

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.



DR. D. L. PHILIP,

*President of the Medical Council of the College of Physicians and Surgeons.
of Ontario.*

Ontario Medical Journal.

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

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

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

VOL. III.]

TORONTO, OCTOBER, 1894.

[No. 3.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations. Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.

Editorials.

THE COUNCIL'S POSITION.

In a recent issue of the *Farmer's Sun*, the organ of the Patrons of Industry, appeared an extended communication *in re* Medical Council, from one who subscribed himself "A University Graduate," and entitled "A Caustic Arraignment." In our last number we took the trouble of exposing the inaccuracies and palpable distortions of truth that conspicuously decorated the production of the author's fertile brain. We shall now inquire why the appeal was made to the working classes instead of to the profession. And, next, since such a course was adopted, what motives prompted the writer to conceal his identity?

The Patrons' organization, on more than one occasion, has shown itself inimical, and expressed its desire, to curtail the few privileges and amenities which it is pleased to denominate the monopolies of the learned professions. In the recent provincial elections, several Patron nominees were returned with the object of standing shoulder to shoulder on all measures affecting their constituents. The platform is being constructed; each additional plank increases their hope of developing into the balance of power. No matter how broad their views, they cannot be expected to

manifest intelligent conception of progressive medical polity. Those who are fitted by special education in that particular direction, and a lifetime of arduous devotion to the alleviation of suffering humanity, are surely best qualified as jurors in the premises. Controversy has been conducted in the journals for the past two years. The medical electorate is probably better informed than ever before on all questions relative to the professional standing in the community, and the mutual relations of doctor and patient. Then shame on the man who for selfish ends fouls his own nest, or hopes to degrade a noble calling in the eyes of his countrymen by forging lies for the delectation of those whom he fondly trusts, and actuated by prejudice, is devoid of sufficient courage and the confidence of integrity to discuss the matter with the practitioners of Ontario, and, to crown all, hesitates not to drag in the mire the fair name of a university, by showing it possible that one wearing her hood and gown could stoop so infamously low. He manifests the utmost readiness to invoke the aid of uninstructed antipathy, or anything else, to accomplish his sinister purpose.

What matters it to him though the College of Physicians and Surgeons be debased in the eyes of the people to the level of a horde of advertising charlatans and avaricious villains, if only legislative fiat be secured to decapitate the Council? Like

all other cravens, he hides his name, and with consummate impudence makes use of an educational centre to give him an air of respectability.

In the evolution of the species, the law of heredity is marked by occasional reversions of type. "Like father, like son," is not invariably true, and every *Alma Mater* must acknowledge the existence of a black sheep amongst her alumni. The world over, the degraded son of respectable parentage is only too glad to make ignoble use of his pedigree, and the greater the prestige of noble birth, the stronger the temptation to trade upon it.

Our universities acted a noble part in joining heart and hand with the profession in securing its incorporation, and no fair mind would refuse to acknowledge that their counsels have largely assisted in making it what it is to-day—a credit to the country, and a heroic band in the van of intellectual and moral progress. Their opinions are always expressed for the ear of the public, and when they choose to speak in the way of criticism, it is not very probable that a sneak will be selected as a mouth-piece.

These institutions do not stop at guarding the interests of their graduates, but recognize the claim for protection from imposition, which is the inalienable right of the community at large. Accordingly, there exists in the various alumni associations a strong feeling that degrees in all faculties should be tenable only during good behavior, and that grossly unprofessional or infamous conduct ought to meet with condign punishment; and when, through concerted action, such a measure passes, as sooner or later it will, the contributor to the *Farmer's Sun* will possibly be required to show convincing evidence of having been "born again," or to submit to the inevitable.

Although in some respects in advance of the leaders of the Defence Association, he is apparently an ardent advocate of their propagandism, an opponent of everything, and an iconoclast of the most pronounced type, and no one is likely to envy Dr. Sangster whatever pride he may take in this radical outgrowth of the innumerable products of his pen which have deluged the public press during the past year or two.

At this eventful epoch it would be well for every member of the profession to investigate deliberately

the tenets set forth, and see what the ultimate result would be were the views of Dr. Sangster and his supporters carried to their legitimate issue.

The electorate is fully informed on all matters at stake, the franchise will be exercised intelligently on the 30th, and we do not need to repeat arguments that have been heard again and again; but if every friend of wise legislation will carefully fill his voting paper so that, should contested election cases occur, his vote cannot be invalidated by clerical errors or omissions, the Council has no reason to fear the verdict as recorded at the polls.

We are under the banner of one of the noblest of professions; it had its early struggles and small beginnings, and to-day when so much advance has been made it behoves us to be guarded lest a false step lead us retrogressively and rob us of all that has been acquired by many years of effort.

Like every other representative body, the Medical Council does not claim to be immaculate; but no one is so blinded to facts as not to see that the standard of the profession in Ontario to-day is convincing proof that the movement has been forward. It has used all legitimate means to protect the public from fraud and quackery, has honestly striven to place the practitioner on a higher plane, as well from a social as from a scientific standpoint, and has not hesitated to purge from its ranks those who would be a disgrace to any intellectual community.

It has been charged by certain of its opponents with laxity in this last respect, but the law which confers the authority to deal with such cases being only in its infancy, it was thought wise, with the advice of the best legal talent, to temper justice with mercy and seek the reformation of the criminal rather than his destruction.

The merciful motive that prompted in certain instances the suspension of sentence, has not always been appreciated by the culprit, and, accordingly as early as practicable, that is, at the ensuing meeting of the Council, when the gravity of the repeated offence warranted it, the name was ordered to be erased from the register.

Much has been said of extravagance in maintaining an expensive college building and of the consequent centralization in the metropolis. This, on the part of the Defence Association, is a most ingenious appeal to the country practitioner, who,

in his comparatively secluded district, may not be fully aware of the facts; therefore, even at the risk of troubling our readers with what they may well know already, in justice to all concerned, we assert:

1st. That the present members are not responsible for the purchase of an expensive site and the expenditure of many thousands of dollars thereon. The transaction took place many years ago, and to it one of the leaders in the Defence movement was a party.

2nd. This expensive site was a legacy inherited by the predecessors of the present Council, who hoped, by erecting a building commensurate with the amount already invested and thus realizing from rentals, to secure a fair margin of profit to the profession.

3rd. This was probably justifiable, considering the upward tendency of property values in Toronto at the time.

4th. This expectation would have been fulfilled had not a period of depression followed.

5th. It would not be wise at the present to yield to solicitations from any source and dispose of the property in the low state of the market. The members of the Council have personally nothing to lose or gain in the matter any more than the profession at large, whose interests they are trying to serve.

The annual tax was imposed because financial stringency rendered it imperative in order that the revenue be sufficient to meet the requirements. none regret its necessity more than the present members, nor will any be more pleased than they when the College property has sufficiently recovered its market value *pari passu* with the progress of Toronto to facilitate the reduction of expenditure.

We have departed from our intention to avoid repetition of argument, but for fair exposition of the policy of the Council we need only commend, to those who are in a state of hesitation, a reflective perusal of its verbatim records which, without hint or suggestion from the profession, it has put into the hands of all.

We have from time to time uncloaked the unfairness that has so often characterized the statements of our opponents. The electorate is awakening to the fact that radicalism run mad is a two-edged tool not very safe in the handling, and we are credibly informed that several who had cast

their lot with the Defence Association find that factious antagonism, to secure popularity and power, is not likely to advance the right and true, and that temperate argument is after all more potent than vituperation and slander. Friends of the Council, and all who are proud to be members of our profession, buckle on your armor and rally to the standard; then, to use Dr. Sangster's words, "we shall rout them, foot, horse and artillery."

THE "CANADA LANCET" ON THE ONTARIO MEDICAL COUNCIL.

"Since the return of the editorial 'we' from a three months' sojourn in Europe, he has been looking over the columns of contemporary Ontario medical journals, with the result of his being impressed more than ever with the fact, that a very large storm may be compressed within the compass of a teapot. Judging from the number and quality of letters that have practically filled the editorial columns of some of our medical journals, the physician of Ontario needs a deal of enlightening in regard to his own interests.

"But the most deplorable feature of the whole controversy is the small, personal, and bitter spirit infused into the communications. Farmers quarrelling over a line fence could not descend to more petty and unworthy arguments than have been used.

"Is not the electorate sick unto death of the agitation carried on by a few wordy, loud-mouthed men who have a grievance; who wish to reform the Council by becoming, in some cases members of that much-abused body? The *Canada Lancet* has let the matter severely alone, believing that the Council has done much, and is doing much, for medical education, for the protection of both the public and the profession, and for maintaining the dignity and honor of the profession. When this journal has spoken at all about the matter in question, it has always been in the most moderate terms, not holding that the Council has been either immaculate, or utterly debased and degraded, and unworthy the support of any honest man. That that body has made mistakes is clear, but they have, we believe, honestly done their best, according to their light, to fulfil the purpose for which the Medical Council was originally created. That

there have been cliques and rings in that body : that in order to have weight and carry any measure to a successful issue, a man must either honestly or otherwise belong to, or have some connection with those cliques, is unfortunately too true. Committees, vice presidencies, presidencies, the subsidizing of a journal, *et al.*, have been cut and dried before, and in many cases long before the Council met, and those who kept out of cliques were not in it, so far as anything their vote was worth. We have called the attention of the Council and the profession to those facts before : and from all the signs, which we think are pregnant with deep meaning, that useful body is now about to reap the whirlwind.

"The screed which appears in the *Farmer's Sun* we shall only notice so far as to say that the only University graduate we know capable of such 'a caustic arraignment,' as he modestly puts it, is one who has been disciplined by the Council for bare-faced quackery, so that his grief and wailings will not make much difference to anyone. But we sympathize with the gentle soul which is suffering such agonizing pains on account of too much loyalty to mankind and to principle. John Hampden was commonplace beside this hero.

"It is a matter of congratulation to all Toronto practitioners that we have two such men to represent us as Drs. Barrick and Machell. No better men could have been found, and whatever may be the fate of the incoming Council we may be certain that Toronto will be represented with dignity and integrity. We are also glad that there are to be no elections in this city. Not a little personal feeling has been keeping these constituencies warm for the past few years in connection with Council work. Men will not always do what is expected of them, and they will sometimes even work dead against those who send them to offices of honor. So now that we have practically the two best men to be got, elected by acclamation, those heart burnings will surely die out, and we shall hear less abuse of various of our fellow-practitioners.

"From the list published in another column it will be seen that in only nine of the seventeen divisions is there to be any contest. While we do not, as is manifest from our stand ever since the Defence Association came into existence, endorse wholly the old Council, we have no hesi-

tation in saying that, in our opinion, the interest, honor and dignity of the profession, and the weal of the public, will be safer in the hands of that body than in those of the agitators who have, we think, brought about a serious condition of affairs, perhaps a dead-lock, for what appears to us to be utterly inadequate reasons."

MEDICAL PROSECUTIONS.

The following copy of resolutions will be of interest, and perhaps convey some information to those who consider some of the prosecutions undertaken by the Council to be *ultra vires* :

RESOLUTIONS OF THE GENERAL MEDICAL COUNCIL
AND ITS EXECUTIVE COMMITTEE IN REGARD
TO "COVERING" UNQUALIFIED PERSONS,
AND THE EMPLOYMENT OF UNQUALIFIED ASSISTANTS.

Registrars and Offices for Registration.

W. J. C. MILLER, B.A., Registrar of the General Medical Council and the Branch Medical Council for England. Medical Council Office: 299 Oxford Street, London, W.

JAMES ROBERTSON, Registrar of the Branch Medical Council for Scotland, 1 George Square, Edinburgh.

R. L. HEARD, M.D., Registrar of the Branch Medical Council for Ireland, 35 Dawson Street, Dublin.

1. On April 21st, 1883, the General Medical Council passed the following resolution: "That the Council record on its Minutes, for the information of those whom it may concern, that charges of gross misconduct in the employment of unqualified assistants, and charges of dishonest collusion with unqualified practitioners, in respect of the signing of medical certificates required for the purposes of any law or lawful contract, are, if brought before the Council, regarded by the Council as charges of infamous conduct under the Medical Act.

2. With an earnest desire to put a stop to this wrongful practice, the General Council passed the following further resolution on November 26th, 1887: "That it be referred to the Executive Committee to consider under what circumstances a registered medical practitioner would render himself liable to the censure of the Council in reference to the employment of unqualified assistants."

3. On February 27th, 1888, the Executive Committee, without attempting to make a formal definition of the misconduct in question, reported to the General Council that, in its opinion, "A

registered medical practitioner would render himself liable to the censure of the Medical Council in case of the employment of an unqualified assistant in the practice of medicine, surgery or midwifery, on behalf and for the benefit of such registered practitioner, either in complete substitution for his own services, or under circumstances in which due personal supervision and control are not, or cannot be, exercised by the said registered practitioner."

4. In reference to the procedure known as "covering," the Executive Committee also stated that, in its view, a registered practitioner covers an unregistered person when he does, or assists in doing, or is party to, any act which enables such unqualified person to practise as if he were duly qualified.

5. The Executive Committee furthermore called attention to a resolution, passed by the General Council, on April 21st, 1893, which implies that, in the Council's opinion, "any registered practitioner practising for gain, who knowingly and willfully deposes a person not registered, or qualified to be registered, under the Medical Act to professionally treat on his behalf, in any matter requiring professional discretion or skill, any sick or injured person 'should' be subject to the same legal liabilities as a person who falsely represents himself to be a legally qualified medical practitioner; but with special proviso that such enactment 'should' not hinder any duly regulated training of pupils in medical schools, or otherwise by legally qualified practitioners, nor the use of trained pupils in partially treating the sick or injured under the direction, supervision and responsibility of such practitioners; nor any legitimate employment of nurses, midwives or dispensers."

6. From time to time the Council has investigated several cases in which registered medical practitioners have been charged with permitting and enabling unqualified persons to practise under cover of the names and qualifications of such registered practitioners; and when the charges have been proved the Council has adjudged these practitioners to have been guilty of "infamous conduct in a professional respect," and has ordered their names to be erased from the "Medical Register."

Certified to be a true copy.

(Signed) R. A. PYNE, M.D.,
Registrar C.P. & S.O.

The ballots will be received by nearly all the medical men in the Province on the 17th of October, and must be filled in properly and returned to the returning officer of the Division before the 30th of October, at 2 p.m.

