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Original Communications.

OTITIS MEDIA SUPPURATIVA CHRONICA.*

BY L. L. PALMER, M.D., C.M., TORONTO.

We used to hear of *healthy* pus and *laudable* pus—terms expressive enough in old-time surgery when broken down, bad smelling pus was so common—but now pus, in any form, is studiously avoided as *un-healthy* in its effects, and arising from conditions *un-healthy* in character, which it is the *laudable* work of the surgeon to prevent, and, failing in this, to remove at the earliest possible moment.

This is as true in the middle ear as in other parts of the body, and yet we frequently have patients come to our office whose ears have been discharging for years, and some who say Dr. So-and-so advised them to "let it alone," that "if the discharge were arrested it would go to the brain." It is not, however, to illumine these "back numbers" that I write—that were a hopeless task—but rather to bring before you briefly our position in relation to the treatment of this common malady, as we have endeavoured to keep pace with the advances of surgery in other regions. We shall, therefore, only deal with the treatment as it will appear to be demanded in various classes of cases.

For practical purposes we may classify the cases that come to us for treatment into three groups, proceeding from the *mild* to the *grave*.

1st. Those cases of purulent discharge that have resulted from a comparatively mild inflammation and perforation of the membrana tympani, without seriously involving the ossicular chain or destroying a very large part of the membrana tympani. In those cases where the discharge proceeds from the mucous tract of the middle ear, if the drainage is kept free, cleanliness alone, if carefully preserved, will effect a cure, and, in very many cases, we may confidently look for healing of the perforation of the membrana tympani. A saturated solution of boracic acid may be used as a cleansing agent, but the too common treatment of such a case by astringents, cauterization, etc., is as mischievous as it is meddling, and brings disappointment to both patient and surgeon, odium to the practice, and distrust to all future attempts at a cure. The treatment should be rational, not routinized, and based upon pathological conditions discovered.

Should polypi or granulation tissue be found, they must be removed at once. The removal is most easily effected by a sharp curette, double or single. After this is done the stumps may be treated with an ethereal solution of salicylic acid, or by packing it with the dry powder, being careful always not to interfere with proper drainage. In any case where the granulation tissue is in the attic or antrum, and therefore quite beyond the reach

* Read at a meeting of the Toronto Medical Society.

of instruments, I insufflate into these chambers the dry powder of salicylic acid, or a combination of boracic acid, four parts, salicylic acid, one part, or introduce the ethereal solution of salicylic acid and iodoform. By carefully and dexterously doing this daily, or, as may be found necessary, keeping the ear dry by wiping out with absorbent cotton, a markedly better condition will soon be obtained.

Where granulation tissue has proved a source of trouble, two conditions must be observed:

(a) Avoid syringing as much as possible, and keep the ear dry, as moisture tends to favour production of this tissue.

(b) Improve the general health, and bring your patient under the most favourable hygienic measures, for in a lowered tone, as is frequently found in these cases, we have a condition favourable also to the production and reproduction of granulation tissue.

Against these two conditions, or either of them, treatment of any kind will almost certainly disappoint.

The intimate connection between the ear and nasopharynx will render it apparent that any disorder here must receive our earliest attention.

Thus, by a rational and judicious treatment of these cases—not meddling and abusive—we may confidently hope to remove the suppuration, heal the perforation of the membrana tympani in many cases, and restore the organ without great loss of function of the transmitting apparatus.

2nd. Those cases resulting from a severe and extensive inflammation, and destroying the whole, or large part, of the membrana vibrans, without ankylosis or fibrous bands. Here we cannot hope to restore the transmitting membrane to its normal function, and must, therefore, endeavour to reduce the mucous membrane of the middle ear into a non-secreting or dermoid condition.

All polypi and granulation tissue must be removed, as before described, and the stumps treated by compression by packing thoroughly with powdered boracic acid or salicylic acid, provided necessary drainage is not interfered with. These powders tend to reduce the mucous lining to cicatricial tissue. This is the rationale of the so-called "Dry treatment," and is as successful here as it is absurd and objectionable in other cases. A saturated solution of boracic acid in absolute alcohol in some cases acts well.

If the odour of the pus is fetid, this must first be corrected, and, so long as it remains fetid, after thorough syringing, we may safely conclude we have not succeeded in carrying out the first principles of surgery necessary to recovery—cleanliness and thorough drainage and our efforts should never be diverted from attaining this one object. If external syringing fail, we should wash out through the Eustachian tube, or by thorough intratympanic irrigation by a Hartman or other suitable canula. By this means, the purulent focus, in some recess in the attic, may be reached, retained pus and cholesteatoma removed, and all factors corrected. Failing with this, I inject with an intratympanic syringe the alcoholic ethereal solution of iodoform and salicylic acid, which proves corrective both by its specific action upon the tissue, diffusing readily through the recesses filled with cheesy pus, and by washing out the coagulated secretion. Sometimes when carious bone is a cause of fœtor, retaining pus in its honey-combed structure, I have found benefit from the application of a 5 per cent. solution of hydrochloric acid to the part for fifteen to twenty minutes daily.

3rd. When this fetid pus is persistent against thorough syringing and antiseptics, we are probably face to face with a third class of cases, viz.: those cases, where the inflammation was severe, extensive and persistent in attic, antrum, and mastoid cells, throwing out plastic matter about the ossicles, producing ankylosis, fibrous bands, and a consequent retention of secretions in these more distant chambers. In some of those cases it may still be possible to repress the otorrhœa. If there is a perforation of the membrana flaccida, we may succeed in curetting the attic, and by the introduction of powdered salicylic acid or ethereal solution, remove the obstruction to drainage and bring it into a healthy condition, but in a proportion of cases this will fail. Otorrhœa continues with occasional exacerbations and is rebellious to all ordinary treatment, the normal function of the transmitting mechanism is destroyed, and great deafness results.

A knowledge of the anatomy of the tympanum will, at once, make it apparent that in this pathological condition, there must be more or less obstruction to the free outflow of secretions. Pus and cholesteatomatous matter, formed in the attic or antrum, are unable to make free exit, and in

case there is an acute exacerbation of such a chronic process, such inflammation of these chambers may convert, what was formerly a simple matter, into one of most serious import. The drainage from the attic may be effectually prevented, and the inflammation extend to the brain cavity, meningitis or cerebral abscess resulting.

Who, that knows of the extremely thin plate of bone between this pathological condition and the dura mater, often imperfectly closed, especially in young persons, and the intimate vascular communication between the two cavities, can feel other than extreme anxiety as to the possibilities of alarming symptoms setting in at any unexpected moment? Here, as elsewhere in surgery, and, if possible, more emphatically, because of its dangerous proximity to a vital organ, it is our duty to effect full drainage of pent-up secretions and hunt out the offending cause.

To do this we must disarticulate and remove the two larger ossicles—malleus and incus together with all remaining portions of an already useless and obstructive membrana tympani. This done, we have free drainage and free access to these upper chambers, which may be brought more successfully under treatment.

By this operation, we comfort ourselves that we have stepped out of and beyond the routinism of caustics and astringents, that have hitherto brought disappointment and odium to this special branch of surgery, and, after some experience in it, I felicitate myself in having been to many of my patients a, not unappreciated, benefactor.

In addition to the repression of otorrhœa, I have witnessed a very marked improvement in hearing power. I shall not dwell upon the technique of the operation, nor upon the advisability of performing it with a view to greater possibilities, namely in that wider field of chronic non-suppurative catarrh of the middle ear, with pronounced deafness, for the purpose of improving hearing. I need only say the operation is a difficult one, and requires skill, manipulative dexterity, and thorough knowledge of the anatomy of the middle ear and all its relations.

In most cases this operation will correct the discharge and markedly improve the hearing. When it fails, we may infer the antrum contains the purulent focus, unless carious bone is already detected.

Under such circumstances the question of opening the mastoid must be discussed, which I may bring before you, together with some practical points in the operation, on a subsequent occasion.

EXCISION OF THE KNEE—A MODIFIED SPLINT.

BY FRED. WINNETT, M.D., M.R.C.S., ENG.,

Surgeon to Home for Incurables.

The patient, Jane J.—, aged thirty-nine years, was admitted to the Home for Incurables, Feb. 22nd, 1891, suffering from what was supposed to be locomotor ataxy with Charcot's disease of left knee.

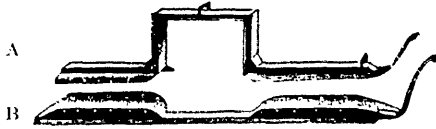
At the age of twenty-four years she fell and injured her spine, suffering more or less for a year. Christmas, 1890, the trouble returned in the spine and the left knee became diseased. She entered the hospital several times, but the above diagnosis was given and nothing was done.

May, 1892, I found the following conditions present: Patient was very emaciated, temperature normal. There was a marked projection of the middle dorsal vertebræ, and a slight lateral curvature of the lumbar spines to the right. The knee jerk was exaggerated and ankle clonus was present on the right side. Sensation was normal and motion almost lost in the legs. Bladder empties itself automatically at intervals, giving slight warning, but the desire can be restrained only for a moment. Pupils react normally to light and accommodation. Urine normal. Left knee flexed at right angles, dislocated back and capable of slight movement. Patella rests on the femur and grates on movement, while on either side is a fluctuating swelling. Aspiration of joint yielded one and a half ozs. purulent fluid.

Diagnosis.—Pott's disease of spine with transverse myelitis: strumous arthritis of knee.

A consultation was called and amputation advised, but as the patient declined, excision was done, June 30th, 1892. Dr. Atherton assisted. The joint was opened by the horseshoe incision and found completely disorganized and filled with pus. One and a half inches of tibia and one and three-quarters inches of femur were removed, patella dissected out, and a softened spot in the cancellous tissue of the tibia was scraped with Volkman's spoon. The flap was found redundant and one

inch removed. The dressing being completed and a flannel bandage applied to thigh and leg, a splint (B) was applied beneath the leg with a plaster of Paris bandage. Then the upper one (A) was similarly applied, and all swung in a Salter's cradle.



July 2nd. Dressings changed and drainage tubes removed; July 8th, dressings changed and sutures removed; July 22nd, dressings changed, wound entirely healed. Temperature never rose above 101°F , and was normal after the 8th. There was troublesome twitching of the muscles of the limb.

Sept. 1st. Splint removed for first time. Fibrous union of bones. Plaster of Paris bandage applied. Extension was applied to head and counter extension from right leg.

Nov. 15th. Has gained control of bladder. Muscles of foot and leg (right side) have gained strength but ankle clonus marked. Has gained greatly in weight and is quite comfortable.

Splint A.—Somewhat similar to that of Patrick Heron Watson, but made of a tin box ($1\frac{1}{8} \times 3\frac{1}{8}$ inches), with expansions of tin soldered on at thigh and leg to mould to limb.

Splint B.—Resembles Gooch's, but made of a tin box with foot piece and expansions as in A.

The tin box is wonderfully strong and light, and readily made by any tinsmith.

CHLOROSIS, WITH HERPES ZOSTER OF TWO YEARS' STANDING.

BY A. G. FERGUSON, M.D., VANCOUVER, B.C.

Miss Maggie A—, aged nineteen, seamstress, consulted me on September 30th, 1892, complaining of pain in chest, under left nipple; shortness of breath on exertion; palpitation; appetite variable; drowsy, but does not sleep well; disturbed with bad dreams; bowels usually constipated, alternating with diarrhoea; menses regular every four weeks; scanty; three days unwell; clotted; pain prior to and during flow; has to go to bed; pain in back at the time and during interval if she over-exerts herself. No leucorrhoea at any time. Patient fairly well nourished but exceedingly pale.

