

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

Continuous pagination.

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

# Ontario Medical Journal.

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

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

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

Vol. II.]

TORONTO, MARCH, 1894.

[No. 8.

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

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

## Editorials.

### ADVANTAGES OF EXISTENCE OF THE COUNCIL.

At this present date when the Medical Defence Association is carrying on its campaign against the actions, and even the very existence of a medical board, and on what is practically the eve of an election for a new body, we think it fitting to lay before our readers a couple of points which show the great advantage obtained by its existence and continuation on the lines on which it is now carried on.

It is not necessary for us to speak of the general accommodation afforded to all by an excellent staff of employees with the very competent registrar at its head to supply information and conduct all the work connected with the institution.

Anyone who at any time has had occasion to have communication with them can easily afford evidence of the complete system and absolute correctness with which all business affairs are carried out, and the certain accuracy in which all information, no matter what it may be if in a medical sense, is given to the enquirer.

Nor is it necessary to eulogize the accommodation supplied by the Board in its building to visiting members, and to the library of the Association.

These points are so apparent on the face that even an opponent of the present system must give consent to their appropriateness.

Our intention is more to show the protection afforded to both the profession itself, and the public generally, and under these circumstances the ideas arrange themselves without difficulty under three headings:

1. *Protection to the Profession.* If there were no ruling body, a long stretch of imagination would have to take place to put one in a position to think of things as they would be. In our province a certain definite time is required to pass examinations: in many other places—especially our neighbour across the line—colleges and states supply medical diplomas on the least provocation. Consequently all men who had only a short time to spare, who were too lazy to put in full time, and who wished to pass easier examinations, would quickly leave our fair province to study, and even more quickly flood the place afterwards with half-fledglings, as they truly must be. Not only this, but the products of all other countries would also be foisted on us, with a special line of the poor men who, not being able to make a living in their own native land, would emigrate to a new place and make their attempts there, and one can see how directly we would be overrun. Quacks, fakirs, advertising men, and, in fact, everything of

the kind would be as thick as bees in a swarming, and, although doing no good at all, would soon take the cash—as they only work for cash down—and the poor, properly constituted medical man would have to do his own work with a very poor chance of being paid. The Council at the present time is doing a great deal to keep down such people, and we certainly think credit should be given for the work. We will enlarge on this point no further, leaving it to the justice, so amply found among medical men, to bear us out.

2. *Protection of the Public.* Here, if the people only knew it, a very great good is done by supplying to them only properly registered practitioners. Every man likes skilled labour if it can be got for a job he is to have done, and the Council does its best to give them their desires. By keeping out all others they save lives: they save time; and, what is almost as efficient, they save money to the public. Of course it goes without saying that the service is not absolutely perfect, as the "Oi Polloi" are, as a rule, too easily gulled. We know, personally, of one case where a fakir—the seventh son of the seventh son—made quite a sum by the sale of "The Oil of the White Fawn," obtainable only by him, etc., the said oil being nothing more than white vaseline, bought from a town druggist, and sold at one and two dollars per ounce box. In spite of this sort of thing, which will happen occasionally, till the vendor is stopped by the Council, all, or practically all, are kept out of our road, and save our people's health.

3. *Maintenance of the Standard of Education.* This will require very few remarks. With the colleges free and in competition, the advantage of a check on them is plain. They cannot bid by low standards for more pupils as then they cannot fulfil the requirements of the law. It is not so very long ago that many got through in three and even two years by getting certified for certain lectures, and getting through on them. No such thing can occur now. We think the system of examination by number is the best at present used, neither the student knowing his number nor the examiner the name.

Before closing we would request a comparison between the Council and other closed corporations with reference both to fees and to advantages, at

the same time looking at the powers held by law by the others.

#### PREVENTION OF DISEASE.

How to prevent disease is a study which to-day has become one of the most important, if not the most important, to which the attention of the physician is directed. Medical societies everywhere are considering the question, and giving it the prominent place it deserves among the subjects which properly come up for their consideration. The New York Academy of Medicine, the Philadelphia College of Physicians and the Toronto Medical Society may be mentioned among those which have given attention to the matter. There is practical agreement as to the great importance of legislative enactments, requiring the isolation and registration of all cases of such diseases as diphtheria, typhoid and scarlet fever, etc.; but how far legislation should go in seeking the prevention of tuberculosis is a disputed question. Much could be done by legislation without any hardship to individuals to prevent the consumption of tubercular meat by thorough inspection of our herds, and of the meat as exposed for sale, by keeping a close watch over our dairies and our milk supply. Hotels, steamboats, railway-carriages, and all public conveyances should be thoroughly inspected and proper regulations insisted on that would ensure entire destruction of all germs of disease. But the germs of consumption are so numerous and so constantly present that some more efficient means must be used against them.

Is that to be found in the means that may be used by a Medical Health Board? We think not, unless every individual suffering from consumption be shut up in an isolation hospital. That is something which would not be tolerated in our present stage of civilization, for in the case of many it would mean years of restraint. Probably nothing further could be done in this direction than to establish isolation hospitals where those consumptives might be cared for whose homes could not supply them with suitable care.

Information should be systematically given by means of circulars that the disease is contagious, and that it can be largely prevented by simple measures of disinfection. More than all the physician must impress upon his patients and their

attendants that all sputa must be destroyed before it becomes dry, that on no account must expectoration be allowed except into a vessel containing an antiseptic, or into a cloth to be afterwards burned.

The following resolution was passed recently by the College of Physicians, Philadelphia: "That the College of Physicians believes that the attempt to register consumptives and to treat them as the subjects of contagious disease would be adding hardship to the lives of these unfortunates. In view of the chronic character of the malady, it could not lead to any measures of real value not otherwise attainable. That strict attention on the part of the physicians in charge of the individual cases, insisting on the disinfection of the sputum, and of the rooms, inadequate ventilation, and on the separation of the sick from the well, as far as possible will meet the requirements of the situation so far as practical for diseases so chronic.

"That no official action be taken in the matter by the Board of Health, except the insisting on disinfection of rooms in which consumptives have lived and died, in instances in which such procedure is not likely to have been adopted under the direction of the attending physician."

#### COUNCIL BUILDING.

The editorial of the last issue on the Council Building and the Acquisition of Real Estate, has certainly struck home in some instances. Dr. McLauchlin, objecting to the mention of his name in connection therewith, has written us, as will be seen in the Correspondence Column. We in one sense welcome such a letter, the whole extent of it being used in argument, such as it may be, and none in personal denunciation and asseverations on our power as either a writer or an editor.

We certainly hope we have not offended a man we have the most thorough respect for; but we could scarcely refrain from the mention of his name, he being at the present time one of the strong opponents of the existing state of affairs.

We merely drew attention to the fact that the Doctor was a member of the Council at this time, and that he must have known of the purchase of the property; of the fitting up of the old church, of the great want of adaptability for use of the Cor-

poration, and the general desire of the members for some better quarters. He certainly also must have had some experience of the general movings around for examinations, the difficulties in getting a proper place now in one part of the city, now in another, and the great amount of illegal work carried on by the students in spite of the most careful watching on account of the want of accommodation.

Dr. McLauchlin being an old member of the Council, we presume took a certain definite interest in their doings after he left the Board, and if he did, the knowledge that a building such as this one was going to be erected, must have been contained in the reports perused by him. Under these circumstances, why then did he not give utterance to his objections before the work was carried out, instead of waiting till now when the whole affair has been completed some years.

If he will read over our article again, he will see that the whole gist of it lay in the fact that the proceedings were public, and were never in any way objected to before the existence of the M.D.A.

The coupling together of lawyers, undertakers and pawnbrokers as tenants (of whom, by the way, none but the former hold leases), must either show that he has had peculiar associations, or else he has a very faint idea of the requirements and style of the city lawyer's work and offices.

#### THE APPROACHING CHOLERA CONFERENCE AT PARIS.

##### THE EXTINCTION OF CHOLERA.

M. Hanotaux, Minister Plenipotentiary, Director of the Consulates of France, and delegate of France at the forthcoming International Cholera Conference at Paris, has stated to a representative of the French press, in a published interview, the precise object and anticipated results of this conference. The Conference, he states, will occupy itself with tracking the cholera to its seats of origin—that is, Asia and India, dealing especially with the Meccan pilgrimage. The principal question laid before the Conference is to find thus "the examination of the Asiatic origin of cholera, and the measures to be taken relating to the defence of Europe against this scourge." Without prejudging the results, M. Hanotaux has reason to hope that

the Sultan and the Shah of Persia will assist in arresting the development of cholera at its Asiatic ports of entry and posts of reinforcement. "The English," he observed, "are especially interested, since they hold both ends of the inlet and outlet, India and Egypt." M. Hanotau continues as follows: "The Conference builds largely upon the assistance of Great Britain, for one of the most brilliant European hygienists, Mr. Ernest Hart, has denounced Mecca as a main centre from which European cholera spreads, in an address of wide-spread influence. He has pointed out that Hagar's well, where the Mussulman pilgrims wash and drink, is nothing better than sewer water. In one day (June 26th, 1893) there were 500 deaths at Mecca from drinking this water. Let the pilgrims die for the glory of Mohammed, that is their affair; but they spread the cholera to the rest of the world, and they must be prevented from making us that present. The Paris Conference will mainly occupy itself with this object; it will not be far from agreeing with the English sanitarian, Mr. Ernest Hart, in saying that the extinction of epidemic cholera in Europe may be secured without great difficulty. There are two ways of attaining this result: to ensure everywhere perfectly pure drinking water, and meantime put an end to the cause of insalubrity of the Meccan pilgrims. It will agree with him that 'outside of this all measures are illusionary; fumigations, railway and frontier quarantines, powderings and antiseptic fluids, are only vain ceremonies, simple sacrifices to popular ignorance, the idolatrous homage which dirt pays to cleanliness. The prime focus of cholera is India: its gates of invasion are the Indian fairs and the Meccan pilgrimage. Mecca is the reinforcing station of cholera between the Gulf of Bengal and Europe; it is there especially that the chief danger lies.'"

The measures, therefore, which the International Conference on Cholera at Paris will be called upon to resolve are, M. Hanotau announces, those indicated by Mr. Ernest Hart in his addresses at Edinburgh and in America. "Thus we shall undoubtedly instal medical posts and posts of inspection at two points, which he points out as the most important to be watched Thor and Camaran. Every ship and every caravan of pilgrims will be accompanied by a medical staff

furnished with all that is necessary for the purification and disinfection of the sick. The Conference will consider resolutions as to the necessary re-organization of the sanitary service of India, the regulations of the great fairs of that country, the organization (as suggested by Mr. Hart) of a system of inspection of the pilgrims before leaving the Indian ports, and the curatorship of the sacred wells in which the Mussulmans bathe and drink at the same time." To carry out this, M. Hanotau concluded, "will be to win a decisive victory over cholera; such a battle is well worth waging."

The following are the delegates for the Paris Sanitary Conference which will take place at Paris. For France: MM. Barrere, Hanotau, Brouardel, Proust, Monod. For Germany: MM. von Schwen and Mordtmann. For Austria-Hungary: Count Kuefsten, Dr. Hagel, Dr. Karlinski. For the United States: Drs. Edward Shakespeare, Stephen Smith, and Preston Bailhache. For Greece: M. Crisis, and M. Vafiader. For Italy: The Marquis Malaspina, and Dr. Pagliani. For Portugal: M. Navarro. For Sweden and Norway: M. Due. For Turkey: Turkan Bey, Nouri Pasha, Bonkowski Pasha, Dr. Hamdy Bey. For Persia: A delegate nominated by the Minister of the Shah in Paris. For Egypt: Achmet Choukry-Pasha, M. Mievville, and Sedky-Pasha. —*British Medical Journal*.

[Inserted for British Medical Association. —ED.]

#### EDITORIAL NOTES.

The world may come to an end, but electricity never. According to current reports we will soon be able to view with the naked eye all the internal organs without difficulty.

Spring comes round, and although it may bring delight to the sparrows and those who, like Salamanders, can only stand heat, it has a certain dread significance to the medical student. One of these alarms has been already advertised in our columns in the shape of the Examinations of the College of Physicians and Surgeons, Ontario. The program is out giving the extent of the ordeals for April 10th to 17th inclusive, with the Orals on 18th in Toronto and on 21st in Kingston. We certainly wish all embryonic practitioners the best of success.

## British Columbia.

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

DR. McGUIGAN, Associate Editor for British Columbia.

### COMPOUND COMMINUTED FRACTURE OF FRONTAL BONE AND LEFT ORBIT- AL PLATE, WITH EVULSION OF EYEBALL.—RECOVERY.

John Cullen, aged 29 years, employed at a lumber mill, fell headforemost from a height of thirteen feet. His forehead struck against a nut which screwed down an iron bolt in the fixed machinery of the mill. The nut was a square one, measuring one inch each way, and the bolt projected about half an inch from the nut. I saw the man within an hour of the accident. He had a compound comminuted fracture of the frontal bone, with perforation and splintering of the left orbital plate. The external wound was nearly two inches long, extending through the supra-orbital notch, and dividing that artery and nerve. The eyeball was torn from its attachments and protruded from the socket, the evulsion being almost complete; the internal recti muscles were torn away; the optic nerve stretched and exposed to the extent of two inches and partially torn across. He had lost a good deal of blood, but was conscious and sensible. He was removed to a suitable place, to secure due care and nursing, and shortly afterwards I proceeded to treat the case as follows:

The wound and the cavity of the orbit were saturated with carbolized oil (1 in 20) by means of a syringe, after which several spicula of bone, incapable of coaptation, were removed, six small fragments being taken away. The injury to the eyeball and optic nerve being too severe to warrant the hope of restoration, I removed the eye—care being taken to get as good a “stump” as possible. The wound was sutured with carbolized gut, and drainage provided for. After dusting the surface with iodoform, a thick compress of aseptic gauze was applied. Care was taken to effectually close the other eye, so as to secure the most perfect rest, and I may say here that this precaution was absolutely adhered to for ten days. I then gave

him a hypodermic injection of morphia and cocaine ( $\frac{1}{4}$  grain of each). During the first twelve hours after the accident his temperature rose to  $102^{\circ}$ , and this pyrexia was accompanied with a little delirium and restlessness; by the third day, however, this had quite disappeared and his temperature was practically normal. It was carefully noted twice daily for ten days, during which it never rose above  $99^{\circ}$ . The wound healed in a very remarkable manner. By the fifteenth day there was a firm and satisfactory cicatrix, and since then a deposition of new bone has been steadily progressing. He recovered without an untoward symptom. Three months after the accident he was fitted with a glass eye, and shortly after he resumed work.