ONTARIO MEDICAL COUNCIL. PRESIDENT.

Dr. D. L. Philip, Brantford, President of the Ontario Medical Council, whose photo-engravure appears in this number, has an excellent professional record as a physician. He was born in Richmond, near Ottawa, and was educated at the High School, Vankleek Hill, in the Ottawa Valley, and subsequently attended McGill College where he spent four years at that medical school, and graduated as M.D. in 1863. He graduated with honors, obtaining the Holmes prize for thesis and also the prize in clinical medicine. After leaving college he settled in Woodstock, where he entered into partnership with Dr. Turquanand, a well-known physician, and who was the second president of the Ontario Medical Council. The partnership only continued for a year, when he removed to Plattsville in the same county, where he remained six years, enjoying an extensive practice. Upon leaving Plattsville the medical profession of the county gave him a public banquet in the town hall and presented him with a valuable testimonial. In 1873, he came to Brantford, where he has since conducted a large and extensive practice. In 1884, he was elected Vice-President of the Ontario Medical Association at the annual meeting of that body in Toronto, and in 1885, he was elected, after a vigorous contest, as the representative of the Erie and Niagara Division in the Ontario Medical Council for the usual term of five years, and again in 1890, for a second term without opposition. At the session of the Medical Council last year he was elected vice-president of that body and recently president without opposition. He has taken an active interest in educational matters in Brantford, and was Chairman of the Collegiate Institute Board for some years.

THE MUTUAL RESERVE BANQUET.

Want of space in our September issue did not permit us to make mention of the magnificent banquet extended to President Edward B. Harper, Vice-President J. Douglas Wells and Councillor Frederick A. Burnham, of the Mutual Reserve Fund Life Association of New York, by Mr. W. J. McMurtry, the Association's genial and general manager in Ontario, on September 7th.

Never before in the history of the Queen's Hotel, where the banquet was held, has the beautiful dining room been so exquisitely decorated, and never before, we believe, has there gathered in that large room where, for a quarter of a century past, it has been the custom to hold Toronto's important gatherings of a like nature, such a representative gathering of Ontario's brightest professional and commercial minds as met that night to do honor to the presence of one of America's insurance kings, for Edward B. Harper is, without doubt, entitled to that distinction. He is certainly one of the great men of the day, and his name will be linked in America's history with the other great names contributed from the field of literature, from the professions of law and medicine, and from the ranks of art and commerce that the nineteenth century will hand down to posterity.

This is a progressive age, but even among progressive institutions one is almost astounded at the wonderful growth of the Mutual Reserve Fund Life Association. Yet, now that we have seen and heard President Harper, who has been and is the builder-up of this great company, our astonishment is turned from surprise at, to admiration for a man who can do what he has done.

Thirteen years ago he took hold of the Mutual Reserve in its age of purling childhood; his aggressive and progressive ideas were the force which, against the tremendous power and determined opposition of all the old-line companies, has built the Association up to its present position, where it now ranks as the fourth largest life insurance company in writing new business, being only exceeded by the Equitable Life, the Mutual Life and the New York Life, all with head offices in the city of New York. Surely New York may be well proud of its great insurance companies.

We are pleased and gratified to know that President Harper thoroughly appreciates the fact that the success of his great company is largely due to the care given to the medical examinations made by its medical examiners throughout America, and we were deeply interested in his remarks made during the convention held in Boston, Mass., last month, of the Life Underwriters Association of America. He there suggested that the different medical colleges in the United States

should each offer an annual prize of \$100 to the graduating class of that year in medicine, for the best paper on "Medical Examinations for Life Insurance."

Life insurance has grown to be one of the great questions of the present century, and it is satisfactory to note the emphasis President Harper places on the important part the medical profession play in the success or failure of a company. What a splendid start in life it would be for a young man to have won such a prize. How quickly the great life insurance companies would recognize his particular ability; and while on this subject, we see no reason why our own medical colleges should not well consider President Harper's suggestion.

But we have for the moment digressed from the banquet. Shall we ever see its like again? Such a menu, such wine and such music! Then the presence of the ladies in the gallery, asked to meet Mrs. Harper, was the touch which went to complete a banquet long to be remembered by everyone present that night.

COUNCIL CANDIDATES.

The following are the names of the candidates in the various territorial divisions. It will be seen that in seven divisions there are no elections.

- Div. No. 1.—Dr. J. L. Bray, Chatham. Acclamation.
 " 2.—Dr. J. Arthur Williams, Ingersoll. Acclamation.
 " 3.—Dr. W. F. Roome, London. Acclamation.
 " 4.—Dr. W. Graham, Brussels. Acclamation.
 " 5.—Dr. Brock, Guelph; Dr. Vardon, Galt.
 " 6.—Dr. Henry, Orangeville; Dr. Smith, Orangeville.
 " 7.—Dr. G. Shaw, Hamilton; Dr. D. Heggie, Brampton.
 " 8.—Dr. D. L. Philip, Brantford; Dr. John P. Armour, St. Catharines.
 " 9.—Dr. W. D. C. Law, Beeton; Dr. John Hanly, Waubaushene.
 " 10.—Dr. E. J. Barrick, Toronto. Acclamation.
 " 11.—Dr. H. T. Machell, Toronto. Acclamation.

- Div. No. 12.—Dr. J. M. Cotton, Lambton Mills ;
 Dr. J. H. Sangster, Port Perry.
 " 13.—Dr. J. A. McLaughlin, Bowmanville.
 Acclamation.
 " 14.—Dr. Ruttan, Napanee; Dr. Thornton,
 Consecon.
 " 15.—Dr. W. W. Dickson, Pembroke; Dr.
 W. Spankie, Kingston.
 " 16.—Dr. R. F. Preston, Newboro'; Dr. R.
 Reddick, Winchester.
 " 17.—Dr. D. Bergin, Cornwall; Dr. A. F.
 Rogers, Ottawa.

HOMEOPATHIC CANDIDATES.

- Dr. C. T. Campbell, London.
 Dr. G. Henderson, Strathroy.
 Dr. G. Logan, Ottawa.
 Dr. L. Luton, St. Thomas.
 Dr. E. T. Adams, Toronto.
 Dr. W. T. H. Emory, Toronto.
 Dr. J. D. Tyrrell, Toronto.

Of whom five are to be elected by the homœo-
 pathic practitioners in the Province.

EDITORIAL NOTES.

Fifteen members of the new Council have
 already been appointed or elected by acclamation,
 of which seven are territorial representatives.

The Medical Defence Association journal, in its
 last issue, through one of its correspondents, ex-
 pressed the wish that Drs. Bray, Bergin and Wil-
 liams should not sit in the next Council. Drs.
 Bray and Williams have been elected by acclama-
 tion, and Dr. Bergin is not opposed by a Defence
 man. The medical profession in those Divisions
 know how to appreciate good men.

To Dr. Henry, who is a candidate for re-election
 in No. 6 Division, is very largely due the credit of
 the increased representation of the territorial repre-
 sentatives in the Council. From the time he
 came into the Council he persisted in his advocacy
 of the change until he had it referred to the Legis-
 lative Committee, when it was brought before the
 House and became an accomplished fact.

Dr. Philip, the President of the Council, is
 again a candidate in No. 8 Division, the old Erie
 and Niagara, which he has represented for the
 past two terms. His opponent is Dr. Armour, of
 St. Catharines, who has taken a somewhat promi-
 nent part as Dr. Sangster's lieutenant on behalf of
 the Medical Defence Association.

We regret that the President of the Council,
 under the present circumstances, should receive
 opposition, as we consider that it is in the best in-
 terests of the profession generally, and of the in-
 coming Council particularly, that he should be
 elected.

It is conceded on all hands that he has been
 one of the ablest men in the Council, a hard
 worker and a man of sterling integrity of character.
 He was for many years Chairman of the Finance
 Committee, and his skill and management of the
 affairs of that most important committee of the
 Council is acknowledged by the members and by
 the Council. There will be a large number of
 new members in the incoming Council, and for
 many reasons it is highly desirable that at this
 critical period in its history, a goodly number of
 the members of the old Council should be re-
 turned, and more especially in the case of the
 President whose loss to the Council would be a
 loss to the best interests of the profession.

British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

PRODUCTS OF THE ARMOUR LABORATORY.

During my visit to the World's Fair last summer,
 I took occasion to look through the enormous
 slaughter-houses of Mr. P. D. Armour & Co., of
 Chicago. This immense establishment gives em-
 ployment to 12,000 men, which in itself would
 make a pretty good-sized city in this "Canada of
 ours." Within the area of the Union Stockyards
 is concentrated the almost entire dead meat pro-
 duction of the United States. From a sanitary
 standpoint, Mr. Armour's huge works are unex-
 ceptionable, and no more disagreeable odors are
 experienced than are inseparable from the huge

collections of living animals which are waiting to be slaughtered. Only animals in the most prime condition are converted into beef, mutton or pork, and if an animal is only slightly hurt by being trampled upon or crushed, it is immediately removed and killed elsewhere, and its flesh rendered and converted into grease for lubricating purposes. One of the great secrets of the phenomenal success of this great institution from a financial standpoint, is the economical basis on which it is conducted. Nothing is allowed to go to waste. As I heard a visitor jocularly remark after going through the premises, the only thing that was lost was the squeal which the pigs made after being stuck. And talking about pigs reminds me that it was about certain products of that animal that I started out to write, and to which the preceding remarks may be looked upon as a preface. Pigs at Armour's are slaughtered by the tens of thousands annually, and from a medical point of view, are interesting from the fact that out of their fresh stomachs is made one of the finest pepsins in the world. The reason of its excellence is that it is made out of fresh material. In an establishment where over a million and a half of hogs are killed annually it is quite evident that the materials must be quite fresh out of which the digestive ferments are manufactured. In the Armour laboratory, not only is pepsin produced, but in addition pancreatin. The laboratory is quite close to the place where the animals are killed, and the hogs' stomachs and pancreas are brought thither immediately and before they have time to undergo any retrogressive changes, which is matter of vital importance, as these structures are apt to spoil if they have to be carried a long distance. Toxic principles are formed which, though not perceptible to the sense of smell, are nevertheless present, and vitiate the digestive ferments which are manufactured, and instead of being useful members of the pharmacopœia may be actually deleterious. The physician who prescribes Armour's pepsin or pancreatin may be absolutely certain that it is pure and reliable. The laboratory is probably the largest in the world, is thoroughly equipped with the latest apparatus for carrying out the various processes, and is well worth a visit by any physician who may be staying over for a short time in Chicago.

CASES IN PRACTICE—FOREIGN BODIES IN THE NOSTRIL.

BY ERNEST HALL, J.R.C.P. EDIN.

L. F., thresher, aged 34, suffered from childhood with frequent attacks of "cold in the head," and profuse muco-purulent nasal discharge, also occasional "neuralgia and sick headache." No loss of smell. Having been under well-directed medical treatment without relief, and having exhausted the list of "catarrh cures" without any better satisfaction, he had concluded to bear with resignation this visitation. Examination showed right nostril only slightly congested, left nostril intensely congested turbinated bodies, with slight septal deflection. The probe passing backwards came in contact with a calcareous mass, surrounded by abundant granulations, which occupied the middle and a part of the upper fossa. After cocainizing, the mass was easily removed and proved to be loosely granular, phosphatic accumulation with a cherry stone nucleus. The remaining granulations were removed with cold wire snare, Dobell Sol. used, and "sick headaches" and "catarrh" became a thing of the past. As the patient had no remembrance of any lodgment within the nose, it is within the bounds of legitimate conclusion to ascribe to the childish sport of "swallowing through the nose," the blame that previously was placed to the credit of Providence. The weight of the mass was fifteen grains.

CASE 2.—J. McA., farmer, aged 37, for some years had symptoms of intranasal obstruction and pressure, occasional supraorbital neuralgia, smell very slightly affected. Examination showed right nostril normal; left nostril showed septal spur and was filled with granulations anteriorly. These were removed, and a dense, hard rhinolith found in the middle fossa, extending upwards and as far as possible encircling the middle turbinated. This body was so firmly placed that it was necessary to break it in order to dislodge. This was accomplished by passing the blades of heavy forceps on either side of the middle turbinated bone and compressing. Remaining granulations treated by snare and cautery; weight of body thirty-eight grains; no appreciable nucleus; no chemical analysis was made.

CASE 3.—J. B., aged 39, carpenter, native of Scotland, was perfectly healthy until the third

winter of residence here, when he moved into a house only recently plastered, the walls of which were not thoroughly dry. He first complained of feeling exhausted upon awakening, with occasional colds in the head, which became more frequent and severe. After a few months he had slight attacks of coughing between the hours of twelve and two in the morning. These attacks increased in severity, with difficulty of breathing, and bronchial spasm appeared. These symptoms continued with lessened severity during the dry summer, but were of nightly occurrence, and increased in severity with the unpleasant winter weather. The sense of smell became almost nil, but patient did not suffer from any form of headache. His voice at times would become very hoarse; taste unaffected. All forms of medication failed him except cocaine, four per cent., which gave instant relief when sprayed into nostrils.

Examination showed heart, lungs, digestive organs and larynx normal, some faucial congestion; right nostril intensely congested, and moderate hypertrophy of middle and posterior part of inferior turbinated, also septal thickening with spongy mass at posterior part. Left nostril showed exostosis of vomer, hard in contact with inferior turbinated. Both nostrils were also excessively sensitive. Under cocaine the exostosis was removed with a saw, posterior hypertrophy removed with a snare. Excessive hæmorrhage stopped proceedings. This treatment gave a measure of relief the following night. Next day a body was discovered occupying the favorite position of these masses—the middle and lower part of upper fossa—almost completely surrounded by granulations. This body was oval, three-quarters of an inch in length and one-third inch thick, of soft consistence resembling cheese. No nucleus could be detected. As patient was accustomed to work in a dusty shop it is probable that this mass was composed of wood dust, mucus and calcareous deposit. The usual post treatment was adopted, and patient progressed satisfactorily. The coryza ceased, and within a few weeks the asthmatic attacks also became a thing to be remembered, and at the present time, two years after treatment, patient enjoys perfect health.

