is responsible for the "ignorance"? (3) Is there a remedy? In looking about for a cause of the first, we find in the report the following: "With regard to the carelessness shown in the performance of the duties required of physicians under the Act, it may be stated that it is in part due to a neglect on the part of our medical colleges to inculcate the important lessons to be gathered from statistics of disease, and of any special attention being given to the existence of a Registration Act in the Province, and the duties of physicians with regard to it." In the medical colleges we are taught the great value of statistics when they are absolutely correct, but we are, and should be, taught their entire uselessness when they are incomplete. And we are told that the "working of the Act in the past has been but partially successful," hence what is the value of a report like the one before us? We think, too, the turning of our medical colleges into law schools for a perusal of the *revised statutes* would hardly be in accord with our Medical Act.

In looking for a cause for the "ignorance," we have not far to go, for in turning up the Act we are led to believe that the fault does not rest so much upon the physicians as upon the Act itself. We feel certain that if the Act provided that those who are public servants should send out blank forms, stamped and addressed to their proper destination, together with a copy of the Act, instead of requiring physicians to send in for them, a wholesome improvement would be effected.

In connection with this whole subject there is one very noticeable feature, namely, that the Registrar-General, and from him down, all are paid to a greater or less extent for their services, except the source whence the information comes. Now, if this information is valuable, and we are told in the report that it is, we think that the skill requisite to determine the exact cause of death is worth paying for; and if a thing is paid for, those in authority may then reasonably insist upon the work being properly done. Though we do not presume to dictate to any one, we would suggest as a correct means toward obtaining a perfect record of the *causes of death*, that it is desirable to hold an autopsy in every case of death; this in turn would entail the necessity of the appointment of certain expert persons in each district, whose duty it would be to conduct such examinations, for which they would be remunerated. (We merely mention this as a side issue in passing, but may have more to say of it at a later date.)

We claim that these records of the cause of death as they now stand are practically valueless, because, as we have already stated, of their incompleteness. We believe if a suitable remuneration were fixed, together with what has already been suggested, the difficulty of obtaining the desired information would be largely overcome. And truly, if an autopsy were held in all cases it would enable the physician to give much more accurate information as to the *cause of death*; and in this way statistics of some value might be compiled. Surely the physicians of this province do enough *charity work* already without being compelled to render gratuitous services to the State, which, judging from the salaries paid some of its officials, has more money than it can reasonably dispose of.

MEDICAL COUNCIL PROSECUTIONS.

In the Announcement of this year it will be noticed that the report of the detective in charge of medical matters in this Province has been left out. The report was very lengthy, and dealt fully with all cases that were and had been before the Discipline Committee, and the only reason for its omission was its length. Thomas Wasson, our very able and valuable detective, has been indefatigable in his work, and has brought many

offenders to justice, when they have been dealt with severely, or otherwise, according to the gravity of the case. At the present time there are nine cases to be considered by the Discipline Committee for unprofessional conduct, and these will be heard in December. In Ontario, now, we have fewer fakirs than at any other time, the only troublesome ones being some who are being shielded by licensed practitioners. These men should be careful, or their deeds will fall on their own heads, and maybe a decapitation will take place which will make the lesson valuable to them. Medical men should try and keep up the status and *esprit de corps* of their profession by acting as men should, and not shield under their wing unlicensed students and practitioners for the sake of a few odd dollars made in this kind of practice.

EDITORIAL NOTES.

We are in receipt of a letter from a member of the Medical Defence Association for publication in this issue. We would be very pleased to publish it, only the correspondent by inadvertence has forgotten to enclose his card, leaving us no knowledge as to his identity. If he would kindly communicate with us before our next issue, we would gladly give him space.

Trinity Medical School opens its coming winter session on Monday, October 2nd, with great promises of a successful year. The large graduating class of 1893, although diminishing the number of the students which amounted to almost three hundred, will be amply replaced by the incoming freshmen. Trinity in all cases holds its own, and oftentimes more than its own, both in numbers and in the success of its graduates in their life work. Dr. Gilbert Gordon, Professor of Sanitary Science, gives the opening lecture this year at the school at 4 p.m. on the above date. The subject he is taking up is "Mythology in Medicine."

At the regular half-yearly meeting of the Bathurst and Rideau Medical Association, held in Carleton Place, June 28th, 1893, Dr. Rogers, of Ottawa, President, in the chair, the following resolutions were passed:

"1. That in the opinion of this Association, pay-patients in public hospitals receiving Govern-

ment aid, should be allowed to choose any legally qualified medical practitioner to attend them in the private wards of such institution (one member only dissenting).

"2. That a copy of the above resolution be sent to the secretary of the hospitals in this division. (Unanimous.)

"3. That a copy also be sent to the editor of the *ONTARIO MEDICAL JOURNAL* for publication. (Unanimous.)"

Among the most attractive exhibits on the floor of the main building, at the Industrial Exhibition, were those which specially interested medical men. S. B. Chandler & Son showed many lines, prominent among them being electrical and surgical instruments, and a perfect absorbent cotton of long fibre. One very neat affair was an aseptic nickel instrument case, containing twelve knives, with hollow, smooth-polished steel handles. The Harvard Chair Co. was of interest in another line, their exhibit being a very fine one of dental and surgical chairs and revolving cabinets of first-class manufacture. Chas. Cluthe & Sons showed a complete assortment of trusses, bandages and all things of that kind, and are to be congratulated on their work; and lastly, the Ireland National Food Co. had a perfect display of all food stuffs of their manufacture. We would strongly advise medical men to take note of these in giving their orders, these firms being of the best of their kind on the market.

The opening lecture of the Medical Faculty of Toronto University will be given in the Biological building, on October 3rd, at 8 p.m., by Prof. A. B. McCallum. The members of the Faculty are looking forward to another large incoming class this year, and, if intending students take into consideration examination results, they have good reasons for their expectations. We have been informed that at the Council primary last spring their students made up about fifty-six per cent. of the number from all sources that passed, and at the final they made just about fifty per cent. of that number. Of those that presented themselves at the primary, seventy-three per cent. passed, while the general percentage of *pass* was about fifty-two per cent; and of those who went up for the final, more than

eighty-five per cent. succeeded in getting through, while the general percentage of *pass* at this examination was about seventy-three per cent. A glance at the foregoing figures will show the good work done by this school, and will be a great encouragement to the supporters and graduates of it.

The Canadian mineral waters are gradually taking a high place among those prescribed and used by the public generally. In the sodium chloride class, the water from St. Leon Springs ranks probably among the best. Its analysis compares more than favourably with that of the best. European springs, such as Baden-Baden or Friedrichshall, though being milder in its laxative action than the latter. A glance at the subjoined analysis will show its strong value as an alkaline digestive, as a laxative, and even an alterative, as it contains iodides, bromides and some carbonate of iron. Its comparative cheapness has brought it into prominent use, and its therapeutic properties have kept it there. Dr. T. Sterry Hunt's analysis presents the quantity of solids per gallon, as follows:

Chlor. Sodium	677.4782	grains.
" Potassium	13.6170	"
" Lithium	1.6147	"
" Barium6699	"
" Strontium3070	"
" Calcium	3.3338	"
" Magnesium	59.0039	"
Iodide of Sodium8108	"
Bromide of Sodium8108	"
Sulphate of Lime0694	"
Phosphate of Soda1690	"
Bi-Car. Lime	29.4405	"
" Magnesia	82.1280	"
" Iron6056	"
Alumina5830	"
Silica	1.3694	"
Density	1.0118	"

British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

The British Columbia matter not received this month in time for publication.

Prince Edward Island.

The profession in Prince Edward Island have been able to secure medical legislation on pretty near the same lines as Ontario and British Columbia in 1890. Subsequently, in 1892, the law was modified, giving the Council powers of examination, and power to deal with immoral and "infamous or disgraceful conduct in a professional respect." Under the Act of 1890 we had considerable trouble with a graduate of McGill University, whose conduct, to say the least, was anything but professional. The atmosphere became too warm for him, so he fled into Uncle Sam's dominions. Another, a member of the College of Physicians and Surgeons, whose conduct at Ottawa and elsewhere was suspicious, applied for registration, but failed to appear, and saved us further trouble. So far, the medical law has been a great barrier to quackery in this Province, and we hope the profession will maintain their position by aiming at a higher professional status for its members.

We need our present law amended, doing away with the one-year curriculum of studies which is permitted with a practitioner of medicine, as it is generally admitted to be of very little use, and not at all equivalent to a course of lectures and laboratory work in a recognized school. We need power to make by-laws to suit the requirements of the profession from time to time, for the regulation of all matters pertaining to education, curriculum of studies, fees, registration, examination, without having to submit the same for the approval of the Lieutenant-Governor and Council. This submission to the Governor and Council causes great delay and inconvenience, and besides is of no earthly use whatever. In Ontario, I believe the privilege is now granted to the profession to pass and make their own by-laws, without having to submit the same to the Governor and Council for approval.

If the profession in Ontario is worthy of this privilege, I fail to see why the profession in the other provinces of the Dominion should not enjoy the same. The advantages would be great, and save considerable delay and annoyance. At the last meeting of the Maritime Medical Association, held in Charlottetown, a resolution was passed

empowering the various Councils of the three provinces to have uniformity of laws and curriculum of studies, looking to the question of Maritime reciprocity of registration at least, and with that end in view, we expect to hear of New Brunswick and Nova Scotia applying for further legislation this coming winter. It would be a grand thing to have raised the profession throughout the Dominion to a common level or standard so that reciprocity could be readily obtained for any man who might desire to change his residence from one province to the other. The churches have no difficulty in transferring their members from one place to another; the lawyers have no difficulty, and why should the medical profession? It appears to me the difficulty will be solved quicker when every province will cease to recognize the degrees granted by the colleges as a legal right to practise, and adopt the common-sense principle of self-protection, that a State Board should constitute the sole authority for legalizing the practice of the medical profession.

The quacks find these Boards a great barrier to their progress, and that of itself should teach the members of the regular profession the necessity of upholding the laws and paying their annual dues without a murmur. It is a lamentable fact that there are a great many who grudge the small fee of two or three dollars a year to carry out the provisions of the law, which is really for the protection directly from quacks and quackery. But as guardians of the people, the responsibility is thrown upon the profession, who are supposed to understand better than others the great injury which the quacks inflict upon the common people. Through time, the Legislature may acknowledge this, and place a sum in their appropriation lists for the administering of the law. It remains for the profession here and elsewhere to be true to itself; stand firmly and unitedly; cease bickering and fault-finding; work for the common good, each realizing that the profession is benefited by their labours. Then they will pay their dues like men who are honourable in principle and practice. The free-trade and go-as-you-please idea does not find much shelter or encouragement amongst lawyers and clericals, so a word to the wise ought to be sufficient.

The Medical Society of Prince Edward Island,

at its annual meeting in July last, enacted the following by-laws:

Resolved,—That the examination fee to be imposed by the Council shall be thirty-five dollars, to be paid to the Registrar at the time of making application.

Resolved,—That the Council shall provide members of this Society with a certificate or diploma of membership on parchment, for which a fee not exceeding five dollars shall be paid.

The Secretary of the Council issued a circular to all the members, requiring this fee to be forwarded in advance, and that fifty, at least, were required to contribute and forward the amount. The following gentlemen have responded, viz.: Drs. Robt. D. McLaughlan, St. Peter's; Joseph De Noyer, Tignish; William Kerr, Malpeque; W. W. Alexander, Hemmingford, Que.; F. C. Lavers, New Ross, Nova Scotia; John McInnes, Red Point, Lot 46, P.E.I.

It is to be hoped that forty-four others will respond at once, as nothing can be done to procure plates and engraving unless the full complement has paid in. Those who have contributed will understand that the Medical Council is powerless to complete the work when the members of the Society are so derelict in their duty. Come, gentlemen, wake up, and forward your money at once. If you ever desire to leave this sand-bank, you want a decent certificate to show you were in reputable practice while here.

A. M. N.

Original Communications.

ECLAMPSIA.

BY D. BECHARD, M.D., BELLE RIVER, ONT.

It is not my intention to launch out into some startling developments as to the diagnosis and treatment of albuminuria in pregnancy, and its subsequent result, eclampsia—especially when not taken in time to prevent its occurrence. Indeed, I would not deem it consistent with my present object in introducing this subject for the consideration of the medical profession at large, to deal with it in any other manner than through my own personal experience. The case which has fallen under my care is briefly as follows:

Mrs. E., aged 22, of French origin, has been

married a little over six months, primipara, residing about five miles from my office and residence. On Monday, July 17th, at about 8 o'clock in the morning, I was called upon to go and see the patient. I was told before going that the woman was having convulsions in rapid succession, and I at once made up my mind that they were puerperal convulsions. I at once proceeded to the house, and when I reached there she was having convulsions every ten minutes. I proceeded to examine her, and I found that the woman had been pregnant about six months; œdematous eyelids, and face pale and puffed up. Her mother made me to understand that in the morning about five o'clock, as she was getting out of bed, she took a strong chill, and she asked for a blanket to cover her up. Her mother proceeded to get the blanket, and when she returned she found her in those fits. She said that the patient had been complaining for the last four or five days of headache and dimness of sight, but took no heed of it, as she thought it was a slight everyday indisposition. As soon as I had obtained the history of the case, and saw the symptoms accompanying those convulsions, I came to the conclusion that I had to deal with a case of eclampsia, the result of albuminuria, pure and simple.

I at once put her under the influence of chloroform. I administered $\frac{1}{4}$ gr. morphia, 1-150 gr. atropia hypodermically, and I gave her 5 gr. calomel and two drops of croton oil, placing it at the root of the tongue. Then I gave her an enema consisting of two quarts of warm rain water, with two teaspoonfuls of turpentine. By this time it was about ten o'clock in the forenoon; her pulse was 130; no fever. I left the place, only to come back a short time after; but because of other occupations at home, I could not go back to the house before three o'clock in the afternoon, when I proceeded to the place in haste, and I met her husband on the road, who was coming for me, as he said his wife was having convulsions again. When I reached the house, I at once administered chloroform and a hypodermic injection of morphia and atropia. I then punctured the membranes and about eight ounces of water was evacuated. I gave another enema as previously, and tried to obtain some urine, but could not obtain it, as she was urinating in her bed.

I went back home, and came back to the house at 9 o'clock p.m., and she had not had any convulsions since, but was completely unconscious. As before, I administered chloroform, gave her another enema, and I went home. Next morning I went to see the patient, and she had had fecal evacuations, and they had been able to gather a little of the urine for me. She was partly conscious; had had no convulsions since yesterday afternoon about four o'clock. I went back home, and about four o'clock in the afternoon I started for the place, and on my way I met her husband, who told me that his wife was having serious pains, so I came to the conclusion that the child was going to be born.

