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The Canadian Journal of Medicine and Surgery

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Original Contributions.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

THE CULTURE, DIAGNOSIS, AND SERUM TREATMENT OF PUERPERAL FEVER.

BY GEO. T. M'KEOUGH, M.D., M.R.C.S.ENG., CHATHAM, ONT.

DR. HAULTAIN read a paper with the above title before the Edinburgh Obstetrical Society (*Lancet*, June 26th, 1897). He gave detailed accounts of three cases. The first was a primipara where help was needed in the labor by the application of low forceps. The puerperium for the first ten days was normal, except that the strength was not regained with the usual rapidity. On the twelfth day she fainted on attempting to rise, and for a fortnight her pulse was quick and temperature about 100°F. On the twenty-sixth day she first complained of severe pain and swelling in the right thigh; this rapidly passed off. Four days afterwards pain occurred in the left thigh and calf, associated with considerable swelling and severe constitutional symptoms, vomiting, sweating and faintness. Dr. Haultain then saw her. Pelvic examination revealed nothing abnormal except a subinvoluted uterus and a slight swelling in the left broad ligament. The lochia was a little offensive, and a culture was made of the discharge from the interior of the cervical canal; one was also made from the blood drawn from the

finger. The former showed a typical pure culture of the Lœffler bacillus; 10 cc. of the diphtheritic antitoxin was injected with marked beneficial results. On two successive days a similar quantity of serum was injected. After the third dose the temperature fell to normal, and she had an uninterrupted recovery. The second case showed marked signs of fever forty-eight hours after the labor. The medical man had used intra-uterine douches but without benefit. Dr. Haultain saw her on the fifth day. She then showed signs of marked septic infection, the face had a leaden appearance, and there were erythematous patches on the abdomen. A culture of the discharge similarly taken was again made, and examination showed a mixed growth of streptococcus and bacillus coli. Anti-streptococcic serum (10 cc.) was injected, followed by a similar quantity the next day, and 30 cc. on the third day, but no beneficial effect resulted. The patient developed an intractable diarrhœa; her left knee-joint became extremely painful; pulmonary complications and parotitis set in and she died on the tenth day. A culture was made from the blood of the finger twenty hours before death, and a pure growth of the bacillus coli was found. The third case showed signs of fever on the third day. Dr. Haultain saw her four days afterwards. The vaginal discharge was offensive. The culture showed many streptococci. Anti-streptococcic serum (10 cc.) was injected; the uterus was washed out with a 1 in 40 carbolic lotion and packed with gauze soaked in the antitoxin. On the next day a further 10 cc. was injected. The temperature fell on both occasions. No further rise of temperature occurred, though the cervical discharge showed many streptococci. The uterus was washed out on the two succeeding days, and further examination showed the discharge to be free from septic organisms. On reviewing the cases, the first one was evidently a case of intra-uterine diphtheria, and the diagnosis would have been impossible except for the bacteriological examination The second case showed features of interest in the presence o mixed infection in the culture from the cervix and in the pur culture of the bacillus coli from the blood. Clinically, the violen diarrhœa, the erythematous patches and the absolute inefficiency o the anti-streptococcic serum were of value. The third case was on of those simple cases of toxin poisoning which usually yield t antiseptic intra-uterine douching, the focus of the disease bein thus removed. Still, it must be noted that intra-uterine douchin had almost no effect until combined with the serum treatment. I

all cases of puerperal fever the culture method of diagnosis was much to be preferred to all others. In the diagnosis a mixture of germ infection in a case was of serious import, as there was then increased virulence. The treatment of these cases could only be scientifically met by previous culture diagnosis to detect which toxin was the main cause of the disease. For preventive treatment Dr. Haultain strongly urged the necessity of using a douche after labor in every case, and recommended 1 in 40 carbolic lotion, which had been found more efficient in experimental research than sublimate lotion.

PRIMARY TUBERCULOSIS OF THE BREAST OCCURRING DURING PREGNANCY.

BY GEO. T. M'KEOUGH, M.D., M.R.C.S.ENG., CHATHAM, ONT.

DR. EDWARD P. DAVIS (*Medical News*, June 12th, 1897) reports a case of this uncommon condition. The patient, aged seventeen years, was admitted to the Jefferson Maternity, November 18th, 1896, being pregnant seven and a half months. Her family history was negative; her own health had been fairly good before pregnancy occurred. On admission she complained of pain in the right breast sufficiently severe to cause loss of sleep at times. The breast was found to be swollen firm and indurated in its outer and lower quadrant; the gland was freely movable upon the pectoral muscle, the induration being confined exclusively to the parenchyma of the breast. No evidence of fluctuation could be obtained, nor could the axillary lymphatics be detected. There was no evidence of heat in the affected breast, the skin was slightly discolored, and the pain was described as cutting rather than throbbing. The patient stated that she first noticed the swelling a month before admission. There was no history of violence. The breast was thoroughly cleansed with an antiseptic solution, a breast binder applied, and the patient put to bed. A week's rest in bed was followed by a slight diminution in the size of the breast, but no essential change occurred.

The secretion pressed from the breast was thoroughly stained, and an examination showed tubercle bacilli. The question of immediate operation was discussed, but as the patient was anæmic and could not afford the loss of blood, and no abscess could be

detected, it was determined to wait until she had completed her puerperal period.

There was a steady increase in the size of the breast during the pregnancy, and pain at times was decided; the general condition remained good and there was no rise of temperature. She was confined February 2nd, the child being delivered with forceps, and was fairly nourished. No tubercle bacilli could be detected in the placenta. The mother's convalescence was uninterrupted. The right breast was amputated March 19th, by Dr. Kern, in its entirety. No enlarged glands were found in the axilla. Gross examination of the breast showed the presence of small multiple abscesses in the various acini. A hard mass in the upper portion contained a considerable amount of pus in its centre. In the lower portion a tumor which proved to be an adenoma was found. Microscopic examination of pus scraped from the ball of the abscess showed micrococci and tubercle bacilli in abundance. She made an uninterrupted recovery from the operation, and repeated examination of the other breast failed to reveal evidences of disease. It was probable that the breast became infected through contact with the mouth of a tuberculous individual. The child was not allowed to nurse and did not become infected.

Gynecologic and obstetric writings afford but scanty mention of this complication of pregnancy. In the *Annals of Surgery* for January, 1897, Powers reports a case, and has been able to find but thirty-seven others in the literature of surgery.

THYROID EXTRACT IN THE TREATMENT OF FIBROID TUMORS OF THE UTERUS.

POLK (*Medical News*, July 3rd, 1897) asks the attention of the profession to the efficacy of thyroid extract in the treatment of fibroid tumors of the uterus. He states that he knows of no remedy which meets all the indications in this disorder so well. In each case, not only has growth been checked but there has been a decided retrocession, accompanied by marked amelioration of local symptoms and improvement in general health. It should be given in much the same manner and with about the same limitations as in myxedema, its effect upon cardiac action and arterial tension being closely watched. G. T. McK.

SOME THOUGHTS ON INTESTINAL CATARRH AND CHOLERA INFANTUM.*

H. MORELL, M.D., C.M., SLAYTON, MINNESOTA.

AT this time of the year, when infants are more susceptible to disorders of digestion, a few remarks on intestinal catarrh and cholera infantum will not be out of place.

It is the general custom with many writers to group all diarrhœas of children under the name of cholera infantum. The contrast between cholera infantum and the other forms of summer diarrhœa is so great in its symptomology and rate of mortality that it should always be regarded as a separate and distinct disease. We should remember, however, that cases which may show symptoms of infantile cholera at the beginning, sometimes pass into a protracted intestinal catarrh. And others, in which, in the course of the latter disease, it is suddenly terminated by an attack of cholera infantum. It will be seen then that the line cannot always be sharply drawn between these diseases, but one is merged into the other.

Summer diarrhœa occurs most frequently, in this country, during the months of July and August, and it attacks infants between the ages of six and eighteen months. The disease is more prevalent in children brought up on other nutriment than mother's milk.

The most important etiological factors are bad sanitary surroundings, age and extreme heat, in association with improper feeding. The improper feeding may be in injudicious overfeeding; which occurs very frequently.

It may be well to remark here, that "Children brought up by hand suffer from a totally different kind of intestinal catarrh than those at the breast, for the exciting cause of the disease—the unsuitable nutriment—is not here a temporary one, but is continued for a long time and during the sickness."†

In infants brought up by hand, the nutriment is a (profolic) prolific cause of intestinal catarrh. This is not to be wondered at when we take into consideration the difference between woman's and cow's milk.

The casein of woman's milk always coagulates into small lumps and loose flakes, which are easily digested and readily assimilated.

* Read before the South Western Minnesota Medical Society at Mankato, Minn., June 15th, 1897.

†Vogel.

The casein of cow's milk, on the other hand, curdles in large lumps which cannot be digested by the infantile juices. These lumps become sour from the development of the bacillus lacticus, and these hard, undigested masses irritate the stomach and intestinal canal.

In many cases the milk is given sour to the child, either from uncleanliness of the bottle or tube, or from carelessness in storing or preparing the milk. "Usually, a single administration of sourish milk suffices to induce a severe intestinal catarrh that will last for weeks." *

The diarrhœa which occurs in nurslings seldom arises from irritation from the nutriment—mother's milk—but is generally, or at least most frequently, caused by dentition or from some disease of the wet nurse or mother.

In regard to the relation of bacteria as an exciting cause of intestinal catarrh and cholera infantum, "Booker has discriminated forty varieties, the greatest number of which were found in cholera infantum. Not one specific kind, but many different kinds of bacteria are concerned, and that their action is manifested more in alteration of the food and intestinal contents and in the production of injurious products than in direct irritation upon the intestinal wall." *

If the child has developed an *intestinal catarrh*, and instead of progressing toward recovery, serious symptoms show themselves, as uncontrollable diarrhœa and vomiting, great prostration with high fever, this is evidence of bacteria having grown and multiplied in the intestinal canal, where the conditions for their development were most favorable.

The absorption of large quantities of these bacilli produce a toxæmia with profound intoxication of the system by these agents. This explains why some cases of summer diarrhœa end in an attack of cholera infantum.

"True cholera infantum is an exceedingly rare disease. Holt, Starr, and other authorities give about two to three per cent. of all cases of summer diarrhœa."†

The prognosis of uncomplicated intestinal catarrh is generally good, but some cases tend to become chronic, and *instead* of the fæces becoming of a more solid consistence and normal odor and color, they become more liquid and saturate the napkins and sur-

* Osler, Practice. † Illoway, *N. Y. M. J.*, Vol. LX.

rounding clothing, with increase in the number of stools; the outlook then is bad. If the evacuations become of a putrid or fetid odor, these always point to a fatal issue.

In cholera infantum, the prognosis is always grave. In some cases, death may occur in eight to twelve hours. On the other hand, the child takes food and retains it, the diarrhœa becomes less violent, and convalescence is established. The recovery, however, may be retarded by an intestinal catarrh which, if continued, will cause a fatal termination.

In these lingering cases the face looks pinched with an expression of pain, the eyes are sunken, and the whole body emaciates to such a degree that in a few days the child looks like a skeleton.

Vogel gives a prognostic point in reference to this condition as follows: "We find in the abdominal integument one of the best indices as to the degree to which the atrophy has reached. If pinched and raised into a fold, it remains for some time after the fingers are removed. The prognosis is always, and under all circumstances, to be regarded as most unfavorable. The prospect of recovery always improves in proportion to the rapidity with which a fold of the integument thus produced disappears."

Let us now consider the *treatment* of intestinal catarrh.

Children who are nursing: Attention should be paid to the mother or wet nurse; any errors of diet should be corrected. If the mother is mensurating, the child generally becomes restless and irritable, with signs of disturbed digestion, but as a rule it is not necessary to take the child from the breast.

If the mother is pregnant, the child must be weaned, as the secretion is more of the properties of colostrum than milk.

In children who are brought up by hand, and who are suffering from intestinal catarrh, the most important measure in the management of the treatment is *the withholding of cow's milk.*

"No child with intestinal catarrh tolerates cow's milk, whether pure, or mixed with tea, or boiled into a broth with meal or bread, and that the diarrhœa will only exceptionally be arrested if a milk diet is persevered in. The first condition, therefore, is a total abstinence from cow's milk." *

The child's intestinal canal should have as much rest as possible, and during the most acute vomiting and diarrhœa, the blandest nourishment should be given—albumen water, as recommended by Valer, is nutritious, and children generally take and relish it.

* Vogel.

It is prepared as follows: The whites of two or three eggs may be stirred in a pint of water with a teaspoonful of brandy and a little salt. It should be used when freshly made, and is more grateful to the little patient if kept cold.

After a day or two, if the child tires of this, other nourishment may be given. Some broths—as mutton or chicken prepared carefully, and all the fat extracted—or one of the variously prepared foods. I use and recommend "Carnrick's Soluble Food," for the reason it does not require to be mixed with cow's milk. It is easily prepared, is very assimilable and highly nutritious. I have seen children thrive wonderfully on this food.

In regard to the medicinal treatment, I think it neither wise nor judicious to administer powerful astringents in cases where the disease is caused by irritation of the intestinal canal by nutriments.

The use of hydrargyrum cum creta in doses of one-sixth or one-half grain every hour for, say, six doses, then, when the bowels are well cleaned out a powder containing two and a half grains each (according to age) of bismuth salicylate and peptenzyme, given every half-hour, will be found to act well in most cases. As to the vomiting, in these cases there is nothing which acts like peptenzyme. It must be given with due care.