I prescribed iron and arsenic, fresh air and attention to the skin, with sulphur for the constipation and for its general tonic effect in chlorosis, as indicated by Schultz in *Berlin Klin. Woch.*, No. 13, 1892.

On October 10th she reported pain in chest gone; appetite good; sleeps well; still suffers from shortness of breath; palpitation better; much improved in color. I told her to persevere in the treatment, and saw nothing more of her until March 1st, when I was hurriedly summoned to see her on account of a fainting fit, caused by suppressed menstruation from getting her feet wet.

On this occasion she called my attention to a rash on her side which, she stated, was very painful, and which has been present at frequent intervals during the past two years.

On examination I found a patch of herpes zoster on the right side, over the course of the anterior branch of the twelfth intercostal nerve. There was the usual inflamed base, studded with about a dozen vesicles. She complained greatly of the pain, which she said was almost constant.

What I desire particularly to call attention to, is the duration of the lesion, it having lasted almost uninterruptedly for two years. The vesicles would appear, dry up, and reappear in almost the same locality, the hyperemia never totally disappearing. Crocker says: "The whole process, up to the falling off of the scabs, lasts from ten days to two weeks." Hebra, who writes the article on "H. Zoster," in *Ziemssens Hand-book*, defines it as "an acute cutaneous disease, . . . groups of vesicles continued to appear along the course of the nerve twig. . . . so that the course of such diseased process may occupy from three to six weeks."

Herpes zoster seems to attack the same individual but once in a lifetime, but there are exceptions. Kaposi reports a case in which, in a comparatively short time, it relapsed five times in the right cervico-brachial region, and for the sixth time in the same patient a lumbo-sacro-cruial zoster occurred.

Causes.—Traumatic causes are described by Renaud, Paget, Weir Mitchell, and others. The more common cause is a pathological lesion of the central nervous system. Charcot and Cotaro report a case, when at the autopsy the spinal ganglia and nerve trunks were swollen and congested, while the

roots of the cervical nerves and upper part of the medulla were normal. Brown-Sequard observed an intense eruption of zoster in a case of spinal meningitis.

Barensprung maintains that only the nerve ganglia are affected and not the nerves themselves, as other observers hold.

Dr. Jewel observed a case of zoster, a sequel of grave uterine disease.

Age has an influence; three-fourths of the cases are under twenty, and two-thirds of these under thirteen years. In children, girls are more affected than boys.

It sometimes occurs in groups of cases, and some writers, as Erb, regard it as an acute specific disease. Again, it may be looked upon as arising from reflex causes.

My case, I consider, comes under the latter, being due to functional uterine disorder.

Treatment.—The tendency being towards a short and favourable course, treatment is rarely required. It is very doubtful whether we can shorten its course.

Thompson and Buckley, however, state that $\frac{1}{3}$ gr. each of phosphide of zinc and nux vomica extract every three hours will, at the commencement, control the pain and abort the eruption.

When the neuralgia persists, give iron, quinine, arsenic (some say arsenic induces the disease), cod liver oil and a free nutritious diet. Externally, dusting powders with morphia and camphor added, and the part covered with cotton and a bandage, relieve the pain. Collodion hastens the absorption and drying of the vesicles. The continuous current, 10 to 20 cells of a Leclanche battery, applied ten minutes daily gives good results. Duhring states that this applied before the eruption appears in an impending attack, will render it abortive. He also recommends \mathfrak{zss} to \mathfrak{ss} of fluid extract of grindelia in \mathfrak{ss} of water as a lotion. I have found it more effective when used with glycerine.

ERGOT IN OBSTETRICS.*

BY A JEROME HARRINGTON, M.D., M.R.C.S. ENG.

There are several points in connection with the action of this most useful drug, which I wish to bring before this society with the object of ob-

taining for myself a better and fuller view of its action, and, also, to express my impressions regarding some peculiarities and perhaps dangers in connection with its use. I have taken the trouble to make as extended an enquiry as I could among practitioners as to the time of labour that they severally administer ergot. The answers of the majority were, either at the end of the second stage or after completion of the third stage of labour. The minority did not use it all except when specially indicated. When I began practice I gave ergot as a matter of course at the completion of the second stage of labour, as I had seen other practitioners do, and as many text-books of the present day teach. I also gave the following prescription as recommended by Dr. Robert Barnes, and used by a great many obstetricians as a routine treatment in lying-in hospitals, to insure permanent contraction of the uterus:

R Ext. Ergotæ Fl.....	\mathfrak{ss} .
Tr. Digitalis.....	\mathfrak{ssiii} .
Tr. Quiniæ.....	\mathfrak{ssii} .
Syr. Aurantii.....	\mathfrak{ssii} .
Aq. ad.....	\mathfrak{ssviii} .
M. \mathfrak{ss} gs. three times a day.	

Many times have patients asked me how much longer they would have to take that crampy mixture, and I have had them actually refuse to take it. Now, I do not blame them, for it does not materially lessen the lochial discharge or shorten the involution period, but gives them a great deal of unnecessary pain and inconvenience. However, I was in a groove and I plodded on. In this very groove, like a well-trodden path, many men are at the present time travelling, and it only needs a little enquiry to find out how general this practice is, although it is not so prevalent with city as with country practitioners, who have to travel long distances to attend their confinement cases, and do not remain any longer after the completion of labour than they can possibly help, but give the routine dose of ergot and go away feeling quite happy that they have placed a guardian over the womb of their patient, and that nothing can possibly go wrong. I have heard of this very practice in this city, where the attending physician is said to have only been in the house half an hour. Now, I deem it a good rule, and it should be held unalter-

*Read at meeting of Toronto Medical Society.

able, that no physician is justified in leaving his patient, no matter how satisfactory her former labours have been, until fully an hour after her confinement.

It is now over a year since I discontinued the use of ergot, and I have found that, by simply firmly pressing out all the clots which have formed during the placental stage, my patients have complained very little of after pains and have been most comfortable. I have found on examination after giving ergot, the internal os dense, hard, incompressible, and ring like, the body feeling equally hard. If I could force my finger through the internal os (and in several cases I did not like to use much force, therefore, I only presume they were in the condition I am about to describe), a distinct cavity was found to exist above, thus preventing the anterior and posterior walls from lying in contact, as they were in those cases where no ergot was given: that is, the uterus was contracted but not completely retracted, in which condition it is not desirable for it to be left.

I will ask you to dismiss from your mind the idea inculcated by most text-books that the uterus is a pear-shaped body, because this is absolutely wrong—it is only pear-shaped posteriorly, the anterior external wall being almost straight. A much better idea would be conveyed by cutting off about one-quarter of the diameter of a pear; the remainder would very nearly illustrate the shape of the womb—the posterior wall having a decided inflection at the junction of body and cervix. It will be necessary here to glance at the musculature of the uterus so as to refreshen our minds on its anatomical peculiarities. The muscular tissue is constituted of three layers. The fibres of one layer pass into the other coats, forming a network binding all three layers together. The *external* layer is composed of several planes of longitudinal and transverse fibres alternating with each other. The longitudinal, the most superficial layer, forms a median band, the middle part of which is curved loop-like over the fundus, while its two ends descend, one over the front, the other over the back of the uterus—the anterior extending lower than the posterior as far as the neck of the uterus. At the fundus the fibres curve outwards, and are directed over the Fallopian tubes and broad ligaments. The transverse fibres constitute the

greater part of the external layer, and run transversely across the median line between the planes and beneath the loop, and extend outwards on either side into the broad ligaments and tubes. The middle muscular layer is the thickest of all—it only exists at the level of the body. There is no trace of it in the neck. This layer is very vascular; the bands cross each other in all directions; some fibres (the archiform fibres of W. Hunter) coil around the blood vessels and form annular contractile rings which serve to prevent hæmorrhage.

The internal muscular layer consists of two triangular bundles, one on the anterior, the other on the posterior wall, with their bases on a level with, and extending from one tubal orifice to the other and continuing into the tubes: the apex descends to the internal os. On the sides of the triangle, along the entire length of the body of the uterus, the muscular fibres of the inner layer run transversely, passing from one aspect to the other, *i.e.*, annular. They form a thickened band at the os internum, and clearly distinguish the body from the cervix. This is very apparent in infants in whom a visible constriction exists. At the tubal orifices the fibres are arranged in concentric circles, and called by Calza the orbicular muscles of the tubes. This continuation of the transverse muscular fibres into the tubes and the concentric arrangement at the tubal orifices, we would naturally expect, when we consider the development of the uterus by the coalescence of the inferior parts of the Mullerian ducts, the middle parts going to form the tube on either side. The musculature of the cervix is very simple. Two layers only are found continuous with the external and internal of the body: a few oblique but mostly circular fibres are found. In the gravid uterus the hypertrophy of the muscular coats is enormous. It is most marked in the body, less in the lower third, scarcely at all in the cervix—only sufficient to increase its strength.

Now, how does ergot act on the uterus. It causes a spasmodic contraction of its muscular fibres, there being no relaxation between the contractions, that is, the uterus is tetanized. This is supposed to be due to the continuous irritation of uterine centres in the lumbar segment of the cord, or as some authors claim, solely to its action on

involuntary muscle fibres throughout the body. This latter view I am inclined to think the more tenable. We see its action in causing gangrene of the extremities; in hæmoptysis, where we give it with a view of causing contraction of the muscular elements of the smaller arteries; and on the same principle is the first stage of lobar pneumonia treated by many physicians at the present day, and I am told with most gratifying results, and certainly it is a very rational treatment. When we think of what a mass of distal muscular fibres we have concentrated in one organ only in the body, we conclude that after the exhibition of ergot, its most potent effect would be concentrated in that organ, and it is exactly so, but what part of the uterus is most affected. We say the circular fibres chiefly, because these fibres act more powerfully than the longitudinal ones, and especially at the internal os (Muller's Ring) where they are aggregated sphincter-like to the greatest extent. We must necessarily conclude that the action of ergot is exerted most powerfully at that part. This is the first part of the uterus to contract after the evacuation of its contents. Upon the integrity of this segment of the uterus depends the retention of the ovum. Immediately above this is the frailest part of the uterus, the dangerous zone, the zone of rupture, because here the strong middle muscular layer ends and the external and internal layers are thinned out. Now, how long does ergot take to act. Usually in from ten to thirty minutes, according to the mode of its administration, and its effects last as long as ten hours. We must never ignore the effect of it upon other distal muscle fibres throughout the body, as it affects all alike. It also has a decided depressing action on the heart, therefore being contraindicated in all lingering cases, especially if the patient is weakly. Galabin, in his admirable obstetrical work, says ergot may cause hour-glass contraction, especially that form situated at the internal os. Playfair says this is the bugbear of obstetricians, but I am inclined to think it the bugbear of those who give ergot. T. Lauder Brunton says of the therapeutical action of ergot, that it is sometimes used to hasten delivery when the power of the uterine contractions is not sufficient to expel the fœtus. It does not increase the power of the labour pains, but only the contraction of the uterus. He further says it is used after abortions to expel the retained membranes.