When I reached the house the child was born, and the woman was feeling well for the time, and had had no convulsions.

The urine which I brought home in the morning, after analyzing it, showed a large quantity of albumen. I immediately gave her the following preparation :

℞ Magnesia sulph.....	ʒvi.
Fl. ext. jaborandi	ʒvi.
Fl. ext. columb	ʒii.
Chloroform	ʒi.
Liq. arsenicalis.....	ʒi.
Aq. ad.....	ʒxvi.

Tablespoonful every six hours.

She gradually grew better, and albumen was decreasing every day until Sunday, when her husband called on me at my office and said that his wife was having a very acute pain in the calf of the leg, and that she could not walk at all, so I gave him morphia powders to allay the pain, and a preparation of iron and hot bran fomentations over the leg, with complete rest, and now she is doing very well in every way.

MESSAGE: ITS APPLICATION IN GENERAL PRACTICE.

BY HOLFORD WALKER, M.D., TORONTO.

It is now an incontestable fact that the art of massage, scientifically applied, possesses powers as a remedial agent, which few other arts can equal. The various movements, and the varying degrees of applying these movements, enlarge its beneficent

scope to such an extent that few are the persons who would not be directly benefited by its use.

When I allude to massage I associate with it the various movements generally known as Swedish, that are called for at various stages according to the individual case.

What is massage? I would define it to be the communication of motion to the tissues of the body "at best accomplished by the hands," the motion controlled by the various movements adopted and force used.

If this is correct, why should the mere communication of motion to the tissues prove so beneficial in various diseases and conditions, at times diametrically opposite? For instance, massage will make a thin person fat; it will also reduce the superabundant tissue of those unfortunates who are a constant burden to themselves, on the proviso that both conditions are abnormal, in which event massage ought to cure one as truly as the other if it stands on sure ground, and that it does so I have proved over and over again.

In order to understand the therapeutic application of massage, it is absolutely necessary to know its effect and influence on the system. Its mode of action is physiological, not pathological.

It removes disease process, not by substituting for it another abnormal process, but by directly substituting a condition of healthy action. Nor are there any unpleasant after results, such as frequently follow the administration of drugs, for example, opiates, stimulants, or purgatives.

The effects of massage have been arranged under four heads, mechanical, reflex, thermal and electrical. The effects of the first, or mechanical, are by far the most important, consisting as they do in stimulation of the interchange of cell contents under the influence of alternate pressure and relaxation; a quickened movement of the blood in the capillaries, increased activity in the movement of the areolar fluid; acceleration of both the blood and lymph currents in their respective channels; stimulation of the absorbents; removal of obstructions and concretions from ducts; increased secretion of the various organs; the promotion of the peristaltic movement of the intestines, and increased respiratory action and capacity.

The second, or reflex effects of massage are obtained by very light stroking and percussion. It

has a remarkable power of soothing pain and promoting sleep.

In very thin persons percussion of the pectoralis major, as we know, produces a wave of contraction which can be distinctly seen travelling across the chest, supposed by some to be a sign of phthisis, but merely indicating a degree of emaciation which permits the muscular fibres to be readily traced beneath the skin.

In consequence of the powerful influence which this apparently simple manipulation by light stroking and percussion is capable of exerting upon physiological processes of the body, we must in its administration carefully consider the force, number and rapidity of the blows, the duration of its application and the locality upon which it is applied, and greatly vary the modes of its application according to circumstances.

As we can by means of brief and light percussion develop first a contraction, and then, by a continuance of percussion of increasing severity, a dilatation, and finally paralysis of the vascular system, so percussion will produce a similar train of effects upon the sensory nervous system. At first percussion over a sensitive nerve increases the pain, which however rapidly diminishes, entirely disappearing and giving place to complete loss of sensation. Local anaesthesia can now be produced by the Faradic current of electricity if the battery is so constructed to vibrate at so many vibrations per second. How much is due to the vibration and how much to the electrical force has yet to be determined; no doubt both contribute in the result.

The thermal effects of massage are apparent to all muscular exercise producing bodily heat. Dr. S. Weir Mitchell carefully noted the effect in many cases.

The electrical effects of massage are most interesting, and further experiment is still necessary to solve how far these delicate currents are influenced by the electricity developed in the hand of the operator, and to what extent they influence tissue metamorphosis. But that massage stimulates the electrical contractility of a muscle, I have proved over and over again. To illustrate, let me quote a case reported by Dr. Dowse before his class—a child suffering from infantile paralysis, the affected limb having a surface temperature of 70° F. The poles of a battery were applied

and eleven mill. were required to produce muscular contraction. The limb was then massaged, and the temperature rose to 95° F. The poles of battery were again applied to same points; contraction followed the employment of only five mill. It is evident, therefore, that massage diminishes the resistance of the tissues to the electrical current, and increases the electrical contractility of the muscles.

Having thus very briefly referred to the physiological effects of massage upon the system, it is in order to view the practical side of the question and consider the diseases most likely to receive benefit by its employment, and in this I must also be very brief as the field is too large for a paper, each condition being quite ample for the purpose.

I will confine myself more particularly to practical experience, and will draw your attention to three or four conditions that prove massage to be more beneficial than any other mode of treatment at the present date.

I need not take up your time by referring to its unquestioned benefit above other means in neurasthenia and all forms of neuralgia. In those conditions I think it is unquestioned, but I particularly desire to draw attention to the remarkable results obtained in all forms of rheumatism, whether acute or chronic, even to that helpless condition, rheumatoid arthritis, where the deposit in and about the joints transforms the patient into a helpless cripple. I do not refer to those extremely chronic cases where time has permitted the deposit in and around the joints to produce true ankylosis, although even in these desperate conditions all the recently diseased joints can be relieved and the disease stayed. But in rheumatoid arthritis of one to three years' duration, you would hardly credit the results obtained by steady and faithful work on the part of the masseur. I will briefly illustrate with one typical case:

Mrs. C—, aged twenty-six, came to my hospital, July, 1891; was seized with severe attack of rheumatoid arthritis in October, 1889, which confined her absolutely to bed. From then until she came under my care, the brunt of the disease was in the hands, arms and right leg, could not feed herself, six of the finger joints were completely dislocated by contraction and deposit. Remained under treatment for three months; result: complete

restoration of the use of hands, arms and legs, dislocations reduced, perfect health established, able to play the piano, quite well again. Was confined of a healthy child a year after, and still remains in perfect health. No medicines were employed, the results were accomplished only by massage and its associated movements, and electricity, both galvanic and Faradic, as indicated.

The treatment will be found equally efficacious in ordinary acute or sub-acute inflammatory rheumatism. The proper application of massage will quickly remove all local pain in the region of the joints, a rubber bandage to be applied immediately after the application; the massage to be repeated two or three times daily. The rheumatic fever is controlled by the careful administrations of the medicine indicated according to circumstances. The rapidity of the convalescence and the freedom from pain will be found in marked contrast to the well-known sufferings of this unfortunate class. The rationale of the treatment is simply aiding nature to eliminate the rheumatic poison from the system by natural means and channels, and not exhausting the system by medicines that, however beneficial at the time, leave to Dame Nature the heavy and protracted task of restoring the lost equilibrium of health.

Another vast field where massage unquestionably leads as a remedial measure will be found in its application in the treatment of fractures, bruises, sprains and dislocations. It is only needed to convince even the most sceptical, if he will take two similar cases in either of the conditions I have named, and employ a masseur in one, and treat the other by the most approved rest and splint treatment in vogue. There will be found to be no less than one-third to two-thirds saving in the time required for recovery, to say nothing of the saving of pain and discomfort. Fractures are left far too long in the tight splint, strangulating nature's efforts at restoration. An early, careful, daily removal and proper application of massage will quickly aid the work and restore the limb to usefulness in from one-third to one-half the time. There would be no such thing as non-union found on opening the splint as is frequently the case in weak or aged subjects. Equally good results are obtained in sprains, pain is quickly removed, and resolution effected in one-third the time of the

ordinary treatment, and the same may be said for bruises and dislocations.

The marked success of that non-professional class of persons known as bone setters, in Great Britain, is simply due to their making use of massage and its associated movements in restoring the use of limbs that have passed through the hands of many a worthy M.D. who failed to realize what was called for to restore the lost balance.

In massage, also, we have, I believe, the only natural and lasting treatment for the cure of that source of so many evils to which flesh is heir to, especially that of the weaker sex. I need hardly say I refer to constipation. The fabulous fortunes made by the proprietors of the various cathartic pills is evidence enough of the demand by the world at large for some "panacea" to relieve an otherwise intractable condition.

Riebmayer, an undoubted authority, asserts that, for habitual constipation, especially for persons of sedentary habits, abdominal massage, combined with pelvic gymnastics, constitutes the most desirable, sure and efficient remedy that we possess, to which I would add, after large experience, the application of the Faradic current of electricity, internally applied.

If we recur to the physiological effects of massage, we see at once when it is indicated to regulate the peristaltic movements of the stomach and intestines; to exert a favourable influence on the circulation of the blood and lymph so closely dependent upon these movements, and hence to act secondarily on the secretion and excretion of the digestive juices; to expedite the absorption of exudations; and finally to dislodge obstructing fœcal accumulations in the intestinal tract by direct mechanical action.

And in this connection I must not omit to refer to that ever-increasing army of dyspeptics, and to the brilliant results obtained by massage in certain forms. Our rest treatment would be futile in its results in this class of neurasthenics without its aid.

Lee observes: "It is probably in its effects upon derangements of digestion, taking the term in its widest sense, that the medical profession has been inclined to place the most faith in the employment of massage and movements, and not without reason.

In the present struggle for life, people would fain forget they possess a stomach or digestive tract at all, and push mind and body to the fullest extent of endurance, unmindful of the fact that this said dyspeptic tract is the engine and boiler of the whole fabric, and when it fails from neglect, down comes the whole structure with a crash. May kind Providence interpose and help the future generation in this respect, or I fear neurasthenia and dyspepsia will vie with each other in the number of their victims.

I cannot do better than quote Rubers-Hirschbergs, in his statement of the beneficial effects of massage in diseases of the digestive tract, where he says: "In cases of dilatation of the stomach, for example, in which the muscular tissue is weak, and the food is too long detained, it excites this viscus to contraction, and by determining a flow of blood to the parts, improves its nutrition." It increases the secretion of the gastric juice, and is especially useful in atonic dyspepsia. It relieves the symptoms of pain, weight and discomfort from which dyspeptics frequently suffer, and is one of the best remedies for flatulence, quickly expelling the accumulated flatus. By stimulating the nerves of the stomach, it is beneficial in many gastric affections of nervous origin. The best results are obtained in cases of chronic dyspepsia due to a catarrhal condition of the stomach: in the dyspepsia of anæmic or chlorotic girls it yields equally good results, and from my own experience I may say the rapidity with which a lost appetite is restored, when due to functional or dyspeptic conditions, simply borders on the marvellous, and there is no mistaking cause and effect in these instances: the cause, massage; and the effect, three hearty meals per diem, besides two or three quarts of milk, in a period varying from ten days to two weeks.

Time forbids my referring *in extenso* to the many equally serious conditions and equally beneficial results obtained by massage, but it will repay the physician who adopts it in his profession, in cases of threatened mammary abscess, and need I mention cholera, where we know it is the most potent means at disposal to overcome the frightful cramp, etc. Who does not use it in strangulated hernia, may I ask, and when massage fails him, he knows the knife is his one resort. It has a

brilliant record in intestinal obstructions and intussusception. In dropsies, and, in short, all diseases of the circulatory system, it will be found a material aid to other means.

In sciatica, Dr. S. Weir Mitchell gives it first place, associated with rest.

In paralytic nervous affections, I can only say, use it in your work. I would time permitted the report of a case of locomotor ataxia, in which it added life and comfort when all other means failed.

In all spasmodic nervous affections, chorea, etc., you will find it, in association with other treatment, your best peg.

Of course, the brilliant record is from the employment of trained masseurs. There are different grades of masseurs as there are different grades in our own profession. I can only say, obtain the best you can, and in proportion to the efficiency of the masseur will be the results obtained in each individual case. But in the event of meeting with failure in a clearly-indicated case, don't blame the massage, but do as I have had occasion to do, obtain a more efficient operator, and then note results.

And, finally, a word to correct a mistake in the opinion of only too many physicians who have not, or will not, inform themselves sufficiently as to the merits or demerits of massage. I have been surprised to find so many intelligent physicians totally unaware of the advantages of so potent a remedy at their hand to aid them in their anxious struggle with disease. I am so frequently told that Dr. So-and-So said, or says, his patient is too weak to stand massage, whereas, in truth, it will aid as nothing else will, if applied by a competent and trained masseur, in hastening convalescence after any protracted illness, and the more exhausted and weak the patient, the more marked and brilliant will be the results.

Meetings of Medical Societies.

The meeting of the Canadian Medical Association, which was held in London, Ont., on September 20th and 21st, 1893, was a most successful and profitable gathering. It will be some time before the members of the Association will forget the excellent manner in which they were entertained

by the profession of London and others. The place of meeting for 1894 is St. John, N.B. The following officers were elected: President, Dr. T. S. Harrison, Selkirk, Ont. Vice-Presidents: For Ontario, Dr. F. R. Eccles, London; Quebec, Dr. J. Stewart, Montreal; New Brunswick, Dr. J. Christie, St. John; Nova Scotia, Dr. W. S. Muir, Truro; Manitoba, Dr. R. Spence, Brandon; N.W. Territories, Dr. F. H. Mewburn, Lethbridge; P.E. Island, Dr. F. B. Taylor, Charlottetown; British Columbia, Dr. R. E. McKechnie, Nanaimo. General Secretary, Dr. F. N. G. Starr, Toronto, Ont. Local Secretaries: Ontario, Dr. J. Olmstead, Hamilton; Quebec, Dr. J. V. Anglin, Montreal; Nova Scotia, Dr. R. A. H. McKeen, Cowe Bay; New Brunswick, Dr. M. McLaren, St. John; P.E. Island, Dr. Johnston, Charlottetown; British Columbia, Dr. Walker, New Westminster; Manitoba, Dr. A. M. McDiarmid, Winnipeg; N.W. Territories, Dr. Calder, Medicine Hat. Treasurer, Dr. H. B. Small, Ottawa, Ont.

BATHURST AND RIDEAU DIVISION MEDICAL ASSOCIATION.

The twentieth annual meeting of this Association was held at Carleton Place, on Wednesday, 28th ult. Dr. A. F. Rogers, the President, occupied the chair; and there were present, Drs. Preston, McFarlane, Sinclair, McEwan, of Carleton Place; Lynch, Burns, Johnson, Almonte; McCormick, Renfrew; Graham, Westmeath; Dickson, Pembroke; Easton, Smith's Falls; Malloch, Horsey, Edwards, Janson, Mark, Dewar, Baptie, Bell, Robinson, Klock, Hurdman, Scott, Playter, Small, Ottawa; and Drs. Sexton, New York, and Sinter, Ogdensburg.