These three cases indicate about the percentage of bronchial spasm, which has its continued cause

within the nasal cavity. While at least ninety per cent. of all cases of asthma, which have come under my observation, present marked pathological changes in these parts, but a small percentage are cured by nasal treatment. A measure of relief from the spasms frequently follows the removal of diseased conditions of the upper air passages, and the younger the patient the better the prognosis, but when the "habit spasm" has become fixed, or better, when the disease has extended downwards to the bronchial membrane, whose anatomical structure closely resembles that of the nasal membrane, we may expect masses of hypertrophy congested, and hyperæsthetic patches with irritating discharges, similar to those presented by the parts above. Is not intermittent nasal obstruction analogous to congestion of the bronchial mucous membrane, and the distressing efforts to effect nasal respiration under acute congestive rhinitis somewhat similar to the painful respiratory efforts of the asthmatic, differing only in the location of the lesion and the greater facility of bronchial stricture from muscular spasm and secondary sclerosis? The action of pot. iodide in the treatment of chronic asthma appears to support this view inasmuch as stimulation of the bronchial absorbents would lessen the obstruction. When we can follow the minute bronchi with astringents and cautery, we may extend hope to a greater percentage of our asthmatic patients.

Another class, whose nares and throat appear normal, suffer from severe bronchial spasm, often called false croup, recurrent or chronic bronchitis. I refer to those whose vaults are filled with adenoid vegetations. No form of obstruction and irritation is more common in children, and none more frequently overlooked. In all cases of chronic deafness, rhinitis, bronchitis and nervous diseases of children, the examination is not complete without the condition of the vault having been ascertained. This is best accomplished by spraying a weak solution of cocaine upon the fauces and gently passing the index finger behind the palate upwards and forwards until the whole of the space is explored. A few examinations will accustom the finger to the anatomy of the parts, and render this the most satisfactory of all methods of examination in children. If adenoids are found to the extent of obstruction, or if only a

moderate enlargement be found with a history of frequent interference with nasal respiration, not due to conditions within the nostrils, the removal of the growths is indicated.

For the removal of these enlargements, all cutting instruments, curettes, forceps, etc., have given place to the finger with a moderately long nail. It is expected that the surgeon can keep the end of one finger aseptic, even if the nail be not trimmed to regulation length. The nares and throat should be thoroughly cleansed by an alkaline antiseptic wash, chloroform administered and with patient in the prone position, the vault scraped, and bases of growths crushed by the finger. As but a few seconds are required for the operation, I have not found the backward position of the head necessary in order to prevent the blood passing into the trachea, although frequently the bleeding is copious. The after treatment is simple antiseptic sprays with light fluid diet. The febrile reaction is nil. Slight rupture of soft palate occasionally occurs if care is not exercised in the curve of the finger. This operation is so simple, the results so exceedingly gratifying, and the instruments always at hand, that the general practitioner should not overlook his duty to patients suffering from this form of irritative obstruction.

Prince Edward Island.

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

UNPROFESSIONAL CONDUCT!

Reports reach us from time to time of the conduct of some members being "irregular" and "infamous" in a professional respect, and not at all in accordance with the established ethics of the profession.

It is decidedly wrong for a young doctor, or an old one, either by himself or his friends, to have frequent *squibs* appearing in the newspapers about his practice. On more than one occasion we adverted to this practice and denounced it as being in direct violation of the ethics of the profession. If a man cannot succeed in this world without showing his instruments and books, and telling of the many cases he has and trying to fish patients from his neighbor better retire and engage in

some occupation where his tastes can be better utilized than in the medical profession. Such conduct in direct *contravention* of our Medical Act, and as the Medical Council of this province at its last meeting appointed a Discipline Committee, with power to appoint a prosecutor, it will be his special duty to watch and ferret out unprofessional conduct on the part of our registered and qualified practitioners. If the evidence is forthcoming the Medical Council will spare no man, but execute the law without fear, favor or affection — that it may be "a terror to evildoers and a praise to them that do well." Any member cognizant of "unprofessional conduct" among his brethren should report the facts to the proper officer. Let us aim at elevating the standard and keeping our profession unspotted before the world.

QUACKERY IN BRITISH COLUMBIA AND PRINCE EDWARD ISLAND.

We read with much interest the exposure of the quack advertisements in Vancouver city, by the talented Associate Editor for B. C. We regret to notice the names of Prince Edward Islanders to the testimonial of the *quack herbalist*. We feel sure the Mayor was imposed upon, as Mr. Anderson is a first-class man, and belongs to a good family who would spurn the methods of quackery. We regret also to admit that Prince Edward Islanders have frequently been duped and gulled by quacks, and perhaps a trail of the same gullibility has followed our friends to the Pacific coast.

We cannot say in this province that we are clear of the pest. It would matter little, but the half-breed French tramp, better known as "Moccasin Frank" from Tracadie, N.B., is still posing as a *woman's doctor* at New Glasgow, in this island. People who would spurn a rum seller, or would not sleep in a house where liquor was sold, and who would be stoutly offended if you hinted that they knew the taste of liquor, will not only give countenance to "Moccasin Frank," but keep him in their houses, lend him their horses and buggies, and provide him with cash to buy whiskey galore! Not only that, but our *Christians* will hug him to their bosoms while a plurality of adjectives in the shape of oaths falls upon their

melodious ears. Quackery in the West ! Quackery in the East !! Quackery everywhere !!!—the world delights to be humbugged.

It is a pity in one sense that the profession would bother their heads about the *duped*. Let them put up with the consequences. The loss of their money, if not greater mischief, befalls them, for quacks the world over are after the money. They are not philanthropists, neither are they possessed with the spirit of the meek and lowly, the Man of sorrows, who went about doing good.

But *quacks* have *devices, methods* and *ways*, and it appears such are necessary to make an *impression* now-a-days on the people. No matter how scientific a man may be, if he tells the people the plain truth he will not be believed ; but if he claims to perform wonderful cures and *miracles*, together with bold assertions, he is believed, and poor *hysterical, weak-minded females* are caught in the trap.

We understand a detective from Fredericton, New Brunswick, wants information about this tramp—that a warrant has been sworn out against him there, and that the police marshall of Fredericton can give an account of his trip to the Adams House, at Chatham.

We are glad, however, of one thing, that not one of our public men has permitted his name to be appended to a testimonial for *skill* and *intelligence* for "Moccasin Frank," who poses as a *Woman's Specialist*, although we have heard of some of the "lesser" lights being willing to testify in his behalf ; therefore, we have cause for thankfulness that our public men did not debase themselves in this respect.

A little more united action on the part of the profession and respect for each other, coupled with refusal to attend any of the families or people who aided and abetted an impostor or quack, would soon bring them to their senses when serious diseases attacked them. The Tracadie "Moccasin Frank" does not depend upon herbs—he got hold of a speculum and he introduces it into every woman who submits to his handling. A favorite phrase with him is, "you have womb disease"—"if I put it up with my hand I'll hurt you—I'll put it up with the other thing." Modesty is unknown to him. Of medicine he knows nothing, but he gives carbolic acid and iodine, and he

exclaims, "it is a d—d good medicine!" He makes people believe he can look into their bladders, and makes silly women believe that he can see "womb disease" in their eyes. Is it not enough to make us feel ashamed of humanity?—to think their imaginations are so depraved as to listen to the mongrel theories of an *ignorant knave* and designing *charlatan* who has neither education nor ability to *read* and *write*.

These quacks should be placed on the witness stand and be made to give an account of themselves ; that, with a photograph, would place them in their true light before the people.

Original Communications.

INFLAMMATION OF THE MIDDLE EAR EXTENDING TO THE MASTOID CELLS AND MENINGES—SUBDURAL ABSCESS AT BASE.

BY ALFRED J. HORSEY, M.D., M.R.C.S. ENG.,
Oculist and Aurist to the Co. Carleton General Hospital, Ottawa.

S. C., aged sixty-two years, came under my care on November 20th last, on account of a purulent discharge from his left ear, which had existed for two months, and for which he had been under previous medical treatment. For two or three days before the appearance of the discharge he suffered from the usual painful sensations common to inflammation of the middle ear, which greatly subsided on its establishment.

The exciting cause was, probably, an extension of the post nasal rhinitis by the Eustachian tube, from which he had suffered for a year, and had consulted a specialist about it.

The local conditions, when I first saw him, were: a swollen, œdematous and dusky red condition about the left auricle, over the mastoid process and down the side of the neck—painful on pressure over this region generally. The floor of the meatus was covered with pus and its walls inflamed. There was a central perforation of the membrana tympani through which pus flowed. Hearing by air conduction was much impaired. His facial expression was dull and weary.

The mucous membrane of the nose was swollen, red, and œdematous, while the columna of the left side was eczematous. He had had no rigors, ver-

tigo, tinnitus nor much alteration of temperature. The local conditions were such that opening the mastoid antrum at once suggested itself and was proposed, but not accepted by the patient for two reasons: First, his dread of a general anæsthetic, to which he nearly succumbed some years previously, and advice by the medical men administering it on no account to take one again; secondly, his fear the wound would not heal, but remain an open unsightly sore, for which he had some grounds. He was undoubtedly the subject of syphilis contracted many years before—had ulcers on his legs and other parts for which he consulted me some fifteen years ago. He had visited Arkansas Hot Springs, and been frequently saturated with mercury and iodide of potassium, so it was decided to try local medication on account of his objections and the uncertainty of the thoroughness of the previous treatment. Accordingly gutt. zinci chlor. were instilled into his ear every four hours, preceded by copious warm injections of hyd. corrosive, and poultices were continuously applied, which influenced the discharge but little.

On November 28th a curved incision an inch long was made behind the auricle, parallel to its posterior border, down to the bone (Wyld's incision) under local anæsthesia by injections of cocaine: the bone being found roughened and periosteum separated. Two days later the mastoid antrum was opened by means of a gouge the bone being soft and easily cut giving exit to about two drachms of fetid pus. The part was probed and an entrance made into the meatus auditorius, so that free communication was effected between the wound, the meatus and the throat through the Eustachian tube, as was evidenced by fluid injections by either of these openings finding exit by the other two. These free passages gave hopes that the middle ear inflammation would cease.

On December 2nd, two days later, the discharge had much abated. He was visited at 9 a.m., when his ear and wound were syringed with Condy's Fluid and gently probed. Up to this time he was going about his room, reading the papers and conversing with friends, though his rest at night had been disturbed by pain in the left side of the head, which had been excessive the night before at two a.m. About an hour after visiting him,

while seated at breakfast, before he had taken any food, he was suddenly seized with a violent general convulsion, clonic spasm of all the muscles, and loss of consciousness. His face and head were livid and his breathing stertorous, irregular and labored. His face was distorted towards the right, with extreme lateral deviation of the eyes in the same direction. Pulse imperceptible. Temperature not taken. The convulsion lasted several minutes, with five such seizures during the day. At 2 p.m., after moving him from a couch to his bed, he vomited about two ounces of pus. Consciousness returned about 4 p.m., when he was able to answer questions. His ear and mastoid wound were syringed.

December 3rd. No return of convulsions. Had a quiet night. When he blew his nose on this and several subsequent days, blood and pus were found on his handkerchief, as it was also when he cleaned his pharynx by hawking, which he had a constant desire to do.

December 5th. Progressing favorably. No alarming symptoms. Tumefaction about the ear much less. Discharge of grumous pus.

December 6th, 7th and 8th. No noteworthy change.

December 9th. Consultation. Mastoid cells further gouged away under anæsthetics by cocaine injection: as previously, patient dull and lethargic.

December 10th. Slight left facial paralysis, also of right arm, thought to be due to pressure, as he lay constantly upon it; sensation present. Had a quiet night; took fluid nourishment freely; seems less dull.

December 11th. Intellect seems clearer; pulse and temperature normal; inflammation about wound much less.

December 12th. Slightly improved from yesterday, but still dull and apathetic.

December 13th.—Intellect clear; had a quiet night, without much sleep. Right arm, on which he lies constantly, is powerless and very painful when it is moved. When on his back he can, with difficulty and pain, slowly draw it across his chest with the other hand. Ophthalmic examination of eyes. Fundi normal; no optic neuritis; edges of disc defined; no photophobia. The day following the convulsion, the urine, which before

had been normal, assumed a dark porter-like appearance, was scanty and contained albumen, which a day or two later again became normal.

December 15th. Slept more heavily last night. Passed urine involuntarily in bed; nurse reported slight twitching of left hand. Has taken little nourishment.

December 16th. Comatose; passed urine in bed; respiration and pulse growing rapid; temperature 101; perspiring; dilating pupils.

December 17th. Death.

REMARKS.

The foregoing case exemplifies the grave import of chronic purulent discharge from the ear; from its liability to extend to the mastoid cells, the meninges of the brain, and occlusion of the lateral sinus by thrombus—a portion of which may become detached and carried to the lungs, setting up septic pneumonia. The symptoms in this case, though plainly indicative of middle ear disease with extension to the mastoid antrum, were not characteristic of a further extension to the brain or the formation of an abscess up to the time of the convulsion. The former condition, at least, is usually indicated by rigors, vomiting, severe headache, elevation and instability of temperature, optic neuritis, photophobia and other symptoms, though which occurrence, doubtless, was unobtrusively going on. The delay in operating was unfortunate for the patient, as the indications for such were present weeks before it was undertaken.

Whether carrying the operative procedure further by opening the lateral sinus and turning out the clot, which probably had formed there on opening the abscess, would have availed anything cannot be decided, as a *post mortem* examination was not obtainable. At this stage of the case, that is, after freely opening the mastoid cells, and no improvement following after several days delay, opening the lateral sinus might with propriety have been justifiable. But to attempt so severe an operation without a general anæsthetic (which his friends still objected to, and which now was doubtfully advisable), seemed unwarrantable. His specific taint also weighed against it.

The vomiting of pus shortly after the convulsion, which was likely displaced from its seat by it and swallowed during its action, and vomited on the

return of consciousness, indicated subdural abscess of the cerebellum bursting through the Eustachian tube, or through the base of the skull.

Our diagnosis of such serious lesions is fast becoming more definite and their treatment more prompt and exact by surgical operation. Dr. W. H. Bennett, of St. George's Hospital, in an able paper on this subject, in the *London Lancet* for October last, emphasizes the diagnostic importance of pain on pressure behind the mastoid process over the mastoid foramen through which the vein of the same name directly enters the lateral sinus. This he regards as pathognomonic of thrombus of the lateral sinus.

To Mr. Victor Horsley we owe the valuable suggestion of ligaturing the internal jugular vein in the neck before laying open the lateral sinus and turning the clot out, thereby lessening the danger of hæmorrhage and also of a clot being carried to the lungs, setting up septic pneumonia.