The following case, in which I used ergot, will illustrate very concisely its action. Multipara, induced abortion herself by use of Clark's Female Pills; expelled three months' fœtus on July 22nd, 1891. I was called in on the 23rd. She was in great pain, and said she had passed everything. On examination, os, partially dilated, could feel boggy mass. No bad smell—gave ergot $\frac{zj}{i}$. Returned in six hours; os rigid and undilatable; patient in great pain, but general condition good. Gave hypodermic of morphia. Returned early next morning and found os relaxed, introduced my finger and removed the placenta, washed out with hot bichloride solution $\frac{ss}{ss}$; patient soon recovered. Now, if I had given the hypodermic at first, I would have been better satisfied with myself, but experience is the wisest school. Playfair says, in describing the management of natural labour, that the subsequent comfort and safety of the patient may be promoted by administering at this time (*i.e.*, end of third stage) a full dose of ergot. The property possessed by this drug of producing tonic and persistent contraction of the uterine fibres which renders it of doubtful utility as an oxytocic during labour, is of special value after delivery, when such contraction is precisely what we desire. I have long been in the habit of giving this drug at this period, and believe it to be of great value, not only as a prophylactic against hæmorrhage, but as a means of lessening after-pains. Now, I cannot understand how the subsequent comfort of the patient is promoted by this means, as I have found patients complain less of after-pains since I have stopped using it than before. I have had patients request that I would not give them that black mixture—meaning ergot. As to its action in hæmorrhage, it is only a secondary instrument in our hands, for if hæmorrhage does come on, ergot is not the first thing we think of; and besides, hæmorrhage is rare at the present day, when the placental stage is properly managed—(under "prolonged and precipitate labour," Playfair says). This has long been the favourite remedy for deficient uterine action. It has, however, serious disadvantages, and it is very questionable whether the risks to both mother and child do not more than counterbalance any advantages attending its use. After its administration, in about fifteen minutes, the pains generally increase greatly in force and frequency, and if the head be low in

the pelvis, and if the soft parts offer no resistance the labour may be rapidly terminated. However, he says, "If the use of ergot were always followed by this effect, there would be little or no objection to its use. The pains, however, are different from those of natural labour, and its effect is to produce that very state of tonic and persistent uterine contraction which has been pointed out as one of the chief dangers of protracted labour." In the Bethesda Hospital, Dublin, the use of ergot in these cases is prohibited. Now, it is impossible to tell how much obstruction the soft parts will give in a primipara, and many of you who almost routinely use forceps in these cases, when prevented doing so, have remained patiently at the bedside for several hours, calmly watching nature do what you could do in as many minutes. I have given ergot in a case of this kind at this time. I have told the fond parents that the pains were too strong, and that they asphyxiated the little one that was right; but that is the only case I have recorded. This case would probably have been different in a multipara, and the events quoted from the author would, in the majority of cases, occur, but there are other ways of treating inertia uteri, which have no dangerous sequelæ. Galabin says: Ergot frequently not only intensifies pain, but produces tonic contraction of the uterus, which greatly increases the risk of the child dying from asphyxia. Still-born children from prolonged labour are most frequent in the practice of those who use ergot.

Barnes says, *System of Obstetrics*:—"In the first place comes the question of how to act when there is inertia. This raises at once the question of the uses and dangers of ergot. We seek by this aid to excite the uterus to more vigorous action. Before resorting to them, it is of vital importance to determine first the whole conditions of labour, the individual state of each of the three factors and their correlations. Before whipping up the uterus to increased exertion, we must be satisfied that there is no obstacle in front so great that reasonable increase of driving power will not overcome without injury. We must be sure that there is no marked rigidity along the parturient tract, no distortion or contraction of the pelvis, no disproportion or malposition of the fœtus, or other obstructive complication. This

postulate is not always easy to obtain, and error or miscalculation may entail serious, even fatal, consequences. This is one objection to ergot. There are many others. The case once entrusted to ergot is likely to be beyond our control. We have evoked a brutal power like that given to Frankenstein. Ergotism, like strychninism, will run its course. If it act too long or too violently, you cannot help it. You may try epichontocics as chloral, nitrate of amyl, but these may fail. The ergotic contraction of the uterus, when characteristically developed, resembles tetanus. Then woe to the mother if any obstacle should delay the passage of the child. And woe to the child if it be not quickly born. Again, ergot may cause such vehement reflex straining that, the glottis being too long closed, rupture of air vesicles ensues, entailing emphysema of the neck, and perhaps extending widely. Lastly, McClintock and others contend that ergot exercises a direct toxic effect upon the fœtus. If it be urged that accidents are exceptional and overdrawn, and that innumerable cases may be opposed to them in which no injury could be traced, the reply is, these accidents have occurred, and that we cannot when giving ergot be sure that a catastrophe of the kind will not happen again. Should we not prefer to use weapons that will obey us that will do as much and not more than we desire? There are such weapons, and in competition with these there is no excuse for resorting to ergot. There are means which will rarely fail to accomplish what is wanted with all the precision, safety and certainty that science demand. Thus they differ from the brutal, intractable action of ergot."

As to its use at the end of the second stage. Barnes says, "Another imperative rule is not to give ergot during the placental stage, for it is likely to defeat the very object in view. It is likely to excite irregular spasmodic or tetanoid contractions which will lock up the placenta, and render all attempts at manual extraction abortive and even dangerous." Now, why does he make this so emphatic? Because the internal os has become so contracted, that it is impossible to get at the placenta which is above it. The management of a case of this kind would be simple enough if you could overcome the resistance that that impassable barrier produces.

Playfair says, "I believe it is thoroughly good practice to give a full dose of ergot after placental stage in all cases, to insure persistent contraction and lessen chance of blood clots being retained in utero." This may look very well, but I do not believe it. I believe that the circular fibres of the uterus contract so spastically under ergot, that the longitudinal fibres do not get a chance to act properly, and that the cavity before mentioned is produced into which blood oozes and clots; this is retained until the action of the drug is exhausted and is then thrown off with much pain. Without having given ergot, one can express all the clots from the uterus within one hour after delivery; thus ergot causes the pain by its own contraction, and is responsible for the pains of clot delivery.

Canadian Practitioner, July, 1892.—Short synopsis of the treatment of abortions by Grigoriantz. One authority will advise patience, while another dogmatically preaches immediate interference. Grigoriantz' treatment is douche three per cent. carbolic acid two or three times a day. Secale and tampons for hæmorrhage. If the ovum and membranes do not yield, he dilates at once, removes and cures. Now, he begins his treatment by giving ergot, and what is the consequence in the majority of cases? Providence favours him, but if not, what has he done; he has locked up the uterus and now he dilates at once, that is, he has to overcome the obstructive work of his own hands which the ergot has produced, and you can readily imagine that it is very easy to produce considerable damage to the cervix by dilatation in this tetanized condition. I find in the obstetrical transactions of the London Society, 1887, abstract of a paper on "Tonic Uterine Contraction without Completeness of Retraction," by J. Matthews Duncan, to which I refer you.

CASE I.—Multipara, who had severe post-partem hæmorrhage in past confinements. Just before instrumental delivery ergot given, gentle kneading and support practised. Placenta expressed, hæmorrhage began copiously, not to greatest extent, prostration not extreme at any time. While flooding was going on, uterine body size of cocoanut, rigid, hard and scarcely compressible; fingers introduced into uterine cavity found accommodation, retraction came finally on and the interest of the case was gone.

CASE II.—Miscarriage, three months. Two drams ergot given. Fetus was spontaneously expelled some hours before visit and somewhat decomposed; little hæmorrhage continuously; placenta retained. Examined under profound chloroform; placenta adherent; cervix dilated so as to pass finger; cavity size of egg filled with clot, whole cervix and body densely hard, and the body incompressible. At internal os special stricture with knife-like edge. Watched fifteen minutes, no relaxation; this lasted several hours. Nine hours after examination placenta spontaneously expelled, a result, no doubt, of supervening contraction with completeness of retraction. In discussing this paper, Dr. Champneys observed that ergot had been given in all the cases, but did not state definitely that he ascribed this condition as due to its action. Now, would the spastic condition of the first case have occurred if ergot had not been given? In second case where two drams of ergot were administered, a hardening of the uterus came on, which only passed off in nine hours, when the retained secundines were expelled, that is, when the action of the ergot passed away, the contents retained were thrown off. These cases illustrate very clearly, to my mind, that ergot, although producing contraction, does not allow of complete retraction. Lastly, following the same line of argument regarding the action of this drug on distal muscular fibre, the effect produced by the administration of ergot in tonic doses after delivery must necessarily affect lacteal secretion by lessening the determination of blood to the mammary gland. I have not been able to make any observations on this latter point. In Hare's late system of practical therapeutics, ergot is advised in treating galactorrhœa. And lastly, how many practitioners are careful in the selection of their drug. Ergot, on this continent, is mostly used in the form of fluid extract, or as a normal liquid. Now, can a manufacturer prepare and sell a good drug reliable in its therapeutic action for one dollar and fifty cents per pound (fluid), while other manufacturing chemists claim they cannot possibly supply a superior quality with a reliable therapeutical action under three dollars? I make this statement merely to show how varied a drug may be given you when you buy it indiscriminately. Here let me also point out an error which the

authors of most text-books fall into. In advising the use of a drug in a given disease, it is a rarity to find any explicit directions given to be followed in the administration of that drug. They simply advise after this manner: Give nux vomica, phosphorus or salines (whatever may be indicated), without stating how much and how often each of these should be given, or in what combinations. This is exceedingly important, especially to young practitioners. I do not forget the fact that different constitutions require different dosage, and that patients have idiosyncrasies. You may say that the object of text-books is to put everything broadly before us. Well, all I have to say is, that they do so.

In conclusion I would not have you think for a moment, that I would remove ergot from the obstetric armamentarium. Its place is there, but for a different purpose than to be given routinely in every case. Why give a prophylactic unless indications arise for it? Ergot is one of the most useful drugs we possess, and I could write as fully on its advantages as I have tried to show its disadvantages. Summary:

1. Ergot affects all distal muscle fibres the same.
2. Its most powerful action is on the os internum.
3. Causes contraction of uterus with incompleteness of retraction.
4. Contraindicated in inertia utero, especially that of primiparae.
5. It should never be given to expel secundines after abortions.
6. It is only secondary measure in treatment of p. p. h.
7. Unnecessary after placental stage.
8. Causes unnecessary after-pains.
9. It may influence lacteal secretion if given routinely in tonic doses subsequent to delivery.

Sir Andrew Clark was re-elected President of the Royal College of Physicians. This will be his sixth year in office.

The Fellows of the Royal College of Surgeons in Ireland are opposed to the Home Rule Bill, on the ground that it would be injurious to the college and the school, and to the medical charities, and would imperil the charter of the college.

NOTES ON ORTHOPEDIC SURGERY.

BY B. E. M'KENZIE, B.A., M.D.

IODOFORM IN TUBERCULAR JOINTS.* In the use of iodoform in the treatment of tuberculous bones and joints, Senn concludes:—

1. Parenchymatous and intra-articular injections of anti-bacillary substances are indicated in all subcutaneous tubercular lesions of bones and joints accessible to this treatment.

2. Of all substances so far employed in this method of treatment, iodoform has yielded the best results.

3. The curative power of iodoform in the treatment of local tuberculosis is due to its anti-bacillary effect and its stimulating action on the healthy tissue adjacent to the tubercular product.

4. A 10 per cent. emulsion in glycerine or pure olive oil is the best form in which the remedy should be administered subcutaneously.

5. The ethereal solution should never be employed, as it is liable to cause necrosis of the tissues overlying the abscess and iodoform intoxication.