Dr. Rogers, the representative of the Division, delivered his annual address, reviewing the work of the recent session of the Medical Council, and explaining the changes in the Medical Act by which the Division had been gerrymandered and added to three other divisions. A lengthy discussion took place, and the following resolution was unanimously adopted:

Moved by Dr. W. W. Dickson, Pembroke, county of Renfrew, seconded by Dr. Robt. Burns, Almonte, county of Lanark, and

Resolved,—That this meeting of the Bathurst and Rideau Division Medical Association, which consists of all the medical practitioners in the counties of Renfrew, Lanark, South Leeds and Carleton, desires to express their disapproval of the readjustment of the Territorial Divisions in Schedule A of the last Medical Act, whereby the counties of Lanark and Renfrew and South Leeds are separated from the county of Carleton. That we are of the opinion that the Territorial Divisions, as they existed before the Medical Act of 1893 was

passed, should be continued, and that increased representation should be secured by giving two members for No. 2 District, three for No. 3, and three for No. 7; the only change necessary would be to add the whole of Middlesex county to No. 2 Division. The reasons why we advocate this are as follows: 1st. This will secure representation by population, and allow five additional territorial representatives without disturbing the old boundaries of the divisions. 2nd. That this will not break up the old territorial associations, and the tariffs of fees, now existing in the said divisions, will remain in force and will not be obliterated. 3rd. That the medical associations now formed and in active operation in the old divisions will be allowed to continue.

That if for any reason it is found undesirable to continue the boundaries of the old divisions, then we strenuously oppose the separation of Renfrew, Lanark and Carleton counties one from another, and recommend that No. 15 Division be composed of Addington, Frontenac and Leeds; No. 16 of Lanark, Renfrew and Carleton, and No. 17 of Russell, Prescott, Glengarry, Stormont, Dundas and Grenville.

That the president and secretary be and are hereby empowered to take such steps as they may deem necessary to have this resolution carried into effect.

The following papers were read and discussed: "Hysteria in Practice," by Dr. M. A. McFarlane; "Ophthalmia Neonatorum with Pathological Specimens," by Dr. A. S. Horsey; and "Nasal Tuberculosis," by Dr. Geo. Baptie.

Dr. Playter also addressed the meeting upon the "Quarantine Service of Canada," and a resolution was passed, expressing the confidence of the meeting in Dr. Playter as a sanitarian.

The election of officers resulted as follows: President, Dr. A. F. Rogers; Vice-Presidents, Drs. W. R. Bell and R. F. Preston; Hon. Secretary, Dr. H. B. Small; Hon. Treasurer, Dr. H. Hill; Council: Drs. M. A. McFarlane, G. H. Groves, J. C. Rattray, G. E. Josephs, J. Graham, G. Forbes, L. C. Prevost, W. C. Cousens, A. E. Garrow.

On motion of Dr. Bell, seconded by Dr. Robinson, a resolution was passed—"That in the opinion of the Bathurst and Rideau Medical Association, now assembled, any public hospital providing accommodation for private patients should allow the patients to choose any legally qualified physician to attend him or her therein."

A vote of thanks was passed to the members of the profession resident in Carleton Place for their hospitality to the readers of the papers, and to the President, Dr. Rogers.

During the day the visiting members were entertained to a dinner, and an excursion to the Mississippi Lake.

Correspondence.

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

DR. BURROWS' LETTER.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—From letters that have appeared from time to time in the Toronto dailies, from the action taken by the Medical Defence Association, and the members who, in a large degree, support that Association, I am led to believe that there are many who do not approve of the action of the Medical Council of Ontario.

I am one of those who think their past acts are not reasonably defensible, as being in the interests of those they are supposed to represent, and as the amount collected from the profession is very large, the remuneration to individual examiners largely increased, the expense of examinations greater, the comfort of students, and medical practitioners not properly consulted, it appears there is something radically wrong.

I hold that the investment of the money taken from the profession, and, in a large degree, from the students, and invested in expensive buildings under whatever pretext or excuse, was wrong and very ill-advised. I hold that this building was not necessary in the slightest degree, and to-day offers no convenience that could not readily have been secured without a cent's expense.

The main reasons given in excuse appear to be "that it will provide a reference library" to write letters in, "receive friends," meet the members of the profession living in Toronto, and lastly, "a proper place for examinations."

There is in Toronto at least one medical school offering excellent roomy accommodation, owned body and bones by the Province; also our Education Department, to which the same particulars apply. Are we taboed as citizens and voters because we belong to the medical profession? Are these places barred against us? And the General Hospital, would not a room or ward, with bedside examinations near by, offer advantages? Then the first-class hotels, clubs and Young Men's Christian Association, what is the matter with these?

Other associations, secret societies, conventions

and gatherings which greatly exceed ours in point of numbers, are regularly accommodated. They have no reason to complain of any difficulty or unwillingness, why should we? And, as a matter of fact, do we? Are not all the reasons given foolish and ridiculous? Lastly, we are told that it is a good investment as a commercial speculation, and would realize an amount much greater than the original investment if placed on the market. This I doubt, anyway; of one thing I am satisfied that, as the supposed convenience and benefit is a myth pure and simple, the sooner the property is turned into cash the better, and the sooner that the money goes back to its original owners the better.

This investment was, to my mind, a mistake unjustifiable and inexcusable; but the Medical Council, as originally constituted, and the Medical Act were mistakes, as well as the personnel, which was not fairly representative of the ability and sobriety of the medical profession; the fact that any individual making oath that he was in practice before 1852, was entitled to registration; the fact that at its inception the medical colleges rammed, crammed, jammed hundreds of matriculates and their graduates through to take advantage of its provisions; the fact that it was a welding of incongruous elements, a matter of compromise with all schools and sects; and the fact that arbitrary powers were given to the Council, were from the first "building on a sandy foundation."

It is true that it has hung together, but it is equally true that the proceedings of this august body have at times been simply a disgrace and reproach to the profession, and the examinations at certain times, in certain subjects, and certain interests, a sham and a farce.

I think, sir, the general profession agree with me in these expressions. I do not agree *in toto* with all the Defence Association contend, nor do I justify these questionable acts of which the Medical Council have been guilty; but I do think that, while these acts have received criticism and censure, the individuals are not considered. What has been done by them may be mended in some degree. But are we to expect much improvement under the present regime?

Is it not patent that, from the first to the present, the same men, the same minds hold control, the same individuals give certificates of good con-

duct to each other, the same medical pensioners are on the roll? Why should this continue?

If we, as individuals, cut off the diseased limbs, why should this not apply to bodies corporate? Is it not time to call a halt, have a new deal, a complete change, and would it not be well for the profession to understand the position fairly, and at the next election see that a little rest is secured those so long in their service, and that change may be made as will the better satisfy the profession at large. I wish to state that I am prepared to advocate economy and retrenchment in the Council, always having due regard to efficiency, and if an economic policy were adopted in the financial affairs of the Council, I for one cannot see why steps should not be taken to do away altogether with the annual assessment. Thanking you for the space taken by this letter.

I am, dear sir, yours truly,

P. PALMER BURROWS.

Lindsay, Sept. 20, 1893.

DR. SANGSTER'S LETTER.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—I have to thank you for the insertion of my first letter, and for your excellent and judicious comments thereon. You profess to have limited your editorial retouches to the correction of my faulty orthography. In publishing this, and all future communications of mine, will you kindly leave my spelling just as you find it. Without any wish to disparage your superior erudition, I may be permitted to say that there are reasons—possibly not altogether within your personal knowledge and beneath your comprehension—which appear to me to warrant the omission of the *u* in such words as “honor” and “honorable,” and, further, that I am quite content to let both my orthography and my arguments rest on their merits. Perhaps, too, you will oblige me by avoiding, in future, the occasional elimination and substitution of words in my correspondence. I have no doubt you made these little improvements with the very best intentions—that you were moved thereto by an amiable desire to embellish or to strengthen my style, or to make my meaning clear, but, as a reasonable effort, on the part of my professional confrères, will enable them to comprehend what I am trying to say, I may be

pardoned, perhaps, for preferring my own language. Though my sentences may be uncouth and sadly involved, I would rather express myself thus imperfectly, and painfully, and, with an ungainly limp which is exclusively my own, than progress with ease and rapidity on the most polished crutches your editorial armamentarium can supply. I may add that, as I take the precaution to keep a carefully compared and certified copy of each letter I send to your journal, your very laudable zeal—though possibly untempered with discretion and certainly stimulated by the \$600 annual subsidy—is not likely to find profitable scope for its employment in this direction.

In quite another line of usefulness, however,—that of a literary acrobat—you not only achieve success, but must be nearly or altogether unapproachable. Why descend to the use of vulgar facts, or of hard-fisted arguments, when you can so gracefully demolish an opponent with a few bewildering gyrations on the editorial trapeze? It is no common feat to make a troublesome correspondent say, or, which comes to the same thing, seem to say, the very reverse of what he is trying to say, and, stupidly, thinks he does say. Yet, in a short paragraph or two, you several times accomplish this most difficult and perilous act of literary high-tumbling, apparently with perfect ease and unconcern! Allow me to congratulate you. No one but a really brave man—conscious of his superiority to the restrictions which hamper ordinary mortals in public discussion—would have ventured, while addressing a constituency so severely critical and discriminating as the medical men of this province, to openly pervert, on pages 1 and 2 of his journal, the printed statements contained on pages 13 and 14 of the same issue. Really, Sir, in the presence of such amazing intrepidity and matchless skill, I am lost in admiration and devoured by envy, and, in humble imitation of Alexander of old, can only exclaim “Were I not myself, I would like to be the editor of the ONTARIO MEDICAL JOURNAL.” That courage and freedom from vulgar restraints, which are so indispensable to the important position you fill, you evidently possess in an eminent degree, and I fervently hope that, in your future editorial comments on my letters, you will continue to thus freely challenge the wonder and appreciation of your readers.

It may gratify you to learn that your crushing, though courteous reference to the "bee" in the writer's bonnet has so blunted and demoralized his implement of offence that, if you have not altogether stopped his unpleasant "hum," you have, at all events, reduced him to the condition of a mere *tinnitus aurium*, and made him, henceforth, as stingless and innocuous as a lazy "Blue-bottle." Let this letter testify to the wonderful transformation you have wrought. But for that, instead of filling my stylographic pen with the milk of human kindness, and expending myself in congratulations and respectful compliments, I would, in all probability, have charged it with caustic, or with the venom of scorpions, and would have become sarcastic or tried to say something severe. Unhappily the peculiarities of your position preclude you from claiming all the merit that is justly yours—compel you to share the glory of your finest exploits, not only with your several sleeping associate editors—the "four (nameless) new men put on"—but also with the august body, by the grace and bounty of which, you write and tumble and have your being.

Having thus paid my tribute of praise to the cleverness and good-taste of your recent editorial, I will now, with your permission, proceed to business. In my last letter, I promised to discuss, in your journal, the ethics of the professional tax—the grounds on which I and others refuse to recognize it as an honest debt, and the utter absurdity of the charge, made and reiterated by you and your associates, that in promoting the recent crusade against the Medical Council, we were actuated, merely, or mainly, by a sordid desire to save the money involved in the payment of the annual \$2 assessment. Before attempting to redeem this promise, allow me to say that, in view of the professional elections next spring, and the possibility of the conditional reinstatement of this tax by the elected members of the new Council, these, and kindred points comprehended in their consideration, are of vital interest to all, and their fair and intelligent discussion is a desideratum. The issues involved in our next elections are momentous and far reaching. If the verdict given by the electorate on these, is to possess the character of finality, it must be rendered fairly and intelligently. The pivotal point on which it

will turn, is the question whether the assessment and coercive clauses of the Medical Act shall be restored in a shape permissible by the law as it now stands, or in any shape at all. Now, that fees, if assessed at all, are to be strictly self-assessed, medical men will not be averse to contributing towards the expenses of the Medical Council, provided the whole amount required, beyond its ordinary and legitimate receipts, is assessed equally upon the profession and the educational bodies. But, if I am not greatly mistaken, they will object, with startling unanimity, to any renewal of a scheme which, of the two constituencies concerned, taxes one but allows the other—though the more directly and stringently protected and vitally interested—to go scot free. If there must be an assessment, an equitable adjustment of the burden between the profession and the schools will be imperatively demanded. From our point of view, less than this would be less than what is right and fair, and, if peace and harmony are to be restored to us, they must, this time, rest on rock-bottom justice—if a new pact is to be made between the educational bodies and the medical electorate, both parties, this time, must enter into it with their eyes open. Hence the necessity of ventilating the whole matter either in the public press or in the professional periodicals. You cannot, if you would, prevent the discussion. You may, however, if you are so inclined, retain it largely in your journal and measurably control it. Let me explain on what conditions.

The tone and purpose of your printed articles show the futility of proposing anything like honest and serious journalistic debate with you individually. Your personal, or rather your editorial, gifts and graces—though rare and admirable of their kind—are more calculated to startle than to convince your readers, and neither honor nor solid benefit can accrue from a controversy so essentially one-sided. But behind your editorial chair, the circumstances of the hour have grouped a legion of eager auxiliaries anxious to help. Among these are to be found many able and eminent men—masters of literary fence who, even while fiercely exchanging *carte* and *tierce*, can respect their opponents and thus give evidence that they respect themselves—men who can ride Pegasus with the curb on, who know and can keep within the re-

straints and amenities of reputable journalism—gray-beards, in touch with public sentiment, who know the professional pulse too well to attempt to substitute personal detraction for argument, or literary high-tumbling for sober discussion. Now may I, without thought of offence, suggest the advisability of your accepting the assistance of these men in the present conjuncture, and, for the next few months, placing the preparation of your editorials exclusively in their hands. Possibly you have already taken steps in this direction and the “four new men put on” are of the kind required. If so, let us see the cunning of their handiwork in your next issue. It would be a mistake to take umbrage at my suggestion, for I honestly assure you, it is made in good faith and with good intent. It is dictated by a simple desire to let the profession arrive at the truth. I, and those in sympathy with me, have no more unworthy object in view, than to advance the best interests of medical men and medical education, and to secure the welfare and good government of the profession. Consequently we cannot, and we do not, desire that our contentions shall prevail except to the extent that they are right, and able to withstand honest assault. We are content, therefore, to give you the privilege, if you care to have it, of placing our views before the profession, accompanied with the corrective of such fair and honest editorial comment and refutation, as honorable men may make and submit to. It appears to me, you can afford to accept these conditions. We simply stipulate for just and courteous treatment—for such an elevation in the character and tenor of your editorials as will show that we no longer have to deal merely with men of straw. You have plenty of material behind you. Bring your best men to the front, and put both heart and brain into your management, so that it may be worth any honest man’s while to carry on a controversy in your journal.