Usually, in these cases, we find that the child is vomiting incessantly, and the parents generally "stuff" the poor victim with *milk* and other indigestible food, which only make matters worse.

The food should be stopped, and small doses of one grain (according to age) of peptenzyme may be given dry and washed down with a teaspoonful of water every half-hour. Relief will come in an hour or two.

The above is the method in which I treat ordinary cases of intestinal catarrh, with very good success.

Resorcin, in three-grain doses, acts very well in some cases.

When there is straining with the motions, ice-cold injections of water with one per cent. creolin is satisfactory, and where the mucus is blood-stained, 1-100 hydr. bich. has always acted well.

Copper arsenite has been recommended, in small doses, but I have had no experience with it.

Proceedings of Societies.

RECENT SESSION OF THE ONTARIO MEDICAL COUNCIL.

The annual meeting of the Medical Council opened in the Council Building July 7th.

The following members were in attendance: Drs. Armour, St. Catharines; Barrick, Toronto; Bray, Chatham; Britton, Toronto; Brock, Guelph; Campbell, London; Dickson, Pembroke; Douglas, Cobourg; Emory, Toronto; Fowler, Kingston; Geikie, Toronto; Graham, Brussels; Griffin, Hamilton; Hanly, Midland; Henderson, Strathroy; Henry, Orangeville; Logan, Ottawa; Luton, St. Thomas; Machell, Toronto; Moore, Brockville; Moorehouse, London; McLaughlin, Bowmanville; Reddick, Winchester; Rogers, Ottawa; Roome, London; Sangster, Port Perry; Shaw, Hamilton; Thorburn, Toronto; Thornton, Consecon; Williams, Ingersoll.

President's Address.

Dr. Rogers, the retiring President, in his address referred to the loss to the medical profession occasioned by the death of Drs. Harris, of Brantford, and Rosebrugh, of Hamilton. He welcomed Drs. Griffin and Douglas, the two new members of the Council; and, continuing, referred to the petition recently passed around amongst the members of the profession, and which was signed by some 1,500 out of 2,250 within one week. This was convincing proof of unanimity amongst the profession in Ontario in a determination to uphold the Council and dignity of the profession. The Executive Committee of the Council had interviewed the Government, and also several other members of the House, with regard to the petition, which asked for certain legislation in connection with the Council and the profession generally. It had been found that there was an element in the Legislature antagonistic to the medical profession, and they were opposed to fighting that element. In view of these circumstances, it was decided to leave the matter over for another year, as it was hoped that the election likely to take place within that period would wipe out or minimize the objectionable element. They were assured privately that there would be no tinkering with the Medical Act, and no interference by the Government with the matriculation of students by the Council. He had not time to consider all that was necessary in the interest of

the Council with regard to future legislation; but, in this connection, he suggested the appointment of a legislative committee that would draw up all necessary propositions required to be presented as soon as a new Legislature was elected.

Finances and Membership.

The President stated that the annual dues received from 1,538 aggregated $6,000, and 750 members had not paid their dues. They had had the interest on the medical building reduced from 5 to 3½ per cent., a saving of $900 per annum. The maintenance of the building (with interest) amounted to $7,350.55. For their rooms the Council paid $2,713. He referred to the question of interprovincial reciprocity in regard to registration fees, but did not think the members of the Ontario Council would sanction it.

The election of officers was then proceeded with. Dr. Thorburn was nominated for president by Dr. Bray. Dr. Sangster said there was no likelihood of any other nominations. Personally he had no objections to Dr. Thorburn, but he did object to the mode of election. He made other objections on account of remarks made by Dr. Thorburn at last year's meeting in regard to certain members of the association. He concluded with the remark that he would crystallize his objection by casting a ballot against the nominee.

The President explained that the custom had been to have a ballot cast by the nominator in order to save the taking of an individual ballot. Last year the same objections had been raised, and referred to the Committee on By-laws.

The President said he would go so far as to receive any nomination that Drs. Sangster or McLaughlin liked to make.

To this Dr. Sangster replied, that it was not very courteous to either Dr. McLaughlin or himself to suggest a mode of election which the President well knew would place a member in the position of certain defeat.

The President decided the motion of Dr. Bray to cast a ballot to be in order.

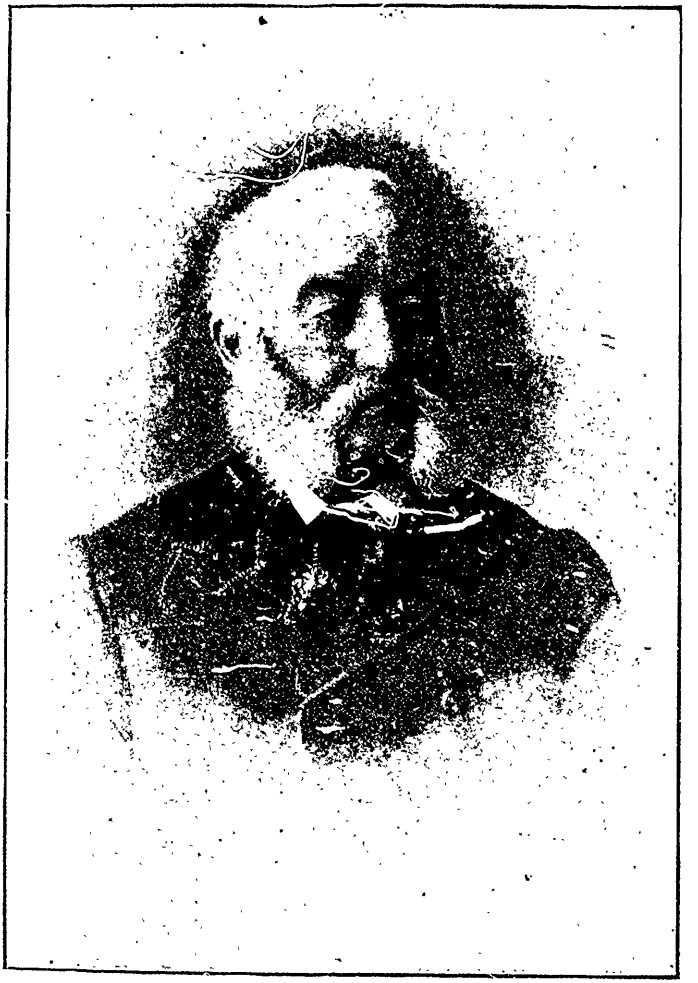
Dr. Sangster appealed from the decision, which, however, was upheld by a vote of 18 to 12.

Dr. Thorburn then took the chair, and thanked the Council for the honor conferred upon him.

Officers and Committees.

It was moved that Dr. Luton, of St. Thomas, be vice-president. In amendment, Dr. Henry, of Orangeville, was nominated.

In returning thanks, Dr. Henry said he felt particularly gratified at the honor conferred upon him, as he had attended no caucus, and had not asked anyone to vote for him. He had always been opposed to the mode adopted in former years of electing officers.



DR. THORBURN, PRESIDENT OF THE COUNCIL.

Dr. R. A. Pyne was re-elected registrar by acclamation.

Dr. W. H. Aikins was elected treasurer.

Mr. Alex. Downey was appointed official stenographer of the Council for the ensuing year.

Dr. Geikie moved that a resolution of condolence be forwarded to the families of deceased members of the Council. This carried.

THURSDAY, JULY 8th.

Dr. Geikie read a motion, naming Dr. Campbell as his seconder, which stated that in the interests of economy a verbatim report of the Council proceedings was unnecessary, and that a synopsis of the report, prepared by the Registrar, was all that was necessary. It was not only the cost of the stenographer that Dr. Geikie objected to, but to the printing and postage on the announcement which contained the full proceedings.

Not Worth Reporting.

He was sure that the majority of the remarks made by the doctors assembled yesterday and to-day were not worth reporting. Men liked to hear themselves talk, and if their remarks were not to be printed in full, and a synopsis only given, it would tend to do away with unnecessary speeches by the members.

When the question was put it looked for a moment as if it would escape discussion, and go through without a speech. But only for a minute.

The Objections Piled In.

Dr. Sangster was the first to rise to his feet and object to the motion. He was followed by Drs. McLaughlin, Britton, Williams, Dickson and Thorburn, all against the motion.

The seconder, Dr. Campbell, sandwiched in somewhere in the flow of language, and gave the motion a boost. Dr. Barrick then took up the financial side of the affair, and stated that the postage on a shorter report would be just as great as on the verbatim one. It was the printing that cost.

An Odd Suggestion.

He found that by a division of the report five whole pages were the exact allotment to each member if they all spoke at equal length. He suggested that a tax be made on any member using up a greater space in the report, as a method of getting at the size of the volume. The question was put, and lost, only four members of the Council supporting Dr. Geikie's motion.

Political Questions.

A motion was passed which expressed the satisfaction of the Council at the recent action of the Dominion Government, which

was just and wise, in allowing medical books and surgical instruments into the country free of duty. It was moved by Dr. L. Brock, of Guelph, and seconded by Dr. L. Luton, of St. Thomas, and passed without a murmur.

During the afternoon the various committees met and arranged their business to be presented to the Council this morning.

The report of the Committee on Discipline was adopted after considerable discussion.

A formal motion was carried that upon the receipt of the certificate of the conviction of Dr. Samuel A. Carter of felony his name be erased.

A motion by Dr. Sangster for a return of cases in which arrears of assessment dues have been commuted for a portion of the same was adopted.

Requests Disposed Of.

The report of the Committee on Complaints gave rise to considerable debate. The committee recommended that Dr. Coon, of Elgin, be informed, with respect to a complaint that an unlicensed practitioner was practising in that locality, that the Council was doing all in its power to prevent such abuses of the rights of the profession.

The report of the Committee on Complaints, which consisted of a list of recommendations with respect to appeals against rulings by the Board of Examiners, was presented.

An application of S. Moore for a registration, on account of his having obtained a registration in Great Britain, was refused, as was also the application of Mr. J. A. M. Clark for a higher standing.

Miss G. M. Wilson was granted permission to take her oral examination at the next examination.

The application of Mr. A. W. Bell to be allowed to practise until after the next examination results are announced was refused.

Lord Aberdeen's Physician.

An application from Dr. Gibson Lord Aberdeen's family physician. for a special examination, so that he might obtain Canadian registration, caused some lively comment, and his request was not acceded to.

The report of the Committee on Prosecutions was read, adopted and will go to the Financial Committee.

EVENING SESSION.

The first business of importance dealt with in the evening was the discussion of a special report from the Committee on Finance, in Committee of the Whole. The first clause recommended that the fall examination of the Council be dispensed with, and that there be but one examination a year.

Dr. Britton argued in favor of retaining the fall session of the Council, pointing out the hardship of making an applicant wait a whole year, if he happened to be unfortunate enough to miss in one paper by only two marks. The only ground for the recommendation was the saving of expense, and this, he thought, did not weigh with the hardship that would be done. He moved that the clause be struck out.

Dr. Fowler and Dr. Geikie endorsed this view.

Dr. Moorehouse said the Royal College of Surgeons in England held four examinations a year, but a candidate who failed at one was not permitted to try again for six months.

The motion was carried, and the clause struck out.

The second clause recommended, that as $400 would be saved by holding the examinations in one place instead of in two, that Toronto be selected.

Dr. Roome favored the recommendation.

Dr. Fowler opposed the suggestion, as a representative of Queen's College.

Dr. Moore supported this view, stating that the Act of three years ago provided for examinations being held at Toronto and Kingston, but that in the consolidation of the legislation the clause was somehow made to read "Toronto or Kingston." He moved that the clause be struck out.

Time to Practise Economy.

Dr. Sangster thought the pinch that would be incurred upon students in coming to Toronto for their examination was not very great. The Council had long talked economy. It was time now to crystallize their sentiments.

Dr. Rogers thought a saving of $400, which involved the antagonism of Queen's College, would be a bad policy. He took it that the Council did not want to break faith with Kingston.

Dr. Moorehouse concurred in the opinion that Kingston had been guaranteed an examination. He did not object to that, but thought London was as much entitled to an examination.

Dr. Barrick said the members of the Council would be recreant to their duty if they did not take action in the interest of economy.

Dr. Campbell thought it would be expedient to hold all examinations in Toronto.

Dr. Bray said the centralization of examinations at Toronto would be to the detriment of the schools at Kingston and London.

Dr. Geikie repudiated any desire to build up the Toronto colleges at the expense of other colleges in the province.

Dr. Thorburn was as anxious as anyone to economize, but not at the expense of any section of their interests.

Dr. Williams reminded the Council that it would not do to antagonize the Kingston men. They were strong, and might bring influence to bear on the Government so that the Council would regret its action.

The motion was carried and the clause struck out.

The Registrar's Salary.

A clause recommending the extension of the hours of examination daily from five to six was carried.

Reductions in the fees to examiners in certain cases were recommended and carried.

A recommendation to reduce the time of the oral examination before the Council from fifteen to ten minutes was strongly opposed by a number of members, and was eventually struck out.

Dr. Armour moved, in lieu of a clause in the report, that the Registrar's salary be reduced from $1,800 to $1,500, and that the Treasurer receive $400—$100 less than last year. The Registrar, he said, enjoyed fairly lucrative practice apart from his Council duties. A subsequent clause in the report, he said, recommended that the commission now paid to the Registrar for collecting rents be withdrawn, and that he be allowed a typewriter instead. These reductions would mean a saving altogether of $600 a year.