6. Tubercular abscesses and joints containing synovial fluid or tubercular pus should always be washed out thoroughly with a three to five per cent. solution of boracic acid before the injection is made.

7. Injections should be made at intervals of one or two weeks, and their use persisted in till the indications point to the cessation of tubercular inflammation and the substitution for it of a satisfactory process of repair, or until the result of this treatment has shown its inefficiency and indications present themselves of the necessity of resorting to operative interference.

8. If the treatment be successful, symptoms pointing to improvement manifest themselves not later than after the second or third injection.

9. In tubercular empyema of joints and tubercular abscesses, gradual diminution of the contents of the joint or abscess at each successive tapping, lessening of the solid contents of the fluid and increase of its viscosity are the conditions which indicate, unerringly, that the injections are proving useful, and that, in all probability, a cure will result from their further use.

* *Tuberculosis of Bones and Joints*, Senn, 1892. (P. 278.)

10. Moderate use of limb is compatible with this method of treatment, provided the disease has not resulted in deformities which would be aggravated by further use of the limb: in such cases, correction of the deformity should be postponed until the primary joint affection has been cured by the injection.

11. Parenchymatous and intra-articular medication with anti-bacillary remedies has yielded the best results in tubercular spondylitis attended by abscess formation and tuberculosis of the knee and wrist-joints.

12. The treatment may prove successful in primary osseous tuberculosis followed by involvement of the joint, provided that the osseous foci are small.

13. Extensive sequestration of articular ends with secondary tubercular synovitis always necessitates resection, but preliminary treatment by iodoform injections into the affected joints constitutes a valuable preparatory treatment to the operation and adds to the certainty of a favourable result.

14. In open tubercular affections of joints, incision, scraping, disinfection, iodoformization, iodoform gauze tampon, suturing and subsequent injections of iodoform emulsion, as advised by Billroth, yield excellent results in all cases in which a formidable operation can be avoided.

15. Balsam of Peru ranks next to iodoform in the treatment of tubercular affections of bones and joints, and if the latter remedy, for any reason, cannot be employed, or has failed in effecting the desired result, it should be given a fair trial if operative treatment is not urgently indicated.

ATROPHY OF THE LEFT LUNG AND LATERAL DEFORMITY OF THE SPINE TREATED BY PASSIVE EXERCISE.—*Cherwington*.†

The article describes a case of lateral curvature of the spine, with great deformity of the chest and atrophy of the left lung. An attack of typho-pneumonia, from which the patient suffered at fourteen years of age (now nineteen years), is ascribed as the cause of the deformity.

In treatment the Butler health lift was used. During the exercise the left arm was given the greater amount of work, and in such a way as to

aid in the expansion of the left thorax. During the periods of rest the patient was allowed to recline in such a manner, upon a cushion placed under the projecting shoulderblade of the right side, as to press that part inward and to limit the expansion of the right lung and to favour the greater development of the left. The result was a marked approach to normal symmetry.

TREATMENT OF HIP DISEASE.—*Townsend*.‡

The subject is treated under these heads:—

1. General Treatment.—Improve the hygienic surroundings, out-of-door life, change of residence to the seaside or mountains, tonics and cod liver oil.

2. Local Protection to the Joint.—Two methods—rest in the recumbent position, and immobilization by the aid of a splint while the child goes about.

3. Treatment of Abscesses.—Free opening is preferred when abscess is large, followed by scraping and treatment by iodoform, guaiacol or balsam of Peru.

4. Correction of Deformity.—By (1) rest in bed with extension; (2) immobilization of the joint; (3) forcible correction without an anæsthetic; (4) correction under an anæsthetic. The first two methods are preferred.

5. Excision.—Except in rare cases, excision should be resorted to only when abscesses are extensive, destruction of bone great, or the hip of the patient endangered by excessive suppuration or amyloid changes. Koenig's statement, that four-fifths of all patients with tubercular joint disease have also other forms of tubercular disease, is probably an over-estimate; but one of the principal arguments in favour of excision has been much weakened since it is now known that but rarely the bone lesion is the only focus. The author considers that excisions are seldom called for.

OBSERVATION ON CLUB-FOOT.—*Kirmisson*.§

During the third year of service at the *Enfants Assistés* forty-eight cases of club-foot sought advice, of which forty-four were cases of varo-equinus or of equinus simply, and four of valgus.

† *Annals of Gynec. and Pædiatry*, 1892. (V. 743.)

‡ *New York Medical Journal*, February 18th, 1893. (P. 193.)

§ *Revue d'Orthopédie*, January, 1893. (P. 9.)

Of the forty-four cases, thirty-two were congenital and twelve were paralytic. Of the thirty-two congenital cases, twenty-eight were boys and four girls, while the paralytic cases were distributed equally between the sexes.

Of the forty-four cases, twenty-one were double and twenty-three single, and of these latter, twelve had deformity of the left and eleven of the right foot. One child of ten years, who had congenital varo-equinus of the left side, was brought by her mother, who herself had congenital club-foot. Two children, a little girl aged three and one-half years and her brother six years old, had varo-equinus, the former of the left foot and the latter double.

In the matter of treatment, massage and forcible replacement was employed mostly, aided, when necessary, by tenotomy of the tendo Achillis. In bad cases, open incision after Philps' method was employed. This operation was performed seventeen times on eleven patients, and generally in relapsed cases.

Of the eleven cases just referred to, five had previously submitted to tenotomy: in two cases the relapse followed two successive tenotomies. One case very interesting is that of a little boy of six years, of congenital varo-equinus, for whom, immediately after birth, correction was attempted by means of two wooden splints. This treatment was continued for about a year, when the child became ill and progress was interrupted. At two years, a surgeon proposed tenotomy. In July, 1890, tenotomy of tendo Achillis of right foot was done, followed by forcible replacement of the foot by a mechanical appliance. Considerable ecchymosis was caused by the instrument, and two eschars resulted. These were four months in healing over and treatment was again interrupted.

This case emphasizes the danger of employing mechanical appliances in the way of an osteo-clast for the forcible correction of club-foot. If the eschars were the only bad result, we would have, indeed, a serious complication, but the necessity to abandon treatment and thus to permit speedy relapse and the complete loss of four months, is a matter of serious import.

In fifty-two operations by this method, we have not had a single accident, and the results have been satisfactory.

Meetings of Medical Societies.

LONDON MEDICAL SOCIETY.

The regular monthly meeting was held on Monday evening, 13th inst., the President, Dr. Hodge, in the chair.

Owing to the unavoidable absence of Dr. Meek, his paper on "Puerperal Septicæmia, its Prevention and Treatment," was laid over until the next meeting.

Dr. English read notes on a case of bromoform poisoning as follows:

H. B., boy aged seven years. On October 27th, 1892, I received an urgent message at 7.30 p.m. to go and see the patient, who, from the 17th October, had been suffering from pertussis. He was said to be unconscious and dying.

I saw him about half an hour afterwards and found him profoundly unconscious, lying on his back, much cyanosed, the respiration shallow and gasping. The radial pulse was imperceptible, the heart-beat fifty-six per minute and very weak. The muscular system relaxed. The pupils contracted to a pin point. Not having my hypodermic syringe with me, I gave brandy \mathfrak{ss} . with an equal amount of water per rectum. Within ten minutes the cyanosis disappeared, the respiration became deeper, and the heart-beats increased slightly in strength and rapidity. The pupils became dilated, but not responsive to light. In another fifteen minutes I obtained my hypodermic syringe and injected digitaline grs. $\frac{2}{60}$ and followed it with ether sulph. \mathfrak{ss} . in the thigh. Mustard was applied over the heart and stomach, and to the thighs. Before giving the digitaline a severe attack of dyspnoea and cyanosis occurred, but not afterwards.

About 3.45 a.m. on the following day, *i.e.*, eight hours and one-half after the bromoform was taken, he became partially conscious and asked for a drink, and then fell asleep again.

At 10 a.m. consciousness had fully returned, there was severe headache and a feeling of extreme weakness all over the body.

History previous to the attack. On the 17th of October he was given the following:—

R Bromoform \mathfrak{vi} .

Aq. ad \mathfrak{vii} .

M. Sig: Shake well and take one teaspoonful every two hours.

He with three other children were playing around as usual, and about 7 o'clock each child was given a dose of the mixture, H.'s being the last and all that was left in the bottle. (In the latter dose would be about ten to fifteen mins. of bromoform.) About fifteen minutes after the medicine was taken he complained of feeling tired and sleepy, and lay down on the bed. In a few minutes afterwards he was absolutely unconscious, and the loud breathing and cyanotic condition attracted the attention of the parents. They tried to rouse him but without success. To use their own words, "he was limp and helpless."

The disease itself was not shortened, nor was the severity of the attack lessened.

In looking over recent literature I find mention by J. T. Whittaker, in Hare's System of Practical Therapeutics (Vol. II., page 556), of one case in which an overdose of bromoform caused narcosis, but the patient was readily revived; but I can find no other reference to the toxic effects of this remedy.

Dr. Hodge also reported a case of bromoform poisoning as follows:-

Retta M—, aged two years and six months, suffering from pertussis. Bromoform \mathfrak{v} ii by measure was given, mins. ii. of which was to be given three times a day. After about \mathfrak{v} ss had been taken out of the bottle, the child got hold of the bottle and took the entire contents, *i.e.*, fully \mathfrak{v} iiss of bromoform. The child complained that it burned her tongue. The mother gave at once some salt and water, but not sufficient to produce vomiting. The child soon staggered in walking and then began to get drowsy, so that, although the mother tried to rouse her, she became quite unconscious in about fifteen minutes. In about three-quarters of an hour after the child took the dose I saw her. Dr. Macallum arrived about five minutes before me.

Condition of child when seen. There was profound anaesthesia, respirations 25 per minute, pulse 120, superficial and deep reflexes absent. Pupils somewhat contracted and did not respond to the stimulus of light. It was impossible to rouse the child. The breath smelled strongly of bromoform. At Dr. Macallum's suggestion liq. strychnia, mins. ss., was given hypodermically. The child continued much in the same state as described above for about two hours, when the

pulse became faster and weaker. We then gave hypodermically mins. ss. liq. strychnia and digitaline grs. \mathfrak{v} ss. This had the effect of improving the pulse.

In about four hours after the dose had been taken when the conjunctiva was touched, there was inhibition of respiration for a few seconds. Soon the superficial reflexes returned, followed by response of the pupils to light. In about four hours after this the child roused up and spoke, and then slept for several hours.

On the following morning, September 10th, 1893, the child walked out of her bed-room alone, took a very fair breakfast, and seemed as well as usual, except that her gait was unsteady. In the afternoon she complained of severe headache and was very irritable.

Sept. 11th. Slept well last night. Complained of headache during the whole day and was irritable.

Sept. 12th. Slept well but still irritable.

British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

SMALLPOX IN BRITISH COLUMBIA.