On our side there are scores of men who, by position, attainments, influence, and use, are better qualified to champion our cause than I am, but in the absence of an abler pen, mine is at the service of my fellows. It is in no spirit of presumption that I undertake the task. Were it not for my strong and abiding conviction that we propose nothing but what is just and proper, I would not write at all. Believe me, Sir, I am keenly alive to

the disparity of the forces engaged. On the one side yourself, and the “four new men put on,” having unlimited space and plenty of leisure and moved by a lively conviction that the \$600 subsidy is at stake, and, behind you, the whole personnel of the Medical Council struggling to piece together the ragged remnants of its damaged prestige, its salaried officials—with their fat stipends trembling in the balance, and all the learning and ability of the educational bodies, and their dependents and allies, ready to fall to when occasion requires. And on the other side—what? An obscure country doctor, without assistance or advice—occupied in a hard struggle from day to day to win his bread and butter—who can devote to the discussion only an odd hour, here and there painfully snatched from needed rest and sleep, and whom you, yourself, have, by a few masterly touches of your editorial pen, described as a harmless lunatic, a crank with a bee in his bonnet—so hopelessly illiterate that even his orthography is not above reproach.

Now, Sir, you say I dared you to publish my last letter. If you look again you will find that I did the very reverse. I wanted it, as I want this, published in full and without mutilation. I felt then, as I feel now, that if, in view of the fact that you have invited these communications and have grossly misrepresented my statements, you were, on any plea, to refuse the insertion I ask, it would be said that you were afraid of its effect on the profession.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Sept. 9th.

LODGE DOCTORS.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—In your July number I see an article from Dr. MacKinnon, of Guelph, on lodge doctors, and in the same number a reply by Dr. Oronhyatekha, Supreme Chief Ranger of the Independent Order of Foresters.

Dr. MacKinnon’s article is an able and trenchant exposure of the contract system of doctoring. This system of cheap doctoring is not only adopted by the Foresters, but in cities is also adopted by large manufacturing and other companies employing many hands. The remuneration is very inadequate for the services rendered, and the only way the

physician can recoup himself is by securing other patients through the influence of the contract ones. The contract doctor, therefore, does an injustice to himself and an injury to the whole medical profession. When remonstrated with, his reply invariably is, "If I do not do it, another will."

Dr. MacKinnon says the Council ought to stop this practice by legal enactment. This is right. Of late, I have conversed upon this subject with several doctors who have been, and still are, court physicians, and they say, "We hope the Council will stop it; it does not pay us, but if we do not do it, others will." These men are elected, and they know the day is coming when they will certainly be thrown out of office; then they in turn must suffer by this unjust system. If the Council will remedy this evil, they will receive the support of ninety-five per cent. of the profession. They are appointed custodians of our rights, and if they throw themselves into this breach and defend us, they will be upheld and receive the almost united acclaim of the profession.

To-day mechanics, artisans and men of almost every calling are organizing for self-protection, that they may obtain a reasonable recompense for their services, and yet medical men are degrading themselves and their calling by taking patients at a dollar a year, making "hewers of wood and drawers of water," and the veriest slaves of themselves for the benefit of Foresters and others.

Dr. Oronhyatekha says, "The I. O. F. is a fraternal benefit society, which aims to secure for its members certain benefits, among them being *insurance and medical attendance at the lowest possible cost consistent with safety and permanence.*" Every man who is solicited to join the Order has cheap insurance and cheap doctoring held out to him as the two chief inducements. The cheap doctoring comes out of the medical profession, and they, more than any others, are carrying the Order.

Dr. Oronhyatekha says, "No one will deny that the securing of free medical attendance for all our members is a prudent thing to do, so far as the Order is concerned." True; but what about the lodge doctor, who frequently gives as much attendance to one patient in a year as is worth all he gets for the whole lodge? He may well boast that they frequently give "free fuel, free rent and free raiment to their members."

The doctor says, "The competition of the court physician ruins practice," and Dr. Oronhyatekha's rejoinder is: "There is no doubt that it plays havoc with the practice of some physicians, because our court physicians, as a rule, are among the best and most successful practitioners in the country, and their brethren in the Order do not forget to tell this to others." When a doctor joins the Order, he does so, not as a skilful doctor, but as an ordinary member. When he applies for the office of court physician, if legally qualified he is eligible, and it is not the most skilful man, but the most popular man, who is elected. The members recommend him, not because he is skilful, but because he is their court physician. I have nothing to say derogatory of court physicians, but the best men in the country do not accept such positions.

Dr. Oronhyatekha says it is untrue that the members of their Order complain when they employ other than the lodge doctors, and have to pay the ordinary fee. I say it is true in many cases, for I have had Foresters grumble at my charge, when it was moderate, and they wished to gauge it, in a measure, by that of the lodge doctor. Their system gives them a low estimate of the value of the medical man's services.

Dr. MacKinnon suggested that the Council should remove this evil, and Dr. Oronhyatekha says, "Would not the following better meet the worthy doctor's tribulations: 'It is hereby enacted that twenty-five per cent. of the professional income of the young and successful physicians be taken and divided equally among the Rip Van Winkles, whose patients have nearly all been taken away by death or by the young and successful court physicians of I. O. F.'" This is a piece of flippant impudence, and a gratuitous insult to every experienced physician, and a disgrace to Dr. Oronhyatekha. This shaft is aimed at Dr. MacKinnon, but it has fallen far from the mark. He is no Rip Van Winkle, but an energetic, wide-awake man, fully abreast of the times, stands in the vanguard of his profession, and his practice has not been "taken from him by the young and successful court physician of the I. O. F.," for he still holds a large and lucrative practice. He does not divide his time between his profession and the office of Supreme Chief Ranger in the I. O. F. and other offices of inducement in other societies.

Dr. Oronhyatekha's letter is the special pleading of a well-paid advocate. The following is from the Toronto *Empire* of September 9th, 1893:

"The Foresters at the Chicago Convention rendered deserved recognition to their Supreme Chief Ranger, Oronhyatekha, and the Supreme Chief Secretary, John A. Macgillivray, by fixing salaries at the handsome figures of \$8,000 and \$5,000 respectively, coupled with complimentary references to the efficiency of these officers."

I do not know the exact salary Dr. Oronhyatekha receives, but it is large. While he draws this large income, travels in Pullman cars, puts up at palatial hotels, lives on the fat of the land and associates with the princes of the Society, which, in many instances, means the best men in the lands where the Order is established, he is using his utmost endeavours to rivet the chains of slavery upon our profession by perpetuating the system of lodge doctoring. He does not give all his time to the Foresters for this large salary, because he holds other offices in other societies to which salaries are attached.

Yours obediently,

JOHN PHILP.

Listowel Sept. 13th, 1893.

DETECTIVE WASSON'S ANNUAL REPORT.

TORONTO, *June*, 1893.

To the President and Members of the Ontario Medical Council:

GENTLEMEN,—I beg to submit to you my annual report for the year ending June 10th, 1893. In substance, would say that, previous to my appointment as prosecutor for the Province, I was dealing and bringing to justice in Toronto several men calling themselves the "Eminent Physicians and Surgeons," who would arrive in Toronto in the early part of November, 1891. Upon investigation, I found that the man who was head of the whole affair was named John Murray, and that Dr. William Anderson, of Lambton, was the doctor. I had Murray before the Police Magistrate in Toronto for a breach of the Medical Act. I summoned Dr. Anderson, and, in giving evidence on oath, stated that he examined all patients. On the face of that statement the Magistrate dismissed the case against Murray.

After that, they started places of business in London, Hamilton, Kingston and Ottawa. I

started out after them, and found them doing the same business as in Toronto. In Kingston, I laid a charge against a man named Lee, the agent there, who skipped out and broke up the business there. I subsequently heard of a farmer in Orillia who had paid them \$200. I went to Orillia twice, and he came to Toronto with me and laid a charge of fraud against Anderson and Murray. I went to Hamilton, when Anderson broke up the business there and went to London. I then proceeded to Ottawa, taking a man with me. I found Murray there rushing a big business, with another man named Millar. I arrested him then, and laid a charge against Millar, but he skipped to Montreal.

As soon as Murray was arrested, I telegraphed to London to arrest Anderson, when they were both brought to Toronto and taken before the Police Magistrate. The Crown Attorney said, for some unknown reason, that he was going to withdraw the charge, which he did. I had other charges which I intended bringing against them, as I was determined not to let them get a foothold in Ontario. Subsequently Murray and Anderson issued a writ against the farmer and myself for \$20,000.

I then saw M. Pinkerton, of Chicago, who interviewed the Marshal of Illinois, who gave me a statement that Murray's name was Dr. W. H. Hale, with several other aliases, and that he was wanted in several States in the Union, and for me to get him to any part of the States and arrest him. I told Murray to go ahead with his suit. He said he knew that I was determined to follow him, and took all the things he had and left Ontario. Anderson withdrew his suit and paid the costs.

Murray and Millar went to England. I wrote to the Scotland Yard detectives about them. Murray was arrested in Liverpool for fraud, when the authorities wrote to me about his antecedents, which I gave them. He is now serving eighteen months in jail. Millar is at large, but a warrant is out for him. I have still a warrant out for Murray and Millar for a breach of the Medical Act here.

I secured evidence against Dr. Anderson, when his case was investigated by the Discipline Committee in December, 1892. I also got evidence up against Dr. S. E. McCully, which was investi-

gated at the same time. During the year I have secured evidence against eight medical practitioners for unprofessional conduct, which I will submit to you to be dealt with. Some of them have cost me a great deal of time and money, but trust that if an investigation be held as to their character, I will be in a position to produce evidence to sustain my report.

In requesting the Council to investigate any case against a medical practitioner, the application had to be signed by four regular practitioners. I am instructed by Mr. Osler that the charge be laid directly by me, dispensing with the practitioners names.

There has been a number of reports brought to my notice regarding students practising. In most cases where I found that it was so, I went to them and let them know that unless they stopped practising and went to school to study and try the examinations, I certainly would prosecute. I found that, in a number of cases, it had the desired effect, as some have passed, and others who have not, have written that such is the case, and asking that the Registrar recommend any young man who has passed to come and take the practice until they pass.

In the early part of January it was reported to me that a number of American doctors were practising on the Niagara frontier, and would not allow the Canadian doctors on the American. I went up there and interviewed every Canadian doctor, but not one of them could tell of a case that had been treated within a year, in fact, some of the doctors were in favor of the American doctors coming over, and from what I could learn, that one man telephoned to the other side that I was there. I came back to Toronto, and brought two men with me to watch every bridge, but none of them came over, although I got the names of them all from the chief of police. I laid an information against one man, but he has not come to the Canadian side, so that he could be served.

In the Murray, Students' and Niagara cases, there was no revenue derived, but there was quite an outlay. I herewith submit a statement showing amounts rendered and paid out, namely, twenty-three convictions, amounting to \$825.00, and expenditure over \$889.44. This includes legal expenses, the criminal prosecution, and over \$150

paid out in appeal and costs in the Ovens case in Forest.

In a great many cases, to secure a conviction, I informed the presiding magistrate that I had no interest in the fines, but my duty was to prosecute and secure a conviction, and they generally imposed the minimum fine, and in some cases when the evidence was not very strong, the case was dismissed, which was only in two.

I may state that, in Bruce and Kent counties, I have appointed a constable in each as assistants, so that now I have got them well versed in medical work, and when any cases are reported from those districts, I instruct them to prosecute, and in all cases to hire a solicitor, and send me the bill, and if they want me to wire. I have also two men whom I take out in some cases, so that I can send them down east, or use them for evidence.

I desire to draw your attention to the method of prosecuting at present. As I am away from home a good deal of my time. I have to pay a man a regular salary of \$38 a month to look after the building, and as I have to pay all costs of the prosecution, which some months amount to \$100, out of my own pocket, and do not receive it from the treasurer until I put in my bill at the end of the month, it sometimes leaves me in an embarrassed position, as I have to borrow the money until the end of the month. I would kindly request that a certain amount be deposited to my credit, and that I furnish my expense bill monthly to the treasurer, certified to by the Registrar.

Trusting this will meet with your approval, and thanking you, gentlemen, for the support given me in trying to fulfil my duties towards the College of Physicians and Surgeons of Ontario, I shall be pleased to furnish any other information at my disposal. I remain yours,

THOMAS WASSON,

Detective C. P. and S. O.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—As some of my friends have asked me if my hospital was the one advertised for sale in some of the Canadian medical journals, will you kindly permit me to say such is not the case, and oblige,

Yours truly,

HOLFORD WALKER, M.D.

Book Notices.

Gray's Anatomy, New (13th) Edition.—Another edition, the thirteenth, of this standard work is announced for early publication by Messrs. Lea Prothers & Co. It is hardly too much to say that this work has been the most popular of all medical text-books whatever since its first appearance in 1851. Its text has been revised successively by the foremost anatomists of a generation, and the present edition embodies whatever changes were necessary to make it represent its advancing science. The illustrations have always been noted for their clearness. Their large size has rendered it possible to print the names of the parts directly upon them, thereby indicating not only their names, but also their extent—a most important matter. A liberal use of colours has been made to secure additional prominence for certain parts. Notwithstanding these improvements, the constantly increasing demand has justified a reduction in the price of the coloured edition. An early review will appear in these columns.

On Diseases of the Lungs and Pleuræ, including Consumption. By R. DOUGLAS POWELL, M.D., London, Fellow of the Royal College of Physicians, Physician Extraordinary to Her Majesty the Queen, Physician to Middlesex Hospital, Consulting Physician to the Hospital for Consumption and Diseases of the Chest at Brompton. London: H. K. Lewis, 136 Gower St. 8vo. Price 18s.

The well-known publisher, H. K. Lewis, has now in print the fourth edition of this work, with illustrations. The author has, besides his work on the "Diseases of the Lungs," given us three primary chapters on the Anatomy, Physical Examination, and Examination of the Sputum. His table of physical signs is very full and very valuable, his treatment of that part of the subject being very exhaustive. In Chapter III. one only has to read properly to have a first-class idea of how to do all microscopic work in connection with the sputum, and, combined with the plates, we have a decidedly complete view of the subject. The chapter on climates (Chapter XXXV.) is full, but not so valuable to us on this side of the water, as his remarks refer chiefly to continental resorts, although he does mention the high parts in the

Western States as good winter residences. The general treatment of the different diseases is excellent and modern, but we looked for a stronger expression of opinion from such a good man on the use of Depressants, especially Ipecacuanha in hæmoptysis, this drug having been given great praise lately in English circles for its efficiency. The book is a work of six hundred pages, carefully indexed, and well printed on good paper, and is a strong addition to our works on the lungs.

