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ORIGINAL ARTICLES

GASTRO-ENTEROSTOMY.

By H. H. Chown, M.D., Surgeon to Winnipeg General Hospital.

Since Wolfier, in 1881, first performed gastro-enterostomy, the operation has been done by many surgeons in various parts of the world. It is now a recognized resource for prolonging life in cases of pyloric stricture, simple or malignant. If our diagnostic skill were greater, so that we could reach conclusions at an early period of the disease, in cases of cancerous infiltration of the stomach-outlet, it might be possible by pylorotomy not only to overcome the mechanical obstruction, but also to eradicate the disease. At present the majority of these cases are not referred to the surgeon until the neighboring lymphatic glands have become involved, and often neighboring viscera have been invaded. A plea for earlier opportunity for surgical interference is made by every writer who reports his cases of this operation. In my first case the delay was due to the want of faith on the part of the attending physician, in my second to the stubbornness of the patient.

The points which are still under discussion in connection with this subject are, first, whether the juncture between bowel and stomach should be made on the anterior or posterior surface of the latter viscus; second, whether the safest mode of obtaining union is by simple suture, or by mechanical aids, e. g.

Albe's catgut rings, Senn's decalcified bone-plates, or Murphy's button; and third, whether it is necessary or desirable to cut across the duodenum to prevent reflux of bile in the stomach. I do not intend to enter into an examination of these points. A larger number of cases must be compared before satisfactory conclusions can be reached. I will describe briefly my two cases as a contribution to the solution of the points at issue.

W. J. R., stonemason, age 40, height 6 feet 3in., entered the Winnipeg General Hospital Jan. 28th, 1896. He was so weak that he could not stand without support, and was very greatly emaciated. He had been suffering from gastric pain and distress for a year and a half. Until the three months immediately preceding his entrance to the hospital, vomiting had only occurred at rare intervals, but then became a daily event. His appetite remained very good throughout, so that he took usually a hearty breakfast and dinner. During the afternoon he ejected large quantities of sour, frothy material from his stomach, and then could eat nothing until the next morning. For several weeks before I first saw him he claimed that he had lost weight at the rate of a pound a day. On examining the abdomen a tumor could be felt below the sternum, which, although occasionally disappearing below the cartilages, could not be moved downwards to any extent. It was hard and irregular in outline. The diagnosis was evidently malignant disease of the pylorus.

On Feb. 1st, after a single thorough

washing of the stomach, I opened the abdomen in the median line above the umbilicus. A rapid examination showed that the growth was firmly adherent to the under surface of the liver, and that the neighboring lymphatic glands were extensively involved. Removal was impossible and an anastomosis was therefore done.

The stomach readily came through the incision, and a search soon brought the jejunum on the outer abdominal surface also. Incisions, four inches long, were made in the anterior surface of the stomach, one inch above the greater curvature and well away from the growth and in the jejunum opposite the mesenteric attachment. The edges of these open wounds were brought together and united by a long continuous suture, which passed through all the coats of both stomach and bowel. This holds the edges accurately in place, rapidly stops all bleeding and prevents the mucous membrane from prolapsing and filling up the opening, a continuous suture was next carried around the opening, taking up only the serous and muscular coats, and thus bringing the serous surfaces accurately together a short distance from the lines of incision. A number of Lembert sutures were applied at points which seemed at all doubtful as to exact apposition. The extruded viscera were carefully washed with sterilized water and dropped back into the abdomen. The external opening was closed with silkworm gut carried through all the coats of the abdominal wall.

The healing was by primary intention. Vomiting only occurred once after the operation, and was probably due to too early use of solid food. The patient left the hospital on Feb. 22nd, and lived one month after. The disease had too firm a hold upon him before the operation was performed, and he gradually sank from exhaustion. Earlier interference would have, in all probability, lengthened his life, and would certainly have made the later months more comfortable.

J. K., farmer, age 61, entered the Win-

nipeg General Hospital under Dr. England in October, 1896. He complained of pain in the stomach, vomiting at frequent intervals, loss of weight and strength. Cancer of the stomach was suspected, and he was transferred to my charge for exploratory incision. This was refused by the patient, who went to Toronto and entered the General Hospital there. Operation was again suggested, and refused. He returned to Manitoba, and his family physician, Dr. R. S. Thornton, of Deloraine, found a very movable tumor in the epigastrium, and thus made certain the diagnosis, which had hitherto only been a probable one. Mr. K. now returned to the hospital for operation, and on Feb. 1st, 1897, I performed a gastro-enterostomy in the same manner as in the previous case. The growth could readily be brought out of the abdominal incision, and appeared to be favorable for a pylorotomy, but as all the glands in the greater and lesser omenta were involved, I chose the less risky operation. The patient is still alive, five and a half months after the operation, and I trust has many months of usefulness yet ahead of him.

The death-rate from this operation is steadily decreasing with greater experience on the part of individual operators and with an improved technique. If the general practitioner will now aid the surgeon by sending the patients before they are exhausted and unfit for any surgical work, I am sure not only will better results be obtained for our records, but the true test of all medical work will be secured in making life longer and happier for those suffering.

DIABETIC DIAGNOSIS.

R. T. Williamson, Medical Registrar Manchester Royal Infirmary, has found that diabetic blood, even a single drop, is distinguishable from non-diabetic blood by a much more powerful effect in removing the blue color from a warm alkaline solution of methyl blue (1-6000), one part. to twenty of blood in forty of water.

TRAUMA, JACKSONIAN EPILEPSY— OPERATION—RECOVERY

By W. L. England, M.D., Medical Staff, Winnipeg General Hospital.

C. R., aged 20, clerk, was admitted to the Winnipeg General Hospital May 10th, 1896, complaining of having had several epileptic fits since April 3rd, 1896.

Patient was always a strong, healthy and active boy, only having been confined to bed on one occasion from a scald, when five years old.

On July 1st, 1895, patient was hit on the head by a baseball bat, which felled him to the ground, rendering him unconscious and producing a good-sized scalp wound over the right parietal region.

For the next five days (July 5th) he remained in a state of coma, and life was despaired of. On the 9th inst. he was able to recognize friends, and to understand what was said for the first time, but could not speak in reply. He desired to communicate with them, but failed owing to writing each succeeding letter of a word on top of the former, thus showing there was no "agraphia."

On the 11th inst he suddenly regained the power of speech, and, although it was very nasal in character, he was able to make his wants known. These symptoms gradually improved. There is no history of paralysis of the tongue.

For the next six months his memory was exceedingly short, since which time it has gradually improved, but even now is not so clear as before the date of injury, and since which time the patient's friends have also noticed a vacant and void expression.

Patient also suffered from left hemiparesis, involving the arm and face, and which still remains, resulting in a left squint, facial deformity, weakness of the arm and an inability to button his clothes.

He frequently complained of a peculiar numbness and tingling sensation in the hand and fingers. There has also been partial anaesthesia in the hand, but tactile

sensation was markedly impaired. To illustrate:—

To determine whether he had secured his jack-knife, for which he had been seeking in his pocket, he was obliged to withdraw his hand, and look, as he opened his fingers.

PRESENT TROUBLE.

On Good Friday, April 3rd, 1896, while at work patient had his first epileptic fit, which came on with an aura; on the 17th April he had a second; on the 24th April he had a third, and on the 1st of May he had two more.

All these convulsions were of the same nature, and of the Jacksonian type.

The aura was first felt, as a marked numbness and tingling sensation in the left middle finger, which gradually became flexed; next the other fingers contracted; then the wrist and elbow; and the muscles of the face began to twitch, and the whole body became involved in clonic spasms, and he lost consciousness. If taken very early, the patient at times was able to prevent a general convulsion by securing the services of some one at hand and asking him to grasp the wrist firmly, and vigorously rub the hand and fingers.

The patient foamed at the mouth during a convulsion, but did not bite his tongue, nor were the urine or faeces voided.

The general health of the patient is excellent, and there is nothing noteworthy in the family history.

OPERATION.

Having previously shaved, scrubbed and rendered the scalp aseptic, the motor area of the brain, corresponding to the left arm and face, was determined. A large, free, semi-circular incision, with its base below, was now made deep to the bone, with one cut of the knife, and all bleeding points having been secured, the scalp and periosteum were reflected downward. Two large-sized trephine holes were now drilled through the skull; one, rather high over the motor area for the arm, and the second over that for the face. The bridge

of bone, between these, was sawed through, and the dura mater exposed. About one dr. of clear serum flowed out, and the brain, beneath the bridge of bone, removed, was seen through the meninges to be discolored. The middle meningeal artery was seen only as a cord, and did not pulsate. The brain was depressed.

The duramater was incised about one-eighth of an inch interior to the opening in the bone at the upper and back part of the opening, and was reflected forward, some adhesions being found between it and the discolored area, beneath. It was seen that the present opening was not sufficient to allow all the diseased brain to be enucleated, so a third button was trephine posterior to the former two, and the jutting angles of the bone were chipped off. The duramater beneath was reflected backwards. All the discolored area was now exposed and healthy brain substance seen all around. The diseased brain, which was of a brownish-yellow color, was depressed and did not pulsate. On incising into its centre about 2 dr. of a thick brownish fluid, with some debris, escaped.

Next I proceeded to carefully dissect away the diseased area, working towards the healthy cerebrum, and being careful not to cut too deep into the brain substance that looked normal. There was slight bleeding during this stage of the operation, but it was easily controlled by a few fine silk ligatures. The cavity, left, was conical in shape, with its apex directed inwards. Its base was about one-half an inch by two-thirds of an inch in diameter, and its depth about one-half inch. The cavity, having been carefully washed out with sterilized water, and dried, the reflected duramater was replaced and sutured with fine silk. A few fragments of the removed bone, having been kept meanwhile in a warm 8 per cent saline solution, were distributed on the dura, and a small opening being made through the scalp and periosteum to correspond with the cavity, a 1-16 inch soft rubber drainage tube was inserted into it. The scalp and periosteum were now

sutured in position; a second small rubber drain being placed under the scalp at the most dependent angle, and having applied a large antiseptic dressing, the patient was removed to his ward.

NOTES.

The patient remained in the hospital until July 9th, the temperature only reaching 99 deg. F. on three occasions, viz., the evening of the operation and the two days following the second dressing, at which time the drainage tube was removed. During the two months in the hospital he experienced four auras. The first ten days after the operation (dressed three days before, and stitches removed); the second and third four days later (when he was dressed for the second time, and the drainage tube removed); the fourth fifteen days later.