Dr. Campbell thought the withdrawal of the commission to the Registrar would be as far as the Council ought to go, and that the salary ought not to be reduced.

President Thorburn made an able defence of the Registrar's qualifications and worth, and thought the salary, if anything, too low.

It was finally decided to leave Dr. Pyne's salary unchanged, and to make the Treasurer's salary $400.

The committee reported progress, and the Council adjourned till ten o'clock next morning.

FRIDAY, JULY 9th.

The morning was devoted to committee work.

The report of the Chairman of the Board of Examiners, Dr. A. F. Rogers, set forth that he had inspected the schedule of the examiner and registrar and reported: For the primary examination in September, 1896, thirty-one candidates presented themselves, of whom eleven passed and twenty failed, 35 per cent. passing. For the final examination thirty-two candidates presented themselves, of whom twenty-two passed and ten failed, 68 per cent. passing. In May, 1897, 115 candidates presented themselves for the primary examination, of whom sixty-nine passed and forty-six failed, 60 per cent. passing. For the intermediate forty candidates presented themselves, thirty-three of whom passed and seven failed, 82 per cent. passing. For the final examination forty-eight candidates presented themselves, of which number thirty-four passed, and fourteen failed, 72 per cent. passing.

In his comments, Dr. Rogers' report said: The examinations were as practical as possible.

The last clause of Dr. Rogers' report was as follows: That candidates taking the primary and intermediate or primary and final at one time, shall be obliged to pass in anatomy and physiology of the primary and to be allowed any subjects in the intermediate and final.

The report was adopted, with the proviso that the last clause be handed to the Education Committee for consideration.

Drs. Bray, Logan and Moore were elected to form the Committee on Discipline for the ensuing year.

The report on legislation presented by Dr. Britton gave rise to what Dr. Sangster termed "a wrangle which should have been held in committee." Dr. Sangster challenged the accuracy of the report, and the issue came before the Council in the form of a question of veracity. This necessitated an exhaustive review of the committee's proceedings by Dr. Britton, who gave an account of a deputation going before the Ontario Government, when, on behalf of the Council, a petition was presented signed by over 1,821 practitioners, asking for certain legislative considerations. At that time the deputation as a whole asked that changes in the Medical Act should first be submitted to the Medical Council. Dr. Sangster favored, on the contrary, a petition that no changes be made unless first "asked for" by the Medical Council.

Dr. Barrick took the view that the matter was more one of appreciation than of veracity, and gave the facts as they presented themselves to him, in which he placed on Dr. Rogers the responsibility for the division before the Government on account of the way in which the question was presented.

Dr. Williams considered that Dr. Sangster's course before the Government was a distinct breach of faith.

Dr. Thorburn considered that Dr. Sangster, and not Dr. Rogers, was the one in fault, in regard to the course before the Government.

Dr. McLaughlin made a strong speech in vindication of Dr. Sangster.

Dr. Rogers made a vigorous statement, in which he expressed his readiness to meet the statements made against him there or anywhere else.

This caused an uproar, the outcome of which was a decision to refer the report back to the Committee on Legislation.

EVENING SESSION.

In the evening, Dr. Henry moved to amend the by-law relating to indemnity of members of the Council by reducing the daily allowance from $12.50 to $10. The by-law, as amended, was read a first time.

The Council then went into Committee of the Whole on the report of the Executive Committee.

Dr. Rogers, chairman of the Committee, said that the Council had been instructed to have the tariff of fees amended, and this could not be done without petition to the Legislature.

Dr. Sangster said the only instruction to the Executive Committee was to circulate a petition among the profession regarding certain desired changes to the Act, and to draw up a tariff of fees, but that this was as far as they were to go.

Dr. McLaughlin said the general opinion of the Council, as he understood it, was that no application for amendments to the Act should be made at present, in view of a certain faction in the Legislature, which was opposed to them as a profession.

The clause was adopted.

A Member Censured.

A subsequent clause censuring a member of the Legislative Committee (Dr. Sangster) for opposing the views of that committee as

laid before the Government last session, stirred up an additional warm discussion.

Dr. McLaughlin asked where they were at, if a member of the committee could not express his individual views.

Dr. Campbell said no one objected to a member of the Council expressing what opinions he chose in Council.

Dr. McLaughlin said the argument was fallacious. The right of minorities to express their opinions was accepted everywhere.

Dr. Campbell said the case was not parallel. This was not merely a matter of a minority asserting its rights, but of a member failing to act loyally by the body upon which he was appointed to serve.

A motion by Dr. Reddick to strike out the clause was lost.

Upon the Council resuming, Dr. Reddick again moved to strike out the clause censuring Dr. Sangster, which was lost by a substantial majority, and the report adopted.

Committee Reports.

The Discipline Committee then reported, recommending the erasure from the register of the name of Dr. Charles John Parsons, alleged to have been guilty of unprofessional conduct. The report was unanimously adopted.

The Committee on Registration reported against the application of Mr. Jacob Zelinski, a practitioner of the eclectic school, he having practised before 1870, but not being able to produce his certificate.

The report was adopted.

Dr. Sangster moved a second amendment, that members of the Council receive, instead of a daily indemnity, an annual sessional allowance of $50.

Dr. Bray pointed out that the matter of indemnity had been discussed the last two years of the Council, and that a committee, of which Dr. Sangster was one, had unanimously reported in favor of a daily indemnity of $12.50.

Dr. McLaughlin said the report was a compromise.

On motion of Dr. Campbell, the previous question was then put, and the report forthwith adopted.

The Council then adjourned till 11 o'clock next day.

SATURDAY, JULY 10th.

Dr. Armour moved the first reading of a new by-law, which would suspend the penal clause of the Medical Council regulations, as it affects the non-payment of annual assessments. Owing to the action of the Medical Council in 1895, making assessments for three years in arrears, being defied by a large proportion of the profession, this is one of the most exciting questions which crops up from time to time in the Council.

Dr. Britton said that the agitation, if persisted in, would arouse a spirit in the educational institutions which would burst like a bombshell over the "defence men."

Dr. Rogers characterized the introduction of such a motion at this time in the meeting as nothing short of an outrage.

The discussion was cut short by a motion to adjourn.

Dr. Carlyle was re-elected auditor.

The report of the Property Committee showed a revenue for the past year from the building of $4,622.

On motion of Dr. Machell, the Council resolved, "That, having learned the details of the scheme for the founding of the Victorian Order of Nurses, the Council of the College of Physicians and Surgeons of Ontario, now in session, are of the opinion that the motives of the originators of the scheme should be most gratefully appreciated both in the medical profession and by the public at large, more particularly with regard to the exalted source from whence the proposal is believed to have emanated. The Council, nevertheless, believes that by virtue of its extensive knowledge and experience of the difficulties sought to be removed, we should in the most kindly manner warn the advocates of the scheme, that it must be necessarily disappointing to them and fraught with elements of actual danger to the public, and we must suggest a very distinct modification of the scheme."

Copies of this resolution were ordered to be sent to members of the Dominion and Local Houses.

A resolution of condolence to Detective Wasson was passed, in the bereavement he sustained by the fatal accident to his wife. Mr. Wasson's services were secured again for the coming year at $600.

The following were appointed examiners: Drs. Grasett, Mundell, Howitt, A. S. Fraser, Welford, H. Williams, Acheson, H. Small, Emory, C. O'Reilly, J. Third, W. Caven, E. T. Adams.

The Education Committee presented a supplementary report. The changes included an instruction to withhold standing to candidates who passed in the intermediate until they had also fully passed the primary.

After a vote of thanks to Dr. Thorburn, the Council adjourned.

THE PROVINCIAL BOARD OF HEALTH.

The third quarterly meeting of the Provincial Board of Health was held July 23rd and 24th, at the office of the Secretary, Dr. Bryce. All the members of the Board were present, viz., Dr. Bryce, Dr. MacDonald, of Hamilton; Dr. Cassidy, of Toronto; Dr. Kitchen, of St. George, and Dr. Vaux, of Brockville.

The first item of business was the consideration of a complaint from Smith's Falls, which came in the form of a private communication.

The communication was referred to Dr. Bryce, who will investigate.

A petition from Picton, signed by most of the prominent citizens of that place, including the County Judge, the Police Magistrate and the clergymen, prayed that the Provincial Board of Health should take some effective steps towards preventing the spread of the epidemic of diphtheria, which had been raging for some time. The matter was discussed by the Board, Dr. Bryce informing his colleagues that since April 30, twenty-eight bottles of antitoxine had been sent to Picton from the Provincial Health Department. The petition was referred to the Committee on Epidemics.

A special committee presented a report on the Canadian Pork Packing Company "nuisance," near London, and, on motion of Dr. Cassidy, seconded by Dr. Kitchen, the matter was referred to the Committee on Sewage, with instructions to investigate fully into all the facts bearing upon a practical solution of the difficulty.

Mr. John Ross Robertson, M.P., addressed the Board on the difficulties regarding the admission of indoor and outdoor patients to hospitals. He spoke largely from accurate information obtained through his connection with the Sick Children's Hospital. At this hospital there were probably 5,000 outdoor cases a year, and as they returned two or three times a year it actually made in the neighborhood of 15,000 cases a year. An investigation of 100 indoor cases showed that there was not more than ten per cent. who

could pay anything. An investigation of 200 cases showed that twenty-five per cent. could pay something. Mr. Robertson's object in speaking to the Board was that it might be able to find some remedy within its power. *Twenty cases of direct imposition investigated in a short time illustrated the extreme abuse of the difficulty.* Mr. Robertson said that if the Board wished to commend itself to the public it should urge the establishment of a home for incurable sick children. He impressed this very strongly on the members of the Board. At the conclusion of his remarks the Board thanked Mr. Robertson and promised to give consideration to the matter.

When the Board reassembled in the afternoon Dr. Bryce read his quarterly report. The report stated that the general sanitary condition of the Province during the past quarter had continued good, and that with two or three exceptions no local outbreaks of disease had called for extended action. As had been set forth in the public press, cases of smallpox had occurred both in Winnipeg to the west and in Montreal to the east. "The first outbreak certainly, and possibly the second, was due to the introduction of the disease by Chinamen who passed through from Vancouver about the end of May. Although vaccinated and so personally protected, they seem to have had the infection either on their persons or in their luggage. The Montreal cases occurred at the beginning of July, and the source of their inoculation seems still in doubt."

In speaking of the outbreak of typhoid fever in Manitoba which had been introduced from Rat Portage, the speaker said that the undoubted causes of the outbreak were the imperfect water supply at Rat Portage and the defective drainage of the town.

The outbreak in Toronto of scarlatina was dealt with, and the epidemic as existing in January last, it was said, had continued to progress.

This report continues: "It thus appears that for the first time during fifteen years Toronto has been visited with a widespread outbreak of scarlet fever, and it is of much interest and of the greatest importance, where the Province has been practically free from this disease for so long a time, to review some of its characteristics. Its history shows it to be a remarkable disease. Its mortality in London from 1859 to 1870 was variable, but reached its height in the latter year, the death rate being 1.22 per 1,000, and dropped in the succeeding year to .27. Since that year the death rate per 1,000 has with slight variations steadily declined.

After summarizing the principal facts associated with any epidemic of scarlet fever the epidemic of the last six months in Toronto was examined in connection with the various points. Of the 1,138 cases which occurred up to the end of June, 35 to 40 were treated in the hospital, and the balance were treated in their homes. The total death rate was 5.3 per cent. Taking the returns for the month of May supplied by the City Health Officer up to the 6th of June, there were in all 280 cases. Of these 198 attended school.

It is made apparent that the results of the numerous modes of communicating infection amongst the infant population under five years, or 11 per cent. of the whole population, fail to create an increase or decrease in any month exceeding four per cent., but that the absence of the school influence at once makes a decline of 26 per cent., and a subsequent immediate increase of 65 per cent.

The causes were considered at considerable length and the following recommendations to the Local Board of Health were carried:

(1) That it should, on being notified of any case of scarlatina, require the immediate removal of the case to the Isolation Hospital.

(2) That should this not be at once complied with the household be quarantined until the six weeks from the occurrence therein of the last case shall have elapsed, and the house be placarded.

(3) That inasmuch as your committee is informed that the Isolation Hospital wards of the city set apart for scarlatina have been full during the past six months, and have proved wholly inadequate for the demands upon them, that the Local Board of Health be directed to supply itself with such additional hospital accommodation as is required under the Act.

(4) That the Board be urged to extend systematic inspection to every dairy or farm sending milk into Toronto, which is the practice in other cities of the Province, the freedom to inspect such dairies being the condition on which a permit to send milk into the city be granted.

In conclusion, your committee, in notifying the city health authorities of Toronto of its recommendations, desires that the Board express its anxiety and willingness to lend every assistance within its power to mitigate, and, it is hoped, finally stamp out the serious epidemic which exists at present.

The Board having met at 11 a.m., July 24th, the Committee on Sewage presented a report on a proposed system of sewers for

the town of Pembroke. Objection had been made by some of the townspeople to one of the recommendations of the report, viz., that the outfall of some of the sewers would be into a small creek, which discharges into the Ottawa. The report was approved and adopted, with the usual proviso in such cases, "that if at any future time the discharge of sewage now permitted should prove to be a nuisance, the town authorities shall be obliged to dispose of the sewage in such a manner as shall be satisfactory to the Board."