Meetings of Medical Societies.

COUNTY MEDICAL ASSOCIATION.

The eleventh regular meeting of the County of Simcoe Medical Association was held in the council chamber, Collingwood, on Thursday evening, September 27th, the newly elected president, Dr. Howland, of Huntsville, in the chair. The following members were present: Drs. Aikman, Ardagh, Arthurs, Aylesworth, Ball, Bird, Decker, Donaldson, Hanly, Hunt, Large, Lehmann, McGee, McFaul, McLeod, McClinton, McKay, Morton, Nesbitt, Pauling, Peters, Raikes, Ross, Smith, Starr, Stephens, and West.

The meeting was opened with a paper by Dr. Hunt, of New Lowell, on the diagnosis and treatment of scarlet fever, which was very fully discussed by Drs. Hanly and Stephens.

Dr. McKay, of Collingwood, presented a patient with an abdominal tumor, giving a full and exhaustive history of the case.

Dr. A. E. Ardagh, of Orillia, read a paper on meningitis in children, which was discussed by Drs. Morton, Stephens and Slaw.

Dr. Starr, of Toronto, the secretary of the Canadian Medical Association, was present as the guest of the Society, and read a paper, illustrated

by numerous photographs, on inflammation of the frontal sinus.

In the absence of Dr. Paul Gillespie, Dr. McGee, of Midland, read his paper on the treatment of pneumonia, which was discussed at considerable length by Drs. McFaul, Stephens, Raikes, and Starr.

After an address by Dr. Hanly, of Waubaushene, in support of his candidature for a seat in the Medical Council, the meeting adjourned.

LONDON MEDICAL ASSOCIATION.

At a meeting of the London Medical Society, the President, Dr. Gardiner, in the chair, Dr. English reported a case of acute bronchocele, and Dr. Eccles presented a paper on "Irritability of the Bladder."

ACUTE BRONCHOCELE.

Mr. President and Gentlemen.—Thinking that a report of this somewhat unusual case would be of some interest to the Society, I have brought it up to-night.

C. W., fifteen years of age, for a year past had noticed that the thyroid gland was enlarging gradually. One week before his final illness he consulted Dr. Gardiner for a certain shortness of breath and distress in breathing.

Family History.—He was the eldest child and always enjoyed good health. The mother had four or five children, and died of septicæmia following placenta prævia. She for years had suffered from bronchocele, and also from gastric ulcer. One sister is now gradually developing bronchocele. Father strong and healthy.

I was called at 11.30 p.m., to assist Dr. G., on 2nd March, 1894. Patient was sitting propped up in a chair struggling for breath; semi-conscious, partially cyanosed; pulse, full and strong, and regular, though slow; respiration, frequent and snoring; neck very much enlarged both laterally and centrally; evidently much pressure on pneumogastric and recurrent laryngeal nerves.

Aspiration at different points proved of no good effect.

Patient semi-conscious; without anæsthetic we decided to operate; carbolic acid and bi-chloride solutions used; incisions $2\frac{1}{2}$ inches long in median line; little hæmorrhage: cut down care

fully, working more with the knife handle and finger than the blade: after much patient work freed the isthmus and introduced aneurism needle armed with a stout ligature, and after tying them, removed fully $1\frac{1}{2}$ inches of the isthmus; little hæmorrhage; iodoform used and four or five sutures introduced, and edges of wound coapted.

Breathing relieved to some slight extent; consciousness not returned; patient gradually sank, and died at 7 a.m.

EXTIRPATION OF THE THYROID.

Prof. Kocher, of Berne, has excised the thyroid in 110 cases; eighteen were complete, and in only two of this number was there no change for the worse in the general health. This derangement was progressive, a sense of fatigue, lassitude and weariness, mental activity decreased: in fact, the exact symptoms of myxœdema.

Morris, of London, September, 1889, reported a case of total excision, where, three years after the operation, the patient was in good health, and no signs whatever of myxœdema.

IRRITABLE BLADDER

By "irritable bladder" I mean a desire to micturate too frequently. Taking frequency of micturition as a symptom alone, we find it so common to so many diseases, that the ability to determine to which of the so many causes the symptom belongs, will be the ability to treat and help the patient.

In making the effort to determine the proper source of certain symptoms, one will proceed much on this line:

What are all the known causes which give rise to such and such symptoms?

Presupposing that one possesses the knowledge adequate to call up all these, he then has to determine which is the most likely cause in the case before him; and not until one has covered all the ground in this manner, can one properly diagnose, prognose or treat the case.

In no department in medicine is this more applicable than to disorders producing frequency of micturition. This field itself would be too large for any one paper, and I therefore wish to draw your attention only to causes extrinsic to the bladder itself. The intrinsic causes are worthy of future consideration—calculus, growths, malign-

nant, benign and tuberculous foreign bodies, cystocele and cystitis, acute and chronic.

I shall doubtless, in dealing with the intrinsic, leave out some causes which may readily suggest themselves to some of you, and the Society may thus hope to have the paper supplemented by additional information and individual experience.

1. Perhaps the most common cause of irritability is some of the neuroses; the frequent passage of large quantities of pale limpid urine comes under this head. I am not decided whether the condition of system which forces such large quantities of urine of low specific gravity through the kidney, affects itself the sensibility of the bladder mucous membrane, or whether the pale limpid urine of hysteria is offensive to the bladder, by reason of its abnormality. It is important, however, for us to remember, that the voidance of large quantities of pale urine is not alone dependent upon hysteria. Hysteria and other serious diseases may be blended together, but not until every known cause has been carefully inquired into, should the symptoms be put down to hysteria alone. The action of drugs and the conditions in diabetes mellitus and insipidus will not be readily overlooked.

2. Then you have too frequent micturition from diseases of the kidney - the cirrhotic kidney with increased quantity of urine of low specific gravity, and with occasionally only traces of albumen, and the uretro-pyelitis, consecutive to renal tuberculosis, in which local symptoms are often absent or of an insidious character, and the disease may be far advanced before it is at all suspected. Frequent careful chemical and microscopical examinations in the one, together with careful physical examination of the kidney in the other, will prevent mistakes as to the cause of the frequency of micturition.

Examination of the urine at times will also reveal a super-acidity or super-alkalinity of the urine as a cause of frequency, and here thorough and complete investigation of digestion and assimilation will bear good results.

Vesical irritability was the most prominent, and at first the only symptom of tubercular or scrofulous kidney in a patient in the wards of the London General Hospital during the latter part of 1893. It was the one symptom of which she complained.

Physical examination revealed the right kidney much enlarged, still she persisted that it was the bladder or the womb that was the cause of all the trouble. Dr. Cullen, one of the assistants of Dr. Kelly, of Baltimore, happened to be here on a visit, and had Dr. Kelly's urethral dilators, and urethral catheters, and he was enabled to confirm the diagnosis by catheterization of the ureters; no urine, however, could be got from the left, and that precluded operation.

3. In malignant diseases of the uterus, infiltration around the ureter may lead to a pyelitis with irritability of the bladder, but here we more frequently have a hydro-nephrosis.

4. Urethral carbuncle or vascular growth of the urethra have been found quite frequently to be the cause of bladder irritability. Indeed it is one of the earliest symptoms, and should never be forgotten when the presence of micturition is accompanied by pain. A careless examination of the urethra will often miss the little growth, especially in those cases when the mucous membrane is pouting, and the growth is thus concealed. In one who is not familiar with these cases, it is astonishing how out of all proportion to the size of the growth are the pain and frequency of micturition.

In exceptional cases the symptoms are attributable to some pelvic or some kidney trouble, by reason of the pains complained of in those regions. It occurs at all ages, and under all conditions.

5. Pelvic inflammation with the matting together of the organs into a tumor, a uterine tumor itself, whether it be pathological or physiological, tends to produce irritability of the bladder. We all know one of the earliest symptoms of pregnancy is the frequency of micturition, and sometimes in those who wish to conceal this condition, and who thus use every effort to deceive us, and draw away our attention from the real cause, there is a cheerful acquiescence, when we fail to place upon the bladder the whole cause of the trouble. Let me wish here to express my opinion that in the very early period of pregnancy, the frequency is not due to pressure, but rather to a strong sympathy between the genital and urinary organs.

May not this explanation be their common origin, or their intimate association in their developmental history?

Recognized early in embryonic life is the Wolffian

body, one end of which goes to form the kidney and a few of the tubules of the other end to form the parovarium, the dilatation of which goes to form the ordinary parovarian cyst.

I do not wish to further direct your attention to the development of the genital and urinary organs. My object was to draw your attention to their common origin, and offer this as a possible cause of pathological conditions in the generative organs, producing symptoms referable to the urinary system.

Sometimes the passage of the sound into the uterus will produce an almost irresistible desire to empty the bladder, and I have obtained sufficient information to lead me to believe that the kidney often enlarges during the menstrual period.

Such has been my conviction of the close relation between the urinary and genital system that I have in my course impressed upon the class the importance, for diagnostic purposes, of so linking the bladder and the uterus together as to look upon them as one organ.

6. Pathological antiversion produces frequency of micturition, not so much on account of the pressure of the body on the bladder as to shortening of the utero-sacral ligament.

7. So endometritis now and then, from a feeling of discomfort, teases the bladder into frequent micturition.

8. Stricture of the urethra in women produces irritable bladder, and, although rare, is a cause which must never be overlooked by reason of the ulterior consequences similar to the male.

9. It is well, also, to remember that there is occasionally a hyperæsthesia of the bladder, influenced by a loaded colon or rectum, or by worms, by piles, by fissures, by hæmorrhoids, and increased frequency of micturition ensues, and in some cases the onset of menstruation produces like results. I have seen nephritic attacks simulating an attack of gravel with scanty and frequent micturition, and have pointed out in a paper read some time ago that these attacks are often due to intermittent hydro-nephrosis, and in all such cases most careful examination of the kidney should be made, whereas in all renal affections most careful examination of the uterus should not be neglected.

In conclusion, for diagnostic purposes we must first determine whether the cause is extrinsic or

intrinsic (by the latter I mean the bladder only). The extrinsic, for convenience, may be divided into causes (1) originating in the urinary tract outside the bladder—causes discoverable in (a) the urethra, (b) the ureter, or (c) the kidney—and to causes (2) originating outside the urinary tract altogether, and will embrace those due to modified functions or to actual diseases in the neighboring organs, or to nervous causes, the whole urinary tract itself being healthy.

DISCUSSION.

Dr. Meek recalled one case of caruncle of the urethra where, after removal of the caruncle, the irritability continued, and subsequent examination revealed a fissure of the meatus which, when cured, the symptoms ceased. He also mentioned hernia as a cause of irritability, especially ventral hernia. He was not sure about shortened utero sacral ligaments being a cause of irritability, but thought disease of the uterine wall itself (endometritis) would give rise to it. In some cases an undeveloped condition of the uterus was found. Here the irritability was of nervous origin.

Dr. Ferguson mentioned hyperacidity of the urine as a cause occurring mostly in women, and especially in those of a neurotic temperament.

Dr. Gardiner mentioned a case in which it could not be determined whether the irritability was dependent on Potts' Disease or ventral hernia, as both existed. He thought the irritability of early pregnancy was of neurotic origin.

Correspondence.

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

A MEMBER TO THE ELECTORS.

To the Medical Electors of No. 1 Division:

GENTLEMEN,—Allow me to take this method of returning you my most sincere and heartfelt thanks for the confidence reposed in me and for the generous support you have accorded me during the past fifteen years as your representative in the Medical Council of Ontario, and for again electing me to that honorable position, for the fourth time, by acclamation, and that, too, in the face of the strenuous opposition and fierce attacks made on me,

and against the retiring Council, by Drs. Sangster, Armour, Lamminan, Hillier and other members of the Defence Association, not only through some of the medical journals but in the secular press, more particularly the *Mail* and *Farmer's Sun*, both of which have sought to destroy the Council and defeat all its old members. You have shown by re-electing me that your sympathies are not with these agitators, who would, by their writings and through the influence they wield over such papers as the *Mail* and *Farmer's Sun*, and with their assistance, reduce the profession to the position it was in before the Medical Council was established, and leave the public a prey for the illiterate and hungry fakirs and quacks that swarmed this fair Province prior to that time, and would again do so if it were not for the wholesome check which the present Council has over such characters. While some acts of the past Council may not have met with your entire approval, yet their course, as a whole, has done so, and I can assure you it has been my aim, as well as that of my colleagues, to raise the standard of preliminary and medical education, to stamp out quackery and uphold the honor and dignity of the profession and elevate its standard, and by so doing confer a lasting benefit on the general public. Therefore, I would earnestly urge those in other constituencies, who have the opportunity to support any of the old members, as well as others opposed to supporters of the Defence Association who may be seeking election, to do so, as I feel confident the interests of the profession will be safer in their hands than in those who are opposing them. Again thanking you for past and present favors, and assuring you that my course in the past shall be a guarantee of my conduct in the future, believe me to be,

Yours gratefully,

Chatham.

JOHN L. BRAY.

A CRITICISM.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—My old friend, Mr. Wrigley, the editor of the *Farmer's Sun*, or someone else, has sent to me a copy of the *Sun*, containing nearly two pages of "a University Graduate's" opinion of the Ontario Medical Council. The last column of

the second page contains an article written by a "Prominent Physician," giving his opinion of the value of "Pink Pills." I can imagine the genial editor of the *Sun* telling the printer to put both articles together, as they contain like matter.

The election of members to the Medical Council is at hand, and by the number of articles written to the several newspapers, there appears to be a great deal of enthusiasm; perhaps it lies among a few interested ones to keep up an excitement among many. If they are honest in their purpose there can be no objection. It shows a healthy condition when members of a body take an active part in any association in which they form a part. The efforts of an opposition to show that a weaker branch of the Council has more than a proper representation, and giving the blame for that condition to the present Council, is on the face of it foolish. Such arrangement was made at its organization. There could be no objection to the new Council striving to rearrange with the weaker body for what might be considered a more fair representation, but to force a condition that exists by law is impossible. Again, when a prominent member of the opposition so far forgets himself as to insult a prominent member of that weaker body in the simplicity of manner in which he was taught or practises medicine, when all know or should know that he, the former, emerged from the University half-baked, I would be very sorry to know that any medical man whom I had entrusted my confidence in the past had disappointed me; and I would also consider it a base act of mine to withdraw from that one my confidence when my own judgment and that of other honorable men saw no wrong. Any corporation may err in judgment. The question is, what was the character of each member of the Medical Council, and what is it now? If a man have done wrong let him be dropped, but is our opinions to be governed by any man, or by a body of men led by a man whom we should have no confidence in or respect for—a man who would so far forget himself as to allow his wife, the mother of his children, to eke out her existence as a public washerwoman while he enjoyed the company of his second love? That point had been thrashed out years ago by a body of respectable lady and gentlemen teachers, and never should have been

resurrected, but let the blame be on those who do the act. An honorable profession must not be tarnished with impunity.