There was no suppuration, and the wound healed by first intention.

The paresis of the hand became less marked directly after the operation; and he was able to do acts which were previously impossible. The tactile sensation became practically normal, and his memory and general expression improved.

He remained well until December 1st, when he reported having had a fit during his sleep on the previous night. Later on in December he had a second convulsion and called to tell me that he was on his way home that day. On examining his head he complained of tenderness on pressure and a small amount of thick pus could be squeezed through a pouting sinus that, had appeared in the (injury) scar.

As the patient was determined to return home at once, I advised him to consult a surgeon as soon as he reached Toronto.

May 29th, 1897. C. R. writes me that Dr. Bingham trephined a second time on December 30th, 1896, and reports that a large piece of bone had grown since the first operation, and that it was taking a downward curve, pressing on the brain; also that the new bone was necrotic in places.

He experienced two auras ten days after

this operation, but has been in perfect health since.

REMARKS.

1. It is evident that there were two hemorrhages in this case—one extra-meningeal, from the middle meningeal artery, which may have been small; the second from the middle cerebral artery, into the motor area.

2. Is it advisable to replace small fragments of bone removed? I question the advisability of doing so. It appears to me, since the periosteum will produce new bone as it did the original bone, that it is unnecessary, but offers an additional risk to septic contamination. Besides the periosteum being kept tense and in place on a higher level, bone growing from it is less likely to press on the brain.

3. I would use sterilized catgut to suture the dura with in a future case; as I have repeatedly known silk to light up trouble many months after it had remained dormant in wounds which had healed by primary intention, the silk having been most carefully prepared.

4. The prognosis in this case is hopeful, so far, but time only can decide what effect the scar tissue which forms in the motor area will have when it contracts in the future.

P. S.—I am indebted to Dr. Chown for this interesting case, which he kindly handed over to me when he was taken ill last May.

A PAPER READ BEFORE THE CHICAGO MEDICAL SOCIETY.

By Dr. A. H. Ferguson, Professor in Surgery Post Graduate Course.

The dictum of some surgeons that "the appendix must be removed as soon as the diagnosis of appendicitis is made" has not been generally accepted, and deservedly, we do not now hear much about it. A deliberate spelling out of all the clinical features of each individual case is the only true surgical way to decide whether an operation should be done then and there or not. The surgeon sits in judgment on the case, and before giving his fiat in

condemnation of the appendix, miserable member though it be, in justice to the safety of the human economy he is in duty bound, as a practical and scientific man, to carefully weigh all the evidence furnished by anatomy, physiology, pathology and experience. It gives surgery a black eye for the patient to take the reins of government of his own case in his own hands, and clearly demonstrate to his friends that he got well from appendicitis and has remained in excellent health for several years, contrary to the advice of the surgeon to operate when the diagnosis was made. While we know that anatomically the appendix can be spared, that its function is insignificant, and that when pathological it is a source of great danger to life, still such instances as these have occurred, no doubt, in practice of everyone here, proving that at least some cases of appendicitis do recover by the expectant plan of treatment. Experience teaches even wise men. Emerson says, however, that few men are ever benefitted by the experience of other men. It is to be hoped that the few men are, and will be, the surgeons in our profession. It is hardly fair to give such prominence to medical appendicitis, without pointing out that all the cases of immediate and apparent permanent recovery do not mean complete recovery. The observation that "one attack of inflammation predisposes to another attack" is as old as the institution of medicine and as true to-day as ever. The vast majority of these cases relapse. It may be months, or it may be years, before the predisposition is tested, but as sure as it is, so sure will it be manifested. In this connection, let me give an exemplary case. Some time ago I was called a distance of over one hundred miles to see a case said to be peritonitis. The man was forty years of age, born in Germany, and by occupation a merchant and farmer in a small town. He had been suffering for over a week, and was in extremis. The pulse was too rapid to count, temperature 105 F., and respirations 60 per minute. The right chest was bulging and dull on percussion, continu-

ous with a dullness extending to the right iliac crest. By aspiration of the chest 180 ounces of pus were removed, but no other operative interference was advised because the man was dying. So eager was I to make a post mortem of this case that I remained all night and refused to sign a death certificate myself or allow my colleague to sign one, until the cause of death was ascertained. Finally the relatives consented, and we found a retrocecal sloughing appendix in a huge abscess, and no sign of peritonitis. Upon questioning his wife and brother, it was learned that this man had had a severe attack of so-called inflammation of the bowels twelve years previously. The provocation of the attack which caused his death was fatigue and exposure. Here was a case that had made an apparent complete recovery for twelve years. This is only one of several cases in my own experience illustrative of the predisposition established by one attack of appendicitis and freedom from subsequent attacks for a time, ranging from one to eighteen years.

While the medical treatment has shown the recovery of a few cases of appendicitis without operation, it is our duty to emphasize the tendency to subsequent attacks, which should receive early surgical attention. This evening so much has already been said upon the indications for operation, with which I in the main agree, that a few remarks on the negative side of the question may not be inappropriate.

WHEN NOT TO OPERATE.

The symptoms and signs of a typical case of appendicitis are so unmistakable that an error in diagnosis is not likely to occur with the best men.

1. Do not operate for the first attack of appendicular colic. I have been in the habit of jocosely referring to it as "constipation of the vermiform appendix."

2. Do not operate when the diagnosis is in doubt, unless the affection to be differentiated from appendicitis demands interference.

3. Do not operate during the height of the inflammation between the 4th and 8th

days or during its decline, unless life is in danger from (a) sepsis manifested by high fever, 103 F., and over rapid pulse, 120 or over, delirium, etc.; (b) symptoms of perforation; (c) presence of a tumor, especially in the east, southeast or north-east quarters of the appendicular region; (d) no improvement in the 5th or 6th days. Long before surgeons knew anything about sepsis and asepsis it was a rule of surgery not to operate on diseased tissue during the acme of inflammation, for they had learned by sore experience that fuel was added to the fire there raging. It is only since bacteriological development that a satisfactory explanation of this surgical rule has been given.

4. Do not operate after the first attack, unless (a) tenderness persists; (b) a tumor exists; (c) symptoms of obstruction of the bowels ensue.

5. Do not operate during first attack, if the pain and pyrexia are subdued by purgation, unless the suffering, fever and sign of approaching perforation, and no rapid pulse return, which is an unfailing further expectancy should be countenanced.

6. Do not operate when other grave constitutional diseases coexist.

It will be observed from the above that in my opinion appendicitis is permanently a surgical affection, almost invariably in its acute stages, and absolutely so when it has become chronic. The best results are obtained in acute cases by operating within 24 or 36 hours of the onset of the attack, and in the chronic cases between the attacks.

IRRIGATION AND FLUSHING.

While it is generally conceded that irrigation and flushing of the general peritoneal cavity is the correct thing to do to remove septic material from it brought there through the bursting of an abscess or suppurative peritonitis, still the opinions of surgeons are not so unanimous upon the advisability of washing out appendicular abscesses that have been opened by operation. It is claimed, on the one hand, that more septic material is removed by flushing, that the operation

is more complete, and that there is less tendency for septicemia to depress and carry off the patient. On the other hand, the dangers of water-logging the tissues and of carrying pus into the peritoneal cavity are pointed out by the advocates of simply mopping out the pus. It is clear that moderate irrigation only dilutes the poisonous products of inflammation, and facilitates the rapid absorption of the same, while thorough flushing with several gallons of normal salt solution through a large tube is quite another thing, and it, by a rapid and thorough removal of all the free pus, cuts short the absorption and tends to stay the septicemia. If pus is carried into the general peritoneal cavity, it is the fault of the surgeon not knowing how to properly flush. My results are better by thorough flushing. It may be necessary to withdraw the omentum and several feet of bowel and wash off the slimy stuff. This leads to the question of what additional aid can be rendered to those cases of profound septic intoxication. Saturating the gauze packing with an emulsion of iodoform and glycerine, 5 per cent., materially favors exosmosis from the abscess cavity, and I think it is of some help. Free purgation adds its quota to elimination of the poison from the system, but if the toxic dose is too large a fatal termination is inevitable. Subcutaneous and intravenous transfusion increases the excretory functions of the kidneys and skin. Although a marked improvement occurred in four of my cases from this procedure, the benefit was but temporary. The antitoxin treatment is on trial; it is on a rational basis and promises good results.

WASHING OUT THE BLOOD.

Dr. Barre, of Paris, France, has quite recently published astonishing results of washing out the blood. While transfusion is carried on venesection is performed at the same time. The same quantity of blood is removed that there is solution introduced. It appeals to me as being of value, and I intend to try it.

SELECTED ARTICLES

LOCAL APPLICATIONS OF METHYL SALICYLATE IN THE TREATMENT OF RHEUMATISM.

The Journal des Practiciens for May 14th contains a report of the proceedings of a recent meeting of the Societie medicale des hopitaux, at which M. Lemoine gave an account of nine cases of rheumatism in which the patients had been treated with paintings of methyl salicylate.

The application of this drug, he said, on the cutaneous surface acted in acute rheumatism in the same way as sodium salicylate did when it was taken internally. Although it seemed to produce a more rapid diminution of the pain, its employment in doses of from a hundred and fifty to a hundred and eighty grains was not followed by vertigo, dizziness, ringing in the ears, or nausea, as was often observed after the internal administration of sodium salicylate. On one occasion, however, the application of 300 grains had provoked headache.

Methyl salicylate was eliminated in the urine in the form of salicylic acid absolutely in the same proportion as the sodium salicylate was when it was given internally. The quantity eliminated was fully equal to a tenth of the quantity absorbed.

This drug was employed in the form of oil of wintergreen, which contained 90 per cent. of the salt, and the mode of employment was as follows. The quantity to be used was to be poured on a smooth tarlatan compress which was to be applied to as large a surface as possible. In order to obtain a complete result it was necessary to cover this compress with a piece of impermeable linen, which entirely covered the limb, and to close this hermetically with a band. The application should be made preferably on the painful spot, but if a completely closed dressing could not be applied to the region, the application must then be made on the an-

terior surface of the forearm, or, better still, on the middle portion of the thigh.

The good results obtained from this treatment, said M. Lemoine, seemed to come rather from the rapid absorption of the drug by the general circulation than from its contact with the painful region.

The applications of methyl salicylate might be replaced by the internal administration of sodium salicylate. It had the same certainty of action, however, and the applications seemed to be expressly indicated whenever the stomach required careful treatment.