The case is interesting from several points. Such a fracture is extremely rare. In an extensive surgical experience of a quarter of a century I have not seen such another, nor have I read of one. The proximity to the base of the brain, and the probability of injury to the ethmoid bone and olfactory nerve involved the risk of cerebral mischief, which, fortunately, did not occur. Too much stress cannot be laid, in such cases of injury to the optic nerve, on the absolute exclusion of light from the other eye, so as to secure functional rest. At present, twelve months after the accident, the remaining eye is sound and the sense of smell unaffected.

ALFRED M. WATSON, M.D. Edin.; M.R.C.S. Eng.

Duncan, Vancouver Island, B.C.

### DR. DAVIE'S SALARY.

We are on the eve of a general election in this province, and, as is usual before such an event, party feeling is running high. The Opposition in our Legislature is doing its level best to oust the Government, while the latter is resisting the attack with a vigour which those in possession of anything worth keeping commonly exhibit. It is not our intention to use this journal as a vehicle for disseminating political views of a nature hostile to either the “ins” or the “outs,” but I think that most of our readers will admit that dragging the question of Dr. Davie's (our late Provincial Health Officer) salary into a question of party politics, is not the

right thing. We say this without the slightest partisan prejudice. The late Provincial Health Officer is not a politician, and the services he rendered British Columbia should have secured him from the attacks that were made upon him. His appointment was non-political, for we understand that he was selected at a meeting of medical men, held at Victoria the night before the order-in-council was issued by the Government, putting Victoria and the province generally under the operation of a common health act. For eighteen months' services he received some \$5,000, and when one considers the work done, the amount was not large. During the fifty-one days of the epidemic in Victoria and Vancouver, he merely received \$20 per day, and the amount of hard work he did for this, particularly in the capital, was something very great. The leader of the Opposition, the Hon. Mr. Beaven, was mayor of Victoria at the time, and whether through his carelessness or indifference, or both, there is no doubt that small pox was rampant in that city and nothing was being done to prevent its progress. If the Government took the control out of his hands, it was only at the last moment when things looked desperate, that it had to resort to this drastic measure to save the city and the province. The medical superintendence of the affair was put into the hands of Dr. John Davie, at the suggestion, as we have already stated, of a number of medical men in meeting assembled, and he did the work assigned to him so successfully that he converted enemies of the Government into friends. But so far as he himself was concerned, he was merely an official, and the fact of his being a brother of the Premier should not have entered into the question at all. Did he do his work well? should have been the question; and as to that, friends and foes alike must admit he did. Hon. Mr. Beaven should have been silent on the subject, for surely his administration of affairs does not reflect any credit upon him. It is to be regretted by all respectable men of every party that all questions, no matter how far removed they are from the mere angry discussion of heated partisans, are nevertheless dragged in by designing persons who think they can make capital out of them, though at great cost to the interests of right and justice.

### THE THYROID GLAND

We have been favoured during the past month by Dr. Osler, the eminent Professor of Medicine in the Johns Hopkins University, Baltimore, with a couple of pamphlets, of which he is the author, one treating "On Sporadic Cretinism in America" and the other on "Tuberculous Pericondritis." We wish to return thanks to our old teacher for his kind remembrance of us, and will make the occasion of the reception of the pamphlet on sporadic cretinism an excuse for saying a few words on a subject which is occupying a good deal of attention at the present time in the medical world, viz. the function of the thyroid gland. At the last meeting of the British Medical Association in September, 1893, a discussion was introduced by Mr. Victor-Horsley, in the pathological section, as to the preliminary treatment to be carried out before grafting this body where its removal had been found necessary in cases of disease. Dr. Otto Lanz, of Berne, followed with some remarks on the nature of the muscular movements in cachexia thyreopriva in dogs. In a series of five dogs, in which the motor region in one of the hemispheres was removed either before or after the excision of the thyroid, it was found that the muscular twitchings, which were noticed in animals previously operated on without the destruction of the motor area, were increased in these particular cases on the paralyzed side. "A very remarkable phenomenon," says Dr. Lanz, "was that after complete recovery from the extirpation of the motor region, so that no trace of paralysis remained, the paralysis reappeared the same day that the thyroid gland was removed, and remained in the two dogs until their death from cachexia. This observation was a further proof of the great importance of the thyroid gland."

Though the function of the thyroid gland is not yet cleared up, yet it has been long suspected of playing a very prominent part in the nutrition of the tissues of the body. W. B. Carpenter, in an old edition of his "Principles of Physiology," stated that "the vascular supply of the thyroid body is extremely abundant," and went on to show that whatever the material is which is elaborated by it, it must be of great importance in the economy, inasmuch as it is directly absorbed into the blood, in consequence of the thyroid having no duct for

its removal from the body. He did not think it was destined for a pabulum for respiration, because it was largely made up of albumen and contained very little fat, but its chemical composition would rather indicate its purpose in being subservient to the formative operations. Dr. Andriezen, however, from observations made on amphioxus ascidians and lower vertebrata, draws a rather different conclusion, and thinks it is concerned with respiratory gaseous exchange, and its removal is followed by malassimilation of oxygen by the body tissues. There is one thing, at all events, being made clearer every day, that changes of a most remarkable character follow when its functions are destroyed and its nutritive influences removed, either by disease or extirpation. Complete extirpation in man and monkeys is followed by changes, bodily and mental, identical with myxœdema, which proves that the latter disease is due to the abeyance of function in the thyroid body. As the appearances of this condition in the adult are similar in many of their aspects to what is called sporadic cretinism in children, it may be fairly concluded that some defect in the thyroid is the *fons et origo mali* in the latter disease. But if this gland is chargeable with these evil consequences, there is observable from the same source a sort of compensatory satisfaction. The fresh thyroid of the sheep or calf, taken raw or slightly broiled, to the extent of one quarter to a half a gland daily, will in a few weeks effect a remarkable change for the better in the diseased tissues. In a case of operative myxœdema following extirpation of the gland in a monkey, injections of thyroid extract—which is now prepared by Brady & Martin, of London—in about six weeks removed most of the morbid changes in the tissues, such as the muscular twitchings, œdema of the eyelids, the low temperature and anæmia. In Dr. Osler's first case of sporadic cretinism mentioned in his pamphlet, he used the extract, and in a month's time he had not noticed any improvement, but he remarks in his *brochure* that "the interest in the subject (Sporadic Cretinism) is at present a very practical one, inasmuch as the observations on the beneficial effects of thyroid feeding have been shown in several cases, particularly in those a within the first three or four years of life," and it is to be

hoped that further experiments in his own case may confirm this statement. Thyroid feeding and the extract have also been employed with success in cases of psoriasis, by Dr. Byron Bramwell, in the Edinburgh Royal Infirmary, and by Dr. John Gordon, in the syphilitic form of the same disease, in the Aberdeen General Dispensary. Before concluding, we might say that there are no cases of cretinism or myxœdema reported, so far as we are aware, either amongst the white or native population of British Columbia. Enlargements of the thyroid are not common here, in fact we might say that they are even rare. Dr. Osler tells us that there is some misunderstanding existing with regard to the definition of a crétin, some confounding them with ordinary idiots. He says the term crétin "should be limited accurately to a form of idiocy associated with changes in or absence of the thyroid gland." Briand, Chandé and Bouis, in their *Manuel Complet de Médecine Légale*, claim that crétins are not subject to the fits of passion and excitement which characterize idiots. We will venture to quote an extract touching this point from that valuable work: "Aussi déshérités que les idiots au point de vue intellectuel les crétins n'ont pas les excitations périodiques ou passagères que l'on observe chez ces derniers. Dans certains cantons de la Suisse où le crétinisme est très commun, on voit les crétins calmes impossibles indifférents à la curiosité par fois indiscrette des voyageurs."

## Prince Edward Island.

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

### CHANGES REQUIRED IN THE PRINCE EDWARD ISLAND MEDICAL ACT OF 1892.

In view of the fact that reciprocity in registration is about being negotiated between the Maritime Provinces, it will be necessary to appeal to the Legislature of this province during its first session. The changes should embody the curriculum of studies of at least four years, with a preliminary matriculation examination before the studies begin, and an examination in every case as the only legal qualification to legalize the practice of medicine. In matters of detail, the Council will require power

to make all by-laws without submitting the same every time to the approval of the Lieut.-Governor and Council. The one year's preliminary study with a doctor is to be abolished and count for nothing. If study with a doctor is at all entitled to any consideration, it should be required after graduation and before the examination required for registration; in this way it would give young men the benefit of practical work in a doctor's office. An apprenticeship at this time would be a benefit. The ethics of the profession should receive some consideration by requiring all *entrants* at the time of registration to subscribe their adhesion to them. The sections that particularly need modification are sections 11, 12, 13, and subsection 2, and section 40, 41 and 43, together with Schedule B.

Medical men should at once use their influence with the various representatives to have these changes made without mutilation in Parliament. The changes are based on agreement for reciprocity between the three provinces. It would, therefore, be absurd for laymen in the Legislature to commence tinkering with the law, as the deviation of a word or a sentence would make the law ridiculous and practically inoperative. We trust that the intelligence of the people is now somewhat advanced, and that we will not hear such ridiculous assertions as in times past. We adhere to this opinion because, in matters of this kind, laymen are not judges, and however honest they may be, they are apt to have their judgments warped from a misunderstanding of the facts. If the members of the profession themselves would fully take in the situation and be united in their views, it would have the effect of convincing the Legislature of the importance and necessity of the changes being made. Let every physician who is on the Medical Register use his influence with the representatives and urge the enactment of the amendments without dotting an "i" or crossing a "t." As it is submitted by the solicitors of the Maritime Provinces, it would certainly be very ridiculous, after the three Councils agreed on a basis, that one of the Legislatures should spoil that and render the reciprocal registration a dead letter. Our work being purely in the interests of medical education, we have nothing dark or designing to introduce that the public have any cause to fear from. In fact, the

history of the medical profession goes to show that it has always been foremost in all matters to defend and protect the public and its interests; and it is strange, surpassing strange, how a designing quack and pretender can insinuate and prejudice the public against the profession, if a designing druggist, or other vicious person, declares, "look out for the doctors, they are looking for an amendment to their law by which they can fleece the people." Protection to the pocket being uppermost in every man's mind, the conclusion is reached that it is just so, verifying the Scriptures that the truth often suffers violence; yes, and a lie will go half round the globe before the truth gets its boots on to follow it!

Let medical men be firm and true to themselves and they have nothing to fear. The world is advancing. Science is progressing, and quackery with all its allies will recede and take a back seat and hide their faces like the moles and the bats.

#### ADVERTISING.

It is quite customary nowadays to have notes from every settlement or cross roads where a doctor is located, published in the local press—amongst other things, pie socials, clergymen and horse trots—and dove-tailed into it is "Dr. So-and-so is doing a flourishing business," "Dr. So-and-so is attending So-and so," "Dr. So-and-so has performed an operation." The innocent doctor, of course, knows nothing about it and he is above suspicion. All the same, he is looking for the papers and asking if the notes appeared. It is quite evident that this cheap method of advertising only disgusts the better class of the public; the most intelligent regard it as an evidence that Dr. So-and-so is a humbug and not doing "a flourishing business," and this species of quack advertising should not be tolerated, and the doctor should say, "save me from my friends." Another class takes up lecturing on matters medical before the people. Dr. So-and-so gave a lecture on the "eye," another on "hygiene," another "physiology," another on some other medical subject. We believe in a doctor keeping himself abreast of the times by being well read and up in his profession, but we confess, that clear of advertising, we know of no earthly benefit that will result from such

lectures before a common audience. Take temperance, morality, fun, wit and humour, and random slings at giant wrongs for your texts, if you are bound to lecture, and keep the profession unsullied in its usefulness before the people.

### Original Communications.

#### BURNS AND SCALDS.\*

BY DR. ROBINSON.

*Mr. President and Gentlemen,* -When asked to give notes on a case for this evening, I consented, because I feel it my bounden duty to do anything I can, however little, to aid in the prosperity of the Clinical Society.

The case I have selected is one of ordinary occurrence, and may, therefore, from some special features it presents, lead to some discussion that will be beneficial to us all in practice.

The patient was a bright boy of thirteen years, whose previous health had been good. In lifting a tailor's pan of boiling water out of an oven, it upset, severely scalding the greater portion of both legs, the left being burned entirely from the foot to the upper third of the thigh, the right from the foot to a short distance above the knee.

Burns have been classified into six degrees according to the tissues destroyed, but for practical purposes I think only three classes need be made:

1. Those presenting erythematous inflammation of the skin without vesication.
2. Those in which the inflammation of the skin results in the formation of vesicles and bullæ.
3. Those in which partial or complete carbonization of the part results, or in which, from the secondary effects of inflammation, more or less extensive and deep sloughs form.

The case under our observation is one of the third and fourth degrees in first classification, or the second degree in the one I prefer.

I found the patient in severe pain and suffering considerably from shock. I applied hot water bottles and warm flannels to his body, gave him tea and rye whiskey internally in good quantities, sufficient morphia to control the pain, and prescribed a local application of ol. lini., tinct. opii

and aq. calcis. I might add that I think this would be improved by adding 1 to 2 per cent. carbolic acid.

On the third day reaction was setting in, temp. 101°, pulse still weak. I gave him a mixture of sp. ammon. aromat. and infus. digitalis. On this day I noticed the glands in his left groin were swollen and tender.

On the fourth day he complained of pain in his left breast.

On the fifth day the ordinary well-known symptoms of pleurisy were developing. I gave him hydrarg. submur. to move the bowels gently, and prescribed a mixture of potassæ acetæ and infus. digitalis.

During the second week he was heavy and drowsy. On the ninth day his left wrist-joint became acutely inflamed, and two days later his elbow-joint, on the same side, became involved, and on the twelfth day the inflammation spread to the wrist and elbow on the right side, as well as both knees and both ankles. I considered I had the complication of acute rheumatism to fight and, after giving a doubtful prognosis, suggested a consultation.