J. J. MacKenzie, B.A., presented a special report on "Rabies in Ontario." The report showed the existence of rabies in this Province, eight outbreaks among dogs having been reported since 1891. Twelve persons bitten during these outbreaks had been successfully treated at the New York Pasteur Institute. A boy who contracted the disease from the bite of a rabid dog had died of rabies recently at Dundas. The preventive rules in several European countries, viz., muzzling of healthy dogs, killing of all rabid or suspected dogs, and a quarantine against imported dogs, were quoted with approval. The scientific treatment at the New York Pasteur Institute was also favorably alluded to. The report was adopted.

The Board appointed Dr. Bryce, Dr. Cassidy and Dr. Vaux as delegates to attend the Montreal meeting of the British Medical Association.

The Board adjourned, it being understood that a meeting would be held on August 16, at the time when the Association of Medical Health Officers of Ontario meets in this city.

DR. J. ELLIOTT has opened up an office on Wilton Avenue, corner Victoria Street.

DR. P. J. STRATHY has opened up an office on Queen Street West opposite Esther Street.

DR. W. T. PARRY has purchased No. 578 Spadina Avenue, and has removed there recently.

DR. WM. NATTRASS has received the appointment from the Government held by the late Dr. Strange, of Surgeon to Stanley Barracks.

DRS. B. E. MCKENZIE AND H. P. H. GALLOWAY have removed their offices to No 12 Bloor Street East, and expect to move into their new residence (No. 14) in about three months.

Public Health and Hygiene.

MONTHLY REPORT OF CONTAGIOUS DISEASES IN ONTARIO FOR JUNE, 1897.

PREPARED BY P. H. BRYCE, M.A., M.D., DEPUTY REGISTRAR-GENERAL.

		Total Reported.	Per cent. of Whole Reported.
Total population of Province.....	2,233,397	1,527,744	68
" Municipalities.....	745	546	73
" Cities.....	13	13	100
" Towns and Villages.....	236	154	65
" Townships.....	496	379	76

VARIOUS DISEASES REPORTED.

Municipality.	Pop. Reported	Typhoid.		Diphtheria.		Scarlatina.		Tub'rcul'sis	
		Cases.	Rate per 1000 per Annum	Cases.	Rate per 1000 per Annum	Cases.	Rate per 1000 per Annum	Cases.	Rate per 1000 per Annum
Cities	429,399	2	.06	15	.4	12	.3	72	2.0
Towns and Villages	274,625	5	.22	11	.48	2	.08	17	.74
Townships	823,720	5	.07	13	.18	3	.04	40	.58
Total Pop. Reported	1,527,744	12	.09	39	.3	17	.1	129	1.02

P. H. B.

The Woman's Health Protective Association of Philadelphia

Have just reason to take pride in the prospective result of their work. The Association has now begun a crusade against foul bakeries and the Sunday work of the employees. Fully two-thirds of the shops, it is said, are operated on Sunday, although it is shown that this is entirely unnecessary by the fact that the remaining one-third still prosper, although in these no Sunday work is done.

The Canadian Journal of Medicine and Surgery

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Editorials.

SUTURE OF THE FRACTURED PATELLA.

OPINIONS differ among surgeons as to the best method of treating fractures of the patella, but there seems to be a growing opinion among men who have seen many cases of this injury and the results, that the old method of a back splint, with a few weeks' rest, is insufficient.

The frequency of the lesion appears to be increasing, owing, probably, to the use or abuse of the bicycle. In the "International Medical Annual," 1897, two operations are described, neither of

which seems formidable. One of them, credited to Mr. Barker, of University College, London, consists in a subcutaneous wiring of the broken fragments of the patella in an antero-posterior direction. The other, credited to Mr. Herbert Butcher, consists in approximating the fragments and retaining them in position by the means of a carbolized silk ligature passed subcutaneously, the points of support being the tendon of the quadriceps femoris and the ligamentum patellæ.

At a meeting of the Parisian Surgical Society (June 9th). when the surgical treatment of the lesion was discussed, Butcher's operation was not mentioned. Dr. Peyrot said that a special fragility of the patella, congenital or acquired, was certainly the most important predisposing cause of these fractures. This explains the frequent relapses, even after wire-suturing has been practised. In reiterated fracture of the patella, subcutaneous wiring with a platinum wire was an ideal operation.

Dr. Lucas-Championiere gave to Lord Lister the credit of having introduced the modern treatment of this fracture, by making a free opening of the knee-joint and practising direct suture of the fragments with silver wire. He thoroughly approved of this procedure, which during the past fifteen years he had applied in fifty cases. With four exceptions, all his cases regained complete restoration of the functions of the limb without the slightest suppuration. He makes a long flap, descending to the tubercle of the tibia, thus placing the resulting scar lower down and giving the surgeon free access to the fragments. He uses two sutures of very large wire (one millimeter in diameter) and these are passed through the bone and not the cartilage. The joint is thoroughly cleansed, and drains are placed outside and not inside the joint. He does not think that the passage of the wire sutures is really difficult. This statement does not accord with the experience of some of our Toronto surgeons, who assert that the passage of the sutures, with the ordinary instruments in use, is extremely difficult. The writer of this article, who successfully performed Lister's operation at Toronto General Hospital (December 1st, 1894), used an aluminum needle of his own device, which made the passage of the sutures quite easy.

Dr. Lucas-Championiere sutures the severed fibrous tissues with catgut, and considers this practice advantageous, inasmuch as it serves to cover the ends of the wire sutures. He also makes his patients get out of bed not later than the eighteenth day, thus avoiding stiffness, which massage, given later on, cannot remove.

He objects to periosteal suture of the patella, having seen quite a number of fractured patellas broken anew after periosteal suturing had been done. He has never seen the wire suture cause any trouble, and thinks that its constant presence in the fractured bone is of the greatest importance. He strongly opposed the practice of massage after wire-suturing of the patella, considering it not only useless, but even dangerous. Patients should be encouraged to use their muscles, and they thus recover naturally, and by their own exertions, the movements of the joint.

He thinks it an exaggeration to make a special operation of hooping the patella. He has reported nine cases treated in this manner, but he thinks that the coaptation of the fragments resulting from this operation is not so perfect as when the fragments are sutured. An objection to this operation is that the wire rests on the cartilage of the joint for a considerable distance. It may be tried, however, in cases in which the patella is broken into a number of fragments, or if the bone is very friable. Hooping the patella without opening the joint (subcutaneous wiring) is, in his opinion, a bad operation.

Dr. Lucas-Championiere finds that the opening of the knee-joint for fracture of the patella has brought about quite a series of interventions for peri-articular lesions. Rupture of the ligamentum patellæ, rupture of the tendon of the quadriceps femoris and separation of the ligamentum patellæ from the tubercle of the tibia have been remedied by suturing and reinsertion of the detached or broken ligaments.

With regard to massage, he thinks that it should be applied at an early date in the cases of cachectic or old persons, who are not fit subjects for the opening of the knee-joint and wire-suturing.

J. J. C.

A VAPOR BATH FOR A PATIENT CONFINED TO BED.

A WRITER in *La Presse Medicale* recommends the following method as an efficient means of causing a profuse perspiration in patients who have to be treated in the recumbent posture: Spread a blanket over the bed, upon which place the patient dressed only in his shirt. Under each foot and at each side of the body place a well-corked stoneware jar of boiling water. Before being placed in position each jar should be covered with a damp towel or several wet napkins, and afterwards covered with a piece of flannel. After

the jars are placed in position the blanket is folded over the patient, and he is then covered with another blanket and an eiderdown quilt.

In a quarter of an hour the patient finds himself in a real vapor bath, which brings on a profuse perspiration, lasting for a time varying according to the circumstances. If it is considered advisable to increase the perspiration, warm drinks may be given.

In order to take the patient out of his vapor bath, the blanket upon which he lies and the jars are withdrawn without uncovering him, and his body is dried under the second blanket and the eiderdown quilt, which are allowed to remain. After twenty or thirty minutes his linen may be changed. J. J. C.

MEDICAL WOMEN IN INDIA.

HINDOO women, who remain faithful observers of a religion and customs many centuries old, prefer death to consulting a medical man, the only treatment they receive being given them by ignorant midwives. In 1869 Miss Clara Swerin, an American graduate in medicine, began to practise in India. Her example having been followed by other American and English medical women in 1880, the Indian medical colleges opened their doors to female students, and organized midwifery classes for their instruction.

In 1883 a dispensary, managed by women, was opened at Bombay, and, shortly afterwards, an hospital for women and children was put under their charge. The Cama Hospital, opened in 1886, was placed under the direction of Miss Pechey Phipson, M.D., University of Berne. But the inferior caste women only attended the Bombay medical colleges, as the women of the higher castes dare not appear in public. In spite of the opposition of her family, and relying on her husband's approbation, a young Brahman lady, Anandibai Gorsee, went to New York in 1883, and in 1887 won the title of doctor of medicine, being the first of her race to obtain such an honor. On her return to India she undertook the management of the Albert Edward Hospital. When Lord Dufferin was Governor-General of India, Lady Dufferin established the "National Association of Medical Aid to the Women of India." The central committee of Calcutta, branching in every direction, opened medical colleges for women at Bombay, Madras, Lazare and Agra; and in distant centres at Cuttack, Lucknow, Allahabad,

Rangoon, Hyderabad, Nagpour, and Benares. Special courses were organized for women students. In 1886, the foundation year of the Association, the names of 110 students were inscribed on the rolls of the colleges and medical schools, either to study for the M.D. degree or become hospital assistants or midwives; in 1889 there were 192, and 255 in 1896. There were twenty-one Europeans, two Jewesses, nine Mussulman women, and fifty-seven Christian natives of India; sixty-two Eurasians (issue of mixed marriages). The other 104 women were Bengalese, Hindoos, Karens, Burmese, or Parsees.

What are the results? In 1888 there were in India thirty hospitals or dispensaries exclusively managed by medical women. In 1895 there were 133, attended by eighteen women holding American or European diplomas, fifty-six holding diplomas from the Indian medical schools, who are called doctors of the second grade and fifty-two doctors of the third grade, the majority of whom are Hindoos. In 1888 these medical women treated 280,000 patients; during 1895 they treated 1,054,387. J. J. C.

WHY NOT BUILD A "JUBILEE" MORGUE?

THE *Daily Mail and Empire*, in a recent issue, after commenting editorially upon a drowning accident which had occurred a day or so before, in which a little boy lost his life, said: "We have a morgue in Toronto, but it would appear that the City Council, in their wisdom, do not provide for anybody to attend to it. The body having been taken there, the place was locked up, and though hundreds of persons visited it during the evening, hearing that a boy was drowned, nobody could get in to see the body and assist in identification. The short-lived pleasure of the drowned boy's companions had been brought to such an alarmingly official end that they had rapidly dispersed.

"What are we going to do about this outrageously bad example of how not to do things? Time and again the City Council have been earnestly besought to provide bathing places for boys. During this hot holiday time such places are an absolute necessity, not only for cleanliness and health, but also that a natural and perfectly innocent impulse may be gratified. Here we are, close to the water, and the boys are tantalized with the sights of a blessedness in which they may not share. It is all very well to say that

they can put on bathing dresses and go to the Island to bathe. A number of them would reply that their finances 'do not run to it.' What is wanted is a proper provision of simple swimming baths (they could, perhaps, be used for rinks in winter), not of an expensive description, but such as would be adequate for the boys' needs. The expense would not be very much, and the usefulness of such a provision can scarcely be exaggerated. Its popularity among boys would, of course, be assured. Till that is done we suppose that the City Council will, in their namby-pamby negativeness, arrange that every little boy who seeks coolness in nature's garb in the water shall be put in danger of his life. It is a very unfortunate state of things.

"As for the morgue arrangements, they are not worthy of a tenth-rate town in a 'way-back district. Considering the swath we are trying to cut in some directions we certainly ought to have some better plan for taking care of the poor remains of mortality that Death leaves at our door now and then. It is understood that the morgue man, who used also to patrol the water-front, where he certainly did a useful work, was dismissed from motives of economy. Is it quite impossible to get an alderman drowned?"

The above statements have a solid foundation of indisputable fact. It will not be very long before Toronto will become as widely known for its numskull aldermen as it is for its natural beauty. It seems now to be a fact that once a year the city's chief magistrate and his followers, nominally known as aldermen ("most of them being there only for the salary attached"), assume a determined attitude regarding the cutting down of the civic expenditure. In this instance, they jumped "with one accord and in one place" upon the back of an unfortunate official, who, for a small salary of between $400 and $500 a year, had proved himself a most trusty and efficient officer, and one who in a city with a water-front the extent of Toronto Bay simply could not be done without. What a magnificent sample of municipal government! What a wondrous reduction in the taxes this effort will make! Now that the Esplanade constable is no more, is it any wonder that such distress is afforded to the families of those who are unfortunate enough to lose relatives by drowning as was created in the case referred to above? Dr. Sheard has proved himself, ere this, by far the most efficient Medical Health Officer Toronto has ever had, a man fearless in serving the city's interest, as two, at least, of our city practitioners are well aware of. It is not Dr. Sheard's fault that The Morgue

receives such scant attention. Just as we go to press we are glad to notice that the City Fathers have, in their generosity, decided to lay a new concrete floor and supply glass covers for the marble slabs. Why cannot our Board of Control "in their wisdom" seriously take up this subject and commence an entirely new regime in this matter, and not only reappoint the deposed officer but adopt the system in vogue in Paris and other large continental cities? Let The Morgue receive the same oversight as any of the other civic departments, and be kept in a condition worthy of a city of a population of 200,000.