Tooth Extraction: a Manual on the Proper Mode of Extracting Teeth, with a table exhibiting in parallel columns the names of all the teeth, the instruments required for their extraction and the most approved methods of using them. By JOHN GORHAM, M.R.C.S. London; Fellow of the Surgical Society of Guy's Hospital, London. London: H. K. Lewis. 1893. Price, 1s. 6d.

This is the fourth edition of this little work, and will be found of very great service by the dental surgeon, giving in a form brief and ready of reference, the proper instruments to be used for each tooth and the proper modes of their extraction. Brute force has been the too common method. The manual exhibits clearly the better way.

A Chapter on Cholera for Lay Readers: History, Symptoms, Prevention and Treatment of the Disease. By WALTER VOUGHTI, Ph.B., M.D., Medical Director and Physician-in-Charge of the Fire Island Quarantine Station, Port of New York; Fellow of the New York Academy of Medicine, etc. Illustrated with coloured plates and wood engravings. In one small 12mo volume, 110 pages. Price 75 cents net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

A little knowledge is said to be a dangerous thing; but a good deal of information upon a subject derived from a reliable source, and applied in proper channels, is a most valuable acquisition. The little book before us will be found not only interesting but highly instructive to any who may desire to become better acquainted with the subject of "Cholera."

The first part goes into the history, together with the direction and rapidity of travel. This shows a striking contrast now to what it was in the early part of the century, being indeed the difference in

the distance travelled by an express train in a day, and that by foot or by a caravan. A full account of the development and spread of the disease in America is given, from the earliest records up to its appearance in New York in 1892. We are then given a full account of the discovery of the bacillus, a description of its appearance, and an estimate of its vitality in the various media in which it has been discovered.

We should think that portion of the book devoted to the prevention of the disease would be the most useful to the lay reader, for whom the work is principally intended. The last section deals with the various means of disinfection, and a lucid description is given, not only of the manner in which the various solutions may be prepared, but of the way in which they may be used.

Parke, Davis & Co. have just issued, for gratuitous distribution to inquiring physicians, two valuable brochures, one entitled "Acometric Syllabus," and the other, "Biologic Therapeutics."

The first named work embraces forty-two closely printed pages, giving diseases and indications in each, which may be met by the use of diurnules and diurnal tablet triturates. It will be of much interest to practitioners requiring a system of medication involving the most certain remedies in the minutest form.

Under the head of "Biologic Therapeutics," are furnished reprints of the lecture of Hector W. G. Mackenzie, M.A., M.D. (England), on "The Treatment of Myxœdema and other Diseases by the use of certain Organic Extracts," also an illustrated paper by Edward Carmichael, M.D., Edinburgh, on "Cretinism treated by the Hypodermic Injection of Thyroid Extract and by Feeding;" besides excerpts from prominent medical journals upon the use of thyroid gland in therapeutics.

Either or both of these pamphlets will be mailed free to any physician applying to Parke, Davis & Co., Detroit, Michigan.

PAMPHLETS RECEIVED.

Abscess of the Larynx. By PRICE BROWN, M.D., Toronto. From the *New York Medical Record*.

Organic Stricture of the Œsophagus. By PRICE BROWN, M.D., Toronto. Reprinted from the *New York Medical Journal*.

AN EPITOME OF CURRENT MEDICAL LITERATURE.

MEDICINE.

Treatment of Pericarditis by Ice Bag. — The *British Medical Journal* for February 18th, 1893, gives an abstract of an article by Dr. Leeds. He draws attention to the serious consequences, through damage to the cardiac muscle, of the formation of adhesions which too often result in pericarditis after apparent recovery. He pointed out that the present treatment of pericarditis was practically *nil*, or, worse than this, harmful, because very frequently the onset of this disease causes the physician to stop the use of the salicylates.

He has tried the application of the ice bag over the pericardium in such cases with very good results. In his opinion it subjects the adjacent inflammation, relieves cardiac depression, and actually acts as a true cardiac tonic. Of course it should be used with caution, and the patient should not become chilled. The application is generally favoured by the patient.—*Journal of Balneology*.

Caffeine-Chloral in Chronic Constipation.

—Professor Ewald, of Berlin, has made use at the Augusta Hospital of a combination of the two drugs named in the heading. He has found it valuable for the treatment of constipation, when the compound is administered subcutaneously. He has made use of injections of four or five grains dissolved in water, and he has only failed once in thirteen cases of obtaining, as a result, thin stools; in some of these cases the ordinary drugs and free irrigation had been used without avail.

Ewald has also used the compound in a small number of rheumatic cases that had been resistant to the salicylates. In seven out of eight cases the injection of from three to six grains in twenty-four hours has been followed by reduction of pain and swelling in the affected joints. These injections, according to the information given in the Berlin correspondence of *Notes on New Remedies*, are usually not attended by any pain, although in a few cases there was a slight burning sensation at the point of the injection. The well-known, but not

very uniform, laxative action of caffeine appears to be intensified by the presence of chloral in the compound. If this is a fact, it would seem to be contradictory of certain experiments on the lower animals that have been reported as showing that caffeine, in the presence of chloral, is almost wholly masked. Urea and cyanogen, in like manner, are said to be masked when given with chloral. However it may be as to the overmastering agency of chloral with other substances than caffeine, it seems to be an indisputable fact that caffeine-chloral has a therapeutic future before it in the treatment of chronic constipation. --*N. Y. Med. Jour.*, July 22nd, 1893.

The Etiology of Malaria.—The latest addition to our knowledge of the bacteriology of malaria has been contributed by Dr. Julius Mannaberg, in a paper read before the Society of Physicians at Vienna. He divides the micro-organisms connected with malaria into two groups: (1) Parasites with direct sporulation without syzygies; and (2) parasites with direct sporulation and with syzygies. In the first group he places the micro-organisms connected with the quartan and tertian varieties of the disease; in the second, the pigmented and unpigmented organisms found in the blood of patients suffering from quotidian ague, and also those described as occurring in the malignant forms of tertian ague. Dr. Mannaberg had observed the latter variety before Marchiafava and Bignami described them, and corroborates these observers in every detail, both as regards the appearance of the parasites and the nature of the disease produced by them. Dr. Mannaberg further demonstrated by means of special illumination, that the younger forms of all organisms are not found in the corpuscles, as Marchiafava and Celli maintained, but, as Laveran had previously shown, are to be seen adhering to the outside of the red corpuscles. As regards the semilunar bodies in the blood of malarial patients, which have been described by several observers, Dr. Mannaberg states that in forty-three cases of "summer fever" (due to infection by the organisms contained in his second group), he found them thirty-seven times. He considers that these semilunes are formed by the coalition of two to four amœboid bodies, and states that he has been frequently able to demon-

strate the approach of such bodies to each other and the subsequent appearance of a semilune. Dr. Mannaberg opposed Laveran's views that the semilunar bodies were the result of the cachexia produced by malarial poison, for he had never seen them in the blood of patients suffering from the forms of disease produced by organisms of his first group when the ague had lasted for a very considerable period, but had frequently found them within the first few days of the fever in the blood of patients suffering from the more severe forms (second group) of malarial poisoning, but in which cachexia was not marked. Finally, he considers the treatment of malaria by quinine, and maintains that the organisms are destroyed and rendered inert by the action of this drug. --*British Medical Journal*.

Spontaneous Rupture of the Symphysis Pubis During Labour.—Oelschlager (*Centralbl. für Gynakol.*, 1893, No. 24, p. 563) has reported the case of a primipara, twenty years old, in which, with the onset of labour-pains, two eclamptic attacks occurred in quick succession. The lower extremities were edematous, and the urine contained a small amount of albumin. The promontory of the sacrum could be touched with two fingers introduced into the vagina. The head was quite high in the pelvis, and but slowly followed in the grasp of the forceps, a not excessive degree of traction being exercised. As the head began to rotate in the small pelvis, a crack was distinctly heard. Examination disclosed a separation of 1.15 inches in the situation of the symphysis pubis, and the delivery of a living child weighing nine pounds was soon readily effected. On the day following the labour, a leather support was applied to the hips. For two weeks the region of the symphysis was tender upon touch and painful upon movement, but a week later the woman was able to be up and about, although a light degree of separation of the pubic bones persisted. —*Medical Progress*.

Multiloculated Pleural Effusions.—Rudolph (*Centralbl. f. klin. Med.*, June 17th, 1893) draws attention to the practical importance of this form of pleural effusion. The loculi may be quite separate from each other or may communicate. The character of the effusion must depend on the

causation : in empyemata the tubercle bacillus, the streptococcus, the pneumococcus play the chief part. The loculi may even contain different kinds of fluid. The author refers to a case already reported by him (*Epitome*, May 28th, 1892, par. 408). He now records a second case, in which the patient had an empyema on the left side. After 750 c.cm. of pus had been evacuated, the physical signs over the præcordium remained unchanged. At the necropsy, in addition to a purulent pericarditis and an endocarditis, another empyema was found between the mediastinal pleura and the lung, a situation which the author thinks a frequent one for the second empyema. In the third and fourth cases there was a serous effusion in patients with early phthisis, and it was only when the second loculus was tapped that the physical signs cleared up. Want of correspondence between the amount of fluid and the extent of the dullness is an important sign. Thus the fluid should be measured, and the chest examined after the evacuation. The persistence of fever in the absence of other cause for it should suggest a second loculus. The prognosis depends on the primary disease, and on the recognition of the condition. If the effusions are serous and small, the salicylates are useful. Tapping may be required. If the effusion is purulent, the chest must be incised, and, according to the author, a piece of rib removed. If the second loculus cannot be opened through the first, it also must be opened from without.—*British Medical Journal*.

Phenacetine for Urinary Troubles in Advanced Life.—Dr. Traill Greene (*University Med. Magazine*) says the majority of such troubles present symptoms of excess of uric acid or urates in the urine, and the subjects probably suffer from rheumatism or gout, and acquire the habit of too frequent urination. In many cases there may be an irritability of the bladder.

During the past year the writer attended a patient for whom he had prescribed for a year or two for frequency of passing urine. While under treatment of another affection, he had occasion to prescribe a dose of phenacetine and was glad to learn the following morning that the patient had passed the night without a call to pass his water. The medicine was continued in doses of ten grains

for several nights, and rest for eight hours, from 10 p.m. till 6 a.m., was produced. The patient did well until the summer vegetables and fruit, like tomatoes, were eaten, when night troubles from frequent urination returned. Phenacetine was prescribed, with immediate relief. The particulars of another similar case are also given.

Phenacetine may be recommended, if for no other reason than that it allows the bladder to be distended for eight hours, and so prevents the reduction of the capacity of the bladder, as is known to occur when the urine is discharged as soon as two or three ounces collect in it ; so that the organ must be distended by injections of water to restore it to its usual capacity, in order to relieve the sufferings of such as have a bladder contracted by frequent urination.

As to the action of phenacetine, it is possible that the bladder is irritated by the urates, and this is allayed by his medicine, similarly as it acts in rheumatism and neuralgia. The quantity of urine is not diminished, as far as has been observed.—*Med. Times*.

Immunity in Diphtheria.—The experiments which Behring, in the Institution for Infectious Diseases, and Aronson, in the Laboratory of the Agricultural College, Berlin, are conducting with the object of providing a serum, or a product from serum, which can be used in convenient doses for the treatment of diphtheria, have been attended with a very considerable degree of success ; but it appears that there are great difficulties in raising the degree of immunity sufficiently high and at the same time preserving the animals in health. There can, however, be little doubt that sooner or later the zeal and talent of these experimenters, or some of their fellow-workers in the same field, will be rewarded, and that we shall have, in a convenient and reliable form, a specific remedy against one of the most fatal diseases.—*Medical Record*.

Two Cases of Cocaine Susceptibility.—No. 1. Young man, florid, stoutly built, healthy and robust, farmer. Operation for stricture of lachrymal duct. Had used about one-half of the contents of small dropper, which held about thirty-five drops of four per cent. cocaine solution. While waiting a moment, attention was called to the

patient by his drawing a deep, sighing respiration, then falling to the floor in a dead faint. Gave half a glass of whiskey, and in a few moments he recovered, but was in a dazed condition for half an hour.

No. 2. Young lady, actress, delicate, anæmic-looking girl, suffering from an attack of acute tonsillitis. Sprayed about fifteen drops of a two per cent. solution on tonsils and pharynx, preparatory to the application of a thirty grain solution of nitrate of silver to the tonsils. Patient immediately suffered great distress, evinced by difficulty of breathing, and said she felt that she was "smothering to death." Gave her glass of sherry, and made application to tonsils.

She appeared to get all right: but, upon walking to waiting room, fell in a faint. Gave another glass of sherry, bathed face with ice water, and in a few moments she recovered sufficiently to go home, but was quite ill and nervous for eight or ten hours afterwards.—GEO. BROWN, *The Atlanta Med. and Surg. Jour.*

Chlorobrom in Sea-Sickness.—"I have no hesitation in pronouncing it the most satisfactory remedy yet produced for the treatment of sea-sickness. In those cases particularly where the patients, though not suddenly and violently sick, were in a state of chronic misery with headache, nausea, great depression, sleeplessness, and no appetite (a condition frequently dangerous in delicate people undergoing a long voyage), I have found chlorobrom, properly administered, most valuable; as a rule the nervous symptoms disappear, and the patients never fail to gain refreshing sleep and generally make a rapid recovery. Its ease of administration, safety and complete absence of objectionable after symptoms are points of great importance. I have also found the solution exceedingly useful in many cases of insomnia and nervous derangements."—DR. LEDINGHAM, *Lancet.*

A Case of Mastitis in a Child of Four Months.—The following case seems worth recording, because, although mastitis during the first few weeks of life is common, its occurrence at a later period of infancy is certainly very rare.

Cecilia C., aged four months, was brought to the New Town Dispensary on December 29th, 1891,

on account of swelling of both breasts. She was the youngest of a healthy family of eight, and both her parents were very robust. She had always enjoyed perfectly good health with the exception of a slight feverish attack about a month ago, which her mother thought was influenza. No swelling of her breasts was ever noticed till eight days before I saw her, and no injury was known to have occurred.

She was a remarkably well-grown and well-nourished baby, with nothing abnormal about her except the condition of her breasts, both of which were visibly enlarged. The right breast seemed, on palpation, to be about the size of a bean, and was soft and painless. The left breast was much enlarged and fluctuating; it measured one and a quarter inches in diameter, and was about three-quarters of an inch in thickness; the skin over it was reddened and very tender.

On December 31st the left breast was incised and two drachms of sweet pus evacuated. It healed in a few days. Both breasts remained enlarged for some weeks. On January 19th they were still each the size of a large pea. By Feb. 2nd, 1892, all swelling had disappeared.—JOHN THOMSON, M.D., F.R.C.P. Ed., *Archives of Pediatrics.*

Use of the Analgetic Antithermics.—I or migraine: antipyrine is to be preferred (fifteen grains to one drachm a day in capsules or in grog).