There was now considerable œdema of the skin. The temperature was 102° to 103°, the pulse was high and very weak, the patient was pale and listless. I now prescribed a mixture containing sodii salicyl., sp. ammon. aromat. and sodii sulph. The legs were now washed off two or three times a day with warm water containing ac. boraci, ac. carbolicæ and glycerine. In three or four days the swelling and tenderness disappeared from the joints, but only to be followed by another complication which I consider similar in its nature to the ones already mentioned, viz., orchitis.

I continued the general treatment above mentioned, and also applied warm applications to the testes. The acute symptoms remained a few days and the effusion disappeared gradually. The history of the case from this time on was one of ordinary convalescence from the complications mentioned, together with granulation in the legs.

I have given quinine with acidi nitro-mur., tinct. gentiæ and tinct. nuc. vom. Afterwards I gave potass. iodidi and liq. arsenicalis and syr. ferri iodidi; later, quinine, tinct. ferri mur. and liq. arsenicalis.

\* Read before Ottawa Clinical Society.

The local treatment of the scald has been as nearly antiseptic as could well be done in the average mechanic's house.

The local treatment, I think, may be summed up in the following principles :

1. Keep the parts free from the air or any irritation from without.

2. Keep the surface free from any pathological product from within, such as sloughs or any putrefactive product, by repeated washing with warm water containing an antiseptic solution. These solutions I think it well to change from time to time.

3. Take care not to rub off the cuticle where raised in blisters at first. Let out the serous product by puncture.

4. The granulating surface must be carefully watched to keep it in healthy condition, especially when large. The granulations often become too profuse and weak, thus retarding the healing process. In these cases any caustic may be used. I have used Aq. Nitras in stick, and alum at various times.

5. Maintain the limbs or other part in the most favourable position to prevent contractions of the healing parts.

6. The local dressing should not be removed at first for some days, unless the parts are suppurating, when they will be loosened somewhat.

The local dressings I used were (1) a mixture ac. borac. 4 parts, and iodoformi 2 parts : (2) ac. borac. 3 parts, iodoformi 2 parts, and aristol 1 part ; (3) cocaine 1 part, ac. carbolic 2 parts, ac. borac. 10 parts, glycerine 17 parts, aqua pura 70 parts, besides those first mentioned.

In all cases of burn or scald the extent of surface involved is an important factor in considering the prognosis. Mere reddening of two-thirds of the surface of the body will generally result in death, while destruction of one-third of the skin will produce the same result. Death in these cases will generally result from shock or exhaustion.

If we pass the first few days successfully, one or more of the various complications peculiar to this affection are to be looked for. They are the results of the revulsion of blood from the internal organs. The result may be congestion, or stasis, and thrombosis in lung, liver, kidney, bowels, spleen, brain and branches of the pulmonary artery. If the last

condition result, the right ventricle of the heart will not then completely empty itself; there will be enormous nervous congestion and arterial anemia, producing apoplexy, dyspnoea, cyanosis, coma, small pulse, angina, pectoris, eclampsia and death.

Again, any of these congestions may result in inflammation, as in those of the serous membranes of my own case just related.

Other complications may arise, erysipelas, pyæmia, tetanus, duodenal ulceration, perforation, peritonitis. These, of course, should be treated as ordinarily, except that no depressant should be used, unless cautiously.

Now, I have not attempted to exhaust the subject of burns, but have referred to some of the chief points suggested by my own case.

Skin-grafting is done in many cases of extensive burn, and, if successful, saves much time to the patient. There is also skin-gliding, transplanting, and the rhinoplastic surgery necessary in cases of contraction following burns, of which I trust some of the gentlemen present will tell us, who have more experience than myself.

#### POTTS' DISEASE OF THE MIDDLE REGION OF THE SPINE--ITS DIAGNOSIS AND TREATMENT.

BY W. W. BREMNER, M.D.

Late Assistant-Surgeon to New York Hospital for Ruptured and Crippled; Orthopaedic Surgeon to Infants' Home and Infirmary, Toronto.

Potts' disease of the spine is a chronic tubercular disease of the bones composing the spinal column. It affects almost entirely the spongy substance of the bodies of the vertebræ. The disease is the same in any portion of the spine, but the consequences, symptoms and deformities vary according to the region that is affected. The principal symptoms which are common to Potts' disease in any part of the spine are : 1. Stiffness, or muscular rigidity of the back. 2. Pain. 3. Deformity. 4. Paralysis. 5. Abscess. 6. General symptoms such as fever, loss of appetite, weakness, etc.

There is not room in a short paper like this to go into the different aspects of these symptoms as they appear in the various regions of the spine. But they will be considered as they appear in disease of the middle region, that is, from the fifth to the twelfth dorsal vertebræ.

1st. Stiffness or muscular spasm. This is the earliest and most characteristic symptom in Potts' disease, and is usually very easily noticed in either the upper or lower regions which normally have considerable range of motion; but in the middle region it is more difficult to ascertain its presence, as this region has normally so little motion. Any loss of the natural elasticity of the body occurring in children should cause suspicion of Potts' disease.

2nd. Pain. This is usually present and may be confined to one side. It is reflected along the intercostal and abdominal nerves; it may be constant or occasional, and often causes night cry. In combination with a constrained stooping attitude and a grunting laboured respiration, it is one of the most characteristic symptoms of Potts' disease in the middle region.

3rd. Deformity in this region in the early stages resembles very much ordinary round shoulders, and great care is required in some cases in making a diagnosis. When the disease is more advanced, the projection of one or more vertebrae makes the matter plain.

4th. Paralysis. This occurs more frequently in disease of the middle region than elsewhere, owing to early implication of the cord which is here contained in a smaller canal. It is often a very early symptom, and may occur before there is any deformity. Paralysis thus induced is of the spastic variety; the reflexes are increased and the limbs are stiff, in this resembling cerebral paralysis, from which it may be diagnosed by the mental impairment which usually accompanies the cerebral form. In infantile spinal paralysis, the result of anterior poliomyelitis, the reflexes are abolished and the limbs at first flaccid.

5th. Abscess occurs in many cases and may point in any direction, but usually follows the course of the Psoas muscle and points in the femoral region. Many mistakes are made in diagnosing. I fitted a woman a few weeks ago with a Taylor Brace for disease of the middle region, who had worn a truss for a year or more on the projection in the femoral region caused by a Psoas abscess.

6th. There are the General symptoms: the fever caused by the absorption of pus, the loss of appetite and weakness caused by the pain and irritation,

and the tickling cough and symptoms of asthma which often occur.

*Diagnosis.* - It is necessary in making a correct diagnosis to group all these symptoms together; especially is this true in the early stages of the disease when it is so important to the well-being of the patient and the prevention of deformity to commence suitable treatment.

Stiffness may occur in the posterior curve caused by rickets: there may also be considerable pain, but the presence of enlarged epiphyses and of beaded ribs will show the character of the disease.

The pain in Potts' disease is always reflected. There is no local tenderness on pressure or on making percussion over the diseased vertebrae. Cases sometimes occur where there is no pain.

When deformity is well marked it can be mistaken for nothing else, but in the earlier stages difficulties arise in diagnosis. In very young children it is not easy to feel the spinous processes; and again, there are normal projections occasionally seen in some persons—of the spines of the sixth and seventh cervical and of the first and last dorsal vertebrae. Great care has to be taken in these cases and it may be necessary to examine a case once or twice with an interval between.

Paralysis coming on in a suspicious case renders the diagnosis complete.

A few of the other affections which simulate Potts' disease are:

Strains of the back. These are uncommon in children but in adults often occur. These cases should be given complete rest for a few days when their nature will become apparent.

Lateral curvature of the spine is present in some cases of Potts' disease, but it does not usually occur until rather late in the disease when all the other symptoms are well marked.

Rickets has been mentioned already.

Wryneck, which complicates diagnosis in the upper region, causes no trouble in the middle region.

Hip-joint disease may sometimes be suspected, owing to the flexion of the thigh which occurs from Psoas irritation; but on examining the hip it will be found that motion is free in every direction except that of flexion. Pus from a Psoas abscess may burrow into the hip-joint and cause

secondary diseases of this joint. Then all the symptoms of hip-joint disease will be present.

Hysterical spine may closely resemble Potts disease; but in hysterical spine there is usually great pain and sensitiveness on pressure on the spinous processes which is not the case in Potts' disease. There will also be present the other symptoms of hysteria, the "globus" and ovarian tenderness. Hysteria is uncommon in children.

Malignant disease, aneurism and meningeal tumours may present symptoms resembling spinal disease, but are very rare.

Chronic articular rheumatism causes some projection of the spine and often gives rise to considerable pain. There may be ankylosis but there is little muscular stiffness.

Perinephritis, appendicitis and sacro-iliac disease may cause a Psoas contraction resembling that of Potts' disease, but there is no projection of the back and the history will suffice to differentiate them.

#### TREATMENT.

In commencing the treatment we have to consider, perhaps, chiefly the ultimate deformity which is liable to occur, and the means best calculated to prevent or minimize that ultimate deformity will also be those best suited to relieve all the symptoms during the course of the disease. In disease of this region the usual ultimate deformity is a well-marked kyphosis or bending back of the spine at the seat of the disease. Above this point the spine bends sharply forward, and below it there is lordosis, or bowing forward of the spine. The shoulders are drawn forward but appear to be elevated owing to the sinking in of the upper part of the chest. The chest is pigeon-breasted, and as deep from back to front as it is laterally, and these changes which begin at the very commencement of the disease, continue to get more pronounced, not only during the active stage, but during the whole growing period, unless the increased pressure on the front of the bones and intervertebral discs is relieved and prevented by appropriate treatment and support.

In commencing to treat a case of this kind, rest in bed, combined with extension if necessary, should be used until all muscular spasm is overcome; but it is impossible to continue the treatment in bed through the entire time during which

deformity may increase as this includes the whole growing period. Some support must be used and it will be found that a steel brace made after the manner of the Taylor Brace will give very satisfactory results if carefully applied and kept under close observation.

This brace is made of two light but stiff steel bars running on either side of the spinous processes, padded opposite the seat of disease, connected with a pelvic band and two flexible steel strips coming over the shoulders with two or more cross bars at the upper portion. A well-padded strap goes from the termination of the shoulder-pieces round the front of the shoulder, and is buckled to one of the cross bars so as to hold the shoulders tightly back to the brace. An apron is fitted to the front of the body and buckled back to the brace in such a way as to draw back the abdomen when it is prominent and take a firm grip of the pelvis and upper part of the chest; thus the spine is held back to the bars of the brace above and below the seat of disease, and as much pressure put upon the diseased vertebræ as is consistent with the integrity of the skin. By this means many cases recover without deformity when the treatment has been begun early, and it is generally possible to limit the deformity to the amount present at the commencement of treatment.

Comparing this method with that by jackets of plaster of Paris, leather or poro-plastic felt, or any circular support, it will be seen that it has many advantages. All circular supports are more or less dirty and uncomfortable. They also tend to open at the top and bottom, so allowing the deformity to increase: anyone familiar with them must have noticed how loose they became after being applied a short time. In addition they are apt to make pressure over the spinous processes and so cause ulceration; this is a most frequent occurrence, however well applied. The steel bars of the Taylor Brace take their bearing on the transverse processes where pressure is much better borne: the seat of the disease is under observation at all times; the pressure can be placed just where it is wanted and regulated to a nicety by the attendant; the brace can be removed as often as desired without impairing its efficiency. Thus, the patient can be kept clean and comfortable.

Many steel spinal braces are made which depend

for their efficiency on crutches under the arm pits, taking their bearing from a pelvic band and are supposed to support the weight of the upper part of the trunk in this way. These are really a delusion to those using them and entirely inefficient. The axilla is so movable that no constant and thorough pressure can be made in this way, while a Taylor Brace takes a firm grip on the chest, pelvis and shoulders, and takes the weight off the bodies of the vertebrae, which alone are diseased and throws it on to the articular processes and posterior portion of the spinal column. Dr. Judson, of New York, in the *Medical Record*, of December 23rd, 1893, says that "he advocated the removal of the superincumbent weight from the diseased parts, and thought that was best accomplished by antero-posterior pressure or support which transfers the injurious weight from the diseased vertebral bodies to the articulating processes, which are sound and well able to bear the extra pressure.

When the spine is firmly fixed by this brace, it is surprising what relief is often experienced by the patient; the pressure on the diseased bodies being removed, the pain is relieved, the danger of paralysis lessened, and the formation of pus much decreased.

The importance of early and persistent treatment in these cases was deeply impressed on me by the examination a few days ago of a young person of seventeen, where no brace had been employed. The deformity was excessive, although the disease had not been very extensive and no abscess had ever formed. The lordosis which in this case was increased by flexion of both thighs, was so extreme as to make the sacrum form rather more than a right angle with the upper part of the lumbar region when the patient stood erect. And yet this result might have been entirely prevented by wearing a well-applied steel brace.

These remarks refer especially to patients who have intelligent parents or guardians. In very ignorant people who might remove the brace, it is better to use a plaster jacket.

While this brace may be considered the *best* method of treating disease of the middle region, its use is by no means confined to this region. It makes an excellent base on which to fasten a head-spring for disease of the upper region, and affords

as good support and fixation for disease of the lower region as any other, with all the advantages over jackets as to cleanliness, etc., already spoken of.

In conclusion, the importance of an early diagnosis is emphasized; thus only can deformity be prevented and here "an ounce of prevention is worth a pound of cure."

#### ELIMINATIVE AND ANTISEPTIC TREATMENT OF TYPHOID FEVER.

BY DR. W. B. THISTLE, TORONTO.

The symptoms generally are determined by the amount of poison in the body, and, in the case of different individuals, by a varying degree of susceptibility, or a varying degree of virulence in the poison itself. The local disturbance is determined by the quantity of the poison in contact with the tissues, to its degree of concentration, and to the length of time it remains in contact. It is by noting these facts regarding the toxine that one gets the key to the situation. Look, for example, at the case of the intestinal follicles; why is it that the tissues here suffer to such an extreme degree? Surely not from any selective action of the bacteria, but rather from the fact that the follicles are in close proximity to the main culture, and are surrounded by lymph sinuses into which empty the lacteal ducts of the surrounding villi. Each follicle is, in fact, the reservoir to which is conveyed both poison and bacteria absorbed from the intestine. The bacteria and poison carried to other parts of the body produce in a minor degree the same results. Molecular death is much increased wherever this poison is present, but as a rule ulceration takes place only in the intestinal nodes. The reason seems clear; the bacilli invading the follicle are at first precisely in the same position as a similar colony in like tissue in any other part of the body, and after having given rise to a certain degree of disturbance, would, as in the other situations, be overcome by the tissues, seldom giving rise to necrosis *en masse*. But the anatomical conditions being different, the lymph tissue in the intestinal follicles wages *unequal war*, since reinforcement both in the way of fresh bacilli and of poison absorbed from the intestine is constantly arriving, carried by the lacteals of the

surrounding villi, until, eventually, the poison becomes so concentrated that all resistance is overcome, and the follicle undergoes necrosis. The slow percolation of fluid through the follicles aids in their destruction, as it favours concentration and prolongs the period of contact.