CREOSOTE ENEMATA IN TREATMENT OF BRONCHO PNEUMONIA

In the *Journal des Praticiens* for June 12th, M. Schoull refers to the favorable results obtained in the year 1892 in the treatment of typhoid fever with grave pulmonary complications from the use of large quantities of creosote given in enemata, and says that in 1894 he observed their efficacy in broncho-pneumonia. He states that since 1893 he has always made use of this mode of treatment, and he unhesitatingly affirms that its action is perfect. He also refers to the results obtained by M. Sezary, of Algiers, who combined this treatment with the use of cold baths in typhoid fever, and found that in his cases the respiratory symptoms were less marked. This fact, says the author, should not be attributed to climatic influence, for even during the mildest period of the year pulmonary complications are frequent in the typhoid fever observed in Africa; he was able to convince himself of this during the four years he lived in Tunis, where he had occasion to attend a considerable number of typhoid fever patients during several very serious epidemics.

M. Sezary thought that in his cases the creosote had prevented the swarming and the noxious action of the pathogenic micro-organisms, and this, the author says, corroborates the results which he himself has obtained with creosote enemata. Quite recently M. Casati found

that the internal use of creosote in large doses was a good method of treatment in acute pulmonary inflammation, broncho-pneumonia and fibrinous pneumonia, both in adults and in children. According to him, it exerts an antiseptic action on the pneumococci, and, while stimulating the heart, according to Fernet, it has a manifestly favorable influence on the evolution of the pneumonic process. It is to be hoped, says M. Schoull, that this statement will do more for the adoption of the creosote treatment in broncho-pneumonia than all the efforts of an unpretending provincial physician. He wishes it understood, however, that he does not agree with M. Casati as to the mode of administration, for in these particular cases the doses of creosote must be large in order to be effective, and the stomach does not easily tolerate large doses of creosote; intolerance occurs rapidly and gastric troubles are soon produced. The intestine, on the contrary, shows a remarkable tolerance for this drug, and Revillet was able in this way to administer as much as sixty grains of creosote without provoking any tolerance. The author also has frequently administered thirty grains and more without observing accidents. It is sufficient, he says, to watch the urine, the blackish color of which is one of the first signs of poisoning. Regarding other symptoms of chronic creosote poisoning, they are not to be feared in cases of this kind, as the duration of the treatment is short.

These enemata, according to the author, are easily retained; they also provoke constipation, which, in cases of diarrhoea complicating phlegmasia of the respiratory tracts is, he says, an advantage. If the enemata should not be retained, a few drops of laudanum may be added. The author finds that the simplest and most practical means of administering the creosote is in milk; the amount of creosote for a child under a year is from two to five drops night and morning; for an adult, from thirty to forty and even fifty drops in each enema. The quantity of milk should not exceed an ordinary glass.

ful, in order for it to be retained; this quantity will, of course, vary according to the age of the patient. The enema should be given warm; if it is evacuated immediately or within a short time it is necessary to give a second one. If no movement has been produced for a day, the intestine should be emptied with an enema of warm water and glycerine.

The creosote treatment, M. Schoull says, is easily tolerated at all ages. He has used it in a child of two months without any inconvenience, also in a woman 91 years of age, who was attacked with the broncho-pneumonia of influenza; in this case the patient recovered and is to-day a vigorous old woman of 93. The effect of this treatment is generally rapid; very frequently in from three to five days, sometimes even more promptly, the stethoscopic symptoms are modified, and the fine rales are replaced by coarser ones, which soon become transformed into simple sibilant rales. The viscous, mucopurulent, and sometimes bloody expectoration loses its characteristics and becomes frothy. Respiration becomes freer, the pulse becomes normal, and the temperature is lowered. This, says the author, is no doubt due as much to the diminution of the inflammatory troubles as to the antiseptic action of the creosote. Finally, the general symptoms are ameliorated and the appetite returns. The duration of the disease does not exceed two weeks.

The author gives an account of some cases in which he has used this treatment, also the results which he has obtained, and, although the statistics may appear to be astonishing, they are, he says, rigorously exact. From all this he concludes that the use of creosote enemata is a peculiarly efficacious mode of treatment in broncho-pneumonia; one that is without danger and always easy of application.

In Russia the flowers of the mignonette are used as a remedy for tapeworm. A decoction of the flowers is made, and the liquid is drunk fasting. The entire worm is ejected in a few hours.

ON THE MECHANISM BY WHICH THE FIRST SOUND OF THE HEART IS PRODUCED.

In an article on this subject in the *Lancet* for June 19th, Sir Richard Quain says, after referring to the doubt existing as to the cause of the first sound, that he thinks it desirable among such differences of opinion to solve if possible a problem which has its special interest and its special importance. Two of the most striking events, he says, which take place during systole—namely, the closure of the auriculo-ventricular valves and the muscular contraction of the ventricular walls—are regarded by many authorities as the sources whence the first sound proceeds. The result of his investigations, on the one hand, have led to the conclusion that neither of these explanations is satisfactory; and, on the other hand, enables him to indicate what he believes to be the real explanation of the phenomenon.

The Action of the Auriculo-Ventricular Valves is not the Source of the First Sound of the Heart.—The mechanism of these valves (the mitral and tricuspid) and their action do not possess the elements necessary for the production of such a sound.

Further evidence on this point may be found in another direction—namely, in the fact that the first sound can be heard independently of the existence and action of mitral and tricuspid valves.

Concerning the mitral regurgitant murmur and the systolic murmur without regurgitation, the author goes on to say that these murmurs, striking and characteristic as they are, are merely accidental complications which occur at the moment of the systole of the heart; but they are unconnected with, and have no relation except in point of time to, the healthy first sound, which may be heard apart from, and independently of, them. The weight of evidence, then, is clearly against the possibility of the structure or the functions of the auriculo-ventricular valves being the source whence proceeds the first sound of the heart.

Two other phenomena occur synchronously

ronously with the systole of the heart, and consequently with the occurrence of the first sound. They are the contraction of the muscular walls of the ventricles, and the propulsion and movement of the blood from the ventricles into the arteries.

The Muscular Contraction of the Walls of the Heart during Systole is not the Source of the First Sound of the Heart.—The sound produced by muscle during its contraction, says the author, was first described by Dr. Wollaston, who compared it to 'a sound which resembles most nearly that of carriages at a very great distance passing rapidly over a rough pavement.' It is very difficult to conceive, he continues, the slight, soft, rolling sound produced by muscles in action being convertible into the loud, booming first sound of the heart. Yet the theory is accepted. If muscle during contraction could produce so marked a sound, we should expect to find that the powerful muscles of the neck attached to the base of the skull and those attached to the jaw (being through the bones of the skull in direct relation with the hearing apparatus) would give us some striking evidence of the production of muscular sounds when they are thrown into strong action. But there is nothing of the kind. The author states that he has failed to hear such sounds when listening to the powerful contraction of the biceps, or on listening to the contraction of the shoulder muscles of a strong cart horse struggling with a heavy load in ascending a hill. He could hear no other sound save the soft, rolling sound described by Dr. Wollaston. Still, he adds, many observers have argued that the contraction of the walls of the heart differs from the action of the skeletal muscles, and that it is this peculiar form of contraction which causes the first sound. With a view to showing how large a share the sound of muscular contraction has in producing the first sound, observers have cut off altogether the supply of blood from the cavities, and on listening during the contraction of the heart have heard a systolic sound. Such were the old experiments

of Ludwig and Dogiel, represented as confirmed by Krehl and by Kasem-Beck.

The author refers to experiments of other kinds which, he says, have been employed to show that the contraction of the muscle is a source of the sound. Hurlthle and Einthoven show graphically that the first sound begins with the very beginning of the systole, before the ventricle has got power "to open the valves." This observation, he adds, is entirely consistent with the view he proposes. The moment the ventricle begins to contract the impact of the blood against the semilunar valves begins, producing the commencement of the sound, not when the valves are thrown open. The valves being connected with the fibroid ring surrounding the base of the heart, with which also the muscular walls are continuous, the sounds are conducted to the apex. Pathology confirms this view. It was observed by Dr. Stokes, he says, that in the course of typhus fever the first sound of the heart gradually disappears. After death it is found that the walls of the heart are softened, and this morbid state has been accepted as a proof that muscular contraction is the cause of the first sound. The real explanation is that the impulse of the heart is so feeble that it is unable to produce the sound at the valves. The correctness of this view is confirmed by the fact, recorded by Dr. Stokes, that the last point at which the sound disappears is over these valves, and that it is at the same point that the returning sound is first heard.

Sir Richard Quain says: "Having thus endeavored to show that the cause of the first sound is independent alike of auriculo-ventricular action and of muscular contraction of the walls of the heart, I proceed to consider a third event, the most striking and important of all those which occur during the systole of the heart—that is, the propulsion of the blood contained in the ventricles into the pulmonary artery and the aorta, and herein to indicate what seems to me to be the agency by which the sound is produced."

"The First Sound of the Heart is

Caused by the Impact of the Blood Driven by the Action of the Muscular Walls of the Ventricles against the Block produced by the Columns of Blood in the Pulmonary Artery and Aorta which Press upon the Semilunar Valves.—I would adopt the explanation suggested by my valued friend, the late Dr. C. J. B. Williams, that 'sound is a phenomenon resulting from resisted motion.' Let us examine the condition of the circulation with regard to this particular point—namely, resisted motion. In this inquiry I have derived most important assistance from the admirable and elaborate researches of Professor Bell Pettigrew, F. R. S., first on *The Arrangement of the Muscular Fibres in the Transactions of the Royal Society of London, 1864*, and, secondly, on *The Relations, Structure, and Functions of the Valves of the Vascular System, published in the Transactions of the Royal Society of Edinburgh, 1864*. These refer especially to the left ventricle, but, at the same time, it is to be observed that what applies to this ventricle applies, only in a lesser degree, to the right ventricle. Professor Pettigrew explains the manner in which the column of blood, projected from the heart into the aorta, is formed by the union of three columns—an arrangement which results from the mechanism of the heart as fully described by him. These columns ultimately unite into one before reaching the orifice of the aorta. The columns have a spiral motion, which is the result of the spiral arrangement of the *muscoli papillares*, of the spiral arrangement of the fibres composing the walls of the ventricle, as well as of the current, are shown in the blood-cast from the interior of the left ventricle of a horse, which, by permission of the President of the Royal College of Surgeons of England, I am able to submit to examination.