W. A. Y.

IT HAS A MOST INJURIOUS EFFECT.

SHOULD the lay press divulge to the public the horrible details of the appalling cases of suicide that are almost a daily occurrence, is a question that forces itself upon us to-day. If the earth were peopled by stoics no harm might result, but when we consider that thousands of those who read these articles are overworked, badly nourished and often intensely hysterical women; and men whose very existence is a treadmill, to-morrow but a repetition of to-day, the same "weary round and common task," is it any wonder that as they read of a suicide, first a fascination, then a memorizing of every detail, then the mental suggestion and then—self-destruction often results. The very fact that another was cowardly enough (or to the tortured mind of the poor earth-tired soul, brave enough) to take this "leap into the darkness," seems to make it easier to yield to the temptation to end life.

We all remember what an epidemic (if we may so express it) of suicide occurred in New York City some months ago after the publication (not of a suicidal act in this case) of a letter by R. G. Ingersoll, wherein he commended suicide under certain conditions. Our first duty as physicians is to save life or prolong it. Often we have the opportunity to battle skilfully against the grim monster; but to these silent cases possessed with a desire to end life we are seldom called, and their malady can never be reached by the steady guidance of the surgeon's knife, or the administration of the "leaves of the trees given for the healing of the nations," or soothe the overtaxed brain by the mental suggestion of life and hope. May we not at least ask, for the sake of suffering, tempted humanity whose we are to serve, that all detailed accounts of suicides and

murders be repressed from the columns of the many journals published daily in our cities—especially, may we add, during the summer months when the "hot waves" sweep across our land, and life to the poor at least does not seem worth living. In Gotham a few weeks ago the streets in the tenement districts were furnaces filled by herded, hopeless creatures, the pathos of whose condition was too deep for the touch of a word. But in the midst of one of these streets a man was reading aloud out of a daily paper the elaborated account of a suicide, and the desperate hard-faced crowd were listening intently. This is one of the pictures that place themselves in the gallery of memory and remain there forever. The problem of the betterment of the condition of the "masses" of our great cities is one with which we as medical men cannot deal except very superficially. We notice with interest that a few months ago the Medical Society of Berne, Switzerland, requested the public press in their land to cease giving notices of suicides. Also, *The Medical Press and Circular* has taken up a kindred subject editorially, and entitled the article "The Psychology of Death." Surely it is not only a dream, but a bright possibility that at least some lives might be prolonged, by not allowing the suggestive "thought wave" of suicide to be transmitted far and near by the grandest instrument for human enlightenment in this busy and progressive age, the daily press. W. A. Y.

SPECKLED BEAUTIES.

A CONGRESS of colored physicians met in Washington in July, to perfect arrangements for a National Association of the physicians of that race. New though this organization may be, its numerical strength will probably, ere long, be very formidable. The rapidity of the growth of the negro race in the United States is assuming alarming proportions. How to stop this growth is indeed a problem, an amusing solution of which was recently suggested by a loyal American who felt he was being decidedly overshadowed by this black cloud. Briefly, his idea is this: A ship should sail from New Orleans every day laden with five hundred "pickaninnies," and the precious cargo be given to the mermaids for adoption. Even should this brilliant "water-baby" idea be useful in the immediate present, it would hardly be adequate (statistics show the number to be so great) to cope with the new editions

of watermelon eaters who greet each new day's sunrise, and who live, thrive, and proudly bear the name of "Henry Clay." The aforenamed physicians assembled in conclave solemn, mighty with the solving of the deep mysteries of the science of the healing art, no doubt find the outlook very promising. Do they also discourse on the overcrowding of the profession? Or to be worthy of the occasion, is the discussion on that weighty subject of great concern, the bacilli of the chicken roost? W. A. Y.

DISPENSARY PATIENTS—ARE THEY DESERVING?

We do not wish to pose as an organ-grinder, grinding out the same old tune over and over again, but the tune of "Medical Charity" has many variations, and the setting may often be transposed. Already several times we have advocated the absolute necessity of greater care being taken by the physicians of Toronto and elsewhere, at the out-door clinics and dispensaries, in the selection of those who receive free advice. It is, we grant, difficult and a very delicate matter in a hurried moment to ascertain whether the patient be really in destitute circumstances, or one of that class of insufferable frauds upon the charitable public who *can* pay, but *will not;* and who have not the common decency to absent themselves and their ailing children from the doors of the dispensaries opened for *only* the really poor. The medical men all seem to deplore this state of affairs at the dispensaries, to deplore their own lack of patients in private practice, to deplore the lack of fees that should be paid to them for honest work well done. But from a purely business standpoint they have themselves only to blame. They treat those who can pay "without money or price," and so, Presto! What can they expect? The physician who does this injures the ethical standard of the profession, the institutions of charity supported by persons who refuse to further contribute, when they ascertain the facts of how their donations for the comfort of the poor are being applied to pauperize the "well-to-do" public; and the physician injures himself immeasurably. Every physician owes it to the regular patients who pay him justly for his services, to have in his surgery the latest instruments (even though they be of torture), the most improved methods of treatment known to medical science, and upon the shelves of his library the latest and best editions of the books that the brainiest men

of to-day as well as yesterday, have written to enlighten and instruct him in all branches of his art, and thereby prolong the life of mankind. How can a physician purchase these essentials and be a successful up-to-date man if he bankrupts himself, and indirectly his fellow-practitioner by giving his time and advice free to those who could and should be made pay for it?

The charitable public are heart sick of this state of affairs. About two weeks ago a gentleman well known for his philanthropy towards one of our public institutions in this city, and who has given years of study to the subject of hospital management, appeared before one of our public bodies at a recent meeting to enlist their support in preventing those who are able to pay a physician from persisting in attending free dispensaries at the hospitals. He referred to the case of a woman who brought her child to a hospital dispensary for treatment, and who, being "kept in line" (and very properly so) to wait for the doctor's attendance, made loud complaints at the detention, adding that her "coupé could not be kept waiting any longer." We have reason to believe that such cases are of daily occurrence.

The time has come when hospital trustees, superintendents, and especially the members of the medical staff connected therewith, should take decided and united action to put an end to this system of practical fraud; or we would deem daylight robbery a more fitting term. Sufficient time spent in careful inquiry into the financial status of all persons presenting themselves at the free dispensaries would certainly go a long way in the prevention of further imposition.

Surely "We have piped unto you, but ye have not danced."

W. A. Y.

BRITISH MEDICAL ASSOCIATION MEETING, MONTREAL, AUGUST 31st.

WE have already in this journal fully dilated on the approaching meeting of the British Medical Association in Montreal, having published more than once programmes of the proceedings and list of the papers to be read. All we can now add is that we hope every doctor in Canada, who can possibly make the necessary arrangements, will turn out and make a point of being present at this convention, as probably for many years to come there will not again be served up such "a feast of fat things," from a medical

standpoint. Papers will be read by the greatest men in our profession, not only from this country, but from all parts of The Motherland. We hope to furnish our readers with a very complete report of this meeting in our September issue, and, having made some time ago special arrangements, we hope to have that issue out within a very few days after the meeting. Our September number will be a special one, and so illustrated as to render it worth preserving.

How Members may reach Montreal or take advantage of Trips to any part of Canada before or after the Meeting, Rates, etc.

The names of all members of the Toronto Branch have been forwarded to Dr. G. E. Armstrong, 320 Mountain Street, Montreal, who will send a certificate to any member writing for it, entitling him or any of his family to buy a ticket at any ticket office (Railway or Steamboat) in Canada, to any part of Canada for half of one single fare, or a return ticket for one single fare. He can purchase them at any time, to any point and as often as he likes. These rates are good from now till September 30th. If anyone wishes to go to the North-West before the Meeting, he can purchase a ticket from point of departure, at the same time asking the local ticket agent to give a certificate saying he had purchased a ticket. If this certificate and the number of the certificate given by Dr. Armstrong is sent to Mr. W. F. Egg, 129 St. James Street, Montreal, he will quote a price and also send free passes over branch lines in Manitoba, North-West Territories and British Columbia and over the C.P.R. steamboats. The railroads in the New England States, including those coming from Boston and New York to Montreal, have granted return tickets for their lines for one fare and a third, good for three days before the meeting and three days after the meeting. Stop-over privileges are allowed at all points. The price of such ticket to Vancouver is about $70.45. Or on receipt of number of certificate given by Dr. Armstrong, Mr. Egg will quote price, send tickets and free passes altogether, on receipt of money order for the amount. It would be well for any of the profession throughout the western part of the Province, especially those who are not already members but who wish to take advantage of all that the meeting affords, to make application for membership at their earliest convenience. It ought to be

understood that only invited guests and members are admitted to the discussions and privileges.

Other information may be obtained by writing Dr. H. T. Machell, 95 Bellevue Avenue, the acting Secretary of the Toronto Branch. W. A. Y.

UP-TO-DATE GERMICULTURE.

At the annual meeting of the Illinois Homœopathic Society, recently held in the city of Chicago, the usual custom of spending the evening deliberating over what might have been dry papers, was dispensed with, and, instead, a decided novelty introduced. The services of the Illinois Microscopical Society were called in, and eyes instead of ears used to gather in information. "The workers with high power magnifying glasses" responded nobly, and a meeting resulted at which were placed on view several hundred "choice" selections of bacteria, ranging from the germs causing hen cholera to the organisms of pneumonia and consumption, together with numerous samples of their action on the tissues of the human body. It may be interesting to read how one of those present at the meeting amusingly describes the evening's proceedings:

"Fearful and wonderful were the things to be seen under some of the many microscopes displayed. There were innocent-looking little specks which are sure death whenever they get under the human skin. Near them were things which looked like Chinese dragons, horns and all. The germs which cause the cancerous maladies resembled small snakes as they wriggled across the field of the microscopes, and a colony of typhoid fever germs, alive and wriggling in a drop of water, bore a slight resemblance to a lot of small boys with baseball bats in their hands.

"The germ of the dread Asiatic cholera was there in many pure cultures, with long pedigrees, to show the excellence of the strains. The anthrax germ, which kills half the cattle in Europe, seemed to be a favorite for display, and was on exhibition in numerous terrible forms. Pneumonia, diphtheria, intermittent fever, and a full line of human parasites pleased the observers. Most rare of all was one sample of the dread fungus which attacks the feet of travellers in India and causes their loss.

"The names of the various subjects were as fearful to contemplate as their forms. Many of the names had no English equivalent at all. 'Micrococcus Schizomycetes,' 'Bacterium Pneumoniæ

Crouposæ,' 'Proteus Zenkeri,' 'Micrococcus Tetragenous Auri,' and, rarest of all, the terrible 'Pismodium Malariæ' were all there with friends and relatives—sisters, cousins and aunts.

"This is the first exhibition of the kind conducted by a medical society in the United States, and will likely not occur again for a number of years. Students and professors from the leading medical colleges of the West, and many doctors who are investigating on their own account, were contributors to the array of wonderful things to be seen." W. A. Y.

THE OUTBREAK OF SMALLPOX.

It is now a long time since Toronto has been visited by the scourge of scourges, smallpox. It would look, however, as if this happy state of affairs were not to continue. Only last Sunday morning, as all have read in our daily papers, a genuine case of variola was imported to this city by one of our lake steamers. Unfortunately we have not room to comment upon this occurrence as it deserves, but we take the opportunity of saying that there must be a very seriously mismanaged state of the affairs of health in the town of Belleville, Ont. Why, we ask, were not proper precautions taken by the Board of Health there to prevent such a calamity as the infection of an entire steamer with its living freight, when, with any care whatever, the case could have been at once isolated, or if necessary, placed under lock and key? The responsibility for such an occurrence should be placed where it belongs and there only, and if, as it would now appear, the patient was permitted to pass the quarantine officers at Grosse Isle while still on board the ocean steamer, the Provincial Board of Health of Quebec should look sharply into such an occurrence. Since this disease first made its appearance in Montreal recently, there has evidently been a most disgraceful amount of bungling on the part of the authorities in that city, regarding the isolation of the patients. A nice thing, indeed, that two of the inhabitants in one of the infected houses should be permitted, by any chance whatever, to go down town and register at one of that city's largest hotels, and actually be there a day or more before those in charge of such matters became alert enough to find out that something was wrong. Is it any wonder that diseases become epidemic under such circumstances? We regret exceedingly that we have to assert ourselves in this

way, when it would seem as if one or more medical men were in the wrong, but THE JOURNAL wishes to keep up its record of meting out praise only where praise is due, and the reverse where necessary. We are glad, however, to see from the latest reports that the Medical Health Officer of Montreal has, according to his request, been given full charge of all matters connected with the Isolation Hospital. We think that this should be the case. The profession of Toronto, as well as of Canada, must congratulate Dr. Charles Sheard on the ability shown by him to cope with an emergency of this kind, as but for his prompt action recently Toronto might to-day be in the throes of the most loathsome disease known to affect mankind. W. A. Y.

CANADIAN MEDICAL ASSOCIATION.

PROVISIONAL PROGRAMME—MONDAY, AUGUST 30TH, 1897.

1 p.m.—Meeting at one of the hospitals. Address by Chairman of Committee of Arrangements. Clinical demonstration.

3 p.m.—General session. Reception of visitors. Election of members. President's address. Addresses by prominent Englishmen. Appointing of committees.

8 p.m.—No general session. Meetings of committees.

TUESDAY, AUGUST 31ST, 1897.