The supervention of a few cases of smallpox in this Province during the last six weeks, which have led to no serious increase of the disease, marks a strong contrast to the condition of things last year, and shows that improved methods of isolation, and alacrity on the part of the health authorities in the numerous parts of the country, have resulted in much practical good, both as to the saving of life and also of money. Smallpox last year cost the Province \$120,000 and the lives of a large number of people, and at the same time created much bitterness and strong antagonism between various districts, and all of this because the proper facilities were not on hand to control the disease and keep it within bounds. We think it can be safely said that the defective quarantine arrangements of the Dominion Government at Albert Head was the primary cause of the trouble. It was no fault of the quarantine officer who has charge at that station that the disease slipped by him on Chinese

steamers and infected the country at large. Dr. McNaughton-Jones has been fully exonerated by the commission appointed to inquire into the cause of the outbreak, and it appears that he even did more than his duty in his endeavours to stamp out the contagion. But what can be expected from an officer who is only provided with a few pans of sulphur with which to disinfect a large steamer, and with very inadequate facilities on shore for accommodating first-class passengers. Since then, however, the means for coping with the disease have been very much improved. The station is now provided with machinery for administering the sulphur dioxide blast to infected vessels, and some commodious quarters are being erected at William's Head, which is more sheltered than the present location, and better adapted for fumigating steamers and ships in which contagious diseases have broken out. In the near future, therefore, we may expect good work at the hands of the Dominion Government quarantine officials. It, however, the Dominion Government last year was negligent in its duties, and allowed the Province to be invaded with a loathsome disease, we think too much praise cannot be given to the Provincial authorities for the prompt manner in which they acted, when it was only too evident that the populous districts of British Columbia were in danger of being overwhelmed with a scourge that one, at least, of the municipal bodies of the Province seemed to look upon with indifference, though it was rampant in their midst. We refer to the city of Victoria, where, unfortunately, from some cause or other, a great deal of mismanagement was shown and the rules of ordinary prudence set at naught. The mayor of Victoria apparently did nothing, but looked on while hotels and boarding-houses were turning out their tainted inmates, who walked the streets with the disease broken out upon them.

He said he had no money, he would provide no isolation hospitals, and though there were sixty cases in the city when the Provincial Government stepped in, he did not seem to think them of any more importance than if they were sixty cases of ordinary gonorrhoea. It was when matters stood thus, that the Provincial Government issued its order-in-council of July 11th, taking the administration of health out of the hands of the City Council of Victoria, and appointing Dr. J. C. Davis, Provincial

Health Officer. A vigorous policy was immediately adopted, isolation hospitals were run up with the rapidity of the famous beam stalk in the nursery tale, the cases were concentrated, medical attendants and nurses provided, and every precaution taken to stamp out the disease. It was a hard fight, but the result was a success, and to-day we are reaping the benefit of it by having hospitals prepared in all the cities for the reception of any sporadic cases that may occasionally break out. The expenditure last year was large because everything had to be provided new and at once, but it was money well spent, and though some personal difference were created, they were not of a very serious nature, and we have every reason to believe that the Government acted wisely in doing what it did. The Dominion Government was also stirred up from its apathy, and is bestirring itself to make up for its indifference in the past. The Province is practically free from the scourge of smallpox, the few convalescent cases at present being well cared for, and of no danger to the community.

ADULTERATED SPIRITS.

It has for a long time been generally understood that the various brands of wine and spirits imported from Europe to this country, especially those produced in France, have been largely adulterated. From time to time the attention of the public is drawn to this fact by the secular journals, and after the revelations thus made have excited surprise and probably alarm for a few days, the matter is again forgotten, till something occurs to revive it. Our attention has been drawn to this subject during the past week by a couple of circumstances which set us athinking; and as the question is one that is of great interest to the medical profession, a word or two might not be inappropriate at this juncture. The Paris correspondent of the *Week*, in a recent issue of that journal, published facts which go to show that, from investigations made by the Government analyst in places where liquors are sold in the French capital, samples of adulterated cognac and brandy were disposed of even in the finest cafes and restaurants of the city, the only difference between them and the lower dives being that the consumer had to pay ten times the price in the high-toned

establishments. The practical conclusion that the correspondent draws from it all is for the Parisian *vineur* to take the pledge and subscribe for a temperance newspaper. What interests us most, however, as physicians, is the fact that even in the very place where one would expect to find the pure article, spurious imitations of it are sold across the counter to persons who are supposed to be connoisseurs. If such is the case there, what must the state of things be here! It is many years now since we were first told that the amount of wines and brandies of the first quality produced in France was not one fifth of the quantity required for home consumption. The conclusion to be naturally drawn from this is that the practice of adulteration is the rule and not the exception. Whether we are justified in prescribing alcoholic stimulants imported from France for our patients, is a question, in the face of what is known about them, which might be profitably discussed by the profession. Brandy is a very fashionable stimulant, and probably oftener prescribed in cases where alcohol is indicated than any other, and it is the very one which is most likely to be adulterated. Would it not be better, in those conditions which require stimulants, to use our own domestic whiskeys, which are readily obtained pure and comparatively cheap? The so-called "cognac oil" and "brandy essences" are now being advertised in this country, and mercenary inducements are held out to liquor dealers to enable them to purchase. The following recipe for making cognac brandy, "equal to any imported," may be given as a sample. It is taken from a pamphlet issued by a Montreal house, and entitled "Advice to Liquor Merchants."

20 gal. French spirits (high wine),	
at \$3.65	\$73 00
16 gal. water	0 00
2 oz. essence (per lb. \$12)	1 50
½ lb. glycerine	0 30
Coloring	0 10

Thirty six gallons for \$74.90, at about \$2.08 per gallon. It is further stated that "parties wishing to imitate any particular flavour or brand not stipulated in our catalogue will please inform us of the name of such brand or send us a small sample." A little light is thrown upon the manner in which the European exporters manipulate their goods by

a quotation which I have made from another part of the pamphlet. "Liquors prepared with our essences and oils will mix with the foreign in most economical proportions. The vine growers of Europe make use of compound essences and oils to convert spirits imported from Canada in large quantities with liquors of superior taste and flavour, and re-ship them to this country." Statements such as the one just made ought to make one suspicious of nearly every brand of imported goods, unless indeed the best proof to the contrary is produced. If it were a mere question of alcohol as a beverage, while it would be grave enough, it would be of minor importance as compared with the fact that in disease we administer often in crises large quantities of stimulants which, if impure, are so many draughts of poison, and overwhelm the system instead of supporting it! But a word to the wise, etc. With the knowledge that such a condition of things exists will come an effort on the part of the physicians of this country, to counteract the influences which militate against us in our struggles with disease. We have difficult work as it is; let us see that the weapons we use are trustworthy.

Ontario Medical Journal

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.

TORONTO, APRIL, 1893.

RESOLUTIONS OF CONFIDENCE IN THE MEDICAL COUNCIL.

The resolutions following, of confidence in the Medical Council and expressing disapprobation of legislative changes effecting its constitution unless sought for by the representatives of the profession, will be read with interest. Guelph medical men evidently are not afraid to speak their minds even though plain language be necessary. Their Association, in its resolution, used forcible words, and the opinion expressed regarding the conduct of the

leading spirit in the Defence Association is richly merited. Although he may wince under it, the resolution cannot be construed into a personal attack on that gentleman. It is essentially an affirmation of principles, and if they chance to involve him, it cannot be helped.

The Defence Association sought for a platform for the whole profession; the plans were set forth in the circular, and it was fondly hoped that from one end of Ontario to the other, every medical man would mount the steps with alacrity. Dr. Sangster was constituted both architect and contractor; as a preparatory step he went through a prolonged course of mental gymnastics, and cultivated his ideality in long columns of the daily press, after which arduous exercise he set to work on his great task, the circular, and the brightest of anticipations cheered the author.

In our last two numbers we endeavoured to lift the veil and disclose what lay behind the circular; in seeking to place our readers in possession of the facts, it was necessary to point out the inaccuracies and deliberate garbling that so glaringly adorned that production, and the doctor is welcome to any encouragement he can take from the fact that the medical men of Guelph, after searching the records, think of the attitude of the Defence Association about as we do, and decline to commit their safety to a platform every other plank of which is struck with dry rot.

Brant county does not believe in unconstitutional methods, and desires that when legislation is found necessary it shall be effected through our representatives, not by the intervention of a self-constituted association. In the Toronto Medical Society, after a short address by Dr. Britton, the representative of Toronto University, the Brant county resolution was unanimously endorsed: we know in Toronto of but one or two instances of those who sympathize with the opponents of the Council; whatever room there may be for divergence of opinion concerning some of its methods, its end and aim from the commencement have been the upbuilding of the profession, and its efforts have been attended with a gratifying measure of success.

It has been asked time and again "Why has not the Council answered Dr. Sangster's charges which have appeared in the daily papers, and which cul-

minated in the circular?" We may surmise the answer: the Council has confidence in its integrity, and by affording every opportunity for investigation and giving full reports of its proceedings, it has shown that it trusts its fate to the good sense and fair judgment of the electorate; its record is open and above board and needs no comment; the testimony is in the hands of all the members of the college; they are competent to judge, and being equipped with both sides of the story, they are quite able to place a proper estimate on Dr. Sangster's statements.

The boast is made by the Defence Association that influence is being used privately with the members of the Legislative Assembly in order to further the ends set forth in the circular; the profession need have no fear that the Government will tolerate destructive legislation, but as a matter of policy it will naturally desire all available support, and it behooves the friends of the Council to lay the facts before their representatives: there is nothing to hide, and a candid statement cannot fail to carry conviction.

At a meeting of the medical profession of the city, held on 28th March, 1893, at the Guelph General Hospital, the following resolutions were carried unanimously:—

Resolved,—1. That we cannot discover any just or reasonable cause for the present agitation against the existing Medical Council, carried on by those who have styled themselves The Medical Defence Association.

2. That we believe the cause of medical education, and the standing of our profession in this Province, have been greatly improved since medical affairs have been under the control of the Council.

3. That in our belief the erection of the college building was a necessity, and that in the near future the wisdom of the step will be apparent to everyone, as it will be found ere long to bring in yearly revenue that will aid in paying the legitimate expenses of the Council.

4. That we believe it is unjust and unfair that the fees should be accepted annually from some members whilst others are allowed to go on from year to year without paying.

5. That it is unwise, therefore, to repeal the recent amendment to the Ontario Medical Act,

which authorizes the Registrar to erase from the register the names of any members who refuse to pay the annual fees, there being no other means by which payment can be enforced from careless or unwilling members.

6. That we believe that Dr. Sangster fully acknowledged the authority and representative character of the Council when he accepted from them the appointment of Examiner for the College, and when he accepted his fees for his services from this same Council which he now terms "autocratic" and not representative of the profession.

7. That we are informed that this same Dr. Sangster, who has never paid a dollar of the fees due annually from him for twenty years, is the real leader in the unscrupulous agitation for the repeal of this clause of the Act.

8. That we see no foundation for the statement that the "school men" rule the Council, and

9. That whilst we have no objection to increased representation from the rural parts of the Province, excepting the additional cost, we do not now find any urgent need for such increase.

GEORGE S. HLROD, *Chairman.*

ANGUS MAC KINNON, *Secretary.*

At a largely attended meeting of the Brant County Medical Association, held at the John H. Stratford Hospital on Wednesday, March 8th, 1893, the following resolution moved by Dr. U. M. Stanley, Brantford, and seconded by Dr. Addison, St. George, was unanimously adopted, viz.: "That this Association desires to place on record its strong disapproval of the methods adopted by an association called the 'Medical Defence Association' in its attack upon the Medical Council, and, whilst believing that grounds may exist for difference of opinion as to the advisability of certain acts of the Council, nevertheless, it has secured for the profession a very complete and solid organization, which is the admiration of the other provinces and states upon this continent; that this Association trusts that the Legislature will be slow to make any very radical alterations in the constitution or government of the Council, believing that if the changes set forth in a circular note of the 'Medical Defence Association,' dated January, 1893, or any considerable number of them, should be adopted, it would be detrimental to the best interest of the

profession and the public, and materially hamper the usefulness of the Council and destroy the object for which it was first instituted."