"By this spiral, or what might be called 'rifle,' motion the blood is seen to be directed against the segments of the semilunar valves, which are thereby hastily thrown apart, the spiral current being continued for some distance within the

aorta. The beautiful rifle mechanism here described is constructed with definite objects of giving precision to the direction of the moving body against a given point and of securing greater velocity and force in that body—the moving column of blood. We have, in fact, here represented in nature—a matter of the deepest interest to the biologist—the mechanism of the comparatively modern rifle. The resistance to the stream of blood issuing from the ventricle is offered by the block formed by the column of blood resting on the aortic valves. These in their action are described by Professor Pettigrew as 'closed by a spiral movement, by which these valves are wedged, and, as it were, screwed, more and more tightly into each other'; the movement here—the spiral movement—being caused by 'the direction of the sinuses of Valsalva, which curve toward each other and direct the blood in spiral waves upon the mesial line of each segment.'

"We find that various estimates have been given of the absolute propelling power of the ventricles and of the resistance of the column in the pulmonary artery and in the aorta respectively. For example, Professor Michael Foster says: 'If we take a hundred and eighty grammes as the quantity in man ejected at each stroke at a pressure of 5.21 metres of blood, this means that the left ventricle is capable at its systole of lifting a hundred and eighty grammes 3.21 metres high—i. e., it does five hundred and seventy-eight gramme-metres of work at each beat.' Different estimates of the propelling force are given by physiologists, and the estimates of the resistance vary more even than the estimates of the propelling power. It will therefore suffice to say that authorities are substantially agreed that the driving power and the resistance are in the proportion of four to three, the really important point for our present purpose being the relation they bear to each other. In the motion thus described and the resistance we have all the elements for the reproduction of a sound; and a sound being produced, we ask what

it is. The reply must be. The first sound of the heart, the cause of which we now seek.'

If it is admitted, the author continues, that sound is a result of resisted motion, there is in this instance a remarkable illustration of movement and resistance. The movement of the blood with all the force, precision, and velocity of a rifle or spiral movement is directed against a fixed and definite resistance, the moving power and the resistance being capable of definite measurement and found to be quite sufficient themselves to explain the source of the sound of which we are in search.

The author alludes to another point of interest—namely, that the sound disappears last over the semilunar valves, and also that the returning sound is first heard in the same situation. It is also an object of great interest, he says, to compare the characters of the two sounds in relation to the seat of their origin at the semilunar valves. In the first sound there is the character of propulsive force and sustained action, softer and more prolonged than the second, which is sudden, sharp, and short, as if produced by an abrupt mechanical disturbance. These distinctions, he says, serve to convince us that the sounds are both produced at the same point, at the semilunar valves, each by its own single and simple agency.

Lastly, he adds, sounds resembling the first (and second) sound of the heart can be produced artificially. The author here gives a detailed description of how the experiment was made with a sheep's heart.

In conclusion, Sir Richard Quain adds that the explanation of the cause of the first sound of the heart given here is so different from that hitherto accepted that it may seem to give rise to difficulties in the diagnosis of valvular disease of the heart. Closer consideration, however, he says, will show that, like all accurate knowledge, it will be found to simplify and not confuse. It will afford, he says, an explanation of the relations of certain morbid phenomena which are at present

unintelligible—such, for example, as that a systolic murmur may be heard at the apex while the first sound is audible at the base free from murmur; and it will serve to encourage a closer study of the relation between muscular contraction of the walls of the heart and the tension of the vessels of the system.

THE VALUE OF AN EXCLUSIVE RED MEAT DIET IN CERTAIN CASES OF GOUT.

At a recent meeting of the Medical Society of London, a report of which is published in the *Lancet* for May 15th, a discussion of this subject was resumed by Dr. Archibald Garrod, who said that he had met with many cases of chronic rheumatic arthritis which had been treated in this way, in some instances with advantage, in most without result. It was really carrying to an extreme degree the plan of feeding up these patients, who were often harmed by a too restricted diet. Probably no single explanation would be adequate to account for the improvement in all the cases. Very few of the successful methods of treatment, such as the relief afforded by colchicum during the acute paroxysms, had yet been explained on scientific grounds. It was obvious that there was a fundamental difference between the cases in which there was acute gouty arthritis with a deposit of urate of sodium around and in the joint, and cases of chronic articular gout in which there was an alteration of the nutrition of the joint leading to extensive changes in its whole structure. In the case of uric-acid there was another process, the decomposition of the quadrurate, the occurrence of which depended on many variable conditions, such as the amount of saline constituents in the urine, or even the amount of pigment. The line of treatment which he said had been recommended by Mr. Armstrong, the author of the paper, was calculated to increase the amount of uric acid produced, and was, therefore, unsuitable in cases in which there was any evidence of kidney

disorder, which he thought was the rule, at any rate to a slight extent, in cases of gout. The improvement in many cases was probably due to the fact that many of the digestive organs obtained an almost complete rest, and the sudden change appeared often to be beneficial. In true gout he thought that the applicability of this mode of treatment was limited, and that it was by no means free from risk.

Dr. A. P. Luff had shown that there was no difference between the metabolism of animal proteids and that of vegetable proteids. He thought their different effects as articles of diet depended on the accompanying saline constituents. The mistaken idea, he said, that a meat diet caused the introduction of increased quantities of uric acid into the blood was responsible for the objection to meat as an article of diet for the gouty that many held. He believed that in healthy people uric acid was formed in the kidney only from urea and glycocin which came from the liver. In morbid states of the kidney, structural or functional, the uric acid was absorbed from the kidney, and it might be derived from the breaking down of nuclein in leucocythaemia. A person on animal diet excreted more urea, but not more uric acid, than when he was taking purely vegetable diet. At the previous discussion Dr. Haig, he said, had abandoned his former contention that meat diet introduced uric acid into the blood, but said that xanthin, which he considered as physiologically equivalent, was so introduced. He appeared to rely on Haycraft's process for detecting this, but in 1891 Dr. Haig himself had shown that Haycraft's method was unsuitable for detecting xanthin, and there was no proof that xanthin if introduced would contribute to the production of gout. Dr. Luff agreed with Dr. Garrod that there was almost always some renal disability in cases of gout, and that this plan of treatment could only be safely carried out in a few carefully selected cases.

Dr. J. P. Freyer thought we could not accuse a meat diet of being the cause of

the deposit of uric acid in the face of the fact that the people most subject to manifestations of gout were the vegetarian inhabitants of northwest India.

Dr. R. Maguire said that the question was not one of chemistry, of diet, or of microbes, but of vitality. In the carnivorous serpent uric acid was passed practically in the form of a calculus; the granivorous bird passed it in the form of urates, and the most highly evolved man in health passed it in solution in the urine. But when his vitality was lowered there was a process of devolution, and uric acid was deposited. The Hindu was a man of low vitality, and deposition of uric acid readily occurred even on a purely vegetable diet.

Mr. Armstrong took exception to Dr. Haig's view that the meat acted only as a stimulant, or that its action was the same as that of the Carlsbad waters. Mr. Armstrong believed the effect of these to be due to increased elimination of uric acid by the kidney and the skin. The influence of the nervous system in deranging the normal chemical processes in the body was a very potent one, and he had seen worry repeatedly produce a deposition of uric acid in a woman who never touched meat. He thought that much of the benefit was due to the sudden cleavage in the habits of diet. He stated that several of his patients had previously suffered much from amyloeous dyspepsia. He insisted that this mode of treatment was not a panacea. The cases had to be carefully selected, and only about three per cent. proved to be suitable.

PRECOCIOUS MENSTRUATION.

On September 30, 1895, I was asked to attend Mrs. J. L. F. in her second labor, the first child, a strong, healthy boy, being just one year old to a day. The lady is a robust and unusually healthy woman of French descent, 28 years of age, her husband being a hale and hearty banker, 34 years of age. Both are well educated,

intelligent and refined, possessing all the comforts of life desired by them. The husband said to me : "We are both generously endowed by Nature with very strong generative instincts, and we should find it hard to feel that life was a success with us should anything occur to prevent our bringing up a large family of children."

After a short and unusually easy labor, as nearly painless as any I ever saw, during which Mrs. F. chatted and laughed continually, she was delivered of a nine-pound daughter; yes,, I may almost say a grown-up daughter.

It will probably be easier for the reader to surmise than for me to explain what my astonishment was to notice the advanced state of development of the external genitalia; in size, representing those of a seven or eight-year old girl, but in form and development more nearly approaching those of a young woman of fifteen; the whole being covered by a liberal growth of dark brown curly hair. The clitoris, however, was elongated and enlarged beyond that found in most women, being about an inch and a quarter long and about three lines in thickness, with the prepuce extending about a third of the length of the organ. The hair on the child's head, averaging about three or four inches in length, was of a beautiful chestnut brown. There was no hair in either axilla. The mammae were about an inch and a half in diameter, raised about half an inch, and their centres were surmounted by small, pink nipples, about a quarter of an inch and the same through. The child's facial expression was clearly feminine, about like that of a delicate 12-year-old girl, with clear-cut regular features, dark eyebrows and well-formed mouth.

This inventory I supposed would entirely complete the list of the young lady's peculiarities, but when I called next day I was constrained to say "Will wonders never cease?" when the nurse informed me she had noticed that bathing the child's breasts seemed to make it very

uneasy and that the little nipples became erect and very prominent. On my questioning her she admitted that the clitoris also acted in the same way. I then made sure of the child's sexual excitability by seeing a prompt erection of both the nipple and the clitoris whenever the former was manipulated, and erection of the clitoris alone when it was handled, these erections being accompanied by every manifestation of acute sexual excitement.

This marvellous young Hebe thrived very well, except that the least irritation from bathing, contact of clothing, etc., in the neighborhood of the clitoris was productive of so much sexual excitement that the child would be nervous and fretful for an hour or more after each period of excitement, which seemed to resemble in every way the accomplishment of a complete sexual orgasm. This condition of affairs greatly worried the mother, but she would not fully consent to allow me to amputate the child's clitoris until one morning, when the child was six weeks old, the nurse found blood stains upon the little child's diapers. An examination proved that she was actually menstruating, and she continued to do so about two days and a half. The mother stated that her child had not seemed quite so well as usual for two or three days preceding the appearance of the sanguineous discharge, and that she would cry whenever her breasts were touched. At the beginning and at the ending of this period I examined the discharge microscopically, but found no disintegrated particles of endometrium or other detritus to show that the discharge was more than a venous exudation.