For lightning pains, due to locomotor ataxia, compression, and bad teeth: Acetanilid, seven grains, three times within twenty-four hours.

For neuralgia: Exalgin, four grains in the morning and in the evening.

For nervous pains: Phenacetin, fifteen to forty-five grains within twenty-four hours.—DUJARDIN-BEAUMETZ, *Times and Register.*

Gastric Neurasthenia.—As late as 1878 Leube concluded that many disturbances, found especially in women, which heretofore were called catarrh, are truly of nervous origin, and to substantiate his contention, he gave the ordinary test breakfast, and after digestion began he examined the contents and found that in many of these cases digestion proceeded and continued perfectly normal. Yet, accompanying this act, certain symptoms developed, as headache, dizziness, palpi-

tation, and others referable to the digestive tract, such as belching, eructations, yawning, hiccough, gaping, griping, etc. Leube argued that there must either be a poison generated and absorbed, or the nerves of the stomach must be hyperæsthetic.

As the disturbances began almost immediately food was taken he concluded, rightly enough, that the poison theory was untenable and that hyper-sensibility was the only sensible explanation.

It is somewhat difficult to understand that these disturbances, coming often without any apparent cause, should affect the stomach, but few, if any, have a perfectly balanced nervous system, and vulnerable points are to be found if sought in every individual—points that respond too fully or too feebly. No resistance, no inhibitory power,—nerve storms sweep over them like the wind over the high seas. Weak by nature, weakened perhaps by excesses, what wonder that the stomach may, like other organs, call to us aloud. To-day it is admitted by all who have studied gastric diseases, that there exists a well-marked neurasthenia which admits of classification according to the function disturbed—so that we may distinguish motor, sensory, secretory, and perhaps vaso-motor disturbances, the latter because it is possible theoretically, though no cases have been reported so far as I know, and would no doubt be very difficult to diagnose, unless cases which are characterized by great faintness and pallor be put in this class.

It is first always necessary to determine whether the case belongs to the irritative or depressant form of neurosis, also how far the general bodily health needs toning up. In the irritative forms, shown by pain, vomiting, etc., opium and its alkaloids are our sheet-anchors, belladonna, hyoscyamus, chloral and other sedatives acting sometimes very well.

Washing out the stomach, as first recommended at Kussmoul's clinic, often relieves when everything else fails, and it is advisable, in all cases that resist for any length of time the influence of drugs, to try the washing.

Change of air very often does well; going from a low to a higher altitude and *vice versa*, or from a warm to a cooler climate: sea voyages, sea bathing: changes of occupation, as from a sedentary to active life.

In the depressant forms, stimulants and forced feeding. Forced feeding must very often be done

by means of a tube, as the patient frequently loathes the sight of food. In such cases gavage, as recommended by Dujardin Beaumetz, is the best method. This is carried out by means of a short rubber tube reaching down the œsophagus to a point opposite the cricoid cartilage. Food should be liquid, and introduced slowly to prevent vomiting. The amount of food *per diem* for an adult varies within wide limits, but it is always best to begin with a good deal and await developments. Wiessner recommends 100 grammes of albumin, 150 grammes of fat and 300 grammes of carbohydrates. This is represented by two quarts milk, two ounces butter, six eggs, and three and a half ounces sugar. Feeding as a rule has not to be continued very long, for when patients find that digestion proceeds regularly they get encouraged and begin to eat of their own accord.

The argument first used and still used against forced feeding for weak stomachs seems hard to answer. But as a weak heart, weak lungs, weak muscles are aided and strengthened by exercise, why cannot the same argument apply to the stomach?

Experience has proven that from forced feeding, and it alone, can we expect to get good results in the depressant forms. In the irritative forms, such as vomitus nervosa, forced feeding by the stomach is almost a fatal error, and we must rely on sedatives and enemata; so that care must be taken in diagnosis.

Each group of cases has its own peculiarities, and must be treated accordingly, and the physician who sticks to the one rut and changes not will often meet with failure. It is in neurotic patients that individual idiosyncrasies must be studied and treated. Patience, firmness and tact in the physician are most essential attributes in dealing with these cases.—GUNN, *Montreal Med. Jour.*

Lectures on the Conduct of Medical Life. (By S Weir Mitchell, M.D., LL.D.)—A soldier was asked in my presence what was, in warfare, the most interesting thing. He said, "Recruits going into their first battle." What he thought as to the young soldier I feel whenever it is my lot to see a mass of men about to turn from the training of the schools and to face the grim realities of the physician's life.

Here before me are some hundreds of men in the morning of existence. Where will the noon-day find you? And the evening hour, when labour is over, and, looking back, the conscience, undisturbed by new ambitions, shall make up the ledger of a life—will it leave you weighted with the debts of wasted chances, or rich with the honest interest of accumulated character? That the veteran, like myself, should look with a certain sad curiosity at a group of young soldiers is not strange. Here are men of varied individuality, of unequal fortunes, of every condition of life—some for whom all their ways have been thus far made easy, some for whom life has been always hard. Here, at least, within these walls you have all had equality of opportunity. Let me hopefully presuppose you one and all to have used with diligence the precious years of training. You have thought, of course, of what you want to win. You vaguely call it success—success in life. That may mean many things you did not want or expect. You will fail where you least look for failure. You will win what you never dreamed of getting.

I shall try to remember only that you are all to be of the great army of medicine. First of all, I own for you the wish that in this vast organized body you shall take honest pride. Through it you will earn your bread, and, I trust, much beside a mere living. That you may correctly estimate its splendid history, that you may fitly comprehend the opportunities it gives, let us look a little broadly for a time at some of its virtues and some of its values. I could wish that you were really taught something of the wonderful history of medicine. I have myself ancestral pride in the splendour of its conquests, the courage and heroism of its myriad dead. I am fond of saying it is a guild, a fellowship, a brotherhood, older than civilization. It had a creed of moral life antique when Christ was born. No other organization is like it. Customs, code and creed separate the lawyer and clergyman of different lands, but we in all lands hold the same views, abide by the same moral law, have like ideas of duty and conduct. From Japan to London you may claim medical aid for self or wife or child, and find none willing to take a fee. There is something fine and gracious in this idea.

I once asked the care of a physician I never saw or heard of before in a German town. As I was

about to pay him a card dropped from my pocket-book. He glanced at it, and said, "But you are a doctor; I can take nothing—nothing." I remonstrated in vain. "No," he said, "you will make it up to some other doctor." I believe that I have paid this debt and other like debts with interest. I hear now and then of men who break this beautiful rule which makes professional service given by one physician to another a friendly debt for which the whole brotherhood holds itself responsible. Doctors are said to differ, but these bonds of union and generous amity are mysteriously strong. Try to keep them so, and when you serve medical men go about it as if they were laymen. Put away all thought of wasted time, of the commercial values of what you give. The little biscuit you cast on the waters will come back a cheerful loaf. I consider it a glad privilege to help thus my brothers in medicine, and let me assure you few are more heavily taxed than I.

And there is another privilege your profession brings. From the time you graduate until you cease to work, whether in town or country, hospital or wretched homes, the poor will claim from you help in time of sickness. They will do it, too, with tranquil certainty of gracious service on your part.

The greatest of moralists has said, "The poor ye have always with ye." I think He meant to speak of the poor as representing opportunities for self-sacrifice never absent. Of a certainty it applies to us. The poor we have always with us—the sick poor.

On every Friday I conduct the clinical out-service at the Infirmary for Nervous Disease. I never go through these long and tiresome hours of intense attention without feeling that it is needful to put some stress on myself that I be not negligent or hasty, vexed or impatient, or fail as to some of the yet finer qualities of social conduct. I want you also to feel that such self-watchfulness is needed. These early years among the poor, or the class of uncertain debtors, are apt to make some men rude, and uncared, and ill-tempered. Most honestly do I say that such work is what I may call an acute test of character.

A part of your life-work consists in giving of your best to those who cannot pay. A part consists in work for honest wages. I think you happy in that

our work is not altogether paid labour, and not wholly work without pay. In both are chances which, rightly used, make the good better, the wise wiser; and there are many sides to it all.

I do not like to leave this subject without a living illustration. It is strange and interesting to see what our life does with different kinds of men

I once went through a hospital ward in France watching the work of a great clinical teacher, long gray in the service of the sick. It was as pretty and gracious a thing as one could see. The examinations were swift, the questions few and ready. Clearly, he liked his work. A kindly word fell now and then; faces lit up as he came near. Now and then he answered a patient gravely and simply where there was real reason to do so, and twice I observed that when he did this he sat down, as if in no haste—a nice trait of gentle manners. It was a ward of women, and he was very modest—a too rare thing in French hospitals in my student days. When he went away his interne told me that he had been very sharp with him for a piece of neglect, “but,” said the doctor, “he never says a word of blame at the bedside.” In fact, this great physician was a gentleman—a much abused word—but think what that may fully mean; a man in the highest sense of manhood—so gentle (good old English word) that every little or large act of duty or social conduct is made gracious and beautiful because of the way of doing it.

I saw a week later a great French surgeon in his clinic of women. The man was as swift and as skilful as could be. He was also ill-tempered, profane, abrupt, and brutally immodest—a strong, rough, coarse machine; and this was what the medical life had done with two men. With less intellect this rude nature must have altogether failed of success in life. He did not fail being a man of overwhelming force and really admirable mental organization; and so when you read of Abernethy's roughness and the like, pray understand that such great men as he win despite bad manners, and not because of them. There is no place where good breeding and social tact—in a word, habitual good manners—are so much in place as at the bedside or in the ward. When Sir Henry Sidney wrote a letter of advice to his son—the greater Sidney, Sir Philip—he said, “Have good manners for men of

all ranks; there is no coin which buyeth so much at small cost.”

A clever woman of the world once said to me: “I sent for Dr. A. yesterday, and by mistake the servant left the message with Dr. B. He came at once, and really he was so well-mannered and pleasant that I quite forgot what a fool he is.”

I know men who have had large success in practice chiefly because of their gentleness and sweetness in all the relations of life. I know of far more able men who have found life hard and the winning of practice difficult simply because they lacked good manners or wanted tact. We began about the poor, and here we are discussing manners. I had not meant to say of it so much, but, on the whole, I am not sorry. Pray remember, finally, that neatness of dress and the extreme of personal cleanliness are, shall I say, a sort of physical good manners, and now-a-days the last words of science are enforcing these as essential to surgical success.

There is a wise proverb of the east, “He who holds his tongue for a minute is wise with the wisdom of all time.” I am fond of proverbs, and this is full of meaning, for really to refrain from instant speech when irritated is victory. An hour later you are sure to be silent enough. The temptation to speech is momentary. Above all, try not to talk of your patients—even with doctors. It is usually a bore to be told of cases and we only stand it because we expect our own boring to be, in turn, endured. But my ideal doctor who reads, thinks, and has a hobby will not need to gossip about patients. He will have, I trust, nobler subjects of conversation. When I hear a young man talk cases or read them in societies with heavy detail of unimportant symptoms I feel like saying of him, as was once said in my presence of one who amply justified the prediction, “That man has a remarkably fine foundation for dulness in after life.”

The methods of note-taking you are well taught, and, too, I hope, the best ways of examining your cases. As to this, circumstances must guide you. A patient is often a bad witness, and one man gets at the truth of his case—another does not.

As to acute cases, it is immensely valuable to learn through concentration of attention to be rapid without omissions. Dr. Edward Dalton is quoted as saying to his class, “After careful and repeated auscultation, percussion, palpation, and even suc-

cussion of your patient for twenty minutes, *you* may not be very tired. *He* is."

As you go on in practice you will get to be fond of certain drugs.

Be a little careful of this habit, which has its reasonable side. Even the best of us fall into this therapeutic trap. I once met in consultation the late Prof. Blank, a delightful and most able physician. As I came out of the house I fell upon his son, also a doctor. "Ah!" he said, "you have been meeting my father; I am sure he advised Plumer's pills"—an old mercurial preparation. It was true.

As I watch the better medical practice, I see a tendency to rely less upon mere drugs, and more and more sharply to question their value.

The true middle course is to be sceptical as to new drugs, and to test them over and over before being mentally satisfied. Nor is it well to run into the extreme, which in our civil war caused an order forbidding the use of calomel because of the folly and indiscretion with which a few men had used it. After all, one of the most difficult things in ours, the most inexact of sciences, is to be sure of the value of a drug. When studying the poison of serpents, I found the most positive printed evidence of the certain value of at least forty antidotes. Not one of them was worth the slightest consideration. Such a fact as this makes one careful of crediting the endless cures to be read in the journals.

When you come to read over the works of the great masters, dead or living, and to see how Sydenham or Rush, Cardan or Bright, did their work, you will be struck, as I have been, with the great stress laid upon habits of living—what shall be eaten, diets, exercise, clothing, hours of work and rest. Curiously enough, these dicta are more often found in their records of cases than as positive theses; a proof that, in his practical work, a man may be better and wiser than in his generalizations. When, therefore, you come to deal with chronic conditions, be sure to learn all there is to learn as to the ways of men, their diet, clothing, sleep, work, play, wine and tobacco. I like to make a man describe to me, with minute care, his average day. Then I consider, usually, how much of what is clearly wrong may be set right by a life on schedule. After that comes the considerate use of drugs.

The desire for drugs is a remainder from barbar-

ous times. It is much in the way of what I call natural medicine. *Do* this and do *not* do that might cover a large amount of useful treatment if men would but consider the doctor as a wise despot to be implicitly obeyed. But just here I wish to add that the very men who are most chary as to drugs are those who, at times, win splendid therapeutic victories by excessive diets, or heroic use of powerful medicines.

Much nonsense is talked about the injurious influence of drugs until, in the very word drug, there is a malignant sound. Men used to be over-bleed or salivated. This does not occur now-a-days. And if I asked your whole faculty how many people they have seen permanently injured by mere medication, I fancy they might be puzzled to bring to mind illustrations of such mischief. The belief is another survival of conclusions founded on premises which perished long ago.

Men in our profession fail more often owing to want of care in investigating cases than for lack of mental power. One man looks at the urine carefully once and decides; another looks once at the night and morning water and concludes; a third asks that there be made no change in diet or habits for a week, and examines the urine over and over, both the night and morning secretion. Of course, this is the only right way. Troublesome? Yes, very! If you do not want to practise medicine as it ought to be practised, better far to get some business which will permit of indolent intellectualism.

A friend of mine had a consultation in the country as to a case of great importance. The attendant fell ill and could not meet him. My friend went over the case with care. It was one of persistent headache. He took home urine of the night and morning, and wrote word that the patient had uræmic intoxication. The attendant said "No"; that neither casts nor albumen were in the urine which he had thrice examined. At last, puzzled, my friend asked if he had studied the night urine. He said "No." And here was the mischief.