As a corollary to this, it appears that ulceration of Peyer's patches is by no means an essential or necessary result of typhoid infection. For, if the base of supplies should be cut off, the bacteria already in the follicles might reasonably be expected to produce the same results, and disappear in the same manner as a like number of bacilli located in similar tissue in any other part of the body.

The treatment which I advocated in my first paper, and to which in the series of cases I have to report I adhered throughout, is based on this conception of the pathology of the disease. It consists, first, in eliminating as speedily as possible, both the main culture and toxine in the intestine, and also the poison held in solution in the body fluids throughout; second, in diluting as much as possible the toxine which is in contact with the tissues and in that way controlling to some extent its destructive or irritant defects, and third, in the use of substances which will destroy the bacilli still remaining in the intestine, or retard their rate of multiplication.

Elimination is accomplished by securing free and thorough evacuation of the bowels daily by the use of purgatives. This daily purgation, as much as seems necessary, keeping in view the evidence of toxæmia, is continued until the temperature becomes normal. There can scarcely be doubt about the possibility of clearing the intestine of the bacteria and poison which it contains. Argument to prove that point seems scarcely necessary. Since the evacuations constantly contain bacteria, and of necessity their generated poison, it follows that purgation must result in elimination of both, and, if the process is constantly repeated, there is a continued disappearance of bacteria and poison, which would otherwise be absorbed and carried throughout the body. In fact, by the agency of purgatives there is a frequent withdrawal of an additional dose of poison, which in the absence of any such procedure must surely have gone to increase the amount already in the tissues. But purgatives do

much more than simply empty the intestine. They at the same time cause a copious flow into the bowel, by their use the body-fluids are drained into the intestine. The amount which can be drained off in this way is very great, and in order that we may have some idea of it, let us calculate on the basis of Lauder Brunton's experiment, by which he demonstrated that in four hours, by injecting a solution of magnesia sulphate, he was able to produce a secretion almost equal to one drachm to every square inch of intestine acted upon. But we scarcely need to enter into a calculation, as the amount of fluid which follows the exhibition of a cathartic is sufficient evidence. The important point is that the body-fluids from which this secretion is derived hold in solution both the poison which has been absorbed from the culture in the intestine and that produced by the bacilli located in the various tissues of the body.

There are many somewhat indirectly beneficial results to be obtained by free elimination. The weakness of typhoid patients, which is of the same nature as that of a drunken man, disappears or grows less, keeping pace to a great degree with the lessened toxæmia. In a similar way, anorexia, nausea, or inability to digest and assimilate food, in every case, in my experience, grows less and less if elimination is free and continually secured. My patients have in every instance been able to take large quantities of nourishment, and without difficulty. Owing to the improved capacity in this respect, while on the one hand large quantities of fluid are constantly drained off, on the other hand this fluid is replaced by a large quantity frequently ingested and assimilated. So exhaustion from the frequent and copious evacuations is prevented. We may say that an exchange has simply been made. The body-fluid with its contained poison is replaced by a like quantity without that element.

In addition to the large quantity of food taken, I invariably direct that the patient be given water in large quantities at frequent intervals, with the two-fold object of aiding the elimination of poison by its diuretic and flushing action on the kidneys, and of keeping up the volume of body-fluid. Thus concentration of poison is prevented, which must inevitably result if the ingestion of fluid does not keep pace with its withdrawal. By preventing this we are following the plain teaching of pathology,

since the destructive effect of the poison is increased in proportion to its concentration (Wood head). This practice of dilution is inseparably connected with the practice of free and continuous elimination by purgation.

As to the other factor in the treatment, *i.e.*, the use of antiseptics, I hold it in light esteem when compared with elimination and dilution. Yet in all my cases I have used intestinal antiseptics, and I believe with a great deal of benefit. It seems to me that, if one can completely deodorize the intestinal contents by the use of salol, it must do this through its destructive action on the ordinary intestinal bacteria, and very likely will act in the same way on the germs of typhoid, if occupying the intestine. In this connection I should like to point out that much larger quantities of antiseptics can be used, if associated with free purgation, without their toxic effects arising, than if given alone.

Keeping in mind the pathology of the disease, let us first notice the question of perforation. This, of course, presupposes deep ulceration, a condition the occurrence of which in cases seen early, and where free elimination has been secured throughout, is directly opposed to the inferences of pathology. In cases seen early, and where elimination has been properly secured, we are not even confronted with this difficulty, and may proceed to purge as freely at a late as at an early stage of the disease in so far as the danger of perforation is concerned.

In dealing with this question I may be permitted to quote from my former paper: "Suppose the ulceration to be deep at the time the patient comes under observation, are we then to allow the caustic to continue in its work of cell destruction, or are we to attenuate and remove it in the way indicated? Certainly the latter plan seems the reasonable one to adopt. It is, however, objected that ulceration is, perhaps, so deep that any increase of movement, consequent on purgation, may cause rupture. Let us here notice what follows on the administration of a purgative medicine. There is increase of peristaltic movement, but here we must remember that we have made no radical change, but have simply increased the rate of existing movement. Also, at that portion of the intestine, purgatives act chiefly by virtue of their power to produce free

secretion. Consequently the process partakes largely of the nature of a flushing out. Not only does purgation not increase, but it can be proven that it actually diminishes the danger of perforation. It is obvious that the more the intestine is distended, the thinner those structures which form the floor of the ulcer become. Now this condition of distention is common in typhoid, and depends on paralysis of the intestinal muscles resulting from the action of the toxine on the nerve-centres. Hence, if by purgation the cause of the paralysis be got rid of, there is a return of muscular tone, which is the condition least favourable to the occurrence of perforation. Let us now turn to the question of hæmorrhage. Hæmorrhage can, of course, only occur from a vessel laid bare by the process of ulceration. At the outset, I should like to draw attention to two facts touching arterial hæmorrhage. Gowers, speaking of the pathology of cerebral hæmorrhage, says: 'The force that ruptures an artery is the pressure of the blood within it.' And again, 'healthy veins may give way under extreme pressure, but arteries do so seldom, perhaps never.' Accepting these statements, then, and applying them to typhoid fever, we have the two factors in the production of hæmorrhage—the toxine corrodes the arterial wall, the blood-pressure ruptures it. If we remove the toxine from contact with the vessel, and diminish the intensity of its action, we certainly, as in the case of the intestinal follicle, limit the extent of damage to the vessel wall. But it is claimed that increase of movement in the intestinal wall may cause laceration of the exposed artery. In other words, we are asked to believe that a vessel whose wall is so fragile that it may be broken by the slight increase of vibratory movement in the membrane in which it is lodged, is at the same time, if freed from this extra movement, capable of sustaining the blood pressure. Then, again, is it really a fact that increase of movement in the intestine involves strain upon the vessel which ramifies in its wall?"

In connection with the application of the principle of elimination there are several minor questions. First, in the event of the presence of diarrhoea, are purgatives indicated? The occurrence of diarrhoea must be a response to some irritant, and, if it continues, and is associated with evidence of toxæmia, we cannot infer that there is

complete elimination of the exciting cause. In short, we simply follow the practice so general in, for example, either the symptomatic, or mycotic diarrhoeas of children, and control the diarrhoea by giving a purgative. Because there are several watery stools in a day, it by no means follows that sufficient elimination is being secured, for the flow may be simply from the lower bowel, leaving the contents of the ileum untouched. Supporting this view is the fact that the diarrhoea is so often associated with indications of pronounced toxæmia. With reference to this very point, a recent case is of interest. There was persistent diarrhoea during the second week, associated with tympanitis, elevated temperature, and intense headache. Attempts had been made to control the flux by opiates, etc., but without success. The movements were as many as fifteen and sixteen per day. I advised three grains of calomel and asked the physician in attendance to note well the character of the motions which followed. He did so and reported the passage of an unusually large and extremely offensive stool, together with a large quantity of a jelly-like substance. Subsequently there was cessation of the diarrhoea and marked improvement in every respect. The purgative was repeated, and the patient became shortly convalescent. Second, is there danger of exhaustion from frequent and prolonged purgation? I have already pointed out that if patients are relieved from the poison, the appetite and power of assimilating food remain good. It is quite common to have patients take sixty ounces of nutritious food daily in addition to large quantities of water. I have, in practice, experienced no trouble whatever from exhaustion following upon purgation.

I have now to report twenty-nine new cases, making in all forty two consecutive cases. In the second series the treatment was practically the same as in the cases reported last year, with the exception that I gave myself more liberty in the choice of purgatives. I have used calomel, magnesia sulph., pil. cath. co. U. S. P., Rochelle salts, pulv. sedlitz, and cascara sagrada. Purgation begun vigorously and continued until the temperature became normal, was the rule of treatment. It was also considered important to secure elimination as quickly as possible. I do not wait until next day: but a few hours after having given calo-

mel or pil. cath. co., followed by pulv. sedlitz excite the reflex by a glycerine enema. I have not noticed any difference in the effects produced by the different purgatives. It is in many cases impossible to keep up purgation by the use of calomel alone. But, if the dose of calomel be followed in two or three hours by a sedlitz powder, there is usually no difficulty. Occasionally the gums become sore, and it becomes advisable to substitute pil. cath. co. or magnesia sulph. for calomel, or, if but slight results are desired, a drachm of elixir sagrada may be given. In looking over my charts, I find that five or six movements per day in response to purgatives have been about the rule until the symptoms somewhat abated, when purgatives were reduced to produce three or four movements. But if there were any aggravation of the symptoms, freer elimination was induced as quickly as possible, for I considered time an important element in this treatment. Salol has been given in nearly all cases in five or ten grain doses every three or four hours. With every capsule or powder, the patient was instructed to take a large draught of water.

Of these forty-two cases several were furnished by medical friends who were good enough to give the plan a trial. A number of these were, however, treated under my direction. The list includes hospital and private patients, perhaps a majority of the latter.

*Analysis of the Cases.* Cases came under observation on an average on the fifth day. I have no fatalities to record. Average attainment of normal temperature and entrance on convalescence on the twelfth day. Relapse or recrudescence occurred in three cases. No hæmorrhage. No perforation.

Delirium occurred in only one case—a little girl—while under treatment, and where present when patient came under treatment, very shortly disappeared.

Tympanitis in no case occurred during the course of treatment; and where present, when the patient was first seen, very quickly disappeared.

In fifteen cases rash was noted. In seven cases spots were present on the abdomen when the temperature was normal, and convalescence had begun. Bathing was had recourse to only for the purpose of cleanliness. Routine sponging once or twice a

day; but in my own cases never required for the reduction of temperature.

*Remarks.*—Forty consecutive cases of typhoid fever, without death or accident of any kind, is an extremely good result. And, when we consider the duration of the fever and the comfort of the patient, instead of the usual distressing symptoms, this record is without a parallel, I believe, from any system of treatment. The fact that, in seven of this series of cases, the rash, perfectly typical, was coincident with normal temperature and convalescence, surely proves that typhoid fever can be aborted.—*New York Medical Record.*

---

### Meetings of Medical Societies.

---

There is every probability of a great medical meeting in St. John, N.B., in the coming autumn. Strange as it may seem, the Canadian Medical Association, the Maritime Medical Association, and the New Brunswick Medical Society have all arranged to hold their annual meetings in St. John during this present year. Surely that city is a favourite, as well as a favoured spot. It was thought well if all these meetings could be held about the same time, and the local committees of arrangements met conjointly to discuss the matter. The *Maritime Medical News* says: "They approved of the plan of holding these meetings about the same date, and suggested that formal meetings of the Maritime Medical Association and the New Brunswick Medical Society be held at the regular fixed dates, to adjourn immediately without conducting further business to the middle of September, when the Canadian Medical Association meets. The St. John Medical Society also approves of this scheme."

If this plan can be successfully carried out, the gathering will be one of the most successful medical meetings that have been held in the Dominion for years. We hope that if any difficulties present themselves they will be readily overcome. If the men in the Western part of the Dominion are sure of a large gathering from the Eastern part, it will certainly stimulate them to make an effort to attend. Each province being well represented, the gathering must necessarily be large, the meeting enthusiastic, and the result an enormous

amount of good to the profession of the Dominion.

The Ontario Medical Association meets on June 7th and 8th next. There will probably be a large attendance.

A meeting of the Medical Association of Territorial Division No. 7 (late Burlington and Home), was held at the Royal Hotel, in the city of Hamilton, on Thursday, February 8th ult., Dr. Miller, the territorial representative, occupied the chair. There were present: Drs. Aikens, Anderson, Abraham, Baugh, Cockburn, Gaviller, Gowland, Griffin, Heggie, Jones, Lafferty, Lackner, Malloch, Methereil, Mullin, McCargow, McKelcan, O'Reilly, Philp, Rennie, Russell, Shaw, Stark, Storms, Wardell, White, Wilson, A. Wolverton, F. E. Wolverton, Wood.

On motion of Dr. Mullin, seconded by Dr. Shaw, Dr. Wilson was appointed secretary.

The notice calling the meeting having been read, Dr. Russell stated that a tariff of fees for the rural districts of the Territorial Division had been prepared and printed when he represented the division in the Council, but it had not been distributed.

During the discussion as to the propriety of nominating a candidate or candidates for the representation of the division in the next Medical Council, Dr. Heggie, sr., of Brampton, announced himself a candidate. He had waited to see one nominated from Halton—which was her right, because that county had never sent a representative to the Medical Council—and failing such a nomination he thought that Peel should supply a candidate. He therefore tendered his services, and if elected would devote his best energies to the representation of Division No. 7 at the next Medical Council.

It was then moved by Dr. Malloch, seconded by Dr. Mullin,—

*Resolved,* That inasmuch as the action of the Legislative Assembly, by statute, has altered the complexion of the Medical Council by making provision for an increase in its territorial representation and by limiting to the members elected by the territorial divisions the question of taxing the general profession, and that with the present debt which will be increased by delay, this meeting is

of the opinion that the Medical Council would do the right and proper thing by making arrangements for a general election, to be held at such a time as to enable the new council to meet in accordance with the statute in June next, and that a copy of this resolution be sent to the President of the Medical Council. Carried.