A few days after the disappearance of the menstrual flow I amputated the child's clitoris as close as was possible, since which time she has only occasionally been annoyed by periods of excitability, and I may add that such periods are steadily decreasing in both frequency and intensity.

The young woman in question is now about ten months old; is a good, healthy child with chestnut-brown hair about 12

to 14 inches in length, fine, and silky. She has an exquisitely beautiful, delicately feminine face, plump and firm mammae, a broad pelvis, and a distinctly feminine form generally. She has continued to menstruate regularly every six weeks, the periods usually lasting two days and a half, never longer. A recent microscopic examination of the discharge shows no change in its character or composition.—New York Medical Journal.

SANITARY BASEMENTS

The basement of a dwelling is usually the part least cared for, and yet the basis for a healthy home is undoubtedly the basement. How often do we find it a dark, damp, unventilated place, stored with decaying vegetables and all sorts of odds and ends? The old way of constructing basements or cellars, now fortunately rapidly changing as better ideas prevail, was to go deep enough into the ground to provide the necessary height. The house rested upon one or at most two foundation stones above ground. This gave small window space for light or ventilation, and placed the basement floor near to or below the average ground water level.

Few appreciate that basements breathe, and that their inhalations go into the rooms above them and into the lungs of their occupants, when the air of a basement is heated, as by a furnace or laundry stove, it rises and passes into the house above. A greater or less portion of the escaping air is replaced by air from the soil about the house. If this soil is polluted, as is often the case, so will be the air drawn into the basement. If potatoes, apples and other vegetables are allowed to rot in the cellar, which frequently happens, the air is still further contaminated.

A cellar should not be too deep in the ground. If the height is divided, half above and half below the ground, the basement will be cool enough for most

purposes, and opportunity for lighting and ventilation will be given.

To insure a dry basement, which is highly essential, it will be necessary in most soils to provide drainage. Drain tile, just below and inside or outside of the foundation walls, will carry off soil water. A floor of concrete, cement or asphalt gives further assurance of a dry basement. In some places hollow tiles, which give a layer of air between outer and inner walls, are used for foundations and are superior to stone in many ways. In the manner indicated above, or in some other equally effective manner, we should cut off ground moisture and ground air.

A source of basement pollution should be here noted. The iron soil pipe, which conveys the waste from closets, bath and other fixtures, frequently ends at the basement floor, and from there on, crossing the basement floor, perhaps in a sewer pipe, or even, in the older houses, a brick drain. In either case there is the possibility for the escape of sewage, saturating the surrounding soil. The soil pipe should continue of iron to and through the basement walls.

With a properly constructed basement, extreme care should be taken to keep it clean. Windows should be hinged so as to be easily opened for ventilation. If it is necessary to store vegetables in the basement, they should be frequently looked over, so that those which have commenced to decay may be removed.

Quite often the servants' water closet is placed in the basement. This is always objectionable, and should be avoided, if possible. But this matter is rendered worse by the practice in many houses, to economize in building, of using an inferior closet for the purpose. Being so located, they escape observation, and if of inferior pattern, quickly become foul or leak sewer air into the basement.

It has been said, before you consider a woman a good housekeeper, look into her kitchen; but it might be said, before you consider a house healthy, look into the basement.—Ohio Sanitary Bulletin.

THE LANCET

"PRESCRIBER VS. DISPENSER."

In our June issue is an article from Mr. J. F. Howard, the well-known chemist of this city, headed "Prescriber versus Dispenser." Mr. Howard takes solid ground in condemning the dispenser for taking on the role of the physician, and prescribing in the same manner, in which a qualified physician and surgeon is alone justified in doing. But that the mouth of the dispenser should be closed, when asked for simple remedies by his customers, or for that matter, by any one coming into his shop, the greatest stickler for our privileges as professional men would not be justified in expecting. It would be impossible for a retail chemist to carry on his business to so act. It would be unbusinesslike, uncourteous, and unwise to do so. But, the habitual prescribing chemists, of which, we regret to say, there are too many examples; educated in the art of prescribing largely by the prescriptions of medical men that have passed through their hands, who will treat any and every ailment under the sun that does not require personal visiting, and, in consequence, not infrequently throwing work into a professional man's hands, to rectify the pharmacist's wrong diagnosis, and consequent faulty treatment. Well, there is but one way for the profession, as a body, to act towards this class of dispenser and prescriber, and that is, to give them a wide berth. It is the duty of Colleges of Physicians to prosecute these offenders. But the doing so is more honored in the breach than in the observance. Mr. Howard also alludes to the self-prescriber, and the very knowledgeable old woman, and doubtful friend (?), who, fancying that they know everything, prescribe for any and every person they come across, ailing or otherwise. As long as the world lasts this class of nuisance will be in evidence. But it must be remembered that they not seldom act as feeders to the profession by their unscien-

tific advice. But the most important point Mr. Howard brings forward is the position the wholesale manufacturing chemists are fast attaining to. Composed of wealthy corporations, able to command large capital, they are enabled to push their preparations before the attention of a readily gullible public. Ostensibly these preparations are at first brought under the notice of the profession. But, the general public is the object to reach; the profession is simply made use of, as the readiest and most efficient medium. There can be no doubt of the fact that the deluge of medicinal preparations of all kinds during the last few years has been something appalling, and when we call to mind that not a vegetable, herb or tree that grows, or mineral which the earth produces, but contains a principle, therapeutical or deleterious to the human system, and that all this material is a field open to the enterprising chemists, among whom competition is daily becoming more fierce, what the outcome will be it would now be hard to prognosticate. The question arises who are to be the greatest sufferers, and unquestionably it would point to the retail chemist. The general practitioners will be driven back to the old fashion of keeping an open surgery, and consulting physicians and surgeons will have to devise some means of protecting themselves. The druggist will have to share with the storekeepers the vending of these preparations, labelled with a high-sounding name, and wrapped up in a sheaf of literature descanting on their specific virtues. We by no means contend that many valuable additions to our materia medica have not been added within the last few years, and that nauseous drugs have been made far more palatable, without impairing their efficiency. But we cannot shut our eyes to the fact that the manufacturing chemist is treading fast on the heels of both physicians and pharmacists. Faith goes a great way; the large majority of mankind do not think for themselves. They read, they mark, but they neither learn nor digest. They imbibe the contents of the leaflets wrapping up the nostrums with

their eyes, they swallow the compound, and, attributable in many cases to the power of mind over matter, they are, or fancy themselves to be, cured. How the growing evil is to be checked we are at fault to know. That a condition of things is looming up in the near future which requires very serious consideration all thinking minds will allow; the note of danger is beginning to be sounded by the medical press, as yet in a feeble and perfunctory manner. As before stated, the pharmacists, or, as they are better known, retail chemists, must in the end be the greatest sufferers, but our own profession will soon begin to feel the ill effects. There is no profession more preyed upon than the medical. If a man pretends to be a lawyer, and acts as one, he is soon hauled up to the bar of justice and punished. So in the clerical profession. We never see cheap law or divinity advertised for sale in the public prints, but we may daily read the filthy advertisements that crowd the daily papers, of so disgusting and repulsive a character as to raise the question, whether papers admitting such into their columns should be allowed on our breakfast tables to be read by our children. France sets a good example to the whole world in this particular; no quack medicine is allowed to be vended there, much less advertised in their journals. The paper that, in its editorials, advocates a high tone of morality and purity, and for the sake of what the ad. brings to its coffers, inserts these filthy notices, that the editor would feel ashamed to see his own daughter reading, would find it difficult, except on the miserable plea of dollars and cents, to defend his action. The deluded victims that are thus enticed into the sharks' domain, when thoroughly fleeced, are, as a rule, too advanced in disease, or too ashamed of their folly, to apply to a qualified practitioner. We do not for one moment bracket this class of vultures with the manufacturing chemists, to many of whom the profession and mankind owe a deep debt of gratitude. We might quote an

instance of the enormous sums made by widely-advertised patent medicines. A short time since a limited liability company was formed in London, England, to acquire the nostrum of that mythical old lady with the mob cap, yclept Mother Seigle, whose syrup was owned by a Mr. So and So, and was proved to return annually profits to the amount of £80,000, or \$400,000. Approximate the amount spent in advertising to give this return and the result will be startling. If any enterprising individual would sift some of the black soil of Manitoba, make it up in pill form, with a little croton oil and assafatida, and advertise it largely as a panacea for all ailments, thousands of fools would be eagerly gaping to swallow them, and his pecuniary future would be insured—his measure of success gauged by the extent of his advertising. Are not the medical profession to blame for much of this? For example, a patient comes into the consulting room, say with prostatic trouble. That morning the physician had left in his office some preparation said to be efficacious in such cases. He prescribes it; let us call it Brown's electuary. With the preparation is a polite and plausible request to mention Brown when ordering the medicine. The prescriber does so. The therapeutic action of the preparation is not overestimated, and cures the patient, who ever afterwards will ignore the doctor and purchase from the chemist Brown's nostrum, and swallow it with perfect faith, no matter what his ailment is, and not only does he dose himself, but becomes one of the prescribing nuisances before alluded to. How the approaching evil is to be minimized is a conundrum. But, the subject should engage the attention of the various medical and pharmaceutical societies throughout the whole of this continent. When among the multitude of counsellors some protective means may be evolved to avert the threatening future. Mr. Howard deserves the thanks of our profession and his own for the stand he has taken.

HOMINIS EST-ERRARE INSIPIENTIS PERSEVERARE

It would appear, from Dr. Patterson's letter in our correspondence column, that he is still of the opinion he pronounced at a meeting held in this city, viz., That the cause of the opposition of the Profession to the establishment of the proposed Victorian Order of Nurses in Manitoba and the the Northwest was "because they did not understand the project." Now, when men of giant intellect make dogmatic assertions, those endowed with shallower sulci, and less grey matter inside their craniums, naturally hesitate before questioning the utterance. But, the Doctor on this occasion betrays such a want or ordinary perspicacity, that, though with vivid recollection of the old proverb, "Fools rush in where angels fear to tread." We must point out to Dr. Patterson the errors he has fallen into. Commissioner Robertson, in his last address, stated that "the programme which had originally been sketched out had been entirely altered." It so happened that this first scheme, as outlined in the Free Press, was that which the medical men of this city considered and pronounced upon. So that Dr. Patterson's Solonic utterance, that he alone of all the profession was able to understand the aim and object of the proposed order, must be taken cum grano. Dr. Patterson's arguments strike us as illogical, his reasoning as unsound, and his figures astray, vide, the remark as to the solitary nurse in the Northwest. The Doctor must have been thinking of that one swallow that does not make a summer. We deny that any statement in the article alluded to in Dr. Patterson's letter was written without due consideration. The subject is one for the head, and not for the heart only. As to his statement that "there was more than one dissentient at the meeting of city physicians," the fact remains that every member voted for the motion, save only and except Dr. Patterson. If he was aware that there were some present who voted for the motion, but were yet in favor of the scheme, I am afraid he cannot hold a very exalted opin-

ion of their policy. We are aware that Dr. Patterson is adverse to helping young men in their first start in life; and, though he accuses the writer of the article he criticizes as jealous, narrow-minded, picaresque, and insinuates that he is fearful, in a professional sense, of this order being established, with an interlineation, the emanation of some other great mind, viz., "I am sure the profession at large does not dread them." The readers of his letter between the lines will readily grasp the fact that it is Dr. Patterson who is afraid that the young and vigorous intellects coming into the ranks of our profession will lessen the emoluments of those who are on the downward path of life. We sympathize with the Doctor in this, being in the same boat, but we have learned to bow to the inevitable.