M. J. KEANE, M.B.,

Secretary Brant Co. Medical Ass'n.

Brantford, March 14th, 1893.

AN EXTRACT FROM THE MINUTES OF THE
TORONTO MEDICAL SOCIETY.

It was moved by Dr. C. J. Hastings, seconded by Dr. Price-Brown, that the resolution of the Brant County Medical Association be endorsed. Carried.

F. N. G. STARR, *Rec. Sec.*

TRINITY UNIVERSITY. At a general meeting of the corporation, held on Wednesday, the 12th instant, the Hon. G. W. Allan, Chancellor, presiding, the following resolution in regard to proposed amendments to the Ontario Medical Act was unanimously adopted:

"That this corporation is strongly of opinion that the existing statutory right of the universities to representation upon the Council of the Ontario College of Physicians and Surgeons should be maintained, not merely as an act of justice to the universities originally co-operating in the formation of the Council upon the basis of such representation, but also inasmuch as the interests of higher education and of the public generally make it desirable that impartial institutions of higher learning, such as the universities, should be represented upon the Licensing Board for medical practitioners.

"That the following committee be appointed to take such steps as may be necessary to guard the right of representation aforesaid in view of proposed legislation during the present session of the Ontario Legislature, and that Dr. Harris, the representative of this University on the Ontario Medical Council, be requested to co-operate with the said committee to this end: The Chancellor, the Provost, the Registrar, Edward Martin, Q.C., J. A. Worrell, Q.C., R. T. Walkem, Q.C., Richard Bayley, Q.C., Dr. Sheard, Dr. Spilsbury, and Dr. Bingham."

Certified a true extract from the minutes of the corporation.

WM. P. ATKINSON, *Bursar and Sec.*

Toronto, April 15th, 1893.

THE NEW CHOLERA REGULATIONS.

A copy of the new regulations of the Provincial Board of Health, approved of by the Lieutenant-Governor in Council, dated the 11th of April, and signed by the Chairman, Dr. J. J. Cassidy, is now before us. From a careful perusal of these regulations, we observe that the Provincial Board of Health has secured new powers for the prevention of cholera. The scope of the regulations passed last September has been widened, so as to provide means for the removal of many unsanitary conditions, the existence of which is a constant menace to health and a reproach to our civilization. Among the novel features of the regulations, one of the greatest interest to physicians is the first one, wherein it is provided that in future, whenever deemed necessary by the Provincial Board of Health, medical health officers must be appointed in every municipality, and *proper* provision made for their reasonable compensation. We imagine that the enforcement of this regulation will excite feelings of dismay in many civic circles. The object aimed at, however, is efficiency in public and private hygiene. Should this be attained, and in many urban, as well as rural, municipalities it is needed, we feel confident the people will not grudge a reasonable salary to a competent medical health officer.

Inasmuch as an isolation hospital and a house of detention are called for by the regulations in any municipality where a real or suspected case of cholera is found, provision is also made for the appropriation, by a local board, or, where there is none, by the medical health officer, of any unoccupied land or building, not being nearer than 150 yards to an inhabited building, for the purposes of an isolation hospital. Medical aid, nurses, and ambulance service are also to be supplied.

At the recommendation of the Provincial Board of Health, medical inspectors are to be appointed and paid by the Ontario Government. As health officers, these officials may exercise whatever powers are granted them by existing regulations, and also any which may hereafter be issued by the Provincial Board of Health. When local sanitary authorities are negligent, and the case appears urgent, owing to the near approach, or actual presence, of cholera in Ontario, these medical in-

spectors may be authorized by the Government to perform any necessary duty (the expenses incurred therefor to be paid by the municipality, saving and excepting the salary and expenses of the inspector). As will appear from a perusal of their duties, the Provincial medical inspectors will infuse a vast amount of effective energy into the somewhat placid current of municipal hygiene in Ontario.

A novel feature in the regulations is that, subject to the approval of the Lieutenant-Governor in Council, the Provincial Board of Health may, whenever it deems it necessary, or may, without such approval being first had, whenever requested by any local board of health of any incorporated municipality, require the medical health officer to order :

(a) The cleansing or closing of contaminated wells.

(b) The filling-up of privy pits, earth closets being substituted.

(c) That provision be made for cartage of excreta and a dumping ground, under municipal supervision.

(d) That owners of slaughter-houses conform to Section 8, Schedule A, Public Health Act, or regulations for the construction of slaughter-houses contained in "Pamphlet No. 1, 1893," issued by the Provincial Board of Health, under penalty of being obliged to remove their buildings outside the limit of cities, towns, or villages.

(e) That pig-styes, knackereries, and hog-feeding establishments shall be removed outside the municipal limits, unless otherwise ordered by special provision of the Provincial Board of Health.

It is further stated that "Pamphlet No. 1, 1893," is intended as a guide for the specific performance of such instructions as are contained in these regulations. Later on, when these instructions are before us, we shall return to the considerations which necessarily arise in connection with the last-mentioned provisions. *Prima facie* they all appear reasonable enough. No intelligent person should object to the cleansing of foul wells, yet we heard recently that he drank Toronto water unboiled and unfiltered every day, and so far without injury to his health. No cleanly person should object to the regular removal of excreta in boxes from yards and premises, instead of having it stored in a pit

to pollute the surrounding air, earth, and water, yet we venture to predict that few local boards in this Province will ask for an order to fill up the pits. The change from the old methods to the new will be brought about, not by the enlightened "public opinion," of which we hear so much, but through a concurrence of causes, not the least of which is the pervading influence of medical science directing men's minds to better things for their own good.

THE LEGISLATIVE COMMITTEE.

A short time ago the Legislative Committee, acting upon the advice of Dr. McKay, of Ingersoll, a gentleman to whom the profession of this Province owe a debt of gratitude for the interest he has taken in medical legislation, issued the following petition :

To the Honourable the Premier, the Government, and the Legislative Assembly of Ontario :

We, the undersigned members of the College of Physicians and Surgeons of Ontario, have inferred from statements in the public press that certain practitioners of medicine, under the name of the Medical Defence Association, intend, this coming session, to ask for legislation whereby changes radical and questionable in character, would be effected in the Constitution of the incorporated profession. The medical electorate at large is the best jury in the premises ; all matters in dispute can be pronounced upon at the next Council election which takes place next year, and in which every medical practitioner will have full and free exercise of the franchise. Therefore, believing that all differences of opinion can best be settled by ourselves, we pray your honourable body that no requests for legislation be entertained other than those made by or through our accredited representatives, the Medical Council.

Although the petition was not issued until after the middle of March, we are informed that already about fifteen hundred medical men have gladly signed it.

The total number of practitioners on the *British Medical Register*, for 1893, is 30,590. Last year 1,513 newly qualified medical practitioners registered their names.

IRREGULAR PRACTITIONERS FINED.

During the past couple of months, Mr. Wasson, prosecutor for the Medical Council, has been busily employed in various parts of the Province attending to those who delight to "practice" without a license. The following parties have been fined, viz. : John W. Hallman, G. B. Foster, T. M. Coulson, and R. J. Andrews, of Toronto ; *Prof. Gustin*, Chesley ; *Prof. Wilcox*, Chatham ; Wm. Howard, St. Thomas ; Wm. Braunstein, Hamilton ; *Prof. Bliss*, Port Elgin, and John McKenzie, Walkerton. The fines imposed by the magistrates vary from twenty-five to one hundred dollars. Considerable time has also been spent by Mr. Wasson in securing evidence to submit to the Council in connection with the names of several qualified practitioners, who have been deviating from the paths of rectitude. Under the Act, the names are brought before the Council, and by them referred to the Committee on Discipline. It is to be hoped that the time will soon come in Ontario when such a committee will cease to be necessary.

ONTARIO MEDICAL ASSOCIATION.

From the interest which is being manifested, the thirteenth annual meeting of this Association, to be held in this city on the 21st and 22nd of June, promises to be one of very decided interest.

The discussions have been arranged as follows :—

Medicine.—Subject, "Cholera." Paper by Dr. Arnot, of London. Discussed by Drs. Philp, Hamilton ; Saunders, Kingston, and Rice, Woodstock.

Surgery.—Subject, "Appendicitis." Paper by Dr. Howitt, of Guelph. Discussed by Drs. Gibson, of Belleville ; Walker, of Toronto, and Harris, of Brantford.

Obstetrics.—Subject, "The Management of Abortion." Paper by Dr. R. W. Powell, Ottawa. Discussion by Drs. Machell, Toronto ; Shaw, Hamilton, and Anglin, Kingston.

Therapeutics.—Subject, "Blood Letting in all its Forms." Paper by Dr. Harrison, of Selkirk. Discussion by Drs. J. MacCallum and L. M. Sweetnam, Toronto, and Olmstead, Hamilton.

Ophthalmology.—Subject, "Gonorrhœal Ophthalmia." Paper by Dr. A. B. Osborne, of Hamilton. Discussion open.

Papers have also been promised by Drs. J. M. Cotton, Lambton Mills; W. J. Wilson, Richmond Hill; Geo. Acheson, Trenton, and also by Drs. Milner and H. Walker, Toronto. Gentlemen who purpose presenting cases or reading papers at the meeting are requested to notify the Secretary, Dr. Wishart, before the 15th of May.

EDITORIAL NOTES.

A typewriter for the blind has been invented, which printed embossed characters.

The American Medical Association will meet at Milwaukee, Wis., June 6th, 7th, 8th and 9th.

A female physician has been proposed for the Edinburgh Obstetrical Society, and will be balloted for as an ordinary Fellow.

A bill has been introduced into the New York Legislature appropriating \$25,000 for an idiot asylum for "unteachable idiots."

Jefferson Medical College Alumni Association is raising funds for the erection of a life-size bronze statue of the late Professor Samuel D. Gross.

Sir Joseph Lister has been elected an associate member of the Académie des Sciences, in Paris, the highest honour in the French scientific world.

The Board of Regents of the Texas Medical College at Galveston, have decided to abolish students' fees, and one may now take the full course on payment of \$30 matriculation fee.

Prof. W. H. Erb, of Heidelberg, has been recommended by the Professorial College of the University of Vienna for the chair of medicine, rendered vacant by Professor Kahler's death.

The subject of Asiatic cholera will be discussed at the International Medical Congress to be held at Rome next autumn. A special sub-section of the section of hygiene has been established by the Organizing Committee for that purpose.

The sixty-first annual meeting of the British Medical Association will be held at Newcastle-on-Tyne on Tuesday, Wednesday, Thursday and Friday, the 1st, 2nd, 3rd and 4th of August, under the presidency of Dr. G. H. Philipson, professor of medicine in the University of Durham.

The authorities of the North-Eastern Railway of England have adopted the Helmgren's colour test and the Snellen test type, as the official method of determining the visual efficiency of their servants. The great railways of Canada should immediately follow this advanced step in the interest of the travelling public.

MEDICAL COUNCIL EXAMINATIONS.—This year 122 students presented themselves for the final examination of the Council. In 1892, 166 students came up. There is here a reduction of nearly twenty four per cent., and from present indications, the elevated standard of the Council will cause a decrease in the number coming up annually. The number writing for the Primary Examination at Toronto and Kingston, including women, is 204.