Dr. Mullin had heard that Dr. Griffin was a candidate, and that Dr. Shaw was also in the field. He would ask Dr. Heggie if there was a marked feeling in Peel and Halton that a candidate should be chosen from either of these counties?

Dr. Heggie said it was understood at last election that the honour of representing the division should be given next time to either Halton or Peel.

Dr. Metherell asked that as the present meeting was a large one, candidates state their views as to past conduct of Council, and on questions which may come before next council.

Dr. Heggie in response stated that not having taken up the case of either the Council or the Defence Association, he would occupy an independent position. He has no fault to find with present representation of the division.

Dr. O'Reilly presented four questions as follows:—1st. Club practice. 2nd. Dominion registration. 3rd. University representation. 4th. As to raising standard of education.

Dr. Heggie in reply said that he was not in favour of club practice, had steadily refused it, and could not see that the Council had anything to do with it, because he looked upon it as a question to be settled each man for himself. He was in favour of Dominion registration as soon as curricula of different provinces could be assimilated. Believed that only universities doing medical teaching should be represented—thought that other bodies should not be represented—in the Council. He was in favour of keeping up a high standard of education. Many students were deficient in English. He favoured a better preliminary education. The matriculation standard should be maintained. He believed that the professional examinations were now more practical than formerly and were severe enough. Would rather not do personal canvassing.

Dr. Griffin said that he had been requested by some medical friends to be a candidate. He had

consented and a nomination paper had been presented to a few on his behalf. He like Dr. Heggie was opposed to personal canvassing, believing it beneath the dignity of a medical man to button-hole others for their votes. When I heard that Dr. Shaw was a candidate, and had already canvassed, I decided not to be a candidate, if to be successful I must make a personal canvass. I need not discuss the questions now before the meeting because I have decided to withdraw my candidature.

Dr. Shaw was much pleased with the remarks of the two gentlemen who had preceded him. It was not his desire to be a candidate because his hands were already full.

With reference to the questions proposed, I may say that I disapprove of physicians doing club practice. Dominion registration is a difficult question to deal with. A committee composed of representatives from several councils and licensing bodies have met and considered the question, and yet nothing definite has been accomplished, because the curricula differ. I believe it would be beneficial, but I fear that a length of time will elapse before it is an accomplished fact.

I hold that all representatives should be elected—time has passed when they should be appointed. Members of Medical Council should all be elected, and should be fewer in number than now. I would respect rights of universities. The curriculum is now higher than formerly; it should be framed, not in the interests of the profession, but of the people. Preliminary education should be required, and the standard of the final examinations should be maintained.

On motion the meeting adjourned.

#### OTTAWA CLINICAL SOCIETY.

The meeting of this society was held in the City Hall, on Friday evening, March 2nd, the President, Dr. Bell, in the chair.

Dr. Robinson read the following case report. (See Original Communications, page 275.)

The discussion which followed was both interesting and lively, and elicited much valuable information.

The election of officers for the ensuing year was then proceeded with, and resulted as follows:

President, Dr. Clarence Church ; 1st Vice-President, Dr. George Baptie ; 2nd Vice-President, Dr. S. P. Cooke ; 3rd Vice-President, Dr. J. F. Kidd : Secretary, Dr. J. L. Chalot ; Treasurer, Dr. Wm. Janson ; Curator, Dr. Wm. Klock ; Librarian, Dr. R. P. Robinson ; Council, Drs. Hurdman, Hanna, Kennedy, Dewar and Freeland.

The retiring President, Dr. Bell, then delivered his farewell address to the members of the Society.

GENTLEMEN,—My term of office as President of this society having expired, I have the honour to resign my office to one whom I know will do it honour.

In regard to the meetings and their discussions, I cannot think that there is anything to regret, or that any member can look back upon the meetings of the past year with any other feeling than that of satisfaction. Whatever may have been the intrinsic value of the papers and topics laid before you, the discussions have been carried on in a fair and earnest spirit of enquiry, and all have evinced a determination to advance the cause of medical science. Thus the meetings have been a source of general enjoyment and improvement. For myself, I can only add that they have afforded me unmixed pleasure. The convictions of my own mind are that, as a society, we have not met in vain. Our aspirations have been practically directed to the consideration of subjects calculated to alleviate human suffering, assisting one another by our observations on the symptoms and treatment of disease.

We are now about to commence the work of another year, and in doing so I think I may justly congratulate you on the success of the first year of our society's existence. The past year has been quite a successful one, owing to the practical nature of the papers that were read, and I feel sure that if we endeavour still to keep up the same character in the papers and discussions brought forward during the coming year, we shall find the gain in knowledge great, and its acquisition pleasant and agreeable.

I should like to call your attention very forcibly to the need of acquiring a more accurate knowledge in the therapeutic art of our profession : this branch of knowledge would be of great value and interest at our society's meetings. Yet I am sorry to say, among the various good and clever contri-

butions of the year past, there has not been one that deals expressly with the value or means of using any single medicine. We, as a profession, have every motive to induce us to prosecute our investigations vigorously. Our best feelings must be stirred when we see the mass of human misery that can be alleviated by no human power, but by that which may be gained by the exercise and increase of our knowledge. Our fair ambition for personal success should be excited by the opportunities for scientific contest which our discussions will offer, and which can never be too earnest, so long as they are consistent with professional honour and mutual good-will, and the unswerving love of truth. We should be careful to foster all that relates to the scientific character of our profession. Then will medicine have its due position. There is no royal road to this consummation. The free and full cultivation of the physical sciences will give the death-blow to empiricism, and give a clear and just estimate of the practice of medicine.

Medicine is necessarily likened to the present condition of science. Gentlemen, it is in advance of pure science, inasmuch as it clinically observes as facts some things which science has not yet fully explained ; and it believes with strong conviction what can at present be neither demonstrated nor ignored. Science claims exactness to which medicine cannot in all cases pretend. Medicine has from remote times been considered an art, and as such distinguished from science. Medicine simply considered as an art now depends on accurate experiment, on clear observation and direct logical induction therefrom : if this be true, then medicine as an art cannot always go hand in hand with medicine as a science. Emergencies constantly arise before the physician, and he cannot wait to act till science has established certain absolute and fixed conclusions leading him to act with promptitude. Thus the physician decides first clinically, and puts together afterwards the reasons for his decisions in logical arrangement, and thus he abandons the order observed in pure science.

In bygone ages, the father of medicine, Hippocrates, had to vindicate and guard the study of medicine and disease from the inroads of superstition : at the present day, we, his disciples, have to protect it against the assaults on the side of

science, and against—the present curse of the profession—the pharmaceutical chemists who prepare the dose and request you to administer it for their glorification and profit. We must take care lest we betray our trust by adopting a too scientific standard; and from the chemists and compounders, by sticking to the contents (as near as we can) of the pharmacopœia, and by writing an intelligent prescription from its contents.

Investigations, anatomical, pathological and sanitary, have been of very great interest; physiology and physiological chemistry have given to medical thought a more strict and scientific character than it ever had before. But the confession to be made is, that in proportion as it has become more scientific it has become less medical. And this should rightly remind us that neither the study of anatomy nor that of pathology is the chief end of medicine. Neither is the prevention of disease the chief end of State medicine. Drugs have been administered on the vaguest principles, and the administration, of course, has only yielded vague results, and the prevalent want of faith in therapeutical medicine is that it has been neglected by those who should have got definite results from the study of it. Never have inquiries and investigations been prosecuted before in the history of our art as in the last ten years, never such wealth of scientific appliances in every country, by men of different culture and thought.

Looking forward to the future of our art, it is marching forward under steady, intelligent, honest investigation, searching after the means by which disease may be lightened or cured—marching slowly, it may be, but built on a solid foundation of careful, patient, unwearied observation, always advancing, ever gaining truer conceptions of health and disease, and a deeper insight into their nature, building up a structure of knowledge with fuller, wider and more comprehensive views. It is in this way that real and permanent advances are to be made, and that our profession may hope to pursue an uninterrupted career of usefulness.

Once more let me say—although knowledge of the principles of medicine and surgery is essential to sound practice, it is not sufficient. You have to acquire the art—the clinical art—of applying these principles to the investigation and management of disease and injury. Professional knowl-

edge is the weapon with which you will combat disease; your successes depend not so much on the weapons with which you are armed, as upon the skill with which you use them. Professional knowledge is necessary. A man is good for nothing without it. But it is not everything. Something beyond this is required, gentlemen—skill to use it.

Gentlemen, the sand of my hour-glass as your President has nearly run out, but before my presidential existence terminates I must say a few words in farewell. Most sincerely I thank you all for the kindness and assistance I have met with in the performance of my official duties. Those duties have been most interesting, and now when I subside again into the ordinary member, I trust that I may still be able to promote the object for which our society was inaugurated.

Wishing you and the Clinical Society all possible prosperity, allow me, gentlemen, before I retire, to state I shall always consider the honour of being elected your first President as one of the most pleasant events of my life.

A hearty vote of thanks was passed to the retiring President, on the motion of Dr. Chalot, seconded by Dr. Janson.

It was then moved and unanimously resolved, that the minutes of the meeting be sent to the *ONTARIO MEDICAL JOURNAL* for publication.

---

### Correspondence.

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

---

#### DR. McLAUGHLIN'S REPLY.

*To the Editor of* *ONTARIO MEDICAL JOURNAL.*

SIR,—In your résumé of the history of the real estate dealings of the Council, you have called special attention to my name in a manner calculated to lead some to believe that I was, when a member of the Council, a consenting party to the policy of constructing the buildings on Bay Street. In order to correct this erroneous impression on your part, and also on the part of your comrades in the Council, I crave your indulgence that I may present what I believe to be the views of the profession throughout this province.

During the twelve years I occupied a seat in the

Parliament of this province, I observed with what jealous care the Legislature constructed Acts of incorporation, so as to prevent all corporate bodies from operating financially beyond their legitimate functions. Over no portions of those Acts was greater vigilance exercised, than those calculated to prevent corporations from engaging in any undertaking outside the objects for which they were incorporated. Hence to the Law Society the following limiting clause was given: "The Treasurer and benchers . . . may purchase, take, possess, . . . sell, lease, or depart with any lands, tenements, or hereditaments, for the purposes of the said society, but for no other purpose." The pharmacists were circumscribed by the following: "The Ontario College of Pharmacy shall have power to acquire and hold real estate . . . and may erect buildings for the purpose of accommodating lecturers in chemistry, or pharmacy, or for a library, pharmaceutical museum, or specimen room for the use of the members and associates of the College." In our own Act we find these clearly and sharply defined words: The College of Physicians and Surgeons are made a body corporate "with power to acquire, hold, and dispose of chattel property and real estate *for the purposes of this Act.*" What were "the purposes of this Act"? They were, 1st, determining the curriculum, 2nd, conducting examinations; and 3rd, making registrations. Beyond these purposes no power whatever was given for financial operations. With these facts and a sharply defined law before them, I charge the Council with a deliberate violation of the law when they stepped into the arena of real estate speculation, for the purpose of speculation. This is the crucial point at issue between the profession and the Council, so far as real estate is concerned. I have yet to learn that even a small fraction of the profession ever has, or does object to the Council having a local habitation of its own for purely medical purposes. By all means let us have such a building, judiciously and economically constructed. These were the views I entertained when in the Council in 1879, and I still adhere to them. But when the Council began to put bricks and mortar together in the construction of rooms for the purpose of renting to lawyers, undertakers, pawnbrokers, etc., they set the law at defiance and broke down the barriers so carefully

placed around them by the Legislature. Here the Medical Defence Association, and I believe the whole profession, enter their emphatic protest. Is there a member of the profession who does not feel humiliated that he has been dragged at the heels of the Council into the ring of real estate speculators of the city of Toronto? Who in his wildest freaks of fancy could imagine the benchers of the Law Society purchasing a block of land, and erecting buildings thereon to rent to any "Tom, Dick or Harry," and thus become common speculators? But what is the result of this adventure of the Council? The usual result of 'prentice-hand speculation—a huge building, "Rooms to Rent," and annual deficits every year since the construction of the building. I subjoin the following tabulated statement, which will show at a glance the fruits of this disastrous blunder of the Council. The annual cost of the building includes the cost of maintenance, and the interest on the \$50,000 mortgage at 5 per cent.

BUILDING SPECULATION ACCOUNT.

YEAR.	MAINTEN- ANCE.	INTEREST.	TOTAL COST.	RECEIPTS.	DEFICITS.
1888-89	\$1,930 36	\$3,000 00	\$4,930 36	\$1,853 17	\$3,076 91
1889-90	3,317 46	3,000 00	6,317 46	3,888 91	2,425 55
1890-91	3,817 48	3,000 00	6,817 48	1,090 72	2,726 76
1891-92	4,510 03	3,000 00	7,510 03	1,097 31	3,412 69
1892-93	3,490 36	3,000 00	6,490 36	3,618 21	2,872 15
Totals	\$17,065 69	\$15,000 00	\$32,065 69	\$17,548 63	\$14,577 06

These figures prove that in five years the Council's speculation has cost the profession, above all receipts from the building, \$14,577.06, or within a fraction of \$3,000 of an annual deficit. But you, Sir, and your comrades in the Council, will say this calculation is not fair, for in it there is no allowance for the accommodation the Council and the profession have in the building. But you must remember that, in addition to the \$60,000 supplied by mortgage, the Council put into the building \$28,000 cash, which at 5 per cent. would be an annual allowance of \$1,400. And there is more than this, for the deficit of \$14,577 is a just charge against the building, and this amount at 5 per cent. would yield \$725 per annum in addition to the \$1,400, or a total of \$2,125. In his address to the Council, President Williams, in 1892, said \$750 was the amount of rents paid in the year prior to the occupancy of the building, and put this sum into his statement of receipts. I am allow-

ing three times this sum, and am surely not only fair but generous.