The Doctor also finds fault with our depicting weather that is occasionally to be met with in this country. We read not infrequently in the winter season of coaches, railway carriages, etc., being snowed up in England, Scotland, and other countries. There is no desire to conceal such climatic conditions. We read of cyclones, earthquakes, and hailstorms devastating parts of the United States, and had the same notoriety been given to the disadvantages as well as to the true and indisputable advantages to be met with in Manitoba and the Northwest, there can be little doubt that a much larger resident population would now be found on our fertile prairies. It is the misrepresentation of the country, and its climate, that has exercised a baneful influence on immigration. We do not think it is necessary for the editor to defend himself on this head. We fear that the Doctor, in the solitary grandeur of his position, has fallen into a splenetic mood—we might borrow his own term "a fearful mood," in trepidation that those young medical men who he states are hanging about, not knowing where to rest, carrying one's mind back to the dawn and the deluge, will settle in these districts, where they are so badly needed, or mayhap still nearer him, when competi-

tion may have such an effect as to touch the Doctor in that tender point peculiar to residents north of the Tweed, and presumably to their descendants also. We do not allude to the appendix.

MISCELLANEOUS

FREAK OF A BULLET.

Drs. Coleman, Obetz and Warner, the pension examiners, had a large class of applicants before them this morning, and several very peculiar cases were developed by the surgeons. One especially was that of a man who served in Company A of the Twenty-seventh Ohio Infantry. During the famous battle in front of Atlanta, on the 22d of July, 1864, while his regiment was charging across a field a musket ball from the right flank of the charging column struck him on the inside of the left thigh near the top, passing entirely through the limb.

It is a standard rule, so recognized by surgeons, that the hole where a bullet enters a person is much smaller than where it leaves the body. In the case mentioned, the reverse is the case, the entrance being much larger than where it left the soldier's leg. The case is so exceptionally rare that particular note was made of the fact, and the evidence would be extremely valuable in case questions of a medico-legal nature should arise. The fact was mentioned that medical journals have sometimes made note of such instances, but this was the first case that had come under their observation in the examination of pensioners.—Columbus Med. Journal.

PUNISHMENT TO FIT THE CRIME.

A bill has been introduced into the Michigan legislature by W. R. Edgar, providing for the castration of all inmates of the Michigan Home for the Feeble Minded and Epileptic before their discharge; also for that of all persons convicted of a felony for the third time, and of those convicted of rape.

LITHIA IN THE ADVERTISED WATERS.

Prof. Chas. Harrington, M. D., of Harvard, has recently analyzed those waters for which great medicinal values are claimed. He says: The three leading, that is, most popular and best-advertised lithia waters, have been purchased by me in open market and analyzed; one of them, perhaps the leader of all, several times, and always with the same results. In giving publicity to the results I shall designate the several water by numbers rather than by names, in order to prevent, as far as possible, the use of the results in unauthorized directions; for instance, in advertisements in which comparisons might be drawn by some new aspirant to popular favor.

No. I. This water is advertised as a most powerful solvent of vesical calculi, and as a cure for a number of diseases generally considered incurable. It proves to be a very pure water so far as organic matter is concerned, but with a considerable amount of dissolved mineral matter, chiefly sulphate and carbonate of calcium. While it is advertised as a powerful solvent for calculi, the greatest amount of bicarbonate of lithium claimed for it is but a little over two grains per gallon, an amount which, even if present, could hardly be regarded as of much use. As a matter of fact the specimen examined contained absolutely no trace of lithium salts.

No. II. This water claims to be a cure for almost all ills to which flesh is heir, and to contain over fourteen grains of lithium salts per gallon. It proves to be an exceedingly hard water, practically free from organic matter, absolutely free from lithia, but rich in undesirable lime salts.

No. III. This water, which is very extensively used in hotels, clubs and elsewhere, and which is claimed to contain over eight grains of bicarbonate of lithium to the imperial gallon in nearly ninety grains of total residue, proves to be a very soft and pure drinking water, con-

taining less than five (4.13) grains of total residue per imperial gallon, that is to say, less than half as much total residue as is claimed for the lithium salt alone. This residue is chiefly lime salts, but it certainly does not contain a minute trace of lithium. It is marketed in the "still" and "carbonate" forms, and in either makes a most palatable beverage, contains no more medicinal properties than do the waters of Lake Cochituate.

All three of these waters are clear, colorless and odorless. Two, by reason of excessive hardness, are not to be recommended for general household use; the other is a good water for all domestic purposes; not one can be said to be a medicinal water. The price of each is about twenty cents per quart.

In view of the above figures it appears most probable that the good results following their abundant drinking are due partly to the influence which can be exerted by any good drinking-water when taken in generous amount, and largely to the coincident abstinence from rich food and alcoholic beverages.—Boston Med. and

CAMPHORIC ACID IN NIGHT SWEATS.

One of the many remedies for the night sweats of phthisis, which is not so well known as it apparently deserves to be, is camphoric acid. It has been strongly recommended by many Continental writers, and the first number of the Edinburgh Medical Journal for the current year contains an article by Dr. Stockman, in which the drug is spoken of as one of great value in the control of this distressing symptom.

In this country Dr. H. A. Hare has for a number of years advocated the use of camphoric acid as an efficient antisudorific. His first experience with it was in the wards of St. Agnes' Hospital during 1890-91, where he found that it controlled the sweats of tuberculosis in the great majority of cases, and did not produce any such disagreeable symptoms as are usually caused by atropine. He also spoke of

the value of this drug in the first edition of his "Text-Book of Practical Therapeutics," published in 1891, and has since referred to it in other articles. In a paper in the Therapeutic Gazette for March, 1897, he writes that a continued large employment of camphoric acid during the past six years has still further confirmed his high opinion of this drug. Like every other remedy, it will fail in some cases, but nothing has been met with which in his hands so universally succeeds. As the drug is slowly absorbed, it should be given an hour or two before the time at which the sweat usually comes on. A dose of 20 grains is usually quite sufficient to control the sweat, provided it is given early enough, but as much as 60 grains may be given, if necessary, without deleterious effect.—Medical Record.

TREATMENT OF NOCTURNAL ENURESIS.

Cognetti de Maritis (Puglia Medical) records the successful treatment of a case of nocturnal incontinence by Fiorani's method. The patient was a man who had suffered since his childhood from nocturnal enuresis, for which no organic cause could be found. A string was tied to the patient's hand as he lay in bed, and then, passing over the end of the bed, it was attached to a bag containing fifty grammes of dry sand. The first night there was one voluntary micturition which, however, caused the patient to awake. The next night a weight of 100 grammes was attached to the string, with the result that the patient awoke when there was need to micturate. This treatment was continued for some nights with the same result, and finally the patient was able to resume his work, cured. The writer finds the explanation of the success of this

Ammonol is extensively used as an antipyretic and analgesic, affording immediate relief. It is claimed to be the only product that is stimulative. Dose from five to twenty grains.

THE BICYCLE AND THE PERINEUM.

The injuries to the perineum caused by the bicycle are of a very serious nature. Lesions such as cutaneous erythema, abscesses, haematoma, and a more or less profound anaesthesia caused by repeated pressure have been observed, as well as functional troubles, such as retention of urine in men and undue frequency of urination in women. Chronic inflammation of the canal and certain inflammatory complications may be produced or aggravated by the bicycle.—Dr. M. E. Aldhuy, *Gazette Hebdomadaire de Medicine et de Chirurgie*.

PRESERVATION OF URINARY SEDIMENT FOR MICROSCOPIC EXAMINATION.

Pollaci proposes the following method (*Riforma Medica*) for preserving urine sediment indefinitely in an unaltered form for microscopic examination. Allow the sediment to form in the urine as usual and decant the supernatant urine. To the sediment left add sufficient Hayem's fluid* to cover it well and stir up well so as to mix the liquid thoroughly with the sediment. Allow to stand 24 hours and then wash the sediment thoroughly with distilled water. In sediment so treated epithelial cells, cylindrical casts, leucocytes and red blood corpuscles retain their form unchanged. If an uncolored preparation

*Hayem's fluid has the following composition :

Aquae destillatae	200.0
Sodium chloride	1.0
Sodium sulphate	1.0
Mercury bichloride	0.5

be desired draw up into a pipette a portion of the sediment, and mount it in glycerine and seal the cover glass with shellac. If it is desired to stain the mount allow the sediment to dry on the cover glass, stain with a saturated aqueous solution of methylene blue and mount in dammar varnish. The hyaline cylinders will then show a uniform blue coloration.

DISINFECTANT IN DIPHThERIA.

A tablespoonful of a mixture made by the following formula, added to a quart of water and allowed to simmer constantly near the patient is said to be effectual :—

	Parts.
Oil of eucalyptus	10
Carbolic acid	10
Turpentine	70

A small quantity of oil of cinnamon is sometimes added.

LEMONADE POWDER.

Bicarbonate of sodium.....	4 ozs.
Refined sugar	14 ozs.
Tartaric acid	5 ozs.
Essence of lemon	2 drs.

Each powder should be dried separately, and the essence of lemon be rubbed down with the sugar, and the whole mixed.

DEATH BY ANTI-TOXINE.

St. Louis Mo., April 8th, James M. Williamson, 15 years old, at the Christian Orphans' Home, was given an immunizing injection of anti-toxine for the purpose of preventing diphtheria. Forty minutes later the boy was dead. The news struck like a thunderbolt in the College of Physicians and Surgeons. An autopsy was ordered, in which half a dozen learned medicos took part. After it was over they held a long consultation, and came out with the verdict, "Death from heart failure."—*Philadelphia Evening Bulletin*.