PROVINCIAL BOARD OF HEALTH FOR MANITOBA.—Under the Public Health Act passed at the last session of the Manitoba Legislature, provision was made for the appointment of a Provincial Board of Health, composed of seven persons. The Government has appointed this board as follows: Dr. O'Donnell (chairman), Winnipeg; Mr. J. H. Brock, Winnipeg; Dr. Jones, Winnipeg; Dr. Chown, Winnipeg; Dr. A. H. Ferguson, Winnipeg; Dr. Aubrey Husband, Wawanesa; and Mr. Torrance, V.S., Brandon. Dr. Jamieson, of Winnipeg, has been appointed Secretary of the Board. The medical inspectors are Dr. Patterson, of Winnipeg; Dr. Macklim, of Portage la Prairie; and Dr. Fleming, of Brandon.

THE TREATMENT OF BUBO.—Dr. Frank G. Lydstin, in the *Times and Register* for 11th March, 1893, deals with this topic under three heads: 1st, Prevention; 2nd, The enlarged glands, and 3rd, The suppuration. The first is best accomplished by thorough cauterization of the chancre, and the avoidance of all irritants. With regard to the

second point, the author strongly urges the extirpation of the gland. This prevents suppuration, and saves the surrounding tissue. This is necessary, in his opinion, as the gland never returns to its normal condition if once infected. The third point, that of suppuration, he treats by free incision, the curetting of diseased tissue, cauterizing with carbolic acid, and secondary suturing when healthy granulation has occurred.

TORONTO UNIVERSITY AND MEDICAL EDUCATION.—Mr. Preston, on April 18th, at the Ontario Legislature, gave notice of motion as follows:—Return showing the report of the Committee of the Senate of the University of Toronto appointed to inquire into the erection of the Biological building, with the evidence upon which said report is based; also, that all correspondence with the Government regarding the proposed Park Hospital, and all papers relating to the said Park Hospital, and all reports of any action taken in regard to the said Park Hospital scheme, or regarding any action which may have been or may be in contemplation by the Senate of the University of Toronto, the University trustees, or the Park Hospital trustees, in connection with the lots leased to the Park Hospital trustees; also, any correspondence with the Government having reference to matters bearing upon medical education in Ontario, and the relation of the University of Toronto thereto.

THE TREATMENT OF URÆMIC CONVULSIONS.—R. C. M. Page, in the *New York Polyclinic*, for March, 1893, says that the three things we have to deal with in such cases are the disturbances of circulation, the abnormal sensibility of the nerve centres, and the vitiated condition of the blood.

The routine treatment by sweating, purging, and diuresis is often too slow, and the patient may have many convulsions and die before relief comes from such measures. They sometimes do harm by weakening the system.

Blood-letting is a powerful means of averting immediate danger. It should only be used in acute, sthenic cases.

Chloroform, the writer contends, is a dangerous and treacherous drug in these cases. Further, the convulsions often return on removal of the chloroform. Ether he positively condemns.

Opium in some form is valuable. In acute cases the hypodermic administration of morphia is of great value. It was introduced by C. C. P. Clark, of Oswego. But opium only allays the irritability of the nerve centres, it does not eliminate any of the poison from the system. For the lesser dyspnoea and palpitation, opium has no equal.

To aid the opium, pilocarpine has been used. The author doubts, however, if it effects any appreciable elimination. In addition it causes much discomfort, and is a dangerous cardiac depressant.

The drug that Dr. Page most strongly recommends is *veratrum viride*. First, give the usual dose of morphia hypodermically. Immediately afterwards give, hypodermically, five to ten minims of Norwood's tincture of *veratrum viride*. Brandy or whiskey should be on hand in case of depression. The pulse may drop from 120 to 30, but the patients do not die from it.

In the intervals a rigid milk diet is very necessary.

THE SURGICAL PATHOLOGY OF THE MASTOID PROCESS.—Dr. J. E. Sheppard, in the *Brooklyn Medical Journal*, for April, deals fully with the above subject. Of the affections affecting the middle ear, primary mastoid periostitis is very rare. Secondary periostitis is much more common. It arises from acute and chronic suppuration in the middle ear, and from caries or necrosis of the mastoid cells. This affection is most frequent in early life, on account of the shortness of the osseous portion of the external auditory canal. The symptoms are pain over the mastoid, the formation of a doughy, reddish swelling, painful to pressure, and the pushing of the auricle forward. An effort should be made for two or three days to control the inflammation with leeches, iodine, cantharidal collodion, and ice poultices. If these are not successful, make a Wilde's incision to the bone.

Primary inflammation of the muco-periosteal lining of the mastoid cells is rare, and generally follows some affection of the tympanic cavity. In severe grades of this inflammation, suppuration occurs. This is really an empyæma of the mastoid cells; but it is usually called an abscess. This process may be acute or chronic. In some cases there is a diffuse hypertrophy of the mastoid process.

The symptoms of mastoid abscess are: Severe pain behind the ear, in side of head and neck;

fever; restlessness; extreme tenderness; redness; heat and swelling; and a projection forward of the posterior wall of the meatus. These abscesses may open through the cortex, the meatus, or into the brain.

In acute cases, a free opening must be made into the abscess. In the case of cerebral abscess, the operation of Lane and Ballance is justifiable. This consists in ligating the internal jugular and opening the mastoid process, trephining the inner plate, and opening the sinus and turning out the clots, and thoroughly syringing out with perchloride of mercury. The sinus is then packed with iodoform gauze.

THE TREATMENT OF LARYNGO-TRACHEITIS.—Dr. R. W. Seiss, in the February number of *Therapeutic Gazette*, remarks that, though we cannot always abort an attack of inflammation in the larynx and trachea, a great deal can be done to make it milder. The instillation of a few drops of a five per cent. solution of cocaine clears the chambers. Then the use of a spray of boric acid, borate of soda, or sodium chloride in the earliest stage reduces the severity of the attack very much. A spray of a saturated solution of potassium chlorate, to each ounce of which may be added gr. i. crystal carbolic acid, is by far the best for the pharyngolaryngeal region. The spraying may be continued for three to eight minutes, with moments of rest. Then coat the upper part of the respiratory tract with some bland oil, as albolene, containing a small percentage, from one to three, of menthol eucalyptus, or pine needle oil. If the person can rest body and voice for two or three days, nothing more may be needed.

Mustard to the throat and a hot foot bath are both useful. Cocaine is not suited for repetition in these cases; and the writer is of opinion that purgatives, diuretics and diaphoretics do more harm than good. Pilocarpine may abort some cases.

In a later stage with severe congestion of the mucous membrane, the writer strongly recommends a spray of alum, grs. 15 to the ounce of rose water, with some glycerine and carbolic acid. The spraying may continue, with rests, for ten or fifteen minutes. If there is much pain, the inhalation of steam will give great relief. Compound tincture of benzoin is the best agent to medicate the steam

with. The instrument is a bottle, through the cork of which two small tubes are passed, one just into the bottle, the other to the bottom. The bottle is half filled with hot water, and one teaspoonful of tr. benzoin Co. added. The tube, which just enters the bottle, is taken between the lips, when the patient inspires deeply, the air enters through the long tube into the bottle.

Counter irritation with iodine is useful in this stage. Cardiac depressants are worse than useless. Night air is prejudicial.

When the disease has continued for two or three weeks, and there is thick muco-purulent discharge, the spraying is still useful. It should be of a more stimulating character, and contain eucalyptus, ethyl iodide, or alum. The internal administration of chloride of ammonium is the most useful. It may be combined with the bromides, or with the stimulating expectorants.

When there is severe œdema of the glottis it becomes necessary to scarify. This should be done along the external edges of the aryteno-epiglottic folds.

In cases of spasm, use the steam freely, and fumigate the room with stramonium or hyoscyamus pastilles.

DR. A. B. MACALLUM'S VIEWS ON THE PATHOLOGY OF MOLLUSCUM CONTAGIOSUM.—An abstract of a paper on the above subject appeared in the November number of the *Medical Chronicle* (Manchester, 1892), and was reproduced with the exception of less than a dozen lines in the January number of this journal. Drs. J. E. Graham and A. B. Macallum are the authors of the paper referred to. This journal has not heard that Dr. Graham objects in any way to the abstract which was printed, but infers from an editorial note in a contemporary, and also from a letter received from the erudite editor of the *Medical Chronicle*, that Dr. A. B. Macallum is greatly perturbed at the omission of these lines. This journal would not knowingly do an injustice to any man, and in order that there be no shadow of injustice done Dr. A. B. Macallum, that portion of the abstract referring to his work is given *in extenso*, without any verbal omission whatever, apologizing to the readers for taking up the space with matter

which may bear one perusal but which has comparatively little scientific or practical value :

"Dr. Macallum's share of the work was the examination of the specimens. He stained in block with hæmatoxylin and eosin embedded in paraffin, and succeeded in cutting all his sections no more than 5μ thick, a result most creditable to his methods and dexterity. His results are to some extent confirmatory of those of other observers, but to some extent they differ widely.

"He found that all the growths commenced in the stratum mucosum. While agreeing with his conclusions, we cannot help questioning whether the figure he shows to illustrate this condition is not taken from the margin of a more developed tumour, and not, as he appears to assume, what one might call the nucleus of a growth. He found the first appearance of the molluscum body in that part of the epithelial cell directed towards the opening of the tumour. He concludes that the earliest stage of the molluscum body is an extruded or migrated 'plasmosoma.' This, he explains to mean an eosinophilous nucleolus. He does not regard it as in any way like a nuclear parasite, because it corresponds in staining capacity with the nuclear 'plasmosomata' in the lowermost epithelial cells. He maintains that parasitic elements would not undergo the degenerative changes which result in the production of a molluscum body. This is somewhat of an assumption, for many competent observers are of opinion that the process is a formative rather than a degenerative one. By staining experiments with controls he conclusively disproves their supposed (by some workers) amyloid nature.

He also found by staining experiments (iodine and sulphuric acid) that the bodies situated above the eleïdin layer gave a very distinct reaction, showing the presence of eleïdin and keratin ; an observation which he does not seem to notice is distinctly against his degenerative theory, indeed he states that these are deposited in the degenerated (dead) bodies. He showed, also, the presence in the bodies, as in eleïdin, of a distinct amount of iron.

"The drawings illustrating the paper, which are made with the Abbe camera lucida, are very clear ; and, judging from comparisons with our own specimens of this condition, very correct. It is to be regretted that he has not carried his investiga-

tions into the literature of the subject further than 1889, and has thus lost the benefit of the interesting discussion on this subject at the German Dermatological Association last year."--NORMAN WALKER, *Abstr. from Medical Chronicle.*

THE THERAPEUTICS OF PNEUMONIA IN CHILDREN.--Dr. A. Jacobi, in the *Archives of Pediatrics*, for April, has an article on the above. He divides pneumonia in children into the catarrhal or lobular, fibrinous or lobar, and the interstitial. About two-thirds are of the first, one-third belong to the second, and only a few to the third class. The lobular is almost always, and the lobar often preceded by bronchial catarrh. Thus much can be done to prevent pneumonia by treating the bronchial trouble, and caution, at this period, against exposure.

Acute lobular pneumonia is less serious in the early stage than the lobar form, is not so likely to be complicated by pleurisy, and there is less risk of heart failure. It runs a much longer course, however, and in this way the prognosis is uncertain. The great danger is from suffocation.

The interstitial form is very protracted, the fever is often high, the recovery rarely complete, there being generally induration and bronchiectasis.