But the profession is called on to grapple with a most serious difficulty. What is to be done with this monument of the Council's folly? Shall we wait for that Utopian day to which the Council is looking forward, when the deficit is to disappear and the surplus take its place? Then may we wait to the crack o' doom, for the receipts of last year were less than for any of the three previous years, and nearly \$500 less than in 1892. What is to be done? First of all, I say, let the profession be put once more in harmony with the law. To the Council I say, come out of the ring of speculators and restore the respect and dignity of the profession. The Council places the cost of the site and building at \$88,000—\$28,000 of the profession's money has been put into the building, and the balance is covered by a mortgage of \$60,000. A short time ago the President of the Council said they could realize for this property \$100,000. Then I say, "realize." Nay I go further: if the Council can do no better, sell for \$88,000, what it cost, and with the balance above the mortgage, secure a site among the colleges in the park, and erect a building for "the purposes of this Act." If the balance is not sufficient for this purpose, then economize, and husband the resources of the College until such time as they would be adequate. By pursuing this course, we bring ourselves within the limit assigned us by the Legislature, we rid ourselves of annual deficits, and restore the honour and dignity of our profession.

To the Council which has initiated and carried on this speculation, there is a serious question for consideration. When a municipal council makes an expenditure without the sanction of law, the members of the Council become personally responsible, and can be compelled to refund the money out of their own pockets. The Medical Council has expended large sums of money without the sanction of law, why should they not also be individually held responsible?

With your kind permission, Mr. Editor, I desire in a subsequent letter to discuss other matters in dispute between the profession and the Council.

Yours, etc.,

J. W. McLAUGHLIN.

Bowmanville, March 10th, 1894.

## Book Notices.

*The Popular Science Monthly*, for March, contains the following very interesting list of papers, two of which, the "Sketch of Jean Martin Charcot," and "The Action of Massage upon the Muscles," are specially adapted for medical men's reading: (1) "Abolish all Prohibitive Liquor Laws," by Appleton Morgan; (2) "Industries of Animals," by Frédéric Houssay (illustrated); (3) "The Origin of Right-handedness," by Prof. J. Mark Baldwin; (4) "Fossil Man," by John G. Rothermel (illustrated); (5) "Professor Tyndall," by Prof. Thomas H. Huxley; (6) "The European Law of Torture," by Amherst W. Barber; (7) "Customs and Superstitions of the Mayas," by Mrs. A. D. Le Plongeon (illustrated); (8) "Biology and Ethics," by Sir James C. Browne, M.D., F.R.S.; (9) "The Action of Massage upon the Muscles," by D. Graham, M.D.; (10) "The Ice Age and its Work," I., by A. R. Wallace, F.R.S.; (11) "The Founder of the First Scientific Journal," by M. J. Boyer; (12) "Sketch of Jean Martin Charcot" (with portrait). Toronto University men will read with interest "The Origin of Right-handedness," by their old Professor, J. M. Baldwin, in which he bases his theories on experiments carried out with one of his own children. Colour, evidently, is a strong force in determining this.

*Operative Surgery.* By TH. KOCHER, M.D., Professor at Chicago University and Demonstrator of the Surgical Clinics at the Berne University. With 163 illustrations. New York: William Wood & Co. 1894.

This book will be of immense value to the surgeon on account of its condensed form, and the ease that he will experience in refreshing his mind before an operation. The author states in his introduction it is not his intention to swell the number of excellent text-books on operative surgery by another more explicit one, but to give the briefest possible directions for a rapid posting on an operation to be performed.

Part I. treats of anæsthesia, general treatment of wounds, and the selection of the direction of incisions.

Part II. is devoted to special operations (Incisions). In this part instruction is given for reaching

any artery, nerve, etc., throughout the body; the lines of incision for all known operations are also given.

In Part III. the excisions are taken up, and in Part IV. the amputations and exarticulations. The book is well supplied with 163 illustrations. The style of the author is good, and the book admirably written. We would advise all surgeons to add this work to their libraries.

—

*The Year-Book of Treatment for 1894.* A critical review for practitioners of medicine and surgery. Lea Bros. & Co., Philadelphia.

The work this year more than keeps up the already high standard set by its predecessors. The new things in both departments of general medicine and in all specialties are well brought up, the same line being followed up as heretofore.

Two new chapters are added: Medical Diseases of Children, giving good points, especially on infant feeding, a subject which should be much better understood than it is; and Bacteriology, that young child of science which is such an important factor in the study of etiology of disease. The book should be in the hands of every progressive practitioner.

—

*Sprains: Their Consequences and Treatment.* By C. W. MANSELL MOULLIN, M.A., M.D., Oxon. F.R.C.S., Surgeon and Lecturer on Physiology at London Hospital; Late Hunterian Professor at the Royal College of Surgeons; Radcliffe Travelling Fellow, and Fellow of Pembroke College, Oxford. Second Edition, 1894. Price, 4 6. H. K. Lewis, London.

The author has made a neat division of this small work, on a subject so interesting, into two parts—general and special.

Part I. treats of the structure of the joints, and influences of age, exercise and prolonged rest; the nature of sprains in general and the consequences; their general treatment. In this last he goes fully into the use of cold, heat, and compression, giving the first the preference, as he shows directly that heat acts the same way with much less good. He laughs at the often-tried way of putting a cold wet bandage on a joint, and strongly urges either douching or immersion. A set of Leiter's coils or icepack on the part is recommended.

Part II. deals with sprains in detail, going through each joint very exhaustively. Like all this publisher's books the get-up is excellent, and the work can be strongly recommended as an addition to any medical man's library.

—

*Belladonna: A Study of its History, Action and Uses in Medicine.* Translations, Abstracts, and Therapeutic Index from leading authors. Edited by F. B. KILMER. Illustrated. New York: Johnson & Johnson, Publishers. 1894.

This little work gives a very thorough account of the history, action and uses in medicine of Belladonna. It, from a therapeutic standpoint, is well worth a perusal.

—

*A Text-Book of the Theory and Practice of Medicine, by American Teachers.* Edited by WM. PEPPER, M.D., LL.D., Provost and Professor of the Theory and Practice of Medicine, and of Clinical Medicine in the University of Pennsylvania. In two vols. Illustrated. Philadelphia: W. B. Saunders. 1894. Price, cloth, \$5.

This volume of a classic work is now in our hands. As far as publishing goes, the work is everything that could be desired. Good paper, clean print, excellent illustrations and handsome binding. Even if the contents were of no account, the publishers should certainly be highly congratulated on their part of the work. But on opening and reading the book we find that the contents surpass even the get-up in value, being worthy of the name of the editor in every sense.

This is not a publication for absolute beginners, details being wanting in the methods of treatment, yet as a book of reference—even a reading work for the practitioner—its value cannot be surpassed. In speaking of a drug it is unnecessary to mention dosage and such like for experienced readers, and the authors have evidently recognized this fact. There is one thing particularly to be admired in the treatment in our opinion: all of these new-fangled drugs—long mixtures, proprietary and otherwise—are religiously left alone, the success of the work in this part being rightly left to the knowledge of therapeutics shown by the different writers. Not to criticize but simply to question, there is one point in Lobar Pneumonia, by Francis Delafield, which seems puzzling. Speaking of the early stages he says, "As there is no

fibrin yet on the pleura, there is no crepitant râle, he having before given the sub-crepitant râle a place from the inflammatory products in the bronchi."

This new edition should be taken up by the profession if they wish an authority. Dr. Wm. Pepper is strongly "en evidence," having written 325 pages in this volume, and 200 in Volume I. Dr. Wm. Osler, well known in Canada, gives us Diseases of the Blood. Delafield, Wilson, Holland, Lyman, etc., treat of their various specialities.

*A Manual of Practical Hygiene.* Designed for Sanitary and Health Officers, Practitioners and Students of Medicine. By W. M. L. COPLIN, M.D., Adjunct Professor of Hygiene at Jefferson Medical College, etc., and D. BEVAN, M.D., Instructor in Hygiene at Jefferson Medical College, etc. Octavo. 441 pp., and index. Philadelphia: P. Blakiston, Son & Co., 1893.

While the classic work of Parkes will long remain the great treasure-house of information in regard to hygiene and kindred subjects, this work will fill a very important place as a text-book on the subject from an American standpoint. The various subjects, water, air, food, habitations, etc., have been thoroughly gone into, each one receiving the consideration its importance merits—one main idea being carried through the whole, *i.e.*, the causes of diseases, their modes of ingress, and the available means for their prevention. The authors are both practical workers in the bacteriological laboratory and teachers of hygiene, and are therefore, enabled to give in concise and correct form the essential features of all microbes now known to be actually connected with diseases in man. The publishers have done their work well, and the work deserves an honoured place among those dealing with its important subject.

*Treatment of the Diseases of the Stomach and Intestines.* By DR. ALBERT MATHIEU, Physician to the Paris Hospitals. Wm. Wood & Co., New York. Medical Practitioners' Library. 1894.

It may be a mistake to be attracted to a volume by its appearance, with regard to its binding, print and paper, but it is an incontrovertible fact that the manner in which a work is published bears a certain amount of weight with the reader. So this

small volume immediately attracts the eye, and on examination its contents bear out the recommendation recommended by its binding. Dr. Mathieu has given us a general summary of the therapeutics of the diseases of the stomach and intestines, and in doing so has divided his work into three parts.

Part I. is on Technique in Diagnosis, showing us the different methods of examination of the abdomen, the chemical analysis and the study of the excreta being peculiarly complete and withal simple

Part II. deals entirely with Dietetics with a short dissertation on milk, digestively and chemically, if we may use the words.

Part III. deals with the treatment of the principal chemical forms of dyspepsia and the most common symptoms of gastro-intestinal diseases. Hyperchlorhydria, neuro-motor dyspepsia, dilatation of the stomach and all other forms are exhaustively treated. The chapter on gastro-intestinal antiseptics is valuable—the action of salicylate of bismuth and magnesia, salol bétol and eucalyptol being given with the indications for their use. He taboos altogether the use of naphthalin and mercury sulphide on account of the vesical irritation of the former and the danger of poisoning by the accumulation of the latter.

All told, the work is one to be prized and digested.

*Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual.* By CH. BOUCHARD, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a Preface, by THOMAS OLIVER, M.A., M.D., F.R.C.P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; and Examiner in Physiology, Conjoint Board of England. In one octavo volume: 302 pages. Extra cloth, \$1.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Bouchard deals in his "Auto-Intoxication," with subjects of every-day interest to the medical practitioner. Many of the facts therein alluded to can no longer be ignored. Putrefactive processes in the intestinal canal and the development of physiological and pathological alkaloids play an exceedingly important part in many diseased processes until lately unknown or misunderstood. These

lectures may, therefore, be regarded as an inquiry into the operation of poisons introduced from without or generated within the body of man, and the part they play in health and disease. They deal with derangements of the digestive tract and its toxins, with diseases of liver and of the kidneys, paying special attention to the pathogenesis of uræmia, with typhoid and cholera, etc.

Amid this scientific study of the poisons of disease and their origin, much valuable information is given as to the therapeutics of the various diseases dealt with. It is only when the poisons of a disease, their origin and action are known, that the treatment becomes intelligible.

The work is a most valuable one to every physician.

#### PAMPHLETS RECEIVED.

*The Absorption of Immature Cataract, with Restoration of Vision.* By J. HOBART EGBERT, A.M., M.D., Ph.D., Surgeon-in-Chief Hampshire Eye and Ear Infirmary; Late Professor Ophthalmology and Otology, American Medical College, St. Louis, Mo., and Dean of the St. Louis Ophthalmic and Aural Institute, etc., etc.

## AN EPITOME

OF

## CURRENT MEDICAL LITERATURE.

### MEDICINE.

**Pathology of Scarlet Fever.**—Bergé (*Union Méd.*, December 30th, 1893) considers scarlet fever a local infection due to the streptococcus. These organisms are cultivated in the crypts of the tonsils, and there secrete a toxin, the diffusion of which throughout the organism produces the cutaneous and mucous eruptions. Puerperal and traumatic scarlet fever result from local infection of the uterine surface, or various other mucous or cutaneous surfaces, by the streptococcus. These conclusions were based on the following facts: The scarlet fever eruption follows the affection of the tonsils; the existence of scarlet fever with eruption in which the tonsillitis and its specific complications are the only affections; the constancy of the streptococcus in the tonsillitis of

scarlet fever; the streptococcal nature of the complications of scarlet fever; the relation of scarlet fever to puerperal infection; and, lastly, the ease with which the erythema-producing properties of the streptococcus can be demonstrated.

**Pneumonia in Gout.**—Grube (*Deut. med. Woch.*, November 23rd, 1893) discusses the question as to whether the pneumonia sometimes seen in gout has anything specific in its character. He relates two cases occurring in patients who had suffered from typical gout. The onset of the pneumonia was sudden, and there was pain in the side, with slight fever, and the physical signs of consolidation at the left base. After some three days an attack of gout supervened, and the symptoms and physical signs of the pneumonia rapidly disappeared. The author thinks it possible that the uric acid may act as a chemical poison to the lung tissue, and thus call forth the inflammation.

**Chloroform in Sticks.**—Such is a rather startling suggestion, but according to the *British and Colonial Druggist*, not altogether impossible of accomplishment. It seems Anschütz, of Berlin, has discovered solid compounds of chloroform from which the fluid chloroform or chloroform vapour can be sufficiently easily extracted to permit of use for anæsthetic purposes.

**Chlorate of Soda in the Treatment of Cancer of the Stomach.**—M. Brissaud has made use of the soda salt, which is more soluble than the potash and at the same time much less toxic. The daily dose has been from two to four drachms, without, however, exceeding the latter amount in the twenty-four hours. In several undeniable cases of cancer of the stomach the relief has been striking. In the five cases the patients are entirely cured, apparently, under this treatment, which has suppressed the mæna and the hæmatemesis; the appetite has returned, the cachexia has disappeared, and in three cases in which an appreciable epigastric tumour existed, this has disappeared in about six weeks. In forms that are epitheliomatous in their nature, this treatment seems to be successful; in others the sarcomatous or of the interstitial variety, the treatment

is unsuccessful. The same result is likely to follow in generalized cancer, and in conditions in which treatment can have no influence. One case is cited where failure was observed; the liver was involved before treatment was begun. Of the latter, one death from phlebitis of the vena cava is an example. Since no notable elimination of this remedy has been observed after its administration, it is probably decomposed in the organism. —*La Mercredi Médical*, 1893, No. 35, p. 417.—*Am. Jour. Med. Sciences*.

**Nitro-Glycerin for Vomiting.**—A contributor to the *British Medical Journal* recommends nitro-glycerin as the most positive remedy for controlling vomiting he has ever employed. He has found it will control all forms of vomiting of gastric catarrh, and in alcoholism it acted almost as a specific. It also proved useful in controlling the vomiting of pregnancy.—*Southern Clinic*.