9.30 a.m.—General session. Report of Committee on Inter-Provincial Registration. Report of Nomination Committee and all committees. General business. Adjournment to join The British Medical Association.

The railways will grant a return trip on the certificate plan for single fare from points east of Fort William. For further particulars address F. N. G. Starr, General Secretary, College and Markham streets, Toronto.

EDITORIAL NOTES.

ON inquiry at the General Hospital, Dr. O'Reilly, the Medical Superintendent, reports that the use of the private wards by

medical men of the city, who send in and attend patients of their own, has been very satisfactory. It also has been beneficial, not only to the hospital and medical attendants, but also to the patients, who are thus enabled to have physicians and surgeons of their own choice, and receive skilled nursing and attendance at less cost than at their own homes or hotels. This is particularly true in certain cases where operations have to be performed, and where careful nursing is necessary both night and day. J. J. C.

We think that our readers will find our correspondence column of more than usual interest this issue, as showing to what a state of degradation the profession is rapidly coming through the prevalence of that *bete noir*, lodge practice. The letter signed "Medicus" is positively unique. We were not aware that the practice of medicine had come to such a pass in Toronto as to necessitate the adoption of such disgraceful measures to "run in" patients. W. A. Y.

We regret to find that the editor of our contemporary, the *Canada Lancet*, UNINTENTIONALLY, neglected to acknowledge in the July issue of that journal the loan from us of a half-tone, which had appeared in our June number.—"The Best we can Procure!!!"

Dr. Frank Dawson has removed to 255 College Street.

Dr. John Fotheringham has been appointed assistant surgeon of the Queen's Own Rifles.

Dr. C. R. Cuthbertson has returned to Toronto after spending a few weeks with his brother in California.

Dr. L. L. Palmer has been promoted from being surgeon-lieutenant to the position of surgeon-major in the Queen's Own Rifles.

Dr. Herbert Bruce has just returned from England, where he has spent the last two and a half years in special work. Dr. Bruce has opened an office at 12 Carlton Street.

Index Medicus.

SOME OF LAST MONTH'S LEADING ARTICLES.

The name of the journal in which the article appears is indicated by a number in parentheses, and will be found in the "Key" on page 87.

Abortion, Cause and Treatment. J. M. Krim, M.D. (46)

Appendix, The, in the Interval, R. Abbe, M.D. (1) July 10th.

Angeioma, A Large, of the Lip. R. T. Morris, M.D. (3) July 24th.

Ærotherapeutics and Hydrotherapeutics in the Treatment of Pulmonary Tuberculosis. S. A. Knopp, M.D. (3) July 24th.

Action of Antipyrine. A. Halliday, M.D. (11)

Closure of a Permanent Fæcal Fistula following Appendicitis in Two Cases. H. O. Walker, M.D. (3) July 17th.

Circumcision, with Description of Forceps. A. L. Hodgdon, M.D. (5) July 17th.

Chronic Urticaria. G. T. Jackson, M.D. (3) July 10th.

Cancer of the Skin. W. G. Gottheil, M.D. (13)

Consumption, Treatment of, by the Oil of Cinnamon. J. H. Thompson, M.D. (65)

Cholera Infantum and Its Proper Treatment. M. E. Downes, M.D. (6)

Chloroform and the Heart. E. Lawrie, M.D. (57) July 17th.

Dry Gangrene of Both Lower Extremities Complicating Scarlet Fever. A. E. Pearson, M.D. (2) July 10th.

Diagnosis of Malaria. A. Edwards, M.D. (34)

Exercise for Pulmonary Invalids. C. Denison, M.D. (43)

Effects of Arterio-Sclerosis upon the Heart. R. B. Preble, M.D. (17)

Erythromelalgia. D. W. Prentiss, M.D. (1) July 10th.

Excision and Arthrectomy of the Knee. N. E. McKay, M.D. (28)

Exophthalmic Goitre. G. H. Cobb. M.D. (3) July 3rd.

Elective Surgical Work in State Hospitals for Insane. W. L. Babcock, M.D. (29)

Epilepsy and Expert Testimony. I. Van Gieson, M.D., and B. Sidis, M.D. (29)

Ectropium: Complete Exposure of the Cornea for Ten Years without Destruction of the Eyeball. W. E. Thomson, M.D. (57) July 17th.

Felons as Medical Practitioners in New York. W. A. Purrington, Esq. (1) July 24th.

Follicular Abscess of the Fossa, Navicularis with Attendant Fistula. C. H. Chetwood, M.D. (1) July 3rd.

Fractures, Treatment of. W. L. Estes, M.D. (13)

Foreign Body in the Eye. J. M. Ray, M.D. (46)

Growth and Heart Disease. M. Springer, M.D. (37) July 14th.

Hydræmia, Hæmatoma, Sepsis—Recovery. W. L. Stowell, M.D. (3) July 17th.

Hysterical Aphonia. S. Brown, M.D. (1) July 17th.

Homicidal Insanity. J. Rorie, M.D. (7)

Improvements in Technique in Operative Gynecology. C. E. Cooper, M.D. (26)

Intestinal Gases, Physiological and Pathological. H. M. Evans, M.D. (65)

Infant Mortality, Its Prime Cause and Prevention. E. Van Goidtsnoven, M.D. (4)

Jacksonian Epilepsy. A. Jacobi, M.D. (1) July 24th.

Loictin in Cutaneous Therapy. J. A. Cantrell, M.D. (12) July 17th.

Laryngeal Diphtheria Treated Successfully by Intubation. J. W. Humricehouse, M.D. (5) July 10th.

Lymphatic Constitution and Its Relation to Some Forms of Sudden Death. J. Ewing, M.D. (3) July 10th.

Lactation. E. G. Morse, M.D. (58).

Method of Staining the Malaria-Flagellated Organism. P. Manson, M.D. (57) July 10th.

Morphine Habit Cured by Bromide Poisoning. N. Macleod, M.D. (57) July 10th.

Multiple Cutaneous Gangrene of the Scalp in Cachetic Child. A. D. Heath, M.D. (57) July 3rd.

Membranous Rhinitis, Diphtheritic, and Non-Diphtheritic. W. E. Casselberry, M.D. (17).

Monsters. T. Parvin, M.D. (14) July 3rd.

Morbus Pediculosus. J. Knott, M.D. (37) July 14th.

Operative Indications in Appendicitis. C. S. Briggs, M.D. (66)

Osteo-Sarcoma from Railway Injury. R. Goode, M.D. (9) July 10th.

Problems which Most Perplex the Surgeon. R. Park, M.D. (1) July 3rd.

Preventive Treatment of Rabies. J. Ruhrah, M.D. (5) July 3rd.

Papilloma of the Larynx Recurring as an Epithelioma. M. R. Ward, M.D. (20)

Practical Midwifery. Stephenson, M.D. (7)

Pemphigus Chronicus Vulgaris of the Mouth and Epiglottis. L. H. Miller, M.D. (3) July 3rd.

Peritonitis, The Treatment of. C. M. Ellis, M.D. (5) July 24th.

Pathogenesis of Gout. C. Mordhorst, M.D. (2) July 17th.

Rapid Dilation of Strictures of the Eustachian Tube by Electrolysis. A. B. Duel, M.D. (20)

Reflex Disturbances in Children. H. A. Beeson, M.D. (39) July 20th.

Simple Method for Removing Foreign Bodies from the Nasal Cavities of Children. G. Bieser, M.D. (31)

Treatment of Acute Intussusception. C. L. Gibson, M.D. (1) July 17th.

The Prophylaxis of Detachment of the Retina. E. Clarke, M.D. (37) July 7th.

Turpentine as a Remedial Agent. J. B. Walker, M.D. (24)

Treatment of Complicated Ulcers of the Cornea. C. A. Veasey, M.D. (24)

Therapeutical Aspects of Talking, Shouting, Singing, Yawning, Etc. H. Campbell, M.D. (2) July 17th.

Technic of the Operative Treatment of Acute Appendicitis. G. E. Armstrong, M.D. (11)

Uterus Bicornis Unicollis. W. Turgeson, M.D. (7)

Unusual Case of Cerebral Tumor. F. J. Mann, M.D., and J. O. Stranahan, M.D. (29)

Ventral Hernia Resulting after Abdominal Surgery, and Its Treatment. A. F. Currier, M.D. (58)

W. A. Y.

Key to Medical Publications.

1. Medical Record, N.Y.
2. The Lancet, London, Eng.
3. New York Medical Journal.
4. Atlanta Medical and Surgical Journal.
5. Maryland Medical Journal, Baltimore.
6. Medical Summary, Philadelphia.
7. Scottish Medical and Surgical Journal, Edin.
8. Journal of Medicine and Science, Portl., Me.
9. The Railway Surgeon, Chicago.
10. Archives of Pediatrics, N.Y.
11. Montreal Medical Journal.
12. Philadelphia Polyclinic.
13. International Journal of Surgery, N.Y.
14. Medical and Surgical Reporter, Philadelphia.
15. American Medical Journal (Eclectic), St. Louis, Mo.
16. Medical Bulletin, Philadelphia.
17. Medicine, Detroit.
18. New England Medical Monthly and The Prescription, Danbury, Conn.
19. Canadian Medical Review, Toronto.
20. The Laryngoscope, St. Louis.
21. The Medical Age, Detroit.
22. Buffalo Medical Journal.
23. Cleveland Medical Journal.
24. The Therapeutic Gazette, Detroit.
25. Langsdale's Lancet, Kansas City.
26. Pacific Medical Journal, San Francisco, Cal
27. American Journal of Medical Science, Phila.
28. The Maritime Medical News, Halifax.
29. The State Hospitals' Bulletin, Utica N.Y.
30. Brooklyn Medical Journal, N.Y.
31. Pediatrics, N.Y.
32. Bulletin of Pharmacy, Detroit.
33. Magazine of Medicine, Atlanta, Ga.
34. North American Practitioner, Chicago.
35. St. Louis Medical and Surgical Journal.
36. Chicago Medical Recorder.
37. Medical Press and Circular, London, Eng.
38. Medical Brief, St. Louis.
39. Columbus Medical Journal, Columbus, O.
40. Chicago Clinical Review, Chicago.
41. The American Therapist, New York.
42. The Pacific Health Journal, Oakland, Cal.
43. The Dietetic and Hygienic Gazette, N.Y.
44. La France Medicale, Paris.
45. Medical Standard, Chicago.
46. The Medical Times, New York.
47. La Presse Medicale, Paris.
48. Le Progres Medical, Paris.
49. Quarterly Journal of Inebriety, Hartford, Conn.
50. American Journal of Surgery and Gynæcology, St. Louis.
51. The Homœopathic Physician, Philadelphia.
52. Matthews' Quarterly Journal of Rectal and Gastro Intestinal Diseases, Louisville, Ky.
53. California Medical Journal (Eclectic), San Francisco, Cal.
54. Journal of Eye, Ear and Throat Diseases, Baltimore, Md.
55. Chicago Medical Times.
56. The Indian Lancet, Calcutta, India.
57. The British Medical Journal, London, Eng.
58. Annals of Gynæcology and Pediatry, Boston.
59. The American Gynæcological and Obstetrical Journal, New York.
60. American Practitioner and News, Louisville, Ky.
61. The Medical Examiner, New York.
62. The Birmingham Medical Review.
63. The Alienist and Neurologist (Quarterly), St. Louis, Mo.
64. The Woman's Medical Journal, Toledo, O.
65. The Lancet, N.Y.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

CANNOT THIS STATE OF MATTERS BE REMEDIED?

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

SIR,—Time and again letters and editorials have appeared in our various medical journals respecting the relations of medical practitioners to lodge practice. Time and again have opinions of censure been expressed in our medical societies and meetings, regarding this, the greatest curse with which physicians of any repute have to contend. It is all very well for the older and established physician to say that it does not affect his practice, and that he would not bother his head with the matter, but rest in listless repose and do nothing to stamp out this growing evil. It is all very well for the younger practitioner to say that others do it, and that it is the best and often the only means he has of an introduction to a practice, but if the experience of every practitioner accords with mine, as hereafter shown, he surely cannot feel very proud of the reputation he has achieved or the introduction to the class of patients it has given him. We want to express our opinions fairly and exactly as we have found them, knowing that there are others who may have had experience almost the opposite, pecuniarily speaking; but, sentimentally speaking, there can be only one effect, that of extreme disgust for the work by any one who has undertaken this class of practice. I started out with the full intention of avoiding this class of practice, having made up my mind that, as a mere matter of course in business, if two patients came to me, one a brother of a lodge to whom I had sworn to show brotherly love to the tune of my advice and medicine for ten cents a month, and a second who had no brotherly garlands to entwine about my neck, but had a full fee in his inside pocket, my poor brother's colic could irritate him as much as it liked until I had managed to credit the other's paid fee on my books, and then, only then, would my bowels yearn towards my brother. This and this alone is business, and if any man would take a different course than this, well I would simply stamp him as a marvel. Now I have kept an accurate record of my work, and give it to you as I took it at the time. In the spring of 1894 a young physician left

here for another field, and requested me to complete his term in a lodge that he had been elected for that year, and I give you my work as charged under the ordinary tariff:

April to July—professional services	$53 00
July to October, " "	30 00
October to Dec. " "	12 00
April to December, medicines supplied	46 00
Total.....	$141 00
Cash received from lodge.....	64 25
Practice to members of families of lodge patients ..	$98 00
Cash received.....	30 00
Amount unpaid (possibility of collecting very bad).	$68 00

Another lodge taken for another physician for the remainder of his term:

To professional services—August to December, 1894.	$101 00
August to December—medicines	37 00
Total.....	$138 00
Cash received.....	43 44

You will see from these statistics that my remuneration was not very great, and you can imagine with what feelings of *pleasure*, (?) mixed with unmitigated sadness, I received my payments. I do not know if every man has the same charitable feeling that I have, but candidly I think the reaction produced by this sort of practice on my nervous system, during my short term, has not even yet forsaken me. I deem it impossible for any man, without his ectoderm is preternaturally thick, not to feel the degradation that this class of work produces on his personality. He cannot retain his dignity if he is at the beck and call of every brother who has the privilege of summoning him up at the most unseemly hours for the most trivial complaint.