Yours truly,

WILLIAM LOVETT.

Ayr, Oct. 5th, 1894.

MEDICAL ETHICS.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR.—Your issue of March contained a letter from Dr. Newall, of Wyoming, on Medical Ethics that, to my mind, was not out of place in the present temper of the members of the profession, and, with your permission, I would like to mention another instance of violation of honor and decency, if not of law; and I think that the Discipline Committee of the Council should have power to deal with all such without mercy. I refer to instances where a medical man sells his property and practice to another and agrees not to set up practice again within, say, twenty miles of his former residence; then deliberately, wickedly, and with malice aforethought, hangs out his shingle and begins business inside of, perhaps, half the distance agreed upon. I know of one or two cases where this was done, and I am told that the law gives no redress in such cases, but surely the Council could, especially when there is a written agreement between the contracting parties. I would like very much to hear your opinion on this matter in the next JOURNAL.

Yours truly,

London.

J. L. BROWN.

SPONTANEOUS CURE.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—I am of opinion that when the medical profession of Ontario laid aside their differences in sects and parties and united to bring the Medical Council into existence, they did the best thing that was possible, not so much for themselves as for the people generally of this province.

Now, after having got the Medical Council, we ought not to give it a grudging support. There are always vanity-struck and quarrelsome people everywhere; while some find fault with the Medi-

cal Council examinations, others do so with its real estate transactions, etc.

But the question is, has it done its duty or tried to do it? I think it has, and will continue to do so.

One among the small things it has done, was the procuring and sending the ONTARIO MEDICAL JOURNAL to every member of the profession in Ontario, and later, to all in British Columbia; soon, I hope, to every medical man in our Dominion, when it will no longer be a small, but a *big thing*.

You ask us for contributions; I think we should assist you in making this journal interesting. I propose offering the report of a very singular case of spontaneous cure of a strangulated hernia which I saw twenty-five years ago, and which has not been reported:

J. D., aged fifty-three years, now living in this village; married, and the father of thirteen children. He works at the trade of stonemason; handles the heavy hammer breaking stone; lifts them on the wall; is industrious; works hard; is strong and healthy. At the age of twenty-two he was married, and lived about ten miles west of this place in the township of Windham, county of Norfolk, where he worked as a lumberman, sometimes in the woods and sometimes in the saw mills. He was living thus with his wife and three children when he had his first and only sickness. In February, 1868, he was suddenly and violently seized with strangulated hernia. He sent for the late Dr. Sparrow, of Teeterville. He failed to reduce the hernia, and sent for the late Dr. Carroll, of Norwich, and together they failed to relieve his sufferings. The case was allowed to go to suppuration and was then opened. It was a day or two, perhaps two or three days, after it was opened (I report this from memory, not from notes) that Dr. Sparrow asked me to see the case with him, with the view of preventing a permanent artificial anus. He told me that an operation was refused until he was satisfied sphacelus had taken place, and then did not want to operate any more than to open the abscess, as he had done. He said as soon as the abscess was opened, the pain and incessant vomiting ceased at once, the appetite returned, and at the time I saw him, his strength was returning so that he seemed

to have a good chance to get well with an artificial anus. We agreed that the best thing to do was to do nothing, any more than to keep the patient as quiet and clean as possible until the artificial anus had become well and strong enough to bear the necessary disturbance of attempting to unite or procure a passage from the upper to the lower section of the intestine. The loop of intestine then laying in the sack, dead and gangrenous I have frequently seen in Dr. S.'s office, put up in alcohol. The doctor told me it was about five feet long. It certainly looked to be four feet or more. Then there was a piece of six or eight inches that was lost. I have tried, but could not trace this specimen since Dr. S.'s death; it must have been at least four feet long.

J. D., the patient, tells me that as soon as the two pieces of gut, which together were a little over four feet long, came away, he began to have his passages in the natural way; that within one week after this he had no more fæces pass through the abscess; that for the large size of the wound it healed rapidly, only left a little sinus that discharged just a little, merely enough to keep the spot moist. This continued for about three months, when, about three hours after eating some lettuce, he felt something at the seat of the abscess. Upon removing his clothes, a little stream of greenish water, free from smell, about the size of a very small straw was spinning out of this sinus as from the point of a syringe. The sinus healed at once after this clearing out, and has been well since, now over twenty-five years.

I saw a letter from Dr. Geo. T. Taylor, of Pekin, China, published in the *Philadelphia Medical News*, Oct. 28th, 1893, in which he describes the case of a Chinese boy that had a strangulated hernia in the left scrotal sack, at the age of sixteen years. After sloughing, the boy got well, with an artificial anus through the scrotal sack. He had no treatment whatever. In this letter Dr. Taylor referred to the publication in the same journal, on the 29th April, 1893, of "Original Lectures on Complications of Hernia." "Service of Dr. Forest Willard, M.D., Surgeon to the Presbyterian Hospital, Philadelphia." I procured that number, and found a series of twelve cases admirably detailed. I send you both these numbers so that, provided you have space and inclination, you may reproduce them.

The first of these cases, Mrs. B., sixty years old, had noticed for fifteen years a small painless swelling in the left groin that remained stationary in size and did not disappear in the recumbent posture. Seven days before seeking advice, a heavy step-ladder in falling struck the tumor, with the result of suppuration and sloughing of a large loop of intestine, without ever having had any symptoms of strangulation; having had daily stools, and no vomiting throughout.

This is a curious case of spontaneous cure, brought on from violence to an old irreducible hernia, and after losing a loop of intestine without strangulation.

The case of J. D. that I have just reported, is also a curious case of spontaneous cure, after losing a four-foot loop of intestine on account of a strangulated hernia, and being now alive and well and strong for more than twenty-five years after the occurrence.

Yours, etc.,

ALFRED BOWLBY.

Waterford, Co. Norfolk, Oct. 6th, 1894.

MEDICAL FORMULÆ.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—I regret much to say I have no slashing case of abdominal section to present my readers, but then I am consoled that the life of the general practitioner is not made up solely of operative surgery, but that small matters are to him and his success very important affairs. In the September number of your journal there are two subjects which illustrate my views—the poisoning from bromoform, solely because the bottle was *not shaken*. I think the rule I adopt should be carried out always—to write on the prescription *shake the bottle*. How often is chlorodyne and other things prescribed without this? Indeed, I request the dispenser to keep a printed label for that purpose, and to put it on even if I neglect to say so.

A great number of the present medical journals contain formulæ, some good, some dangerous. Here is one in your September number:

Muriate of cocaine	gr. xv.
Sulphate of atropine	gr. iii.
Sulphate of morphia	gr. iv.
Vaseline	1 oz.

Now, hæmorrhoids vary in *size*, and a drachm might easily be smeared on some that would be atropia, *one-third* of a grain, even half, would be dangerous on such an absorbent surface. We know the world is made up of small matters, and these are two that might easily ruin a man's reputation.

May I ask that any who have any experience in the treatment of diphtheria by antitoxin would give the results. And can we get some real *practical* information in regard to permanganate of potash in opium poisoning? How does it act? It seems to have succeeded both by hypodermic methods and by swallowing.

So far as I can see, sufficient importance has not been given to either of these two most serious matters.

T. C. MEWBURN.

PROSECUTIONS OF THE MEDICAL ACT.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—Kindly insert the following list of medical prosecutions:

August 21st.—J. E. Hazelton, druggist, fined \$100 and costs.

August 16th.—I. G. Day, druggist, fined \$25 and costs.

August 16th.—E. H. Ward, druggist, fined \$25 and costs.

September 8th.—Ellen Lafrane (Ottawa), fined \$25 and costs.

September 12th.—Francis Martin (Ottawa), fined \$25 and costs.

September 10th.—Laid an information against the Murphy Gold Cure Institute (Ottawa), case not yet disposed of.

September 19th.—Wallace Mason, M.D., case dismissed.

September 19th.—Mrs. Townsend, convicted, but allowed on suspended sentence.

September 18th.—Laid an information against Mrs. A. H. Keith, Viavia Medicine Company. Cannot be served with a summons as she has left the city.

September 27th.—Grand Jury found a true bill against druggist J. E. Hazelton.

THOS. WASSON,

Detective C. P. & S. O.

Toronto, September 27th, 1894.

Book Notices.

Essentials of the Diseases of the Ear. Arranged in the form of questions and answers. Prepared especially for students of medicine and post-graduate students. By E. B. GLEASON, S.B., M.D., Clinical Professor of Otolology, Medico-Chirurgical College, Philadelphia; Surgeon of Nose, Throat and Ear department of the Northern Dispensary. Price, \$1.00. Philadelphia: W. B. Saunders, Publisher, 925 Walnut Street.

This is a most complete little work, containing all that is new and useful on diseases of the ear. It is especially adapted to students, and is of great value also to the general practitioner. It states the essentials of otology concisely, without sacrificing accuracy to brevity.

AN EPITOME

OF

CURRENT MEDICAL LITERATURE.

MEDICINE.

Nitro-Glycerin in Vomiting.—Dr. R. Humphreys (*British Medical Journal*) has used nitro-glycerin systematically for the last three years in every form of vomiting he has met with, and as it is a drug which is not incompatible with other drugs likely to be employed under such circumstances, while it has proved of the greatest service, he thinks that it may be as well to record this use of it, as he can find no mention of it as a general remedy in vomiting. In vomiting in gastric catarrh, whether adult or infantile, acute or chronic, alcoholic or anemic, he has found it to act almost as a specific. The vomiting ceases at once. In a case of vomiting of advanced pregnancy, he found it to be of the greatest service, and in some cerebral cases it also markedly checked the sickness. In peritonitis alone it increased the vomiting, not, however, to a distressing extent, and the effect soon passed off. He ventures to suggest that this may prove a point of diagnostic value in doubtful cases. In vomiting in connection with pulmonary phthisis it proved of little value, where atropine stopped it for the time. In combination with catechu, it acted very well in several cases of lienteric diarrhoea. The vomiting

of influenza was often relieved by it, though not to the same extent as by atropine. He has seen no bad effects from its use.—*N. Y. Medical Times.*

Proper Time to Give Acids, Alkalies.

etc.—Alkalies should be given before food. Iodine and iodides should be given on an empty stomach, when they rapidly diffuse into the blood. If given during digestion the acids and starch alter and weaken the action. Acids, as a rule, should be given between the digestive acts, because the mucous membrane of the stomach is in a favorable condition for the diffusion of the acid into the blood. Acids may be given before food when prescribed to check the excessive formation of the acids of the gastric juice. By giving it before meals you check the osmosis stomach-ward of the acid-forming materials. Irritating and dangerous drugs should be given directly after food, such as the salts of arsenic, copper, zinc, and iron, except where local conditions require their administration in small doses before food. Oxide and nitrate of silver should be given after process of digestion has ended; if given during food, chemical reactions destroy or impair their special attributes, and defeat the object for which they were prescribed. Metallic salts, especially corrosive sublimate, also tannin and pure alcohol, impair the digestive power of the active principle of the gastric juice, so should appear in the stomach during its period of inactivity. Malt extracts, cod liver oil, phosphates, etc., should be given with or directly after food, so that they enter the blood with the products of digestion.—*Medical and Surgical Reporter.*

Phrenitis.—The symptoms and pathology of this disease are well known. I well remember, a quarter of a century ago, phrenitis was called "Brain fever," and very few cases recovered in those days. It is now, and always has been, regarded as a dangerous disease. In my thirty-five years' experience I only meet a well-developed case about once in five years.

The past few weeks I have treated the following well-developed case of phrenitis:

C., aged twelve years on August 12, 1894, while warm and sweating, went in swimming and stayed in the water until he became chilly. He com-

plained at once of pain in the head. He came home, and that evening was chilly for one or two hours, after which he had fever, pain in the head increasing. The next day I was called, being eight miles in the county. Upon careful examination I found the following symptoms: Pulse 120, temperature 105, pupils contracted, skin dry, pain in the head, severe throbbing; sometimes would cry out, as the pain was sharp and piercing; face flushed, the eyes prominent and suffused, intolerance of light and sound, ringing in the ears, and at times slightly delirious; tongue furred, white, urine scanty, bowels constipated. My diagnosis was a severe case of phrenitis.

Treatment:

℞ Fl. Aconitegtts. x.
Fl. Gelsemiumgtts. xxx.
Fl. Pleurisy rootʒi.
Phos. Soda1 drachm to 4 oz. water.

Mix. Give teaspoonful every half hour for six hours, then every hour.

This prescription was intended to reduce the temperature, pulse, and induce diaphoresis.

For the intense pain in the head take

℞ Bromide potassaʒii.
Fl. Ergotʒi.
Fl. Passifloraʒii.
Aquaʒii.

Mix. Teaspoonful every one, two or three hours.

I ordered a hot bath every four hours, and warm water cloths on his head.

Next day the pain in the head was some better, the temperature 108, pulse 100. Peritonitis was developing over the lower portion of the bowels. Put two blisters of cerate of cantharidis, three inches square, on each side of the abdomen, below navel. Otherwise continued treatment without change.

August 16, the third day of treatment, all the symptoms had improved. The temperature was 100, pulse 80. Skin moist; pain in the head about gone, peritonitis subsided, tongue clearing and moist.

To-day, August 17. The temperature is normal; the pulse normal; no pain, resting well but very

weak. I now gave him a tonic—elixir of quinine, strychnine and iron. Discharged.

I report this case for the benefit of the younger class of doctors. The diagnosis is very important, and the treatment must be accurate, prompt and decisive.