I saw to-day a woman of wealth and social importance who, for years, suffered cruelly from headache. Now, as it always began after an hour of very acid vomiting, a dozen of the ablest men in Europe and America, who were led off by the vomiting, failed to take in the whole possibilities,

and did not question the eyes. But a little country doctor did, and a tendon or two clipped put that woman back in a state of health. I was one of those who made the mistake, and yet I have written, was perhaps the first to write, on the eye as a cause of headaches of varied type. But to be constantly complete and exact in all examinations is, I admit, hard; nevertheless in that way lies success.

And the like axiom applies to treatment. You are taught in acute disease to write your directions and to leave no possibility of change unprovided for. And the acutely ill are prisoners of our will. But how many men think it needful to write out a schedule of life, medicine, diet, exercise, rest for cases of chronic disorder—I do not say disease. I never tire of urging that in attention to minutiae lies the most certain success. A large practice is self-destructive. I mean that no over-busy man can continue to give always, unflinching, the kind of care patients ought to have. But that is, as I said in my first lecture, a question of enduring energy, and of the firmly made habit of dissatisfaction with the incomplete. If medicine consisted only in mere intellectual endeavour; if to see, hear, feel, weigh, measure, in a word, know all there is to know of a case, were really all; if, then, we only had to say do this or that, one's life might be sufficiently easy.

In time of peril, or under stress of pain, any one and always the great consultant, can secure absolute obedience. In the daily current of practice, fancy and unbelief, indolence, prejudice and what-not, stand in our way. Busy men, indulged children, hysterical women are your worst difficulties. Then come into play the moral qualities which, in union with educated intellect, make for the triumphs of the great healers of their kind. Are you gentle and yet firm? Have you the power of statement, which is so priceless a gift, the capacity to make the weak, the silly, the obstinate feel as you speak that your earnestness rests on foundations of kindness, and of thoughtful investigation of their needs? Can you, in a word, make people do what you want? Have you the patience to wait untroubled by the follies of the sick, to bide the hour when you can carry your point? Have you the art to convince the mother that the sick child is the last of all who should be left to the misery of self-indulgence? Can you sit by the

bedside and gently satisfy some hysterical fool of her capacity to take up anew the reins of self-government? It demands earnestness. It means honest beliefs. It exacts such rule over your own temper: such good manners as few possess in their highest degrees of quality and quantity. Above all, it means that dislike of defeat which makes the great soldier.

A fine thing in our profession that mere hatred of defeat. As I came once out of a consultation with Prof. Gross, he said: "Don't you hate it, sir?" "Hate it: what?" I said. "Hate what?" "Oh, to spend a life like yours or mine, and be beaten—puzzled—licked, sir—by a miserable lump in a woman's breast." I always liked what General Sheridan said to me years ago. I asked how he accounted for his constant success in war. He hesitated, and then replied: "It was because I did so hate to be licked." No matter whence comes this feeling, it is valuable. Cherish it: never lose it. Find reason for disaster, but learn to loathe the result. I never see a death or a grave failure to cure that I am not personally hurt by it. I say, then, "A century hence this will be otherwise," for as I am proud of the past of this great guild, so am I full of glad hope for its future, when it shall have learned the conquest of cancer and tubercle.

I have come again half unexpectedly, as I draw to a close, upon this grave question of the moral qualities needed for the noblest success in medicine. It would lead me, and easily, to talk of the code, of your relations to the secrets of households, to the criminal law as to witnesses, of insurance cases, and the like: but all of this I must leave unsaid, and reject the pages in which I had said something of the ethics of our profession.

You have chosen a life inexorably hard in what it asks of soul and mind and body; but be that as it may, you have taken upon you, I surely think, the most entirely satisfactory of earthly pursuits. I have seen much of men and their ways, but nothing I have seen entitles me to think there is any truer, better way of serving God and man, and in this service making yourself what you ought to be.—*From Univ. Medical Magazine.*

The urethritis caused by bicycles bears a close family resemblance to gonorrhœas contracted in water-closets or bad beds.—*Medical Fortnightly.*

SURGERY.

Appendicitis.—N. P. Dandridge writing in the *Lancet-Clinic*, concludes his article by presenting the following conclusions :

1. A considerable number of mild cases may be left to medical treatment.
2. Persistency of symptoms or severity of onset indicate the necessity for operation.
3. If pus is found in an acute case, a limited search for the appendix only is permissible.
4. Chronic cases should be operated on during an attack if necessary, but an operation during an interval is safer.
5. In cases with heavy masses of exudation and adhesions if pus is present, tearing up the adhesions involves great danger of peritoneal infection ; if not present, search for the appendix should be prolonged until it is found.

Poulticing the Ear.—Dr. Albert H. Buck, writing in the *International Medical Magazine*, says that while heat is one of the best remedies in painful inflammation of the middle ear, and the poultice the best method of applying heat ; as usually put on, the poultice has little effect.

What should be done, he says, is to first fill the external auditory canal with lukewarm water, the head resting on the unaffected side upon the pillow. Then a large flaxseed poultice is applied over the ear, as hot as can be borne. The column of water is thus kept warm, and acts as a conductor between the poultice and the inflamed surface.—*Medical Record*.

To Get Rid of the Odour of Iodoform.—Dr. W. Washburn, of this city, writes, *apropos* of a recent item on the deodorizing of iodoform : "In the *Medical Summary* for June, 1893, an article by myself gives an easier and more convenient method. It is there stated that both ether and chloroform are solvents of iodoform, and will remove every trace of it and its odour if the hands are washed with a trifle after washing with soap and water. The hands have a peculiarly clean feeling after using chloroform, dry instantly and require no further washing. As nearly every physician carries ether or chloroform in his satchel, and as turpentine would be an additional burden, there is

this also in favour of these drugs, they are always at hand. When clothing has been saturated with iodoform, the proper thing is to first apply chloroform to the spot and rub it in, then wash with castile soap and water, and finally apply chloroform—or ether will do as well if chloroform is not at hand. Any seams coming within the space to be cleaned will require careful attention, just as the nails will if the hands are to be deodorized. The proper way for the nails, is to dip a bit of soft wood (a match whittled flat is handy and efficient) in chloroform, and with this clean under the nails. I have derived great comfort from applying this method in daily practice."—*N. Y. Med. Record*.

Trigger-Finger in a Child of Seventeen Months Dr. Von Genser. (*Wiener klin. Wochen. schr.*)—In a boy seventeen months old, Von Genser found that the ring finger of the right hand when bent could not be straightened without some force, the resistance apparently lying in the first interphalangeal joint, motion not being painful. The mother noticed it soon after birth, and the condition, therefore, is apparently congenital. He could find only two cases in the literature of the subject at so early an age—one being in a girl five and a half years old, the other in a three-months-old boy, both being congenital and affecting the middle finger.—*International Medical Magazine*.

Guaiacol in the Treatment of Bone Tuberculosis.—Griffith (*American Surgery and Gynecology*, vol. iii., No. 9) states that :

Guaiacol, where used locally or internally, is a powerful antiseptic in tuberculosis.

Tuberculous patients to whom guaiacol is given internally show marked increase in weight, strength, and appetite, if the use of the drug is continued long enough.

The exhibition of guaiacol in joint or bone tuberculosis should be continued through a long period of time.

Guaiacol, unlike its close relation, creosote, is non-irritating to the stomach, and is well borne for a long period.

Lastly, guaiacol is a great aid to the surgeon in the treatment of all forms of tuberculosis of joints or bone.—*Therapeutic Gazette*.

Treatment of Comedones.—Dr. H. von Hebra (*Hospitals-Tidende*, No. 11, 1893) prescribes the two following solutions in the treatment of blackheads:

1. R Rose water, }
 Alcohol, } aa. gms. 10
 Glycerine, }
 (ʒijss).
 Borax. gms. 5
 (ʒj¼).

Shake before using.

2. R Green soap. gms. 40
 (ʒj¼).
 Spir. lavender. gms. 10
 (ʒijss).
 Alcohol. gms. 80
 (ʒijss).

Every morning wash the skin with No. 1, and then rub in No. 2. Then wash off with warm water.—*Lancet-Clinic*.

For Impotence.—The following case illustrates a method suggested by Dr. King in the *Boston Med. and Surg. Journal* to remedy a condition which usually plunges those subject to it into the most deplorable state of mental suffering.

Mr. M., aged thirty-five, a labourer of powerful physique, came to me about a year ago with the following history: For several years he had been losing the power of maintaining an erection, during the past year its duration having been so short that sexual intercourse had been rendered impossible. There was a loss of sexual desire and great mental depression. Excessive use or abuse was the cause of this condition.

I gave all possible encouragement to the patient; advised total abstinence from sexual intercourse, cold baths (especially to the spine and external genitals); prescribed bromides, cannabis indica, cantharides, damiana, phosphorus and salts containing it; pushed strychnine as far as it could be borne; gave various tonics; used electricity; and, in short, tried everything which offered any hope of success, but all to no effect so far as producing any stronger erection was concerned.

Careful study of the case convinced me that the immediate cause of the trouble was a physical one, due to a leakage, as it were, or to a too rapid escape of blood from the penis when erected. I therefore determined to ligate a couple of the

larger subcutaneous veins at the base of the penis and watch the effect.

This was very easily done by the use of cocaine. A vein on each side of the penis was exposed, ligated in two places and severed between the ligatures. A dressing was lightly applied and held in position by a strip of adhesive plaster placed longitudinally. The result was immediate. In less than five minutes after leaving my office he had an erection. That night he was awakened by a powerful erection which made the bandage so painfully tight that he was obliged to jump out of bed upon the cold floor to subdue it. Primary union was prevented by the frequent erections, but the success of the operation was certain.

Two months later he reported himself well, mentally and physically; his sexual appetite had returned, and since the operation, his power of maintaining erections had been as good as ever.—*Maryland Med. Journal*.

Treatment For Sprain.—In the *International Medical Magazine*, July, Dr. Gibney draws attention thus to a method advocated by Mr. Cotterill, London. He says: Physicians often talk in a vague way about ruptured ligaments in sprains, but as a rule the ligaments are not ruptured. What really happens is, that the tendons and the capsule of the joint are strained. When such an accident occurs, there is ecchymosis and swelling, the fluid in the sheath of the tendon becomes increased, and we have all the usual signs of acute sprain. After you have excluded fracture and dislocation, proceed to treat the sprain properly in the following simple manner: Put the injured foot on an inclined plane, or tell the patient to lie with the foot upon the head of a sofa for some time, while some one carefully and patiently rubs the injured tendon. After a few hours of rest, straps of adhesive plaster should be applied like a Scultetus bandage, beginning below the seat of injury and continuing up two or three inches above the injured area. Over this a piece of cheese-cloth is applied for the first night, and a light bandage. As soon as the bandage is applied, let the patient put on the shoe and insist on his beginning to walk in your presence. After the first few efforts it will be comparatively easy. Never allow these patients to use crutches, and never be guilty of using plaster

of Paris or a fixed dressing. If the toes show a tendency to swell, they should be strapped first. After about a week, fresh plaster should be put on. I first adopted this treatment five or six years ago, and I have treated sprains that way ever since, and have never felt that I have made a mistake in so doing. Quite recently I have treated chronic sprains by giving the patient ether, and producing a condition simulating an acute sprain, and so far with fairly good results.—*Maryland Med. Journal.*

Surgical Cases of Tuberculosis and Treatments by Phosphate of Copper.—M. Lenton recommended the salts of copper in the treatment of tuberculosis in general in 1885. M. de Saint Germain has again brought the treatment to attention. It is principally in tuberculosis of the joints that it has been employed. The preparation is:

1. Phosphate of soda in crystals, 5 gr.
Glycerine and water (equal parts) 60 gr.
2. Acetate of copper, 1 gr.
Glycerine and water, 40 gr.

Mix the two solutions without filtering.

Injections are made in doses of one gramme at intervals of two weeks. The injections provoke a fever which lasts from one to three days. They may be given in any part of the body, but deep injection behind the great trochanter is recommended. Nine cases are reported treated by the method. As yet, there have been no recurrences of the disease, and as the remedy seems entirely devoid of danger, it seems worthy of a more extended trial. ERNEST LUTON, *Mal. de l' Enf.*

Radical Cure of Inguinal Hernia in Children.—It is generally considered that an operation for the cure is more grave below the age of five years. With careful dressings, however, the wound may be sufficiently protected, and the author has operated upon four children of less than five years of age without experiencing the least difficulties. In congenital hernia there is sometimes a retro-peritoneal or pro-peritoneal dilatation. This author has met this four times in adults. This offers an anatomical cause for the lack of success of a bandage. The necessity of wearing a bandage day and night for several years, and the great amount of

attention which it requires are strong arguments against it. With a child over three years of age the operative treatment is to be advised.—BROCA, *Mal. de l' Enf.*

MIDWIFERY.

Birth in the Coffin.—The *Medical Press* quotes the following singular case from a German exchange: "The patient, aged thirty-five, was attended in labour by a midwife on the 19th of June. The same evening at 7 p. m., the woman died undelivered. The funeral took place three days later. On the 5th of the following July the body was disinterred on account of an accusation of malpractice made against the midwife. On opening the coffin there was found, 'between the thighs of the corpse, the body of a male child.' There was also 'total eversion of the uterus, together with the vagina.' It is supposed that the decomposing gases in the abdomen of the corpse were sufficient to cause the expulsion of a normally presenting foetus."—*N. Y. Medical Record*, July 26, 1893.

Brasseur on a Case of Conception During the Puerperal Period.—The writer quotes a case (already published in the *Centralbl. für Gynaecol.*) of a woman aged twenty-two who was delivered on July 4, 1892, of her first child. July 8th she practised coitus and was again delivered March 10, 1893, of a child measuring fifty-two centimetres in length and weighing 3,550 grammes. Calculating from the date of coitus, the second pregnancy lasted 243 days, that is, 27 days less than the normal.

The case caused considerable discussion. Ovulation must have existed in the woman on the fourth day after the delivery, and it was necessarily quite independent of menstruation.

Koenig, who originally reported the case, draws from it the following deductions:

1. A gestation period of 243 days after a fecundating coitus may produce a viable child
2. The spermatozoa can live in the lochial secretions.
3. The functional activity of the ovaries is not completely suspended during pregnancy. The Graafian follicles so open that they may burst a very short time after delivery.

4. Ovulation and menstruation may occur independently of each other.

5. Among vigorous women during the period immediately following confinement, the uterine mucous membrane may undergo a rapid regeneration which renders possible the implantation of a fecundated ovule immediately after delivery.—*Gaz. méd de Liège*, June 22, 1893.