All men are brothers, but all brothers are not men. Lodge practice has done more harm to the medical profession to-day than all other combined influences. A few years ago if the term *Doctor* was used every person immediately referred it to a physician, now it is applied to any person who has a college or university qualification in any art or science. What is the reason for all this? Is it a lethargic condition that we have gotten into, or is it that we are too meek to fight for ourselves? *I would sincerely wish to see the*

physicians of Toronto and of Ontario band themselves together to suppress this serpent that is eating at our vitals—a firm pull and a pull all together will do it. Now, how is it to be done? I really must pause for a reply. There are several ideas in my mind, but it is impossible for me to tell just how they would work, only if we had the matter in our own hands it would be very easily accomplished, but unfortunately we are nonentities and our efforts are of little avail. If physicians would flatly refuse to do lodge practice, and every one be honest and keep to his agreement, it might be a good move, and if men are imported to do the work, why we all will know them as such and cut them off from all privileges, and let them be known as "lodge doctors," or any other synonym suitable. Another idea is, and in my mind the most appropriate, to have the lodges pay so much per week to sick members, and allow them to pay the physician of their own choice. This would be rather difficult to obtain, as the originators of these orders would thus have cut off their fat salaries, and it would be impossible for them to sink the members' money in monumental buildings, which are merely the forms of advertising their success to the world. I refer simply to those societies having cheap medical attendance. I do not think any form of legislation will remedy this, for party influence, which means lodge influence, is too strong in political lines for this, but if our Council could arrange it so that every medical practitioner would consider it undignified to do this class of work, only a certain few who follow it, whose dignity is not a part of their composition, would condescend to do work of this kind, and it would soon find its level in charlatanism. *Let the lecturers of the various departments in our medical schools make it a part of their lectures some time near the end of each term to instil into the outgoing minds the idea of shunning this class of practice;* that although possibly remunerative at first, it is the worst possible entrance they can get into a practice, and although there are many fine men who belong to these societies yet it is rarely they employ the lodge physician, knowing full well that "cheap cotton tears very easily."

There are also some of our most energetic physicians who have no need of this class of practice still clinging to it, for why? Each must answer for himself. It may be for political advancement, or it may be simple greed of gain. I know not, and I care not, but one thing is very evident: that medical men are cutting their own throats, and doing great injury to every other practi-

tioner by it. How many men are there in Toronto who will willingly throw up lodge work? Let us put them to the test. Let us meet and discuss the matter over, and see if we cannot formulate some means of protection—other cities have done it, and why cannot Toronto be up-to-date?

It will be hard, for a great many men are loth to throw it up, and a great many men are willing to take it up. Just to show you how keenly some men seek this work: When I had finished the term of the second lodge mentioned before, I was re-elected for the following year, but tendered my most gracious resignation, for I had had a *quantum sufficit*, the names of no less than five physicians were before the next monthly meeting.

As to contract practice I have nothing to say, provided an adequate salary is obtained. Insurance examination fees are usually from two to five dollars, and are tariff fees, but if any contract practice is less for the work than an ordinary fee would be I would certainly protest against it. I know of none such. In conclusion I would like to see something done in this direction. A good many of our school and even our Council representatives are lodge physicians. Let them take the initiative and make a bold front, and see if it will not succeed.

A. J. HARRINGTON.

THE "DOCTORIN" AND THE LODGE DOCTOR.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

DEAR SIR,—In your last issue an appeal is made to our "doctorinen" (if permitted to use in the absence of a single term in English, the German affixes "in" and "inen" singular and plural for our medical sisters) to cast off apathy, surplus business!! *et al.* and forthwith get into sympathetic connection with medical journalism. If this advice be considered seriously, will it not lead the "doctorinen" farther afield, for do not reason and experience teach alike, that the best work can be accomplished only by conforming as unreservedly as possible to natural laws, social claims, and ethical standards. A rational application of these laws, claims and standards to the life and work of the general practitioner as a physician and surgeon, and to his great ally the professional nurse, relegates the "doctorin," male nurse, and lodge or contract doctor

to that *genus* of medical *curios*, analogous to the monstrosity, abnormality, ~~prevent~~ misfit or supernumerary.

The "doctorin's" physical limitations, the imperative character and multiplicity of her domestic and social duties handicap her so much that, like the female school trustee, she will be obliged soon to give up the unequal struggle, to ~~considerable~~ advantage of herself, Public and professional Medical work of real intrinsic value is the product of many years of hard study, close observation and wide experience. The "doctorin," like her sister, the female teacher, intends only to follow her "pro tem." avocation until she can effect an eligible marriage. This statement will doubtless be vigorously denied, but the cold facts are that the "doctorin" has just as little aversion to the bridal adornments as her lay sister, and few husbands could or would tolerate having their homes, children, or themselves dominated by servants. The transitory character of the "doctorin's" life makes it impossible for her to acquire the ability necessary for doing good and valuable work. This being the case, can it ever become possible for many women to have so little sympathy for their sisters and their children—for by far the greatest amount of sickness is amongst women and children—as to lure them into placing their lives in the "doctorin's" young, incompetent and inexperienced hands. To say that the maiden "doctorin" is as competent as the youthful doctor is quite true, but adds nothing to the safety of the sick, or the advancement of the profession, for the ranks of our army are overflowing with mediocrity. It is not more in number or variety we want, but a far higher standard, and in order to attain such a woman must sacrifice health, home, husband, and most of her social charms. Any such sacrifice is as unnecessary as it is unnatural.

Turning to the ethical standards it can be very positively asserted that the lodge or contract doctor—and possibly in only a somewhat less odious degree, the dispensary one also—is the grossest of perverts. He ingratiates himself into the "brotherhoods" and secures his princely yearly fee of one dollar per capita, only too often by becoming one of the most obsequious and contemptible of political hacks. And to such a degree does he lose all sense of self-respect, truth or honesty, that he publicly giggles over his unscrupulous tricks, and, worse still, obliges his wife or servant to outrage her conscience, framing excuses for the cunning and tricky strategy he adopts to elude lodge patients. That this species of practice is most degrading is patent from the very low estimation in which

both public and profession hold "the lodge doctor." Considered financially, lodge or contract practice is simply gambling, taking chances on amount of sickness, and of exploiting the regular attendant out of the fruits of his honest efforts. However, unfortunate as it is for our calling to be cursed with such a virulent parasite, yet the antitoxin of honesty is rapidly destroying the pest, for never before was the lodge doctor so much despised in practice or so ruthlessly denounced by the press. The next decade will see the whole malodorous thing relegated to imbeciles and charlatans.

As for the "doctorin" she will stay until she gets tired. We must always treat her courteously, but in common with our sex we will—until the midnight bell tolls out the last hour of time—be aye ready to give three cheers, a "tiger," and a hearty "God bless you" to the woman who finds in the love and comforts of home, husband and children, her most natural and noblest sphere.

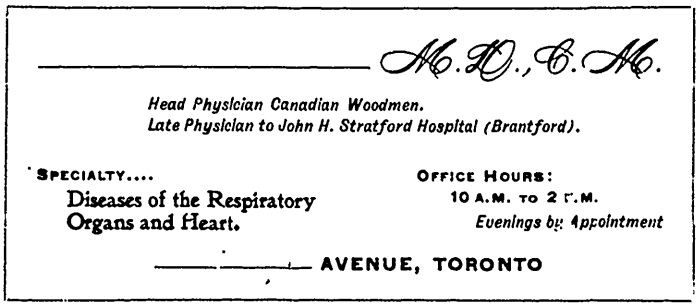
J. HUNTER.

[IN this connection, perhaps, our esteemed correspondent will allow us to quote a sentence or two from an editorial entitled "Ideal Medical Instruction," which appeared the other day in the July issue of the *Medical Review of Reviews*, as showing that the time is rapidly coming when our "lady friends" in the practice of the profession will become as much appreciated as those of the male persuasion. The editorial goes on to say: "The ideal school of medicine will be non-sectarian—there can be no apathy in the course of scientific medical education. The man or woman educated thus is not thoroughly equipped for the responsibilities devolving upon the medical adviser of a family. As there is no sex in thought or in science, it is not rational to suppose that the university education, towards which we are advancing, will discriminate between the sexes who are candidates for the medical degree, and, if we mistake not, the day for 'annexes' for women will be superseded by the progressive educational development, which compelled the authorities at Cambridge to submit to a vote of the convocation the question of conferring degrees upon women."—W. A. Y.]

A "BARGAIN DAY" METHOD TO SECURE PATIENTS.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

DEAR SIR,—The following card and circular were handed me by a patient, with the remark that "Doctors who are any good do not use such methods." I give you a verbatim copy, omitting name and street.


M.D., C.M.

Head Physician Canadian Woodmen.
Late Physician to John H. Stratford Hospital (Brantford).

SPECIALTY....
Diseases of the Respiratory Organs and Heart.

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10 A.M. TO 2 P.M.
Evenings by Appointment

——— AVENUE, TORONTO

——— AVENUE,

TORONTO, JULY 23RD, 1897.

MY DEAR SIR,—Having recently come from Brantford to Toronto, I am desirous of securing a limited amount of general practice. I have practiced medicine in the country for over two years, then in the City of Brantford for nine. I have twice been in New York and once in London, England, studying since my graduation.

By my card enclosed you will notice my attention to special work, yet I will attend a limited number of families in General Practice, and if you have not a regular family Physician I would be pleased to have you call on me should occasion require.

I am, yours very truly,

The above is a fine commercial product. It must have been imported from New York or London, as we have not met anything to equal it in this country. All it requires to make it up-to-date is a "Friday Bargain Day."

It would be interesting in this connection to know how far a man may go in this direction before his conduct becomes *disgraceful in a professional sense* in the eyes of the Medical Council.

Yours truly,

Toronto, July 27th, 1897. MEDICUS.

The Physician's Library.

The Diseases of the Stomach. By Dr. C. A. Ewald, Extraordinary Professor of Medicine at the University of Berlin Director of the Augusta Hospital, etc. Translated and edited with numerous additions from the third German edition, by Morris Manges, A.M., M.D., assistant visiting physician to Mount Sinai Hospital, Lecturer on General Medicine at the New York Polyclinic, etc. Second revised edition. New York: D. Appleton & Co., 1897.

It is little wonder that the author of this work felt encouraged to put forth more labor in getting out a second revised edition, considering the warm reception the first received at the hands of the profession. Within a short period, three editions have appeared and translations published in England, Spain, France, Italy and the United States. This edition has been entirely re-written, with the addition of a considerable amount of new material. The arrangement of the chapters has also been somewhat changed. One valuable characteristic of this edition, also, is that the author has added many new personal observations and therapeutic experiences. There is little doubt that the original views as held by the author have been substantiated by the work done on gastric diseases during the past ten years. In this edition Dr. Ewald has gone more largely into gastric surgery, and has presented its pros and cons so as to enable the medical attendant to decide whether in any particular case the aid of the surgeon is necessary.

Surgery, a Practical Treatise with Special Reference to Treatment. By C. W. Mansell Moullin, M.A., M.D. Oxon., Fellow of the Royal College of Surgeons; Surgeon and Lecturer on Physiology to the London Hospital; formerly Radcliffe Travelling Fellow and Fellow of Pembroke College, Oxford, England. Assisted by various writers on special subjects, with 623 illustrations, many of which are printed in colors, about 200 having been made from special drawings. Third American edition, revised and edited by John B. Hamilton, M.D., LL.D., Professor of the Principles of Surgery and Clinical Surgery, Rush Medical College, Chicago; Professor of Surgery, Chicago Polyclinic; Surgeon, formerly Supervising Surgeon-General, U. S. Marine Hospital Service, etc., etc. Philadelphia: P. Blakiston Son & Co., 1012 Walnut Street. 1895.

It was not any length of time after Moullin's Text-book on Surgery was first introduced to the profession in 1891 before the edition was entirely exhausted. The book was written in such a clear, concise and attractive style that surgeons very naturally felt that their library shelves were not complete without a copy of it. Since then the work has been entirely revised, many new illustrations having been added and such alterations made in the text as the most recent changes in the practice of surgery necessitated. The addition of a chapter on Military Surgery will be much appreciated, this department being too often neglected by even our most recent authors on surgery. The chapter on amputations has been materially enlarged, and that all-important subject of Surgical Bacteriology has been rendered much more interesting by the additions of colored engravings from the most recent monographs. The publishers deserve

the greatest credit for the manner in which they have gotten out this work in its American dress, and we think we can safely predict a large sale amongst the profession of this continent.

The Menopause. A consideration of the phenomena which occur to women at the close of the child-bearing period, with incidental allusions to their relationship to menstruation. Also a particular consideration of the premature, especially the artificial, menopause. By Andrew F. Currier, A.B., M.D., New York. New York: D. Appleton & Co., 1897.