In all those acute inflammatory diseases give plenty of gelseminum and get the system under its influence, and with such other remedies as may be indicated, and you will soon get the acute diseases under control.—*John A. Henning, in Chicago Medical Times.*

Bone-Marrow in Anæmia.—Dr. Dixon recommends bone-marrow extract in the treatment of anæmia. The red marrow of bone being probably the chief agent in promoting the development of red blood corpuscles, it seemed feasible to suppose that an extract of this substance, if introduced into the anæmic human organism, might act as a stimulant to the formative process and increase the rate of production of the red corpuscles. As the tissue-forming power in young animals is more active than in older animals, the bones of the former are preferable as a source of marrow extract. (To prepare the extract, the heads of the long bones obtained from recently killed animals are broken into pieces and digested in glycerine, with frequent agitation. When the extraction is complete, after several days the extract is filtered off and is ready for use. It is red or reddish-brown in color, and is devoid of any unpleasant taste or odor.) It may be given in teaspoonful doses once or twice a day, either out of the spoon or spread between thin pieces of bread. In several cases of pronounced anæmia a marvelous improvement, coincident with an increase of red corpuscles, has been observed under the treatment.—*N. Y. Med. Times.*

The Relief of Spasmodic Retention of Urine.—Excessive irritability is one form of interference of the higher centres; the other form is spasmodic retention. Thus, when a man wishes to pass water, he is anxious, especially if someone else is standing by and waiting, as in a public urinal, to make water in a hurry; the desire to make water quickly prevents him from passing it at all. This form can frequently be relieved by some

such plan as that adopted by Boerhaave. He lived before taps were so common as now, and he used to have a screen in his consulting room behind which was placed a tall footman. When he desired any of his patients to pass water, the footman, at a given signal from him, poured water from a water-bottle into a basin on the floor, so as to imitate the sound of a person passing water, and this at once had the desired effect. If, in the out-patients' department you want to get a specimen of water quickly, in order to examine it, the best thing you can do is to turn on a tap, and if that is not sufficient leave the patient to himself and tell him there is no hurry whatever; as a rule, if there is more than two teaspoonfuls of water in the bladder, you are sure to get it by this plan. Sometimes, also, when there is no water running, if the patient only thinks of the sound of running water, it will make the bladder act. The introduction into the urinals at railway stations of constantly running water has been of great service to many. Some passengers can now empty their bladder at a railway station who could not have done it before, although it does not occur to them that the constant running of water has anything to do with the evacuation of the bladder; it has, however, a great deal to do with it. Washing the hands with cold water is another help, as also the application of a cold wet sponge or hot water to the perineum; and making the patient sit down in a hot sitz-bath will frequently enable him to pass water into the bath when he could not do it otherwise.—*N. Y. Med. Times.*

The Dietetic Significance of Iron.—Kobert (*Deut. med. Woch.*) first discusses the amount of iron excreted daily by the adult, which amounts to about 1 mg. to 3 mg. of body weight. He estimates the total daily need at 50 mg. An account is then given of the iron-containing articles of diet. (1) Vegetable food stuffs: These may suffice for the wants of the normal individual, but, according to the author, it is very improbable that in disease of the blood the formation of hæmoglobin can take place as readily by means of vegetable as of animal food stuffs. (2) Animal food stuffs: Of these the most important are milk, eggs, liver and blood. As regards milk, it has been proved that the albuminous iron-containing con-

stituents are with difficulty decomposed by the digestive juices. The supply of necessary iron in disease can be provided by milk only in the rarest cases. The iron combination in egg yolk is called hæmatogen, and is unquestionably the source of the hæmoglobin in the developing chick. It has been shown that even by the consumption of thirty-nine eggs the iron contained in the urine was not increased. Liver substance, free from blood, also contains iron in the form of very stable compound called hepatin. This must not be confounded with the pathological product found in the liver in certain diseases. The author next gives an account of the use of the iron combinations of the blood in the treatment of blood diseases. He believes that preparations which contain blood in a form between hæmoglobin and hæmatin are absorbed and can be used in the formation of hæmoglobin. An account is given of hæmogallol and hæmol, two substances obtained by the action of reducing agents upon the blood. These are the only preparations of this kind suitable for practical use. Their powers of being absorbed can be fully demonstrated. (3) Artificial products: These have been prepared with sugar, mannite, dextrin, albumen, etc. Among the albuminous combinations is ferratin. The author maintains that this product can be decomposed by the stomach, and that ferratin and hepatin are not identical.—*British Medical Journal*.

Congenital Tuberculosis.—Lehmann (*Berl. klin. Woch.*) relates a further case. A phthisical woman, aged 40, gave birth to a child and died three days later from tuberculous meningitis. The child died twenty-four hours after birth. In its liver, spleen and lungs nodules were found exactly resembling tubercle. Tubercle bacilli were also present in large numbers. The tuberculous lesion was more advanced in the mesenteric and bronchial glands. The placenta was unfortunately not examined. The tuberculous affection was assuredly intrauterine in origin. The question as to whether the generalized tuberculosis was disseminated from the glands which contained the oldest lesion, or whether it was a new infection from the mother, could not be decided. A direct passing over of tubercle bacilli from the mother's to the infant's blood does not appear probable. The

rupture of a tuberculous focus in the placenta into the foetal circulation is possible.—*British Medical Journal*.

Extraction of the Lens in High Degrees of Myopia.—Vacher (*Rec. d'Ophthal.*) gives the results of his treatment of progressive myopia of high degree by removal of the lens. The cases were twenty-one in number; before operation there was myopia of 14 D or more in all but three patients, in whom the lens was becoming cataractous; in all of them there was complaint of pain, headache, inability to see to read or work, and photopsiæ. The visual acuteness after the operation remained stationary, or improved somewhat, but the myopia showed no tendency to increase, while in the other myopic eye of the same patient, which had not been operated on, it still progressed slowly. On the contrary, careful examination of the refraction at intervals showed that extraction of the lens tended to favor or provoke a slight decrease in refraction of the eye in addition to that produced by the removal of the lens itself.—*British Medical Journal*.

Uræmic Insanity consecutive to Traumatic Stricture.—Cullerre (*Arch. de Neurologie*) reports the case of a man, aged 36, of good general health, but a heavy drinker, who was admitted to the asylum at La Roche suffering from delirium tremens. After twenty-four hours the case was diagnosed to be one of acute melancholia of alcoholic origin, with accessions of violent delirium and panophobic hallucinations, dangerous to his neighbors. There was marked tremor of hands, face and tongue. His condition improved, and he was discharged in a state of depression without delirium. Three weeks later he was readmitted, certificated as suffering from delirium tremens. It was ascertained that he had not touched alcohol in the interval, but had had several accessions of violence, during which he had escaped from the house, and wandered about the village in his shirt. The diagnosis was made of a second attack of acute melancholia with panophobic hallucinations. The gaze was stupid and immobile, his condition almost cataleptic, and described as though petrified in an attitude of fear. Urine was passed into his trousers. The general health and appetite

were good. On December 5th it was noticed that the prepuce was inflamed, the bladder distended, and the legs œdematous. An obstruction midway in the urethra prevented the passage of a sound or fine bougie. A history was then obtained that nine years previously he had fallen astride a table; the accident was followed by hæmorrhage, and later by difficult micturition. There was no sugar or albumen in the urine. The bladder trouble continuing, the viscus was punctured with a Dieulafoy aspirator 540 grammes of urine being withdrawn. The mental agitation and confusion were profound. Three days later internal urethrotomy was performed, and the following day, although delirium continued, the patient was quieter. As the urinary condition improved, the delirium subsided, and, although some mental confusion with ideas of persecution remained, he was discharged in three months able to resume work. The question is discussed whether the case should be considered one of alcoholism or urinary poisoning. The absence of albumen is not incompatible with the latter. The outbreak had occurred when he had become comparatively sober, and the relapse after some weeks' total abstinence. The type of mania was not considered to be the alcoholic; the cataleptic character and extreme hebetude were especially unlike this. The urinary trouble might have persisted some long time without producing these results had not the nervous system been previously weakened by alcohol. In alcoholism two orders of mental trouble occur: (1) those arising immediately from intoxication; (2) those resulting from a tetanic predisposition aroused by alcohol in doses too small to produce its specific effects. The same thing may be said to occur in uræmia, and the case is probably of this variety. Thus, though improvement followed removal of the cause, there was no perfect cure, and three months later the patient still presented a slight hebetude and ideas of persecution.—*British Medical Journal.*

Post-nasal Growths of Tuberculous Nature.—Lermoyez (*Sem. Méd.*) calls attention to what he considers to be a hitherto undescribed variety of post-nasal growths. Last year he had under observation two children who, after the removal of adenoid vegetations under normal circumstances, wasted rapidly. More recently he

has seen a girl who had suffered from similar growths since infancy, in whom the removal of the vegetations was the starting point of pulmonary tuberculosis, which ran a subacute course. In this case, infection by the instruments used being excluded, there remained only two possible explanations of the occurrence: either the operation had rekindled a latent pulmonary tuberculosis, or else there were tuberculous foci in the vegetations themselves, and the operation had been the means of bringing about an auto-infection. The latter hypothesis was supported by a further case, that of a boy suffering from complete obstruction of the nose, caused by abundant adenoid vegetations. These were removed: recurrence, however, speedily took place, and the child began to show signs of cachexia. A second operation was performed, when microscopic examination proved that the supposed vegetations were composed of young fully organized tuberculous tissue, in which no sign of degenerative change could be discovered. The condition, in short, was one of tuberculosis of the pharyngeal tonsil, infection having taken place from within outwards by the blood vessels. Such cases, the author admits, are extremely rare, but they are sufficient to show that a tuberculous variety of adenoid vegetations really exists. There is, so far as the author knows, no way of making a diagnosis except by removing a piece of growth for microscopic examination; but inasmuch as this method may, like an incomplete operation, be the starting point of infection, it is better not to have recourse to it. The possibility of such a condition should always be borne in mind when one has to deal with a case presenting the usual signs of adenoid vegetations in which there is a family history of tubercle. Operative treatment to be successful must be thorough; the *serre-nerud* or the galvano-caustic loop might with advantage be used in such cases. Medical treatment must not be neglected. Lermoyez recommends a course of "intensive chloride of sodium medication," as in the surgical tuberculosis of children. In the discussion which followed, Marfan suggested that the facts reported by Lermoyez might equally well be explained by supposing that the patients were the subjects of latent pulmonary tuberculosis, and that sputum containing bacilli was the vehicle of infection especially after operation.

Chantemesse pointed out that one is not justified in pronouncing a tuberculosis to be endogenetic merely because the lesions are deep seated; in Lermoyez's cases, therefore, the disease might have been exogenetic in spite of the microscopic appearances. Lermoyez, in reply, claimed to have shown that there is a tuberculous variety of post-nasal growths which simulates ordinary adenoid vegetations, and which, whatever may be its origin, may be the starting point of general tuberculous infection — *British Medical Journal*.

SURGERY.

Case of Intestinal Obstruction due to Adhesions Round the Vermiform Appendix, the Result of Appendicitis Three Years Before.—On March 17th of this year, the patient (John H., age 20) was seized with pain in his abdomen, felt mostly below and to the left of the umbilicus. He was constipated. He took to his bed, and a doctor was called in, who gave him an enema of hot water and turpentine. This brought nothing away. Nine similar enemata were given during the ensuing week, and on one occasion a hard fecal mass was brought away by the injection. But for this there was complete constipation; but the patient thinks that he passed some flatus.

On the evening of the 21st patient began to vomit. He describes the vomit as being "reddish" at first, and he noticed no special odor about it, but next day it became brownish, and had a distinct fecal odor. The abdomen gradually became distended, and the pain increased, and he was sent to the Manchester Infirmary. On admission patient was found to be suffering from constipation, fecal vomiting, and severe abdominal pain. His face was pinched, and had the anxious expression found in abdominal cases. The abdomen was greatly distended, chiefly in the middle, the flanks being unaffected.

Patient stated that he had had an attack of typhoid fever in November, 1890, which kept him in bed for three months. During this attack he had no diarrhoea, but, on the contrary, constipation. He remembered no other illness.

On examining the abdomen, Mr. Jones thought he felt resistance in the right iliac fossa, and

though the pain was not in this region, he determined to open the abdomen here and explore.

Operation, March 24th.—Chloroform was given, and a small hard mass could be felt in the right iliac fossa. An incision, about three inches long, was made in the right linea semilunaris and the peritoneum was cut through. Adhesions, apparently of long standing, were found round the cæcum. The appendix was as thick as an average-sized finger, and more than four inches long. It dipped into the pelvis, and its extremity was there adherent, causing occlusion of the gut by dragging on it. The adhesions were separated, and about two inches of the appendix were removed. The stump was ligatured, and its peritoneum was stitched over it by means of three Lembert's sutures. The part was washed out with boracic lotion and thoroughly dried, and then the wound in the abdominal wall was closed with silk sutures, no drainage being used. Dry dressings were applied, and patient went back to bed. He made an uninterrupted recovery. The temperature never rose to 100°; the pain and vomiting ceased. He was fed by the bowel, each enema containing for the first day or two a little liq. opii. sedative. The bowels acted naturally on the fifth day after the operation. On April 20th patient was allowed out of bed, and on the 24th he left the hospital. He has been seen twice since, and has continued quite well.

From what was found at the operation, it seems likely that the illness that patient had in 1890 was not typhoid fever, but appendicitis. It is interesting to note that the pain was on the left side of the abdomen, and that McBurney's point was absent. For the notes of the case we are indebted to the dresser, Mr. Paget Moffatt.—MR. JONES, in *Manchester Medical Chronicle*.

Treatment of Gonorrhœa.—Dr. Edward Martin, of Philadelphia, after investigating different remedies and methods of treatment of gonorrhœa in a large number of cases, says: Concerning the conclusions which this series of observations seemed to justify, the following is a *resume*:

1. The abortive treatment of gonorrhœa by means of a ten per cent. solution of nitrate of silver injections applied to the navicular fossa is advisable when the disease is seen in its earliest

stage, that is, when inflammatory phenomena are absent, and when the symptoms consist in the slight, whitish discharge and tickling or moderate burning on urination, and when microscopic examination of the discharge shows that it is made up mainly of mucus and epithelium containing little pus. This abortive treatment is successful in an uncertain percentage of cases. When it fails it does not materially complicate the subsequent course of gonorrhœa.

2. When gonorrhœa is first seen in its florid stage, in addition to ordering rest, light diet, regular evacuation of the bowels, free drinking of plain waters, hot baths on retiring, alkaline diuretics, and the treatment appropriate to ardor urinæ and chordee, balsams should be given in full doses, and mild antiseptic irrigations or injections should be practised at once. The most efficient balsams are sandal-wood and copaiba. These should not be pushed to the point of disordering the stomach.