Albuminuria after Labour.—Aufrecht (*Centralbl. f. klin. Med.*, No. 22, 1893) examined the urine in thirty-two patients, in good health, and without gonorrhœa, before labour, immediately afterwards, and again twenty-four hours later. The catheter was always made use of, and precautions as to cleanliness employed, the result being that no albumen was found before or twenty-four hours after labour, but eighteen of the above patients showed albumen, varying in quantities from 0.002 to 0.0005 per cent. in the urine drawn off immediately after parturition. Boiling, nitric acid, and Erbach's quantitative test were applied to each specimen, and microscopically the albuminous urine contained epithelial cells, and in one case

blood corpuscles, but never casts. The labours were all normal, and the puerperal period gave no trouble. The author considers that the violent expiratory efforts cause a temporary venous obstruction and consequent albuminuria. From these observations, he draws the following practical conclusions: (1) As regards labour, the urine should be examined immediately beforehand; if albumen be present, labour should not be allowed to continue too long, in view of the probable increase of albumen; should eclampsia occur, its cause may lie in the state of the urine, and parturition, if practicable, should be accelerated. (2) As regards the pathology of the kidney, it is shown that albumen may exist without casts; there are therefore probably an accompaniment of a congested kidney and a product of inflamed epithelial cells.—*British Medical Journal*.

GYNÆCOLOGY.

Amenorrhœa and Corpulence.—Lomer (*Centralbl. f. Gynak.*, No. 27, 1893) described before the Hamburg Obstetrical Society a case of

[OVER.]

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extreme obesity following amenorrhoea. The patient had become exhausted by prolonged lactation. She gained fifty pounds in a year, and was so fat that she could scarcely walk. She suffered badly from vertigo, flushings and epistaxis. The cervix was scarified; all the symptoms, especially the bleeding from the nose, disappeared, and the patient diminished in weight. Kirsch, it was pointed out, has already practised abstraction of blood in the treatment of excessive corpulence.—

British Medical Journal.

Personals.

Dr. L. L. Palmer has been made a life-member of the Ophthalmological Society of the United Kingdom of Great Britain and Ireland.

Prof. Dr. Adam Politzer, the distinguished aural surgeon, of Vienna, Austria, visited Dr. L. L. Palmer last week. The doctor gave a very interesting evening to a number of medical men invited to meet this renowned surgeon, who gave a demonstration exhibiting sections and preparations showing the conditions existing in certain forms of deafness.

Dr. G. R. MacDonagh, Lecturer in Rhinology and Laryngology at Toronto University, has returned to the city from his trip *via* C.P.R. to Japan and China.

Dr. R. C. Griffith, who has been taking a post-graduate course in England for the past eighteen months, has commenced practice at 12 MacDonald Avenue, Parkdale, having entered into a partnership with Dr. T. A. Ferguson.

Dr. J. Orlando Orr and Mrs. Orr sail per the steamer *Sardinian*, for England, on the 23rd inst., for a prolonged stay in the Old Country. The Doctor purposes taking up a year's study in London on diseases of the throat and chest, under Dr. Brown; thence he goes to Vienna and Berlin to complete his course. Dr. Orr has been a prominent practitioner in the city for nine years, he having moved from Woodbridge shortly after graduating from Toronto and Victoria Universities. He has been prominent not only in medical circles, but also in municipal matters, as for three years he has held a seat in the City Council, this year heading the poll in his division. He will be greatly

[OVER.]

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missed among his friends, and even by his enemies, as he is a strong fighter against all iniquities, and will carry all good wishes across the water with him. On his return to the city he will take up the practice of his specialty.

anemia in its protean forms is becoming more and more recognized as having the same *fons et origo mali*. Rapid oxygenation is the true remedy, and pill: hematonic: (Howard's) is the most valuable agent for this purpose.

Miscellaneous.

Where you are in doubt as to the diagnosis, examine the urine; and where you think you know, examine the urine.—*Ex.*

A married lady with her little daughter, in visiting a friend, was telling her of how she spent her bridal trip in Europe, when her little daughter spoke up, and asked: "Did I go with you, mamma?" "No, my daughter; you went with your father, but came back with me."—*American Medical Journal.*

Non-elimination of effete materials from the circulation is the foundation of many departures from health, and forms the basis of most diseases. Rheumatism and gout are familiar examples, while

It is not poverty of diet so much as monotony of diet that exercises an unhealthy influence on the poor. As a matter of fact they eat "stronger" food than the rich, more bread, meat and simple vegetables, but their cooking is rude, and they eat the same things the whole year through. People who are well to do, or who are better cooks, get more variety with fewer things, and always have something to tempt the appetite. Soup can be made to resemble greasy dishwater, or it can be made a really savoury and nutritious thing, and there are a hundred different ways of serving potatoes. Free cooking schools would be a first-class thing in the tenement districts of large cities.—*Ex.*

Some two years ago an Austrian physician advanced the theory that persons who have been stung by bees enjoy an immunity from the effects

[OVER.]

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of bee-stings for varying periods, and that more-over a variety of the bee-sting is an infallible remedy for acute rheumatism. The latter part of the theory has received confirmation from a custom of the country people in Malta. Bees are plentiful in the island, and bee-stings are in such repute as a cure for rheumatism, that resort to this primitive method of inoculation has been a common practice in severe cases for generations, the results, it is said, having been most satisfactory to the patients.—*London Letter in American Practitioner and News.*

Senator Leland Stanford, whose death was recently announced, was something more than a mere money gatherer: he knew how to appropriate the millions he accumulated in legitimate business enterprise for the highest benefit of the world. Four millions of his fortune of forty million dollars went to the founding of a university in California as a memorial to his son, the purpose of which Mr. Stanford describes "as a school more especially directed to the investigation and teaching of how to control the forces of nature—how to make the

elements the servants of men—from the kindergarten pupil to the post-graduate, who may have a desire for deeper investigation."

The university which Senator Stanford founded at Palo Alto ought, within a reasonable time, to be among the leading American institutions. Its site, amid the fertile, rolling hills of Santa Clara County, comprises 8,400 acres. Its endowment of land is about 85,000 acres, in three tracts.—*N. Y. Medical Times.*

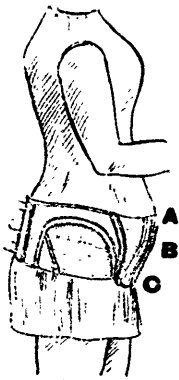
A binaural stethoscope has been patented by F. Walters & Co., of London, Eng., which has a kidney-shaped soft rubber cup to cover each ear instead of the hard ivory plug that fits into the meatus.—*Ex.*

Hot milk is a most nutritious beverage—a real luxury the value of which but few people know. Many who have abundance of milk never think of using it as a drink. A drink, did we say? That's a mistake. We should eat milk instead of drinking it. That is, take it in small sips. Why? Because the casein of the milk, when it comes in contact

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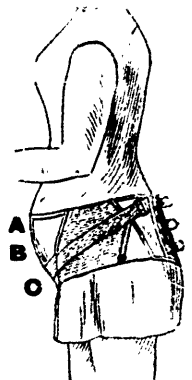


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with the acid of the gastric fluid, coagulates and forms curd, and, if swallowed in large quantities at once, a large curd is formed which the stomach handles with difficulty. The gastric fluid can mingle much more readily with the small curds that result from sipping the milk.—*The Diætic Gazette.*

Liebig says: "The vivifying agency of the blood must ever be considered to be the most important condition in the restoration of a disturbed equilibrium. The blood, therefore, must be constantly considered and kept in view as the ultimate and most powerful cause of a lasting vital resistance, as well in the diseased as in the normal portions of the body."

Purity of the blood is thus recognized by Liebig as a vital necessity, if it is to be able to vivify the body. Purity of the blood depends upon the due performance of those functions that furnish it with the proper material to replace those portions exhausted by use. Said material is supplied by the food taken, properly *assimilated* or digested.

Vegetables, including bread, enter most largely into the average diet of the human, and as this

class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted: but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

Ptyalin, or Diastase, is readily absorbed and diffused, and there are strong reasons for believing that it goes with the starchy food through the alimentary tract, to complete its action and expend its force, as is shown in the fæces after taking *Morse's Diastase.*

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MEAT-EATING AND BAD TEMPER.—Mrs. Ernest Hart, who accompanied her husband in his recent trip around the world, appears to come to the conclusion that meat-eating is bad for the temper. In the Hospital she says that in no country is home rendered so unhappy and life made so miserable by the ill-temper of those who are obliged to live together as in England. If we compare domestic life and manners in England with those of other countries where meat does not form such an integral article of diet, a notable improvement will be remarked. In less meat-eating France,

urbanity is the rule of the home; in fish and rice-eating Japan, harsh words are unknown, and an exquisite politeness to one another prevails even among the children who play together in the streets. In Japan I never heard rude, angry words spoken by any but Englishmen. I am strongly of opinion that the ill-temper of the English is caused in a great measure by a too abundant meat dietary combined with a sedentary life. The half-oxidized products of albumen circulating in the blood produce both mental and moral disturbances. The healthful thing to do is to lead an active and unselfish life, on a moderate diet, sufficient to maintain strength and not increase weight.—*Boston Med. and Sur. Jour.*

THE JOHNS HOPKINS MEDICAL SCHOOL.—The professorial chairs have been filled as follows: Pathology, Wm. H. Welch, Dean; Chemistry, Ira Remsen; Principles and Practice of Medicine, Wm. Osler; Psychiatry, Henry M. Hurd; Surgery, Wm. S. Halsted; Gynæcology and Obstetrics, Howard A. Kelly; Anatomy, Franklin P. Mall, late of the University of Chicago; Pharmacology,

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John J. Abel, late of the University of Michigan ; Physiology, Wm. H. Howell. The school is open alike to both sexes.—*Maryland Medical Journal.*

DOCTORS, PREACHERS AND RELIGION.—It is not an uncommon thing to hear statements to the effect that the medical profession, as a whole, is un-Christian. Such an assertion is worthy of a serious reply, and that reply is of necessity in the nature of a refutation. The practice of medicine tends to develop in all men of any intellectuality whatever, a realizing sense of the limitations of human power and skill, the fallibility of human judgment and the mutability of all things finite. Over and above these facts the sincere searcher for truth recognizes the supreme power of God.

Growing out of this knowledge there is, in most men of experience, developed a reverent spirit which acknowledges with sincerity the ever-present guidance and control of the Divinity.

Such belief, however, does not necessarily impose upon the man any agreement with or submission to non-essential statements of belief that are compiled largely by men whose education, life and

experiences are wholly different from his own. And so, of course, many physicians frankly disown or disavow the lines of belief laid down for them by mere preachers, being fully persuaded that conscientious adherence to the great truths that constitute the essential element of Christianity renders unnecessary the non-essential and often utterly unwarranted addenda which the preachers have pinned on to our great system of belief. The physician is often painfully aware that the constituted church authorities are both incapable intellectually, and unfit morally to formulate rules for the guidance of other lives.

Much of the lack of confidence which physicians have in preachers, comes from the fact that preachers are, as a rule, not educated in the simplest matters concerning the physical being of man and of the whole natural world. Hence they are continually making the most absurd and irrational arguments, based perhaps on the "science" that is found in newspapers, and which too often constitutes the sole basis of their scientific education. Hence, too, they are continually becoming the victims of the most shameful and ignorant charla-

[OVER.]

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tans, who have found by experience that nothing is too irrational to obtain the sanction of the pulpit. Quacks of all descriptions, impostors of the vilest sort, so called "patent" medicines of least possible value, robbers of the poor, slayers of the innocent, all and every one of them thrive and grow fat because of fulsome pulpit eulogies and more fulsome written testimonials from preachers. Is it any wonder that honest men, whose wide and often sad experience has given them opportunity to know and appreciate the foul character of many of these illegitimate money-makers and their money-making schemes, should turn in disgust from association with those mistaken disciples, who by voice and pen have done what they could to make fraud successful, and should determine in the future to serve the Master without the intermediary of what they believe to be a falsehood-sullied pulpit?—*Denver Med. Times.*

ELECTRICITY IN WAYBACK.—"Well, I've heard of red currants, black currants, and white currants, but I'll stop chewin' if I ever heard of *alternating* currants.—*Ex.*

SWALLOWING A WATCH.—The freaks of lunatics are sometimes extraordinary, and one of the most remarkable which has been placed on record recently is that which Dr. Vallow has published in the current issue of a French contemporary. A man, aged thirty-seven, was confined in an asylum suffering from hallucinations, and one day, his wife having come to visit him, he was permitted to see her. When the allotted time of the interview had come to an end, his wife intimated that she would have to take her departure, whereupon the patient, judging that she wanted to leave him before the time had expired, flew into a violent passion and accused her of deceiving him. To prove however, the truth of her statements, she drew out her watch and showed him the time. As soon as the patient saw the watch, he suddenly seized it in his hand, tore the chain from it, and putting it in his mouth, swallowed it. The medical officer of the asylum was summoned at once, but the patient in no way appeared to have suffered from his curious freak. On examination of the stomach nothing could be felt, and it was at first believed that, after all, the watch might not have been swal-

[OVER.]



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lowed. However, on the sixteenth day the watch arrived *per naturalem viam*. It was a silver watch measuring about two inches and a half in diameter, exclusive of the ring, and about half an inch in thickness.—*Ex.*

[It would be interesting to know the hour at which the watch was swallowed and compare that with the hour to which the hands pointed when it was recovered.—*ED.*]

A Successful Remedy in Treating Obesity.—For several years I have been on the lookout for some preparation which would reduce flesh without injuring the general health, but I have never succeeded in finding one. Several weeks ago, however, I received a pamphlet, on the action of phytoline (the active principle of the berries of *Phytolacca decandra*) in obesity, and about that time the patient applied to me for a reduction in her weight. I prescribed phytoline, and directed her to take ten drops before and after the three meals. She has now taken about two weeks' treatment, and tells me to-day that she has lost fifteen pounds, and that, too, without making any

change in her diet, or affecting her general health. I am pleased with the results, and can conscientiously recommend it.—*SANDFORD, M.D., Everett, Mass., Medical Brief.*

The Lady with the Horse Mane.—Under this name a young girl, aged twenty, is now travelling about the world, showing to the public how richly Nature has endowed her with the ornament of hair. She has, besides a rich *chevelure*, a mane growing out of the spine. The hair of this mane is of the same dark brown colour as that of the head, and reaches a length of about ten inches. The place where the hair grows extends downwards for eight inches from a point three inches below the head, in the middle of the spine. Not long ago this lady with the mane was presented to the Anthropological Society of Berlin, and Virchow, to her great astonishment, found that it was a pathological case, for behind the mane there was a *spina bifida occulta*. Several cases have been described during the last two years of hypertrichosis of some region of the spine, connected with *spina bifida occulta*.—*Ex.*

[OVER.]

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