**The Localization of Pure Word-blindness.**—Dejérine and Vialet (*Compt. rend. hebdom. des Séances de la Soc. de Biologie*, n. s. 9. t. v. No. 28, p. 790) have reported the case of an intelligent and cultured man, sixty-eight years old, who presented absolute verbal blindness both for letters and for words. There was loss of the comprehension of musical signs—musical blindness—while the ability to read figures and to calculate was preserved. There was no sign of verbal deafness, and no indication of difficulty in articulate speech. There was no mind-blindness, and no visual aphasia. The power of mimicry was retained, as was also the ability to write spontaneously and upon dictation. Transcription was, however, imperfect and difficult. Motility was preserved, as was also general and special sensibility and the muscular sense. These symptoms had been present for four years. Death occurred suddenly, paraphasia and total agraphia having existed for two days without a sign of verbal deafness, and general intelligence and the power of mimicry remaining intact. Upon *post mortem* examination an area of recent red softening was found in the inferior parietal convolution and angular gyrus of the left cerebral hemisphere; while areas of old, yellowish atrophic lesions were found in the lingual lobule, the fusiform lobule, the cuneus, and the apex of

the occipital lobe, with secondary degeneration in the splenium of the corpus callosum, and pronounced atrophy in the optic radiations. The right hemisphere was perfectly intact. Upon histologic examination profound alterations were found in the posterior portion of the lingual and fusiform lobules, particularly in the collateral fissure. All of the white matter of these convolutions was destroyed and replaced by cicatricial tissue. The lingual lobe was apparently the less profoundly affected, though on microscopic examination its white fibres were found to be almost entirely disorganized; at the level of the lower lip of the calcarine fissure, however, a portion of the calcarine stratum had withstood the process of destruction. Advancing towards the cuneus the cortex progressively resumed its normal appearance. These characters indicated that the lesion was least pronounced at the level of the lower lip of the calcarine fissure, and was especially localized to the fusiform and lingual lobules. The lower portion of the ventricular cavity was likewise involved in the process of softening. The tapetum, the optic radiations of Gratiolet, and the inferior longitudinal fasciculus of Burdach were entirely destroyed. The lesion became gradually less marked towards the outer wall of the ventricle. All of the structures, in the descending branch of the calcarine fissure participated in the softening. From the anatomic findings in this case, and from physiologic considerations, the deduction is drawn that the lower portion of the inferior longitudinal fasciculus of Burdach contains physiologically differentiated fibres that connect the visual zone with the zone of language.—*Am. Jour. Med. Sciences*.

**A Remarkable Case of Recovery from Poisoning by Opium.**—On the 13th of October, 1892, two of the male employees of the asylum, while on their way home from work, found a woman lying beside the road a short distance from the hospital, whom they recognized as one of our nurses. She seemed dazed and stupid, and as she could apparently neither walk nor talk, they carried her to the building, arriving at 6.30 p.m.

I saw the patient immediately, and found her in a semi-conscious condition, unable to stand or to talk coherently, although she moaned and cried

out occasionally, as if in pain. Her pupils were strongly contracted, and this, in connection with the fact that I had treated her at different times for attacks of bilious colic, led me to believe that she had been overcome by one of these seizures, and, having resorted to opium in some form, had taken an overdose. In searching her, we found an almost empty bottle labelled "Laudanum."

The stomach-pump was used at once and the stomach found empty. However, apomorphin and brandy were administered hypodermatically, and the stomach was washed out with warm water. Retching occurred, but no vomiting. Strong coffee was then given, hypodermatic injections of brandy and one-thirtieth grain of atropin were administered freely, and the girl was forcibly held on her feet and kept moving. Flagellation with wet towels was also resorted to whenever the patient flagged, and as soon as those attending her were tired others took their places. At 10 p.m. these methods failed to be of use, and in spite of all efforts the patient became limp and unconscious. The face was cyanosed; the conjunctivæ injected; the pupils were the size of pin-points, and the respirations, which had been fairly good up to this time, fell to four per minute. The heart began to fail, and the extremities were cold. She was then placed in bed and twelve nurses, four at a time, relieved each other in applying massage. At 11 p.m. the respirations were three per minute, and the pulse, hardly perceptible at the wrist, was rapid and intermittent. Although we felt that we had a hopeless case to deal with, as a last resort the Faradic battery was brought in operation, one electrode being placed at the diaphragm, the other over the phrenic nerve at the neck, with the result of increasing the respirations and relieving the heart for an hour, when this method became unsatisfactory, as the diaphragm failed to respond to the stimulation. At the suggestion of Dr. Prout, third assistant physician and pathologist, the electrodes were placed one over each phrenic nerve at the point nearest to the surface where they pass in front of the scalenus anticus muscles, with a most gratifying and unlooked-for result. Respirations were increased or diminished at will, and immediately upon the contact of the electrode a full and forcible respiration occurred. At 1 a.m. the respirations had

ceased entirely, except those produced by the strong electric current. The pupils were still contracted in spite of the one-thirtieth grain of atropin which had been given every half-hour since 10 p.m., and the patient was comatose. Dr. Prout and myself relieved each other at the battery every half-hour, and artificial respirations were kept up for six hours, or from 11 p.m. to 5 a.m., when our patient partly regained consciousness and the respiratory function became re-established. At the end of three days she was practically well, with the exception of an erythematous rash (probably due to the atropin) that covered her body and face, and which finally faded away.

I desire to again call attention to the method of applying the electrodes, viz., one over each phrenic nerve at either side of the neck. There is no mention of such a method in any of our text-books which have come under my observation, nor have I ever seen any literature bearing upon their use in this manner. It certainly produced the desired effect, while the usual method of applying the electrodes to the nerve at the neck and the diaphragm failed. The normal number of respirations was produced for six hours consecutively, and the patient never failed to respond to the contact of the electrodes used in this manner.—By ELIOT GORTON, M.D., in *Medical News*.

## SURGERY.

**Theory of Mechanism of Cerebral Injury by Contre-Coup.**—When the skull is struck forcibly at a particular region—say, the occipital—the comparatively rigid cranium is driven, as a whole, *away* from the point of impact (forwards in this case); but the brain, owing to its softness, lags behind, and tends to flatten itself against the cranial wall on the struck side (occipital). This may cause direct injury. But the cranial wall here supports the brain-substance, and distributes the force of the blow over a wide area, rendering the injury less acute. The chief injury occurs on the opposite side (frontal), where the lagging brain tends to move *away* from the cranial wall, and receives no support from it. *At the centre of the unsupported surface there is a point from which the soft brain-substance is tending to depart in all directions in the act of flattening itself.* At this point

of greatest strain the rupture will occur. After the first rupture waves of oscillation will occur, and these may increase the injury. If detachment of the dura mater can be caused by contrecoup, as some observers have affirmed, it should be the result of exhaust or suction at the moment when the brain recedes from the inner surface of the cranium. This so-called contrecoup detachment of the dura mater is said to occur only in the squamous region, where the dura mater is not so strongly attached to the bone as in other regions.—F. J. ALLEN, M.A., M.B., in *Birmingham Medical Review*.

**Abscess of the Pancreas: Operation.**—Walsh (*Med. News*, December 30th, 1893) reports the case of a married woman, aged 47, who for six months had suffered from sharp burning pains and tenderness in the epigastrium. On examination her abdomen was distended and tender: there was an area of dulness extending from the ensiform cartilage half way to the umbilicus, and reaching to the left costal arch. She was extremely emaciated, and for a month had suffered from diarrhoea and vomiting, latterly the calls to stool being very frequent. Her temperature was normal: the pulse was small, rapid and wiry; the tongue was dry and thickly coated: the stools were watery, yellowish-grey, and offensive: the vomited matter was greenish and offensive. An exploratory operation was undertaken, with a view to assist the diagnosis, and on passing the hand into the abdominal cavity a fluctuating mass could be felt behind the greater curvature of the stomach. This was exposed and opened, a pint of pus, together with portions of the pancreas and a curd-like substance being evacuated; at the bottom of the abscess cavity softened remains of the body and tail of the pancreas were found and removed: this was followed by pretty free hæmorrhage, so the cavity was firmly packed with iodoform gauze. The wound was dressed in the usual way, and a bandage firmly applied. During the first four days the patient was fed by the bowel: on the fifth day the gauze packing was removed; on the eighth day the stitches were removed: the fistulous track was now well established, and the abscess cavity was reduced to about one fourth of its former size. On the eleventh day the patient left the hospital.

**Ichthyol Suppositories in the treatment of Prostatitis.**—No. 26 of the *Centralblatt f. Klin. Med.* of last year contains a paper by Dr. A. Freudenburg on this method of treating prostatitis, a method, by the way, which is not calculated to be of any use in cases of uncomplicated hypertrophy of the prostate. Dr. Freudenburg's patients, some thirty or forty in number, suffered from prostatitis arising from various causes, and were all relieved of their sufferings in a very short time. The treatment, which, when necessary, was supplemented by local treatment of the urethra, commenced with suppositories containing 4½ grains of ichthyol, the dose of which seldom exceeded 10 grains. Latterly ½ to ⅔ of a grain of iodoform was added, care of course being taken to avoid intoxication from too long a use of that drug. As a rule two suppositories a day were used, one in the morning after defecation and the second at bedtime. Did a second motion during the day necessitate it, a third suppository would be applied. It was found that the mass of swollen fat containing the ichthyol was not completely absorbed even in ten or twelve hours, and Dr. Freudenburg lays great stress on the fact that the ichthyol must be intimately mixed with the cocoa butter and not exhibited in hollow suppositories, or great irritation of the mucous membrane of the bowel will be caused.

R. Ammon. sulfo-ichthyol. .grs. 4½—9—11½.  
Ol. cacao. . . . .grs. 30—40.

Misce exactissime f. suppositorium.

— *Provincial Medical Journal*.

### Personals.

Dr. Bray, of Chatham, spent a short time in Philadelphia. He was the guest of Dr. Osler, of Johns Hopkins University.

Dr. Chas. O'Reilly, of the General Hospital, has returned from Savannah, Ga., quite recovered from his recent illness, and has resumed his duties.

Dr. Harris, of Brantford, is at present in New York city, where he expects to remain for some time in hospital attendance and special surgical work.

### Miscellaneous.

A VALUABLE DRUG IN TREATMENT OF WINTER COUGH. Many are the single agents employed in the treatment of that persistent bronchial ailment known as "winter cough," and divers are the combinations made to suit each individual case. Agents proposed and lauded as "specifics" in this disease have signally failed to maintain the title. Among the new remedies named, but not brought forward as a specific at all, is the *Eugenia Chequen*, or Chekan, a native Chilian drug. For a complete description of the agent, botanically and therapeutically, we refer our readers to the Pharmacology of the Newer Materia Medica, and a brochure issued by Parke, Davis & Co., Detroit. That it is a valuable addition to our list of agents for the treatment of bronchitis and its allied disorders, is evident to the writer. It has made a good record so far. It is worthy of a careful investigation and trial. Dr. Wm. Murrell, of Royal Hospital for Diseases of Chest, London, basing his opinion on notes of fifteen cases of chronic bronchitis in which he employed Chekan, says: "In all cases the patient

obtained some benefit, and in most instances the relief was very marked." The Fluid Extract has a pleasant balsamic odor and taste. It is highly resinous, hence not miscible with water. It mixes nicely with glycerin and syrups, in which it should be administered. We advise a testing of its merits.  
-*Sanative Medicine*. —

#### CHRONIC HEADACHE:

R Arsenate of sodium . . . . . gr. ss.  
Sulphate of atropine . . . . . gr. ss.  
Extract of aconite . . . . . gr. viiss.  
Powd. cinnamon, q. s.

Mix and make into thirty pills. Sig.—From one to four pills daily. DR. ZETTLER, in *La Riforma Medica*. —

#### DIPHTHERIA:

R Carbolic acid . . . . . gtts. viij.  
Liq. sulph. iron . . . . . ʒij to ʒiij.  
Glycerine . . . . . ʒi.

M. Sig.—Apply to fauces with camel's hair brush two or three times daily.—DR. J. LEWIS SMITH.

[OVER.]

**FOR INVALIDS.**—Delicious Dishes made in a few minutes at a trifling cost.

## WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolae, will recommend it at once to all who use it.

WYETH'S RENNET makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the body's constitution; when coagulated with Rennet, it is always light and easy of digestion, and supports the system with the least possible excitement. Price, 25 cents per bottle.

## FERMENTATIVE DYSPEPSIA.

WYETH'S COMPRESSED TABLETS. \* BISMUTH SUBGALLATE, 5 GRAINS.

DR. AUSTIN FLINT says:—"In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence. Price, per bottle of 100, \$1.00.

## WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or recent pulmonary affections of the throat or lungs relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or laryngeal troubles.

Each fluid ounce represents: White Pine Bark, 30 grs.; Wild Cherry Bark, 30 grs.; Spikenard, 4 grs.; Balm Gilead Buds, 4 grs.; Blood Root, 2 grs.; Sassafras Bark, 2 grs.; Morph. Sulph 3-16 gr.; Chloroform, 4 mins.

## Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

This preparation, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is also lately free from the objections hitherto urged against that medicament, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no harmful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 21 minims Tinct. Chlor. of Iron.

## JOHN WYETH & BROTHER.

Davis & Lawrence Co. (Limited), Montreal, - - - - General Agents.

## CHRONIC DIARRHŒA :

R Pulv. ipecacuanhæ..... gr. x.  
 Pulv. populus trem..... ʒi.  
 Pulv. capsici..... ʒiiss.  
 Pulv. xanthoxylum..... ʒi.  
 Pulv. myrica cerif..... ʒi.

Mix and make into four-grain pills.—DR. W. C. BUCKLEY, in *Southern Medical Record*.

## PRURITUS :

R Acetate of lead..... gramme i.  
 Dilute hydrocyanic acid. gramme v.  
 Rectified spirits..... gramme xv.  
 Distilled water..... gramme 250.

Use as a lotion.—*Medical Record*.

## CATARRHAL JAUNDICE :

R Sodii phosphat..... ʒiiss.  
 Sodii salicylat..... ʒiij.  
 Aquæ destillat, q. s..... ʒviiij.