THE ORGAN HE WAS SHY.

Medical circles in Vienna have been much amused by an answer given by a student, who was being examined in pathological anatomy, and was asked to name the organs of the body in which cysts most often occur. He enumerated several, but omitted to mention the ovary, whereupon the examiner good-naturedly said: "Try to think of an organ which you do not possess," and the candidate, who was of Jewish extraction, immediately replied: "Oh, the prepuce!"—*The Lancet*.

CORRESPONDENCE

DR. MCKENZIE'S EXPLANATION.

To the Editor of the Manitoba and West Canada Lancet.

My Dear Sir,—In the Manitoba and West Canada Lancet for May, 1897, you make some strictures upon my professional conduct in visiting the west with a view to practice, in reference to which I would like the privilege of writing a few lines.

Allow me at once to admit that I am not registered to practice anywhere outside of Ontario. The card, however, to which you refer was sent only to practitioners, who certainly know whether or not they want advice and assistance in the management of unusual cases which are seen but seldom in general practice, and in the treatment of which special qualifications and facilities are required. The cases which seek the advice of the orthopedic surgeon are of such comparative rarity that his practice necessarily extends over a wide geographical area. In order to obtain the best results, many of these cases demand treatment extending over a lengthened period. Operative attention may be the only active interference demanded at first, but careful supervision may be necessary for years subsequently in order to prevent relapse. In the interest of such patients upon whom I have operated in Toronto, and whom it was important that I should see again, I have found no plan so satisfactory as that which I have adopted. Some of the patients belong to families who could neither well afford to remain away from home for many months, nor the expense of returning for much-needed further attention. To see and advise a number of such cases while in the west is much more economical and satisfactory than to necessitate their coming back individually.

As the pith of your editorial comments in this matter, however, is the reference to advertising, I may say that no appeal was to be made public, and that, in send-

ing a private card or note to each practising physician, no injustice, in my opinion, was done to either the profession or the public. During my first two or three years in orthopedic practice I kept a card as is now used by some of the leading members of the profession; but for five years I have not employed even a card, and have constantly sought to avoid everything that seemed liable to come between the practitioner and his patient.

Permit me further to add that the wording of four editorial statement, as based upon the note sent you, does me some injustice. Reference to my note will remind you that it does not state that I "paid a professional visit to the towns along the lines of railway in Manitoba." Nor does it state that I "was so largely consulted."

Recognizing, Mr. Editor, the influence and work of the public journal, and admitting the necessity for constant watchfulness, and the consequent responsibility and arduous duties of its editor, and thanking you for the opportunity thus afforded to set myself right with you and your readers, I am,

Yours very truly,

B. E. MCKENZIE.

Toronto, July 5, 1897.

LETTER FROM DR. PATTERSON.

Dear Sir,—I read with considerable interest your article upon the Victorian Order of Nurses, but I fear you placed it in print without due consideration, as the tenor of it is at direct variance with the large, generous heart I know you possess.

As to there being only one dissident at the meeting of city physicians on May the 26th, I think you are not absolutely correct. I know I was the only one who openly expressed my advocacy of the scheme, but there were others who gave no expression of opinion. You cannot in justice claim them as in favor of the resolution and against the Victorian Order.

The members of this Order are to be fully qualified nurses, and that alone; not

"an inferior order of female medical practitioners," as you style them. Whilst I say this, I do not suppose for an instant that they will be so extremely professional that they will refuse to act in the absence of a medical attendant, in a case of emergency. I expect them to act just as our mothers, our aunts, and other nurses do—render what assistance they can until the medical man arrives.

As to the jealousy—or, rather, fear—which pervades your whole article, that these nurses will supplant or drive medical men out of the profession—it is so narrow, so picayune, that I am sorry to see it in print in a medical journal (and I am sure the profession at large does not dread them.) I have never known a trained nurse attempt to do such a thing, but many untrained ones do, and when they succeed, it is simply "the survival of the fittest," at least in the opinion of the people.

That there are too many medical men and too few nurses in this Northwest is a fact. Is it not true that a larger percentage of those who graduate at Manitoba Medical College annually go out of the country? A certain number settle at various points, simply with the hope of cutting into—getting a share of—the not too extensive practices of medical men already settled, whilst the remainder are hanging around, not knowing where to rest their feet. How is it as to nurses?

In the whole province of Manitoba, outside of Winnipeg, Brandon and Morden, there is only one trained nurse (Miss Miller, of Neepawa,) following her profession. I stand open to conviction if there are others. do not know of them at present.

If the services of a trained nurse are valuable, and we know they are, we anxiously solicit them in all important cases. Why should we denounce a scheme to provide a modicum of the same to the people of this country outside of these three localities?

The services of trained nurses would materially increase the incomes of rural

practitioners, because, with their assistance, they could retain and treat successfully very many of the cases which are now packed off to the city hospitals.

Very many of these cases are sent to the hospital by our country confreres, not because they do not know how to treat them, but simply because they cannot get a competent nurse to wait upon them. Many patients prefer to remain at home under the care of the medical man they know and in whom they have confidence if they could only be skilfully nursed.

To bonus young medical men to go out into sparsely settled districts would simply mean ruin to the medical men nearest, and already doing practices none too extensive.

I was astonished to find such a loyal Manitoban as you, in your medical journal, paint the terrors of our winter months and prove them by describing the frigid experiences of a veterinary and a medical man. When this article of yours is read by the medical men in your native country, (Ireland) which one of them will dare to dispute the statements lately made in an Irish paper as to the arctic nature of our climate. And, no matter how much we may kick, what man in Britain will find fault with Rudyard Kipling for styling Canada "Our Lady of the Snows?"

'Tis true, you print next to your editorial an article by Dr. O'Donnell on our climate, in which he asserts that our climate, taken altogether, enables those affected with tuberculosis to live longer with more comfort than in any other part of the world, especially if they spend the greater portion of their time in the open air, but I fear this antidote will not counterbalance your editorial remarks upon the climate.

Yours,

JAMES PATTERSON.

APPENDICITIS.

In spite of the claims that have recently been advanced by eager young surgeons seeking renown, twenty cases to one are cured permanently without operation.—Dr. Pepper, Medical Age.

LIBRARY TABLE

16th Annual Announcement Post-Graduate New York Medical School and Hospital.

Mr. Chas. E. Frosst, 36 Lombard St., Toronto, will mail to any medical man, on application, a treatise on Alkaloids of the oil of the liver of the Cod.

ASEPSIS SECUNDUM ARTEM.

Though an advertising medium, this pamphlet contains very valuable practical hints, and will be read with interest by surgeons.

Messrs. Elwood, Lee & Co.'s, Conshohocken, Pa., U. S. A., June catalogue has reached us. It has the advantage not often to be found in similar literature of the straight price of the numerous articles depicted by artistic cuts being given, so that the intending purchaser knows exactly the amount he is liable for. The catalogue is a very complete one. Messrs. Davis, Lawrence & Co., Montreal, are the agents of the firm, and we are asked to state that on application a copy will be forwarded to any of the subscribers to this journal.

ARTIFICIAL FOOD AND INFANT MORTALITY.

Statistics from the lists of registered deaths in England compiled by Dr. Hugh R. Jones (*Brit. Med. Jour.*) show that 42 per cent. of infant deaths may be referred to digestive disorders. Infant mortality in Norway and Sweden, where almost every child is nursed by its own mother, is but 10 per cent. In Wurtemberg the mortality of breast-fed children is 13.5 per cent., of artificially fed children 42.7 per cent. In Munich, respectively 15 and 85 per cent. In lower Bavaria, where maternal nursing is the exception, the mortality is 50 per cent. Dr. Hope, Medical Officer of Health of Liverpool, investigated the methods of feeding in 718 fatal cases of diarrhoea in children. Of these but 30 were breast-fed; 391 were reared

wholly on artificial food, while 297 were partly nursed and partly fed on artificial foods. Those wholly nursed fare the best, and those partly nursed are better off than those wholly fed on artificial foods. It is clear that maternal nursing should be encouraged, and early weaning and the substitution of artificial foods for the breast-milk should be discouraged: but the tendency is the opposite in all classes of society—a tendency which is increased by the employment of women in industrial and commercial occupations.

PERSONAL

Dr. Todd has returned to the city after his bridal tour.

We regret to chronicle the death of Dr. Howden, who practised for several years in Winnipeg. He was stricken with paralysis, from which he never completely rallied. Dr. Howden was a man of retiring disposition, an ably qualified practitioner, and enjoyed the confidence and respect of his numerous patients.

Dr. A. H. Ferguson, now of Chicago, paid a visit to Winnipeg early in the month, and was warmly greeted by his many friends here. The Doctor is well pleased in a pecuniary sense at his removal. Dr. Ferguson, from his ability, energy, and untiring devotion to all cases under his care, was bound to take a foremost place in his profession; this everyone who enjoyed the pleasure of his acquaintance recognized. But they could hardly have predicted the phenomenal success he has attained to in such a short time. All his professional friends here rejoice in it, and wish him long life, with the greatest measure of prosperity.

Another of Winnipeg's sons, who has gone across the border, has been visiting the home of his youth, to the gratification of his many friends. Dr. Westbrook, of bacteriological fame, who may be well trusted to carry the banner of the Prairie City in his particular department and hold it against all comers.

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**PHARMACEUTICAL ASSOCIATION OF
MANITOBA. — PROCEEDINGS OF
FIRST ANNUAL CONVENTION.**

The annual meeting of the Pharmaceutical Association of Manitoba, which took the form of a convention, for the first time, was held on Friday, the 23rd inst., in the Sons of England hall, Portage avenue, Winnipeg. The gathering, though well representing numerous parts of the province, would have been larger had there been fewer attractions for strangers on that day in the city.