He uses capsules, each containing :

R Balsam copaiba, } $\bar{a}\bar{a}$ m v.
 Oil sandal-wood, }
 Oil of cinnamon mj.

Of these he gives six to twelve per day, administering them one hour after meals.

3. Irrigation of the urethra by means of hot antiseptic lotions gives better results than any other treatment. These should be continued either once or twice a day until gonococci disappear from the discharge or from the clap shreds found in the urine. They should be displaced by astringent injections.

4. When irrigations can not be employed, even during the florid stage, injections are indicated; these should be of bichloride of mercury 1 to 20,000, or nitrate of silver 1 to 10,000. These injections should be gradually strengthened as urethral tolerance is established.

5. Injections of nitrate of silver 1 to 3,000, or bichloride of mercury 1 to 1,000, or injection Brow, or any of the formulæ customarily used in practice in the increasing or florid stage of gonorrhœa, distinctly predispose to the development of hyperacute posterior urethritis, epididymitis, and other complications of gonorrhœa, and may aggravate and prolong urethral inflammation. Strong astringent injections employed in the early period of the subsiding stage are equally dangerous.

6. Treatment by internal medication alone is followed by a small percentage of epididymitis and posterior urethritis, but by slow cure. The most efficient treatment consists in the combination of the balsams with local antiseptic washing.—*Therapeutic Gazette*.

Malignant Stenosis.—Homans (*Ann. of Surgery*) relates a remarkable case of malignant stenosis of the sigmoid flexure of the colon, with an enormous collection of fruit stones above the stricture, relieved by colotomy. The patient, a Dane, aged 27, when in Denmark ate a large quantity of dried cherries and prunes. He was in the habit of swallowing many of the stones, and they passed through the rectum until 1887. In the latter part of that year he began to feel sick with cramps in his bowels and excessive rumblings. Cathartics gave him no relief, but rather increased his sufferings. In 1883 he came to the United States, and he said that he had eaten no cherries since his arrival. His abdominal pains continued, and his bowels were constipated. He gradually got worse, especially at night, and in 1890 he had vomiting, at one time throwing up thirteen rounded black masses like cherry stones. This gave relief for a few weeks. In 1893 he came to the hospital, and on examination a flat saucer-like swelling was found in the right iliac region. Drachm doses of Epsom salts only produced pain and nausea, but did not reduce the size of the tumor. On April 6th, 1893, the abdomen was opened, and the greatly hypertrophied sigmoid flexure presented. In the left central portion of the pelvis a hard, flattened tumour surrounded the sigmoid flexure and upper part of the rectum with its mesentery. Resection of the intestine being impossible, the sigmoid flexure was brought out through the wound, and a glass rod passed under to keep the bowel outside the abdomen. No stitches were used, but the whole was dressed, aseptically, and the patient recovered well from the operation. There was some pain, relieved by morphine, and on April 8th the gut was opened, and the patient did not feel the incision in the least. A few blackened cherry stones and some fecal matter came away at once, and on April 9th more cherry stones were found at each dressing, and some prune stones, by the passage of which the

pain was much relieved. During the next two days more stones passed, until the number reached 120 cherry stones and 70 prune stones which had come out of the artificial anus. All the stones were passed in four days, and none came afterwards. The man improved rapidly in health and strength and weight, and left the hospital on May 5th well and strong. On April 16th, 1894, he was hearty and hale, and beyond the inconvenience of the artificial anus was never better, having gained 27 lbs. in weight.—*British Medical Journal*.

Methods of Controlling Hæmorrhage in Amputation of the Upper Extremity.—

Keen (*Amer. Journ. Med. Sci.*) reports one case of amputation of the entire upper extremity, including the scapula and clavicle, and four cases of removal of the arm at the shoulder-joint. This paper has especial reference to methods of controlling hæmorrhage. In cases of simple amputation at the shoulder-joint, the axilla not being invaded, the best method of compressing the vessels in the axilla is that devised by Wyeth, in which a piece of elastic tubing is wound tightly round the axilla and shoulder above two stout pins passed through the limb in front of and behind the joint. Elastic compression of the vessels, the author holds, is by far the most secure method in all amputations. In the limbs they can be secured very readily by the ordinary Esmarch methods, but at the hip and the shoulder the difficulty has always been to retain the elastic tubing in place. The only object of the pins is to prevent this tubing from slipping. In cases in which the axilla is invaded so high that Wyeth's pins cannot be used, the author would practise Delpech's method of cutting down on the axillary artery through the pectoral muscles, and applying a preliminary ligature to this vessel. The advantages of this procedure are: (1) that it gives us wide access to the axilla, especially to its apex, where the vessels lie; (2) the surgeon can determine with ease how far and how great is the invasion of the axilla. The author has practised this method with success in one case, and the ease with which the operation was done and the paucity of the hæmorrhage during its performance have led him to think very highly of it. In removal of the whole of the upper extremity the scapula,

Berger's operation, in which a portion of the clavicle is resected and the subclavian artery and vein are divided between double ligatures before the flaps are made, is commended as by far the preferable method. In the author's case the patient was out of bed eight days after the operation. The frequency of recurrence of malignant disease after articulation at the shoulder, and the low mortality after removal of the scapula with the upper limb, have led Keen to agree with Berger that in all cases of malignant disease of the upper end of the humerus, or even of its lower end when it is already diffused, the surgeon should perform the latter and more radical operation.—*British Medical Journal*.

A Suggestion upon the Preparation of the Fingers and Nails for Surgical Operations.—

The nails form no mean part of a surgeon's outfit. As a covering to the end of the finger they give confidence; in the threading of needles they are often indispensable; while often, when working among adhesions, they may serve a good turn. If the nails are too long they are in the way, and if too short, a privation. A medium length of nail is an exceedingly valuable helper at times. With some the length of nail is governed by the ability to keep it clean. Hence the nail is kept very short—much to the disadvantage of prehension, in which man excels.

The surgical care of the nails has had its full share of attention. The nail-brush forms a part of every physician's and surgeon's outfit. It is cheap, compact and moderately thorough. Its disadvantages are that if stiff it is apt to scratch the hand or cut beneath the nails; if soft, it is of little value. To supplement the defects of the brush, some persist in using the point of the nail-blade of their pocket-knives. I say persist in using—as much has been written against the practice. Not only is there danger of cutting the flesh beneath the nail, but it leaves the under surface of the nail rough, making it a ready collector of filth, and less easily cleansed for a subsequent operation.

To avoid the knife I have long used a little wedge-shaped piece of soft pine. This, when wet, frays up, makes a kind of mop, is a good carrier of soap, and enables me to wash out under the

nail. The objection to my device was that the pine too rapidly frayed out, became bulky and required frequent trimming. Finally, I hit upon the rubber eraser. A variety is made for artists and school children that is wedge-shaped. This is ready for use as it is found at the stationer's, though, if made a little sharper, it is softer and more like a mop. It is pliable, soft and an excellent carrier of soap.

For the hand, generally the old-fashioned wash-rag cannot be improved upon. It is a good carrier of soap, and with it each finger in turn can be tightly caught and wrung until it is clean. With the nail or hand-brush only the back and front of the fingers get the scrubbing.

In addition to the implements usually deemed important for the cleanliness of the under surface of the nails, a very valuable one is the nail itself. Noticing that a young lady's fingers, whom I frequently met, were always exceedingly neat. I made bold to ask her methods, and was surprised to find that she had nothing more modern than a pair of scissors to trim her nails, and that with wash-rag and the tips of her finger nails she kept her hands in most perfect order. One thing that may be said of the finger nail as a nail-cleaning instrument, is that it will not scratch the under surface of the nail, a very important factor in the process, whether one aims at beauty or cleanliness. —OSCAR H. ALLIS, M.D., in *Times and Register*.

Some Common Mistakes in the Treatment of Syphilis.—Dr. George H. Fox, in a recent paper published in the *Journal of Cutaneous and Genito-Urinary Diseases*, contrasts what he considers dangerous fallacies which have long been believed by the public and physician in reference to syphilis. There is no doubt but syphilis should be closely watched, and met at every development with appropriate treatment, but the general idea of the terrible and long-continued power of the virus, lurking in the system for months, and even years, breaking out with terrific force when least expected, has unquestionably led, in some cases to longer use of drugs, and in larger doses than was necessary, and to the neglect of other conditions so essential to the general health. "Many physicians," Dr. Fox said, "hold to the belief that syphilis is an incurable disease. On the contrary, the disease in every case tends to run a natural course and get

well of itself. If a person suffering from syphilis inherits a sound constitution, and takes care of himself, the prognosis is extremely favorable, even though no treatment whatever is adopted. With the methods of treatment at our command, no disease furnishes such good results.

"Another common mistake arises from the belief that mercury and potassium iodide are practically the only remedies we have at our command in the treatment of syphilis. While they are both very potent remedies, yet complete reliance on them often causes serious injury to the patient. In anæmic patients iron should be regarded as an anti-syphilitic remedy. In strumous individuals, cod liver oil is very serviceable. The alleviation of all mental anxiety and the adoption of hygienic rules are of the utmost importance in certain cases. The mistake is too frequently made that we treat the disease instead of the patient.

"Another fallacy is the belief that a certain definite period of time is required to effect a cure. Some say two years, others three, etc. The course of syphilis varies in different individuals, and the period of treatment must likewise vary, according to the severity of the case. One case of syphilis may require twice as much medicine as another, and the period over which treatment should be extended may be twice as long.

"Another common error is that many ills occurring in a syphilitic subject are treated as though they were of syphilitic origin. The fact that a patient has syphilis does not exempt him from non-specific disorders, yet the physician is very apt to jump to the conclusion that such disorders are the result of the syphilis, and to treat them accordingly. In many cases lesions on the tongue and oral mucous membrane in syphilitics remain unaffected by specific treatment, and the fact should be borne in mind that similar lesions may occur in persons who have not had syphilis, as the result of digestive disturbance. Even if they are syphilitic, such lesions may persist in spite of specific remedies, unless the digestive errors are corrected."—*N. Y. Med. Times*.

Personals.

Dr. G. H. Stafford, of Toronto, has been appointed one of the assistants on the medical staff of the Toronto Insane Asylum.

Miscellaneous.

APPENDICITIS—THE LATEST FAD.—Written by the Hon. Clark Bell, of New York, and read by him before the Annual Convention of Railway Surgeons, held at Galveston, Texas, April, 1894:

Have you got the new disorder?
If you haven't, 'tis in order
To succumb to it at once without delay.
It is called appendicitis,
Very different from gastritis,
Or the common trash diseases of the day.

It creates a happy frolic,
Something like the winter colic,
That has often jarred our inner organs some.
Only wrestles with the wealthy,
And the otherwise most healthy,
Having got it, then you're nigh to kingdom
come

Midway down in your intestine,
Its interstices infestin';
Is a little alley, black and dark as night,

Leading off to simply nowhere,
Catching all stray things that go there,
As a pocket, it is simply out of sight.

It is prone to stop and grapple
With the seed of grape or apple,
Or a soldier's button swallowed with your pie.
Having levied on these chattels,
Then begin internal battles,
That are apt to end in mansions in the sky.

Once located, never doubt it,
You would never be without it,
It's a fad among society that's gay;
Old heart-failure and paresis
Have decamped, and gone to pieces,
And dyspepsia has fallen by the way.

Then stand back there, diabetes,
For here comes appendicitis,
With a brood of minor troubles on the wing;
So, vermiform, here's hoping
You'll withstand all drastic doping,
And earn the appellation, "Uncrowned
King!"

AS A FOOD

and Stimulant in Wasting Diseases and in the Later Stages of Consumption

WYETH'S LIQUID MALT EXTRACT

IS PARTICULARLY USEFUL.

It has that liveliness and freshness of taste, which continues it grateful to the feelings of the patient, so that it does not pall on the appetite, and is ever taken with a sense of satisfaction.

AS AN AID TO DIGESTION

Dr. C., of Ottawa, writes: "It is an excellent assistant to digestion and an important nutritive tonic."
Dr. D., of Chatham, writes: "It is a most valuable aid and stimulant to the digestive processes."

For Mothers Nursing, Physicians will find

WYETH'S LIQUID MALT EXTRACT

WILL GREATLY HELP THEM

The large amount of nutritious matter renders it the most desirable preparation for Nursing Women. In the usual dose of a wineglassful three or four times daily, it excites a copious flow of milk, and supplies strength to meet the great drain upon the system experienced during lactation, nourishing the infant and sustaining the mother at the same time.

SOLD EVERYWHERE, 40c. PER BOTTLE; \$4.00 PER DOZEN.



Dr. W. H. Walling, in the *Medical and Surgical Reporter*, July 14th, 1894, writes: "It seems to be the accepted opinion that the pathology of uric acid is more a matter of defective elimination than of excessive formation. Osler says, 'certain symptoms arise in connection with defective food or tissue metabolism, more particularly of the nitrogenous elements; and this faulty metabolism, if long continued, may lead to gout, with uratic deposits in the joints, acute inflammations, and arterial and renal disease.' Not getting the desired results, I was led to drop all the so-called antilithics, and rely simply and solely upon a single remedy—*Cascara Sagrada*. Repeated trials have convinced me that the faulty metabolism is more quickly remedied with this drug alone than with any other or combinations. Mrs. G., aged fifty-five, was for years subject to uric acid storms, and without getting relief. I exhibited the aromatic fluid extract, *Cascara*, made by Parke, Davis & Co., in ten to fifteen-drop doses two or three times daily as demanded, finally settling down to one single dose at the close of the day. The effect was not at once apparent, but within two weeks

there was marked amelioration of the aggravated symptoms, and in four weeks the swollen joints had almost resumed a normal appearance, the soreness having nearly disappeared. At this writing (two months having elapsed), there is no complaint whatever, but the remedy is continued. No change was made in the diet, as I desired to more fully test the remedy, and am fully satisfied that the good results were due solely to the *Cascara*. I have tried other brands of *Cascara*, but they have not been satisfactory, hence I have come to regard the fluid extract above alluded to as the only one upon which I can confidently rely. It never fails, hence my preference."

COLLODION FOR RHEUMATISM. --The following prescription is recommended by the *Journal de Médecine de Paris* for May 6, 1894:

- R Salol 4 parts.
- Ether 4 parts.
- Collodion 30 parts.

To be painted about the painful and inflamed joint.