M. Sig.—Tablespoonful in one-half glass of water after each meal.

## CHRONIC CYSTITIS :

R Tr. collinsoniæ..... ʒvi.  
 Copaibæ..... ʒiij.  
 Liq. morphinæ..... ʒss.  
 Liq. potassæ..... ʒss.  
 Ol. menth. pip..... m. iij.  
 Aq. camphoræ q. s. ad..... ʒvi.

M. Sig.—A tablespoonful to be taken every four hours.—DR. CHEEVERS, in *Medical Press and Circular*.

## SCABIES :

R Glycerin..... ʒvi.  
 Gum tragacanth..... gr. lxxv.  
 Flowers of sulphur..... ʒiij.  
 Subcarbonate of potassium... ʒi.  
 Essence of mint..... ʒss.  
 Essence of lavender..... ʒss.  
 Essence of cinnamon..... ʒss.  
 Essence of cloves..... ʒss. — M.

—PROF. FOURNIER, in *La Tribune Medicale*.

[OVER.

# ROTHERHAM HOUSE

Dr. Holford  
Walker

Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women, general non-contagious diseases of men and women will now be admitted. The application of the various forms of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses for outside work on application.

\* For Terms, or other information desired, address

**DR. HOLFORD WALKER, Isabella St., TORONTO.**

At a meeting of the Faculty of the Medical Department of Columbian University, of Washington, D.C., held on April 11, 1893, it was unanimously agreed to make a four-year course of study necessary before graduation. This measure went into operation at the beginning of the present session of 1893-94. Each of the four courses covers seven months of lectures.—*Boston Med. and Surg. Jour.*

**COLLEGE ATHLETICS.**—President Eliot, of Harvard University, has made the following recommendations as to the regulation of college athletics: (1) There should be no Freshman intercollegiate matches or races; (2) no games, intercollegiate or other, should be played on any but college fields, belonging to one of the competitors, in college towns; (3) no professional student should take part in any intercollegiate contests; (4) no student should be a member of a university team or crew in more than one sport within the same year; (5) no football should be played until the rules are so amended as to diminish the number and the violence of the collisions between the players, and to

provide for the enforcement of the rules; (6) intercollegiate contests in any one sport should not take place oftener than every other year. Finally, if trial shall prove the insufficiency of all these limitations, intercollegiate contests ought to be abolished altogether.

These recommendations are surely in the right direction, and we heartily trust that as many of them as possible may be carried out.

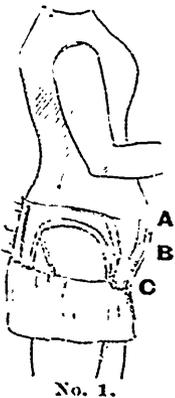
There is perfect unanimity of opinion regarding the value of college athletics, but the excesses to which they have been carried are notorious, and the time has come for some decided reform.—*Medical Record.*

**OIL OF AMBER IN ACNE.**—Dr. H. S. Purdon recommends the use of oil of amber in acne, rubbing into the affected part at night, and washing off the next morning with hot water and soap. This oil has a pleasant odour, is much cleaner than any ointment, penetrates into the follicles, and if continued is an active rubefacient, producing more or less irritation and slight redness of the skin.—*Lx.*

[OVER.]

## The Latest and Best.....

### **HAPPY RELIEF ABDOMINAL SUPPORTER**

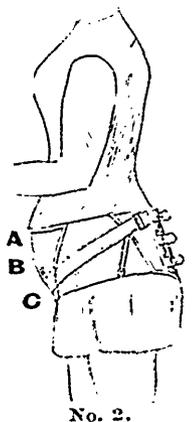


No. 1.

PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. Once used, would not be without it for many times its cost.

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

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



No. 2.

Address,

# MRS. F. L. PICKERING

**BOX 149,**
**BRANTFORD,**
**- - - -**
**ONTARIO.**

Horsehair, thoroughly cleansed and ready for use, is now kept by some instrument dealers. It never absorbs anything, is as impervious as glass, and can be rendered perfectly aseptic. It is valuable in all suturing of the skin.—LEWIS.

IN MUSCULAR RHEUMATISM, RHEUMATIC ARTHRITIS:

- R Chloroformis pure . . . . . ʒ v.
- Tr. opii,
- Acidi salicylici . . . . . ʒ iv.
- Spts. vini rect. . . . . ʒ iv.
- Olei dulcis . . . . . ʒ xii.

M. S.: Liniment, use *ad lib.*  
—T. H. MANLEY, in *Medical Record*.

FOR CORYZA:

- R Betol . . . . . ʒiʒss.
- Menthol . . . . . gr. xv.
- Cocain hydrochlorate . . . . . gr. ix.
- Powdered roasted coffee . . . . . ʒjss.

Mix and use as a snuff.  
—GRELLETY, *Sem. Méd.*, No. 72.

PRURITUS HIEMALIS:

- R Menthol . . . . . ʒ iiiiss
- Glycerin . . . . . f ʒ ij.
- Aquae, ad. . . . . f ʒ iv.

M. Sig.: Apply. —CORLETT.

FOR FERMENTATIVE DYSPEPSIA:

- R Pure beechwood creasote . . . . . ℥xii.
- Proof spirit . . . . . ʒiʒss.
- Benzoate of ammonia . . . . . ʒij.
- Glycerin . . . . . ʒvi.

Infusion of cloves sufficient to make six ounces.  
Dose:—A tablespoonful in water two or three times daily between meals.—*Asclepiad*.

WHOOPING COUGH.—Dr. Nageli asserts (*Dublin Jour. Med. Science*) that a paroxysm of pertussis may be aborted by drawing the lower jaw downwards and forwards, and that the course of the disease is favourably affected by suppressing the attacks. Spasmodic cough due to other causes may be similarly restrained.—*Maryland Medical Journal*.

[OVER.

# MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says:

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

PROMPT ATTENTION GIVEN TO ALL ORDERS

WRITE OR CALL

## VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.

## FOR GASTRIC ULCER :

R Chloroformi . . . . . 1.  
 Bismuthi subnit. . . . . 3.  
 Aquæ destil. . . . . 150. —M.  
 Sig. —To be taken every hour or two hours.

—HEPP.

R Argenti nitrat . . . . . 0.03.  
 Aquæ destil. . . . . 120. — M.

Sig. — A tablespoonful three times a day on an empty stomach. Boaz, in *Corr.-blf. Schw. Aerzte*, No. 20.

At the University of Moscow, the fees for the curriculum of five years amount to only £80. *Ex.*

We are informed that it costs the people of the United States each year to be born, \$25,000,000; to be married, \$300,000,000; and to be buried, \$75,000,000; while to get drunk the people pay \$900,000,000. It is also said that this bill for drunks is larger than the bill for all the bread and meat consumed by the same people.—*St. Louis Med. and Surg. Jour.*

## A GOOD COUGH SYRUP :

Paregoric.  
 Glycerine.  
 Syr. ipecac.  
 Syr. squills . . . . . *a. a.* . . . . . 1 ̄.

Mix. Dose, a teaspoonful as required.

—*Th.*

FRUIT.—Fruit will destroy the desire for alcoholic drinks. Oranges and apples have been found to be the most effectual cure for inebriates, and the more they eat of these luscious fruits the more the desire for drink will diminish, until at last it is completely crucified, and, so far as that individual is concerned, obliterated.—*The Vegetarian.*

NOSTRUMS.—“CHEMICAL COMPOUNDS.”—The following antiseptics and antipyretics, professedly simple chemical agents, have been shown up in *Merck's Report* to be only mixtures :

“Anticol” is found to consist of 75 per cent. of acetanilid, 17.5 of bicarbonate of soda, and 7.5 per cent. of tartaric acid.

[OVER.]

# LAKEHURST SANITARIUM

## OAKVILLE, ONT.



FOR THE TREATMENT OF

### **INEBRIETY**

(Habitual and Periodical.)

**MORPHINE**, and other**DRUG HABITS** and**NERVOUS DISEASES**

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

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

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

"Anticylic acid," claimed to be antipyretic and anodyne, is merely a mixture of antipyrin and salicylic acid.

"Antidiphtherin," upon examination, was found to contain potassium chlorate and a trace of ferric chloride.

"Antinervin" (so-called *salicyl-brom-anilid*) is, according to E. Ritsert, a mixture of one part of ammonium bromide, one of salicylic acid, and two of acetanilid.

"Antiseptin," also known as *zinc-boro thymol iodide*, according to Goldman consists of 85 parts of zinc sulphate, 2 1/2 of zinc iodide, 2 1/2 of thymol, and 10 of boric acid. This must not, however, be confounded with "Antiseptin," which is chemically *par-amano-brom-phenyl-acet. amid*: nor with *cinchon iodo-sulphate*.—*The Medical World*.

ORANGE BLOSSOM.—Our analysis shows it to be about as follows: An oblong body, about one inch long, by one-half inch wide and one-half inch thick, weighing full two grammes (31 grains). A single fold of heavy tin-foil surrounds and encloses a light, grayish-yellow, unguentous mass, of a ran-

cid, fatty odour, and astringent, metallic taste. The reaction very acid. The constituents are:

- Zinc sulphate..... 1 dr.
- Alum ..... 15 gr.
- Cocoa butter..... 3 dr.
- White wax..... 1/2 dr.
- Oil sweet almonds..... 1 1/2 dr.
- Ext. henbane ..... 1 gr.

*New Idea.*

GONORRHEA LATTER STAGES:

- R Permanganate zinc..... gr. iij.
- Glycerine..... dram j.
- Aque destil..... oz. vj.

M. Sig. Use as injection three times daily. —*four. Mat. Med.*

THE IOWA BOARD OF MEDICAL EXAMINERS.—This board has ordered that on and after July 4th, 1898, no medical school shall be considered as of "good standing," for the purposes of registration of its alumni within the State, unless it has a four-year course curriculum. Each course of

[OVER.

# THE ACID CURE.

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

### TESTIMONIALS.

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

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

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

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

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

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

**GOUTTS'**

**ACETOCURA.**

We will send One Sample Bottle "Acetocura" to any qualified practitioner, Free.  
**LONDON, GLASGOW and MANCHESTER,**

**GOUTTS & SONS,**  
**72 Victoria St., TORONTO.**

attendance upon medical lectures must be not less than six months long, and two courses in the same year will not be held equivalent to two courses.  
*N. Y. Medical Journal.*

FAVOURITE LIQUID COUGH MIXTURE:

R Pulv. ammon. mur. . . . . ʒss.  
Syr. senega. . . . . ʒj.  
Mist. glycyrrhizæ comp. . . . q. s., ad. ʒ viij.  
M. Sig. - Small teaspoonful to young children, more or less, every two or three hours. If feverish, don't forget to add a little tincture aconite fol., or put in sugar powder between doses.

—*Medical Summary.*

FOR TINEA TRICOPHYTINA:

R Sodii hyposulphitis. . . . . ʒj.  
Spts. rectificat. . . . . ʒiv.  
Aque . . . . . ad f ʒ viij. — M.  
Ft. lotio.  
S. — To be applied to the affected parts after they have been thoroughly washed with a brush and soap and water. — *Practitioner.*

NEURALGIA FROM COLD. — Dr. Domanski (*La Semaine Médicale*, No. 67, 1893) speaks highly of the following formula in neuralgias from cold:

Phenacetine, } aa . . . . . gms. 2.5-4.  
Salol, }  
(grs. xxxvj ʒj)  
Caffeine . . . . . cgms. 25-40.  
(grs. iv vj)

Sufficient for ten powders. Two to four a day. This formula is especially valuable in recent neuralgias of the trigeminus, sciatica and muscular rheumatism. — *Pritchard, in Lancet Clinic.*

FOR EPILEPSY:

R Potassii bromidi. . . . . ʒiv.  
Tincture belladonna. . . . . f ʒij  
Infusi gentiane compositus ad f ʒ viij. M.  
S. — A tabl-spoonful thrice daily.  
R Camphoræ monobromat. . . . gr. xlvij;  
Ext. gentiane. . . . . q. s.  
Ft. massæ et div. in. pil. no. xij.  
S. — One at bedtime.

— *Black, in British Medical Journal.*

OVER.

# RELIABLE AND PROMPT

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

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

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

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

Prepared by **SCOTT & BOWNE, Chemists,**

132 South Fifth Avenue, New York.

ANTIKAMNIA.—This is a combination of elements belonging to the coal-tar group, and is an American product. It is a white crystalline powder, odourless, and has a slightly burning taste; soluble in hot water and in diluted alcohol, but not in cold water. It acts as antipyretic, analgesic and anodyne. The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrin, but is not attended with as much depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence*.—C. A. JULIAN, M.D., Louisville Medical College, in *N. C. Medical Journal*.

The entire medical staff of the Brazilian Navy, which has been loyal up to the present time, has joined the forces of the insurgents, and placed itself under the orders of Admiral Gama. *Lancet-Clinic*.

The *International Medical Magazine* will hereafter be edited by Dr. H. W. Cattell, under the supervision of Dr. John Ashhurst, jun., and Dr. James T. Whittaker.—*Medical News*.

NERVOUS DYSPEPSIA :

- R Tinct. nucis vomica . . . . . ʒij.
  - Elix. calisayæ val . . . . . ʒxxij.
  - Elix. aromatic . . . . . ʒxxij.
- M. Sig. — Teaspoonful before each meal.

NEURASTHENIA :

- R Zinci valerianat . . . . . gr. xx.
  - Quin. valerianat . . . . . gr. xx.
  - Ferri valerianat . . . . . gr. xx.
- Mix for twenty pills. Sig.—One three times daily.

RHEUMATISM, ACUTE :

- R Sodii salicylat . . . . . ʒvi.
  - Aquæ . . . . . ʒi.
  - Syr. toltutan, q.s . . . . . ʒiij.
- M. Sig. — Teaspoonful every two hours.



# Private Sanitarium ... for Inebriety

No. 1 Clarence Square, TORONTO, ONT.

THIS INSTITUTION possesses facilities for the successful treatment of the drink habit on modern principles.

It is situated on the corner of Spadina Avenue and Clarence Square, and facing a beautiful park; is only one block from street cars, only a short distance from the Brock Street boats, and five minutes' walk from Union Station. All the rooms are large, well furnished, and house is heated by furnace and gas.

The medical treatment is superintended by DR. GOODE, whose assistants are competent. As the residence of patients will be from three to four weeks, and as occupation or amusement is almost necessary, it will readily be seen that a first-class place where gentlemen may be treated in the city has great advantages over a like institution in the country.