This small work will be welcomed by the profession on account of the fact that a good many years have elapsed since any original work on the menopause in the English language has appeared. Dr. Currier in his work declares that the opinion held so long by the profession, as well as the laity, that the period characterized as the menopause is one fraught with peril and difficulty, is entirely incorrect. The author also holds the view that the popular idea, that there is an intimate relationship between cancer, especially of the breasts and womb, and the menopause, is wrong. He treats also of the subject of the artificial menopause, and goes somewhat thoroughly into the treatment of the ills consequent on the menopause. We cannot but add, however, that we were rather struck, considering the subject, with the nature of the dedicatory notice.

A Text-book of Diseases of Woman. By Charles B. Penrose, M.D., Ph.D., Professor of Gynecology in the University of Pennsylvania; Surgeon to the Gynecean Hospital, Philadelphia. Illustrated. Philadelphia: W. B. Saunders, 925 Walnut Street. 1897.

The author of this work states in the preface that he wrote the book for the medical student, but judging from the thorough and up-to-date manner in which he has handled his subject, in presenting the best treatment of modern gynecology "untrammeled by antiquated theories or methods of treatment," the book will be read with considerable satisfaction by even the practising gynecologist. Dr. Penrose has recommended but one plan of treatment for each disease, and has omitted all facts of anatomy, physiology and pathology, in order by that means to avoid confusing the student. The book is nicely illustrated and is put out in the usual first-class style characteristic of the publishers. The price is $3.50.

The Pocket Therapist, a concise manual of modern treatment, for students and junior practitioners (arranged alphabetically for ready reference). By Thos. Stretch Dowse, M.D., Fellow of the Royal College of Surgeons of Edinburgh; late Physician Superintendent Central London Sick Asylum; late President North London Medical Society; late Member of Council and Secretary for Foreign Correspondence Medical Society of London, etc., etc., etc. Bristol: John Wright & Co.; London: Simpkin, Marshall, Hamilton, Kent & Co. (Limited), Hirschfeld Bros., High Holborn. 1897.

Quite a number of small works of a similar character to this have been written, but this one is certainly very handy, owing to its size nicely fitting the coat pocket. There is no doubt that though a compendium of this kind is more suited for a student's or a young practitioner's purpose, yet in many instances it proves of the greatest assistance to those older in the profession in giving a suggestion regarding the treatment of a case which otherwise might not be thought of. The Pocket Therapist is nicely bound in leather and sells at a very small figure.

Publishers' Department.

A NEW INSTRUMENT FOR THE TREATMENT OF DISEASES OF THE NOSE, THROAT AND MIDDLE EAR.

H. M. DUNLAP, M.D., BATTLE CREEK.

In view of the almost universal prevalence, in one form or another, of the class of diseases under consideration, and the serious and far-reaching results which follow their neglect or inefficient treatment; and notwithstanding the fact that the field has already been entered by many of the ablest men in the medical profession, I offer no apology in presenting before you the instrument which I shall endeavor to describe.

If you will go back with me just thirty years we will arrive at a point in the history of medical science which is marked by one of the most important discoveries ever made in respiratory therapeutics.

I refer to the discovery of nebulization made by Dr. Oliver in 1866. The doctor found that by driving an atomized spray from a liquid of certain consistency against a hard, smooth surface, the minute drops were broken into infinitely smaller particles, thus transforming the liquid into a semi-gaseous state and producing a true visible vapor, or nebula, as he termed it.

This vapor, while it is so light as to remain suspended for a long time in the air, yet contains all the elements of the original solution, the non-volatile as well as the volatile. By producing a spray within a closed vessel the vapor is retained, and may be conducted through tubes for inhalation or application in various other ways.

In this manner medicinal agents of every character may be applied in actual substance to the respiratory mucous membrane in that state of infinite subdivision upon which our Homeopathic friends lay so much stress, and which, while we do not believe it changes the character of action, yet undoubtedly increases the activity and favors perfect distribution.

At the time Dr. Oliver announced his discovery the rank and file of the medical profession were not sufficiently progressive to take up a new method and demonstrate its value by clinical experiment, and hence it came but slowly into general use.

Among those who early recognized the value of the principle of nebulization in respiratory therapeutics was Prof. J. Solis Cohen, of Philadelphia, who demonstrated its usefulness both by clinical and laboratory experiments.

During the past eight years I have constantly used in my practice nebulizers of various forms. The results obtained have led me to regard the method with continually increasing favor.

I experienced much difficulty in obtaining satisfactory apparatus, some being imperfect in one direction and others in another.

In 1892 I designed an instrument in which I endeavored to overcome the defects I found in others. It has met with some favor at the hand of the medical profession, and it is quite extensively used in this country, Great Britain, the Dominion of Canada, and to some extent in other foreign countries.

It is known as the Globe Nebulizer. I have received many letters from physicians reporting excellent results from its use in treating the nose, throat and middle ear. For the latter purpose many prefer it to Politzer's method.

The Globe Nebulizer differs from other instruments of the same class mainly in the construction of the nebulizing tube, which prevents obstruction even in the use of agents of a gummy or resinous nature.

It also has special features as to method of applying the vapor which may be inhaled through the mask or mouth-piece, or forced into the middle ear and nasal sinuses through the hard rubber nasal tip.

I refer thus briefly to the Globe Nebulizer because the instrument under consideration is constructed on the same principle.

It is just what its name indicates, a multi-nebular vaporizer. It comprises three or five nebulizing chambers, the vapor or nebula from which is discharged through tubes into a large receiving globe from which it may flow out freely through the inhaling tube, or may be stored under pressure and released in greater or less volume at the will of the operator, this being controlled by an automatic valve mechanism.

By this construction we have always at hand a variety of solutions for immediate use, either singly or combined, in varying proportions as the case may require.

In addition to this and even more important is the variety of methods by which the vapor is administered, this being provided for by the combination of the large receiving globe with the automatic valve which controls its outlet, a feature which has not to my knowledge been employed before.

I will describe briefly the various methods by which I am in the habit of employing this instrument.

Method No. 1.

Adjust the valve by screwing down the adjusting collar as far as it will go. This holds the valve open, allowing the vapor to flow out freely. Apply the mask to the face and inhale as in ordinary breathing, and at the same time apply the air pressure. Cut off the air pressure and remove the mask from the face during exhalation. Repeat about fifteen times per minute and continue for ten to twenty minutes. This method makes a very thorough application to the nose, throat and larger bronchial tubes.

METHOD NO. 2.

Arrange the instrument and begin the inhalations as in method No. 1. Gradually increase the depth of inhalations and diminish their frequency until at the end of five minutes they reach the full capacity of the lungs, and are repeated about ten times per minute. This should be continued for fifteen or twenty minutes without interruption. The lungs should be emptied as completely as possible at each exhalation.

By this method the application reaches the entire respiratory tract.

METHOD NO. 3.

Proceed in the same manner as in method No. 1, having first substituted the mouthpiece for the mask. Inhale naturally about fifteen times per minute, continuing from five to fifteen minutes. Remove the mouthpiece from the mouth and cut off the air pressure during exhalation. By this method the application is more concentrated in the throat and bronchial tubes, while the nasal passages are not reached at all.

METHOD NO. 4.

Begin the inhalations as in method No. 3, gradually increasing their depth and diminishing their frequency until at the end of five minutes they are as deep as possible and repeated about ten times per minute. Continue for fifteen minutes or longer without interruption. With each exhalation the lungs should be emptied as thoroughly as possible.

By this means the vapor reaches the smaller bronchial tubes and air cells.

METHOD NO. 5.

Place the mouthpiece in the mouth, applying the air pressure, and at the same time exhale gently through the nose. This will cause a cloud of vapor to issue through the nostrils and makes a thorough application to the pharynx and nasal cavities.

Continue with intervals for breathing for about ten minutes.

METHOD NO. 6.

Insert the nasal tip in the inhaling tube and place it in one nostril, closing the opposite nostril with the thumb.

Apply the air pressure and the vapor will be forced through the nasal passage into the throat and will issue from the mouth. This should be continued, with intervals for breathing, for ten minutes.

The nasal tip should be changed occasionally from one nostril to the other.

The application is to the nasal passages and throat.

METHOD NO. 7.

Place the nasal tip in one nostril and apply the air pressure,

allowing the vapor to flow freely from the opposite nostril. Continue with intervals for breathing ten to fifteen minutes.

In this method the application is confined to the nasal passages and is useful where there is any obstruction, as the vapor may be forced through where an ordinary spray would be useless.

Method No. 8.

Adjust the valve by raising the adjusting collar until it almost comes in contact with the button. This will allow the valve to close automatically, but it may be opened slightly by pressure on the button. Apply the air pressure for about ten or twenty seconds, then shut it off. The valve being closed the vapor is retained in the globe under pressure. In the meantime the nasal tip should be pressed in one nostril and the other closed by pressure with the thumb

The patient is now instructed to swallow or pronounce the word "hook." This closes the throat, and at the same time the valve should be opened momentarily by pressure upon the button. This permits the escape of the compressed vapor, which by expansion is forced into the middle ear, nasal sinuses, etc. This may be repeated several times before it is again necessary to turn on the air pressure.

If the vapor does not flow out with sufficient force, lower the adjusting collar. If there is too much force, raise the adjusting collar.

If the eustachian tubes are so obstructed that the ears cannot be inflated as above, the eustachian catheter may be used, connecting it with the inhaling tube.

This method affords the safest and most efficient means for inflating and medicating the middle ear, and is also of much value as a treatment for nasal catarrh which is almost invariably present in these cases, the mechanical pressure serving to diminish passive congestion, thus improving the circulation and nutrition in addition to the benefit derived from medication.

Method No. 9.

Proceed as in method No. 8 except in the manner of opening the valve. Having obtained the proper adjustment for the case under treatment, and everything else being in readiness the button should receive several rapid blows with the finger as in striking the keys of a piano. This produces a series of rapid inflations of the tympanic cavities, vibratory in character, and practically acts as a medicated massage not only to the middle ear but also to the nasal cavities and connecting sinuses.

This opens a new field in the treatment of these numerous and obstinate cases in which there are adhesions, contractions and anchyloses within the tympanic cavities. It produces vibration from within instead of from without, and tends to expansion rather than compression of the ear drums.

METHOD NO. 10.

Attach the mouthpiece to the inhaling tube and raise the adjusting collar just high enough to permit the valve to close. This will leave about one-eighth of an inch space between the collar and the button, and permit the valve to open to its fullest extent when the button is pressed down onto the collar.

Now turn on the air pressure, allowing it to remain on during the entire treatment, which should continue from five to twenty minutes, depending on the case.

At the end of ten or fifteen seconds the vapor in the globe will have accumulated under a pressure of from ten to fifteen pounds to the square inch.

The patient should now place the mouthpiece in the mouth, retaining it with the lips only, closing them quite firmly, and close the nostrils with the thumb and finger.

Press the button instructing the patient to inhale slowly to the full capacity of the lungs. The mouthpiece should still be retained by the lips until the expanding vapor forcibly expels it.

The button should then be released and the patient should exhale slowly. By the time the exhalation is completed sufficient vapor will have accumulated for another inhalation, which should proceed as before, and this round be continued without interruption through the entire treatment. The valve should not be opened too suddenly.

At first the patient will become tired, and the treatment should be continued but a few minutes. The respiratory muscles will soon become stronger and the treatment may be continued accordingly.

This method may be employed with absolute safety in any case, there being no possibility of producing harmful pressure in the lungs, the lips acting as a perfect safety valve.

If there is any tendency to pulmonary hæmorrhage the inhalations should not be so deep, but otherwise the treatment should be directed as above.

The pressure which is developed in the lungs and bronchial tubes will diminish the congestion and the tendency to hæmorrhage.

This method is of the greatest value in treating all diseases of the bronchial tubes and lungs, because in addition to the thorough application of suitable medicinal agents there is a decided improvement in the circulation, nutrition and muscular tone as a result of the mechanical manipulation, the value of which cannot be too highly estimated.

It will be readily seen that being able to vaporize all classes of medicinal agents and apply them by the various methods just described, the apparatus has a wide range of application and in fact is adapted to the treatment of almost all diseases of the respiratory organs and middle ear in which local applications and manipulations are indicated.

I wish to call especial attention to methods Nos. 8 and 9. The

alternate application and release of the compressed vapor to the tissues of the nasal cavities, sinuses and middle ears exerts a decidedly beneficial effect aside from that which results from the application of the medicinal agents. The blood is pressed out of the engorged tissues, thus improving the circulation and nutrition, obstructed tubes and ducts are opened, and in the ear adhesions, contractions and anchyloses are gradually overcome by the massage-like effect which is secured.

In the treatment of cases of chronic catarrh of the middle ear the advantages of vibration transmitted through the eustachian tubes over that applied through the bone or external auditory canal is too appparent to require special comment.

Method No. 10 does not properly come under the scope of this paper, as it is employed wholly in the treatment of diseases of the bronchial tubes and lungs, for which purpose it is of equal value with methods Nos. 8 and 9 in the treatment of the upper air passages.

Briefly, the advantages claimed for this instrument are the convenience which results from its multiple form; the ability to transform all medicinal agents from a liquid to a semi-gaseous state in which condition they are both suited for application to the respiratory mucous membrane; the storage of vapor under pressure; and the various methods of applying the same in combination with certain mechanical manipulations.

COMMERCIAL NOTES.