SOMATOSE

A new Meat Extract in powder form, tasteless, and very concentrated.
Specially suited for Invalids:

MANUFACTURED ONLY BY

FARBENFABRIKEN, VORMALS FRIEDR. BAYER & CO.

ORIGINAL INVENTORS OF THE WELL-KNOWN REMEDIES

PHENACETINE-BAYER and SULFONAL-BAYER.

For particulars, address

DOMINION DYEWOOD & CHEMICAL CO.

TORONTO.

WHOLESALE ONLY.

Sole Agents for Canada.

CHRONIC CYSTITIS SUBINVOLUTION OF UTERUS ABORTION -- STONE AND CYSTITIS ENLARGED PROSTATE. R. W. Felkin, M.D., L.R.C.P. Edin., L.R.C.S. Edin., F.R.S.E., F.R.C.S., etc., etc., Alva Street, Edinburgh, Scotland, says: "I have used Sanmetto extensively; indeed on two occasions the chemists were out of stock. I have been exceedingly pleased with it in numerous cases. I may especially mention three cases of chronic cystitis, three cases of sub-involution of the uterus, one case of abortion, one case of stone and cystitis (unfavorable for operation), and four cases of enlarged prostate. I shall go on prescribing Sanmetto as occasion serves."

OPIATES NOT TO BE PREFERRED.—Pain, while being conservative, is oftentimes unkind and must needs be modified and controlled. Remedies like morphia which tie up the secretions, are often objectionable. Antikamnia has no such unfavorable effects. As a reliever of neuralgia, dependent upon whatever cause, and rheumatism and gout, it is of great value. In the intense pains ever pre-

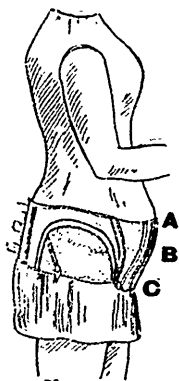
sent in the pelvic disturbances of women, cellulitis, pyosalpinx, *et al.*, it is to be preferred over opiates. This drug, for convenience and accuracy of dosage, is now prescribed, to a great extent, in the tablet form. Patients should be instructed to crush the tablet before taking, thus assuring celerity. The manufacturers have thrown around their product the security of specially protected packages, for both powder and tablets. And each tablet bears a monogram indicating its composition. Physicians should therefore insist on the presence of these conditions—*Ex.*

TO USE GRANULES HYPODERMICALLY.—

1. Boil a little water in a spoon over a flame; this sterilizes it.
2. Take up a syringe-ful to wash out and sterilize the syringe.
3. Dissolve the required amount of granules in a sufficient amount of the water remaining in the spoon to equal the amount required for injection, boiling while dissolving.
4. Take up solution in syringe and when cool enough inject.—DR. W. H. WALLING, in *Medical World*.

The Latest and Best....

HAPPY RELIEF ABDOMINAL SUPPORTER



No. 1.

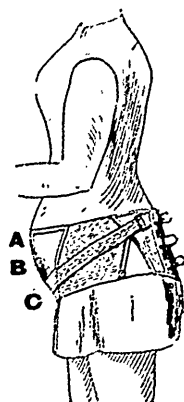
241 SPADINA AVE.,
TORONTO, April 7th, 1894.

I have used Mrs. Pickering's Happy Relief Abdominal Supporter in my practice, and have found it to give entire satisfaction. A patient who had suffered for many years from an enormous hernia, being almost disabled thereby, has found the most complete relief from its use, and is now able to perform her household duties. She had tried other supporters, without the slightest benefit.

C. McKENNA, M.D.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from C to Navel, and from A to C, also from C to waist.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address,

MRS. F. L. PICKERING,

BOX 149,

BRANTFORD,

ONTARIO.

FOR ACNE ROSACEA.—

R. Liq. Arsenicalis ʒ iss
 Tr. nucis vom. ʒ iii
 Tr. ferri mur. ʒ v
 Tr. gent. co. ʒ iii
 Pot. acetatis ʒ vi
 Aquæ ad ʒ viii

M. Sig. Drzms ii, t. i. d. p. c. in aqua. Wash mouth after each dose.

Et.

R. Zinc oxid. ʒ ii ʒ ii
 Hydrarg. bichlor gr. iv
 Vaseline ad ʒ ii

M. Sig. Apply t. i. d. for first week.

Et.

R. Ac. hydrocyan. dil. gtt 16
 Bismuth. subnit. ʒ iss
 Zinc oxid. ʒ i
 Vaseline, ad ʒ ii

M. Sig. Apply night and morning for second and third week.—DELSKI MARR, M.D., in *Medical World*.

SCIATICA. Dr. Metcalf orders :

R Tinct. aconit
 Tinct. colch. sem
 Tinct. bellad
 Tinct. actæa racem ãã equal parts.

M. Sig.—Six drops every six hours.

—*Medical and Surgical Reporter*.

AN INJECTION IN DYSENTERY:

R Boric acid ʒss.
 Tannic acid gr. xlv.
 Tincture of opium gtt. xv.
 Water Oi.

To be given after a dose of castor oil for the purpose of washing out the bowel.

HEADACHE :

R Caffeinæ citratis. gr. x.
 Acetanilidi gr. xxx.
 Sodii bromidi. ʒj.
 Sodii bicarbonatis ʒ ij.

Div. in chart, x.

Sig. One powder, repeated if necessary, one hour.—*Ex*.

ROTHERHAM HOUSE.

HOLFORD WALKER, M.D.

WILLIAM NATTRESS, M.D.

A Private Hospital for Diseases of the Nervous System (both sexes), Surgical and other diseases of women, Rheumatism, Incipient Phthisis, etc.

The institution comprises three buildings, thus securing perfect quiet when desired.

The flat roof has been converted into a large promenade deck, securing a cool breeze at all times in summer.



The Hospital is situated in the most healthy locality in Toronto, on the height of land, and, being only a few yards from the Yonge and Church Street motors, is within ten minutes to centre of city, station or wharfs.



ELECTRICITY

in its various forms is resorted to in all suitable cases.

Trained Nurses for General Nursing, or Masseuses for Massage, can be obtained on application. Also a * Masseur for the administration of Massage to men.

For Terms, or other information desired, address
HOLFORD WALKER, M.D., Isabella St., TORONTO.

ANTI-RACHITIC POWDER.—The following mixture is prescribed in Berlin :

- R Calcii carb. precip. ʒj.
- Calcii phosphat. ʒss.
- Ferri lactat. gr. xlv.
- Sacch. lact. ʒiiss.

℞ Sig.: Dose according to age.—*La Médecine Moderne.*

TO CALM NERVOUS EXCITEMENT :

- R Bromide of strontium. gr. xv.
- Hydrate of chloral. gr. viij.
- Syr. of valerian. ʒv.
- Syrup of mint. ʒij.

℞ Sig.: Teaspoonful every half-hour until the symptoms are relieved.—*Medical Bulletin.*

PRESCRIPTION FOR OFFENSIVE BREATH :

- R Tinct. myrrhæ,
- Tinct. lavandulæ āā 12.
- Glycerin.,
- Liq. sodæ chloratæ āā 20.
- Infus. salviæ. ʒ50.

℞ Sig.: Use as a gargle.—*Medical Bulletin.*

THE LATE SIR ANDREW CLARK.—It is stated that, with the sanction and approval of Lady Clark, a biography of the late Sir Andrew Clark is in course of preparation, to which an introduction is promised by Mr. Gladstone.—*Ex.*

THE GOLDEN WEDDING OF SIR JAMES PAGET.—The *Lancet* says: "Few events in the domestic history of the profession can excite more interest than the golden wedding day of Sir James and Lady Paget. The General Medical Council that day, very happily, through its president, passed a resolution of congratulation, and in that way gave expression to a sentiment which will be universal throughout the profession in Europe and America. The life and character of Sir James Paget are a part of the property and history of the profession of this century. And it is a matter of the deepest satisfaction that he still enjoys the society of Lady Paget, who has so well accompanied and supported him for fifty years in his eventful and honored life. The public little knows how much its great men owe to the help of congenial partners. It only remains for

MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says:

"I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen.** It is constructed on the hygienic and anatomical principles, and is a great boon to ladies."

PROMPT ATTENTION GIVEN TO ALL ORDERS
WRITE OR CALL

VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.

us to express a wish for many happy years of usefulness for Sir James and Lady Paget."

TREATMENT OF THRUSH IN CHILDREN.—Dr. Descroizilles (*Lo Sperimentale*), in case that the child cannot gargle, washes out the mouth with either emollient decoctions or infusions or irrigates with a solution of the bi-carbonate of soda or oxygenated water. The affected spots are also touched with the nitrate of silver. Then he advises locally :

Boric acid (dr. 2½) 10/0 gram.
Glycerine (oz. 1½) 50/0 "

German See employs the follows :

Starch (dr. 1) 4/0 gram.
Powdered borax (dr. 1) 4/0 "
Pure glycerine (dr. 5) 20/0 "

In obstinate cases G. Simon praises :

Chloride zinc (grs. 15) 1/0 gram.
Alcoholized water (pints 2) .. 1 litre.

This solution may be either applied with a brush or used as a mouth wash.

Widal applies Van Swieten's solution to the effected parts in rebellious cases.--*Lancet Clinic*.

INFANTHE DIARRHŒA. - Ewald prescribes :

R Benzonaphthol,
Bismuth. subnit.,
Resorcin.....ãã gr. iss.

M Sig. : For a child 1 or 2 years old one such powder every two hours until six have been taken.

--*Medical Bulletin*.

FOR WHOOPING COUGH :

R Sulphonal..... gr. j.
Creasoti M ij.
Syrupi tolutani,
Aqua.....ãã ñij.

Misce et fiat mistura.

Two teaspoonfuls to be given every two hours.

- *Western Medical Reporter*.

PASTE FOR ECZEMA :

R Acidi salicylici ñj
Zinci oxidi ñij
Pulveris amyli ñiv
Adipis lanæ hydrosi ñj.—M.

—*Practitioner*.

LAKEHURST SANITARIUM

OAKVILLE, ONT.



FOR THE TREATMENT OF

INEBRIETY

(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some FIRST-CLASS SANITARIUM. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at LAKEHURST SANITARIUM rarely fails to produce the most gratifying results—being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

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

C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT
OAKVILLE.

TREATMENT OF MUMPS.—Dr. A. Martin (*Sem. Med.*). During a recent epidemic of mumps among soldiers, the author successfully resorted to the following treatment :

From the outset he instituted buccal antiseptics, which, when rigorously done, according to his observations, diminishes the chances of testicular complication. He therefore had his patients gargle and cleanse the mouth as often as possible with solutions of thymol, carbolic acid, or very hot 4 per cent. boric acid solution.

Besides, during the first days of the disease he administered antipyrine in daily doses of 2-3 grammes (30-45 grn.). This, he states, more rapidly effects the resolution of the inflammatory process than do sodium salicylate and other remedies ; moreover, it acts more promptly on the fever and pain.

In orchitis caused by mumps, pilocarpine subcutaneously in doses of 1 centigramme (1-6 grn.) repeated once daily, is said to have promptly diminished the pain from the first evening on, and to have lowered the temperature, which became normal on the third day. The swelling of the

testicle disappeared between the eighth and tenth days. After the acute period of orchitis was passed, the patient was submitted to a tonic treatment (cod liver oil, nux vomica, cinchona extract, meat powder, sulphur baths, etc.) for the purpose of preventing testicular atrophy. —*A. M. S. Bull.*

PROF. BILLROTH'S WIDOW.—The Emperor of Austria has granted to the widow of the late Professor Billroth a yearly pension of 2,000 florins. This is to be interpreted as a mark of special favor, because, according to the law of Austria, the pension allowed to widows of professors is only of 600 florins. As the distinguished surgeon is understood to have left little or no private fortune, the Emperor's grateful act has given general satisfaction. —*British Medical Journal.*

DR. WIGLESWORTH STABBED BY A LUNATIC.—Dr. Wiglesworth, the medical superintendent at Rainhill Asylum, near Liverpool, was, on Tuesday, August 7th, going his rounds in the men's wards, when an inmate suddenly sprang on him and stabbed him in the neck with a knife which

THE ACID CURE.

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

TESTIMONIALS.

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

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

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

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

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

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



ACETOCURA.

We will send One Sample Bottle "Acetocura" to any qualified practitioner, Free.

LONDON, GLASGOW and MANCHESTER,

COUTTS & SONS,

72 Victoria St., TORONTO.

he had concealed up his sleeve. The wound is a dangerous one. We are informed by telegraph by Dr. Menzies that Dr. Wigglesworth passed a fair night on Wednesday, that there is no hæmorrhage, but that he is not yet out of danger.—*British Medical Journal.*

HEPATIC CONGESTION WITH CONSTIPATION.—

- R. Tr. nux vom ʒ j
- Fl. ext. belladon gtt. x
- Fl. ext. leptandria ʒ ss
- Fl. ext. cascara sag ʒ ss
- Elix. cinchona q. s. ʒ iv

M. Sig: A teaspoonful in water after meals as directed. When bowels move too freely reduce the dose. —*Medical Summary.*

FOR AMENORRHOEA:

- R Hydrargyri perchloridi gr. ʒ4
- Sodii arseniatis gr. j
- Ferri sulphatis exsiccate gr. xxx
- Potassii carbonatis gr. xv.
- Extract nucis vomicæ gr. v.

Misce et divide in pilulas xxx.

—*Practitioner.*

NEURALGIA. -- For stubborn neuralgia try the following:

- R Antipyrin ʒiss.
- Caffeine ʒss.
- Ext. cannabis Ind
- Ext. aconite āā gr. iiss.
- Hyoscyami hydrobromat gr. ʒʒ.

M. et ft. caps. no. xxx.

Sig.—One every two or three hours.

—*Prescription.*

PAINFUL DYSPEPSIA:

- R Bismuthi subnitrat gr. x.
- Magnes. carbonat gr. xv.
- Liq. potassæ ℥ x.
- Acid. hydrocyan. dil ℥ iij.
- Tinct. zingiberis ℥ v.
- Aq. menth. pip. q.s. ad. ʒʒj.

M. For one dose. To be repeated two or three times daily. Shake well. — *Therapeutic Gazette.*

RELIABLE AND PROMPT

Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. SCOTT'S EMULSION remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

<p>FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.</p>	<p>SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.</p>
---	---

Prepared by SCOTT & BOWNE, Chemists,

132 South Fifth Avenue, New York.