Proceedings were opened by the president (Mr. Flexon), who extended, on behalf of the council, a cordial welcome to visiting members, and thanked them for their attendance. He remarked that the council had for some time realized an attitude of indifference on the part of the Association, and had made this desperate effort to bring, if possible, all the members of the Association together to discuss matters of importance, commercial as well as pharmaceutical. Some papers of much value, he stated, would be read and discussed, and he was sure the writers of the papers had given their subjects thorough attention. He was equally sure the same gentlemen desired free criticism of the views contained in the papers. He lamented the fact that the annual meetings of the past had been attended by very few of the members, and felt aggrieved and ashamed that such indifference should exist. The council had taken the utmost pains to do its duty to the Association, and had it transacted the work of the Association with carelessness, or apathy, it could not have been blamed; but fidelity had been constant, not for the mere love of the work, but for the sole desire to bring the Association to a standard of recognition by the older and larger Pharmaceutical Associations of Ontario and Quebec. In concluding his preliminary remarks the president took occasion to tender the thanks of the council and of the Association to Messrs. Martin, Bole & Wynne Co. for their generous invitation to dinner at the Clarendon hotel.

The order of business then began, and, after the statement of the treasurer, and the reports of the registrar and auditors had been disposed of, the president, in his address, briefly reviewed the present conditions and declared himself well satisfied with the financial affairs of the Association, pointing out the large increase in the assets, and the steady decrease in the liabilities up to March 1st of this year, and which have been since reduced by \$175. He believed the future prosperity of the Association was assured, if the members were true to their charter and lived up to its principles and were faithful to its by-laws. A comparison of the Acts of Quebec and Ontario was made, and though perhaps the Manitoba Act lacked the clearness of expression and the comprehensiveness of that of the first-named province, he considered it had so far well-suited their needs. A few examples of clearness, showing not only the absence of vagueness, but the impossibility of misinterpretation were then read. On turning to the Ontario Act he found therein some features unlike anything in their own. Sub-section 2 of Section 4, for instance, requiring every member of the council to be actively engaged in business for himself, and the following sub-section relating to the territorial divisions of Ontario. By-laws 13 and 15 of the same Act were read to show that while in that province there are six examiners appointed on a salary of \$20 each, for the six subjects, the Pharmaceutical Association of Manitoba employed but three examiners at a salary of \$10 each. He proceeded to say that however well or indifferently framed Acts and by-laws may be they do not and cannot control the ebb and flow of the drug trade. Causes are at work which will undermine any branch of commerce, one of the foremost and hardest to deal with in the drug trade being the alarming proportions of druggists to given populations, and while he could not understand the druggists of the lower province complaining with about one druggist to every 6,000 people,

it was very easy to understand the protests which were heard in Ontario, where the proportions were one in 2,400, and still much easier to account for the pitiful cry which came from Toronto, in which city one druggist to every 1,300 people could be found struggling to make a living. There were other causes he had no doubt for the unwelcome conditions of the drug trade, but which would likely be presented during the day's discussion. The satisfactory work done in the lecture room for the last two courses was referred to. Dr. Hutton had been aided very much by the separation of the minor and major lectures—the two courses now running concurrently—the minor beginning in September and finishing at Christmas time, immediately followed by an examination, and the major beginning in January and expiring on May 1, followed by the major examination. Thus each term has four months, and a candidate, if he has been four years in the business, can take his minor lectures, and if at the end of the term he pass his examination can go at once into the major term. During the term of office of the present council thirty-two students had written on their minor examination, fifteen of whom had failed, and six out of seventeen had come to grief in their major. The slaughter he thought was no larger than with Pharmaceutical examinations elsewhere. The large percentage of failures could not be accounted for. The cause would not be due to the teaching, as the disasters were proportionately as large in Philadelphia, Montreal, Toronto, and other large cities, where the very best of teachers are to be found, and where the most ample means for acquiring pharmaceutical knowledge are at the convenience of the student. Much he thought could justifiably be done by examiners in endeavoring to put the candidates at ease, and to calm their minds in the examination room. The improvements in the pharmaceutical laboratory at the Medical college, and the onerous duty of lecturing now solely devolving on Dr. Hutton, who

had applied for assistance in this respect but funds were not available to meet his request. With a brief reference to members' fees, explaining why the council had not seen its way clear to make any reductions, the president, under the next order, which was that of miscellaneous business, called for the reading of papers. To say that the papers were exceedingly interesting would but ill define their remarkably clever authors. With the exception of Mr. Flexon's paper, which required no discussion, as it was simply a review of chemistry for the 60 years of Her Majesty's reign, the papers of Mr. F. E. Arkell, of Carberry; Mr. A. B. Andrews, of Gladstone, and Dr. Hutton, and Mr. John F. Howard, of this city, were proofs of the practical minds of those gentlemen. Some such scheme as that advocated by the first-named in the "Drug Trade of the West and How to Protect It," would undoubtedly prove beneficial to the drug trade of the province, and would just as certainly regulate the elections, and in this way prevent the connivance of members of the Association situated in Winnipeg in running a ticket to suit themselves; but it is a question if the membership of 95 is large enough to divide the province into six or any other number of districts for the purposes mentioned. The subject, considering its breadth and scope, could not in the limited time of the convention receive the exhaustive treatment which it deserves; but the proper attention will be given to it at the next council meeting. "Side Lines that Pay" is a very absorbing topic, especially in the hands of Mr. Andrews. Living, as he says, in a country town, he has naturally written from his own standpoint, and very skilfully has he accomplished the task. Some of his fellow country druggists might receive inspiration by a perusal of his paper. The views of Dr. Hutton on "Pharmaceutical Training and Education" were listened to with a great deal of pleasure, and if his suggestions were acted upon there would be no mentally unripe youths entering

drug stores. He laid great stress on the necessity of a student possessing a grounded habit of study. The doctor was particularly happy and to the point in speaking of the apprentice in the following terms: "If he shows a willingness to work and to learn, and his employer takes an interest in him, and sees that he is enabled to devote say an hour a day in directed study. If he is fortunate enough to be in a store where the tinctures are not all made from fluid extracts, and where as many as possible of the galenical preparations are made on the premises, and where the various steps in their manufacture are explained to him. If the prescriptions received at the store are written by several men who think for themselves when they prescribe, and are dispensed by the mixture of preparations which he has seen made—then will that apprentice render an account of himself of which all concerned may well feel proud, when he goes up to attend his lectures and pass (for he will) his examinations." But the paper should be read in its entirety to judge of its value, and this may just as truthfully be said of the lengthy paper of John F. Howard. There possibly is no man in the Association better able than he to preach and put into practical shape the old saying "United we stand, divided we fall." He strongly recommends the petitioning of the government to pass "an act compelling the manufacturers of patent medicines to print on the label the formula from which the medicine is made. This is done in England in the case of all medicines containing poisonous drugs. Its advantages both to the community at large and to the druggists are obvious. Why then should not the operation of such an Act be extended to patent medicines and put in force in Canada? The gentleman, in his usual pleasing manner,

refers "to the continuous cordial relations between the physicians and pharmacists of this province," and he is right. We will not make further reference to the papers, as they are to be printed in pamphlet form, so as to give interested readers an opportunity of judging for themselves. Recommendations regarding the raising of the standard of the preliminary examination, and of the division of the province into districts, were placed in the hands of Mr. Macdougall, the registrar, for that gentleman to lay on the table at the next council meeting. The convention, to say the least, was such a success that an effort will be made to have a regular annual convention to be held the same time of the year as the first one.

At 6 o'clock there was an hour's recess, during which time refreshments and instrumental and vocal music were served ad libitum. The discussion afterwards was continued till 9 o'clock, when the following resolutions were carried, and the meeting then adjourned to the Clarendon for dinner.

Moved by E. T. Howard, seconded by B. M. Canniff, That the papers be printed in pamphlet form and mailed to all members of the Association.

Moved by J. F. Howard, seconded by A. R. Leonard, That the Association send the president as a representative to the meeting of the American Pharmaceutical Association at Lake Minnetonka to be held in August.

Moved by A. T. Andrews, seconded by J. K. Patton, That, as visiting members, they wished to thank the council and city members for the kind way in which they have been received and entertained.

Moved by B. M. Canniff, seconded by W. R. Bartlett, That a vote of thanks be given to those who have read papers during the convention.

Manitoba Medical College

WINNIPEG

IN AFFILIATION WITH THE UNIVERSITY OF MANITOBA.

Established 1883.

Incorporated 1884.

J. WILFRED GOOD, M.D., Dean.

W. A. B. HUTTON, M.D., Registrar.

The Primary Scholarships of the value of \$90, \$75 and \$50 are open for competition at the close of each second session.

Three Intermediate Scholarships, value \$75, \$50 and \$30, are offered for competition at the end of third year. The University Silver Medal will be awarded to the student obtaining the best marks M. D. Examination.

The total collegiate fees amount to \$305 including registration for students taking the four year course payable if desired in four annual instalments of \$75 each. Graduates in Arts taking their work in three years will be required to pay \$270 or \$50 each year.

All college fees must be paid in advance to the Registrar on or before December 15th, Hospital tickets for the Winnipeg General Hospital are ten dollars for each session. Maternity tickets \$6.00.

Tickets must be paid at commencement of the session.

The University fees are payable 20 days before each examination to the Registrar, Mr. Pittblado. 1st year \$2; 2nd year, \$2; 3rd year, \$2; 4th year, \$2. M. D. Degree, \$10; C. M. Degree, \$10; Ad. Bachelors, \$5.

Good board may be had in convenient parts of the city at \$3 per week. Board and room from \$4 to \$8.

The Board of Directors of the Winnipeg General and St. Boniface Hospitals appoint four Manitoba University graduates as Resident House Physicians and Surgeons.

Clinical Clerks, Dressers and Post Mortem Clerks, are appointed by the attending Physicians and Surgeons.

For further particulars address

W. A. B. HUTTON, M.D.

155 Mayfair Avenue, Fort Rouge, Registrar.

Professors and Lecturers.

J. WILFRED GOOD, M.B., Toronto, L.R.C.P. Edinburgh, Member of the Medical Staff of the Winnipeg General Hospital, Ophthalmic and Aural Surgeon to St. Boniface Hospital.
Professor of Clinical Surgery, and Lecturer on Ophthalmology and Otolaryngology.

J. R. JONES, M.B., Toronto, L.R.C.P., London, Member of the Medical Staff of the Winnipeg General Hospital.
Professor of Principles and Practice of Medicine, and Clinical Medicine.

R. JOHNSTONE-BLANCHARD, M.B., C.M., Edin University, Member of the Medical Staff, Winnipeg General Hospital.

Professor of Surgery and Clinical Surgery.

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Professor of Surgery, and Clinical Surgery.

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Professor of Clinical Medicine.

R. M. SIMPSON, M.D., C.M., University Manitoba, L.R.C.P., Edin., L.R.C.S., Edin., L.F.P. & S. Glasgow, F.R.G.S., London.

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