In all these cases insist upon absolute quiet ; exclude visitors, light and noise ; keep the room at 68° to 72° F., and the air moderately moist ; let the patient select his own position ; give liquid food, plenty of water or lemonade ; keep the bowels free. The main dangers in acute pneumonia are high temperature, heart failure, suffocation, which may result from either the lungs, or the condition of the right side of the heart.

With regard to the high temperature, the writer lays much stress upon the fact that it is continued high temperature that is specially dangerous. Antipyretic treatment is not so urgently needed in those cases where there is a morning remission. The routine habit of depressing all temperatures of 103° is bad. It is of more importance to watch the resistance of the system to these high temperatures. With regard to phenacetin, antipyrin and acetanilid they have oftener lowered temperature than saved life.

In all cases with remissions in the temperature, quinine is of great value ; but it must be given

during the remission. Some soluble form by the rectum is a good method. If quinine has to be used hypodermically, the best form is the carbamide. This dissolves in five parts of water, and does not cause local irritation.

The best of all antipyretics is cold. Most cases will do well with sponging or friction with wet, cold towels. The rationale of cold bathing is that of cooling the surface. Blood is continuously coming to the surface, and in this way is being cooled. When the heart is weak and the extremities cold, no cold bath should be used. In such cases the cold bath drives the blood inwards; the surface becomes colder, but the interior hotter. In these cases of cold extremities and hot interiors, a hot bath, instantly given, restores the circulation to the surface and the temperature falls.

Weak, delicate, anemic children do not stand the cold bath. For these cases the warm or tepid bath must take the place of the cold one. The bath can be gradually cooled down while the little patient is being rubbed. The warm packs may be used. When cold applications are used, it is sufficient to apply them to the anterior part of the chest.

Great care must be directed to the heart. In lobar pneumonia it is necessary to give stimulants at an earlier period than in the lobular form. All demand them at some time. This being the case do not wait for heart failure, but try to prevent it. With regard to alcoholic stimulants, the indications are not to use them in the early and acute stage of the disease, as by their use the labour of the lungs is increased. Further, the brain and kidney complications, which often exist, contraindicate the use of alcohol. Later on they are needed.

With regard to digitalis, give a large dose of from gr. 1 to grs. 4, and repeat one or more times as needed. In this way the action of the drug is obtained in a few hours.

When the peripheral circulation fails and the pulse is small and weak, digitalis must be given, with some other drug, as nitro glycerine gr. $\frac{3}{60}$ to $\frac{1}{60}$, sodium nitrite gr. $\frac{1}{60}$ to gr. $\frac{1}{4}$, or ti. aconite, m. 1, every hour or two hours until the pulse is revived.

When the pulse is good, but the surface dusky and the nails blue, the nitrites will help to restore the circulation. Leeching and the hot mustard bath may be used.

Strychnia may be given, gr. $\frac{3}{60}$ during twenty-four hours to a child of one year. Ammon. carb. gr. $\frac{1}{2}$ to gr. 1, every one or two hours.

During hepatization, when expectoration is insufficient, the inhalation of steam, with a little turpentine in it, is helpful. Camphor gr. $\frac{1}{4}$ to gr. 1 aids expectoration. Ammon. chloride, gr. 10 to gr. 20 every few hours on a hot stove lid fills the room with vapor, and stimulates the bronchi. This is also the time to use the warm poultice or jacket of cotton wool.

Pleural pain is best relieved by sinapism, and constant hacking cough by small doses of opium.

The interstitial form, in the later stage, should be treated with iodide of potash and digitalis internally, iodine externally. Pulmonary gymnastics must be kept up for a long time— even years.

EXAMINATION RESULTS.

TRINITY UNIVERSITY.

The following are the successful candidates for the degree of M.D., C.M.:

Class I.—Gold medal and certificate of honour—W. Glaister. Silver medal and certificate of honour—T. Douglas. Certificates of honour—J. C. Stinson, E. Tomlinson, R. E. Macdonald and J. T. Robinson (æq). C. H. Bird, F. J. Burrowes, D. J. Dunn, R. Brodie, F. W. Mulligan. The following are also in the first class: J. K. M. Gordon, P. J. Moloney, W. J. Ross, R. J. Corbett, J. A. G. Wilson, J. H. McGarry, R. King, W. A. Thomson, N. Campbell, J. H. Austin. Class II.—W. F. Wakefield, J. H. Hudson, F. G. E. Pearson, W. T. Arnott, A. F. Rykert, J. J. P. Armstrong, C. W. Beemer and W. Doan (æq), H. McKendrick, T. W. Carlaw, J. E. King, W. W. Andrus and J. R. Roseborough (æq), J. B. Ferguson and J. M. Rogers (æq), Miss M. M. Brander, F. J. Ball, C. Carter, L. Lapp, R. J. Teeter, R. S. Dowd, J. R. Bingham, D. D. Wickson, C. J. Taylor, W. H. P. Tufford. Class III.—H. H. Alger, I. Bowie and R. E. Darling (æq), C. J. Laird, J. H. Duncan, R. D. Alway, S. H. Large, A. B. Singleton, J. R. Hopkins, Miss E. J. Ryan.

PRIMARY EXAMINATION.

Class I.—1st silver medal and certificate of honour, J. C. Hutchison; 2nd silver medal and

certificate of honour, H. Parker. Certificates of honour—C. A. Drummond, J. G. Lamont, J. McMaster, J. A. Kerr and M. McKinnon (æq), J. D. Monteith, J. T. Beatty, C. Shaw, H. S. Krug, D. A. Cameron, A. Milligan. The following also obtained a first-class:—A. F. Phillips, J. A. Tripp, T. B. Hewson, R. W. Shaw, G. Elliott, W. J. Brinden, H. M. Featherstone. Class II.—Miss M. E. Allen, T. H. Sneath and S. H. Murphy (æq), J. G. Balkel, C. L. B. Stammers, H. E. Tremayne, W. G. V. Forbes, R. T. S. Gilmore and G. E. P. Stevenson (æq), F. McLennan, J. A. Cook, J. D. McKay, W. E. Smith, H. G. Pickard, L. H. Marks, J. W. H. Young, W. Y. Young, J. B. Leeson, Miss J. Hill, H. C. Pearson. Class III.—Miss P. Smith, J. F. Pierce, G. W. Brown, Miss E. Hindon, J. McDonnell, Miss M. L. MacMillan, F. L. Vance, J. F. Frain, W. Brown, R. O. Snider and F. J. Livingstone (æq), Miss D. Macklin and E. C. Martin (æq), D. D. Duggan, J. H. Ferguson, C. E. Jeffery, Rev. J. Dow, J. H. Hudson.

WESTERN UNIVERSITY.

First year.—Honours—E. C. Weeks, W. J. Stevenson. Pass—J. F. Atkinson, R. W. Brebner, A. Windsor, S. G. Cameron, W. H. Morris, R. C. Smith, W. J. Kennedy, Mr. Hutton (on all subjects except botany).

Second year.—Honours—J. F. Jarvis, T. F. Flaherty, E. Seaborn, F. Whitney, W. D. Wiley. Pass—R. J. Walker, D. McBain, W. D. Sharp, J. C. Tufford, H. A. Kingsmill, R. Wood, D. M. Dunn, A. E. Franklin, F. D. Evinny, J. C. Forsyth, R. J. Williams (on all except chemistry).

Third year.—Honours—C. F. New, F. W. Hughes. Pass—C. A. Elliott, H. A. Ferguson, J. D. McLeary, S. S. Hannon, A. J. Peel, H. A. Stevenson (except surgical anatomy). F. Deviney (except clinical surgery), A. E. Franklin (except therapeutics).

Fourth year.—Honours—J. S. Wilson, W. S. McDonald, F. Guillemont. Pass—P. B. Wood, S. G. Gibson, S. S. Hannon.

First year scholarship, Weekes; second do., J. T. James; third, C. E. New; fourth, gold medal, J. F. Wilson.

M'GILL UNIVERSITY.

The following have passed their final examinations, and will receive the degree of M.D., C.M. at

convocation:—E. D. Aylen, H. W. Blunt, W. E. Bostwick, J. A. Brown, J. D. Cameron, R. W. Carroll, A. D. Coburn, M. A. Cooper, W. E. Derkes, T. A. Dewar, G. F. Dewar, E. DuVernet, G. W. Fleming, H. M. Goff, F. B. Gunter, M. Haight, W. K. Hall, J. A. Henderson, S. W. Hewitson, R. W. Jakes, R. H. Jamieson, J. W. Lawrence, W. Lindsay, A. D. McArthur, R. B. McKay, J. R. McKenzie, K. McLennan, W. McWilliam, R. F. McMorine, C. H. Masten, R. Matheson, W. C. Mills, J. M. Moore, R. H. Phillimore, R. F. Rorke, J. W. F. Seguin, J. W. Scane, E. J. Semple, G. F. Shaw, T. P. Shaw, J. E. Tomkins, J. L. Walker, J. F. White, R. Wilson, C. A. Nearwood, H. B. Yates.

PRIMARY.

The following students passed their full primary subjects:—D. P. Anderson, New Liverpool, Que.; A. H. Busby, Berwick, N.S.; J. W. Bailey, B. H. Northfield, Minn.; J. T. Basken, Dunrobin, Ont.; E. D. Beatty, Nepean, Ont.; T. H. Blow, South Mountain, Ont.; C. W. Bishop, Montreal, Que.; R. B. Boucher, Peterborough, Ont.; C. W. Bouck, Inkerman, Ont.; F. B. Caron, Brockville, Ont.; H. Chapman, Port Elgin, Ont.; A. H. Church, Montreal, Que.; M. A. Cooper, Ormstown, Que.; E. Cummins, St. Stephen, N.B.; W. Cowie, B.A., Montreal, Que.; A. Cruickshank, Inverness; R. E. Davis, Montreal, Que.; J. L. Day, Montreal, Que.; W. A. Feader, Iroquois, Ont.; C. H. Fox, Oxley, Ont.; J. H. Glenson, Cowansville, Que.; J. P. Grant, Pictou, N.S.; Arthur Gunn, Durham, Ont.; R. Hamilton, Bright, Ont.; J. L. Hargrave, B.A., Rosedale, Man.; L. Hogg, B.A., Winnipeg, Man.; R. W. Jakes, Merrickville; F. E. L. Johnston, Delaware, Que.; G. F. Kearnes, Havelock, Que.; R. A. Kenny, Montreal, Que.; J. H. Ring, Chipman, N.B.; H. T. Knapp, B.A., Sackville, N.B.; W. O. Lumbly, Rysom; W. J. LeRossignol, B.A., Montreal, Que.; P. C. Leslie, Montreal, Que.; D. A. Link, Gravenhurst, Ont.; A. L. MacLeay, Montreal, Que.; M. McKinnon, Parkhill, Ont.; R. Mathewson, Cardigan, P.E.I.; R. Mason, Dalesville, Que.; J. H. Merrick, Merrickville; W. C. Mills, Montreal, Que.; W. Oliver, B.A., Rockburn, Que.; R. H. Phillimore, Cookshire, Que.; B. S. Price, Springfield, N.B.; E. H. Saunders, Woodstock, N.B.; J. H. O'Connell, Berwick, N.S.; T. J. Slack, Waterloo, Que.; F. S. Spearman, Hemming-

ford, Que. : C. N. Stearnes, J. Tees, B.A., Montreal, Que. : W. W. Wickham, Summerside, P.E.I. : H. K. Wright, Montreal, Que.

MEDICAL FACULTY QUEEN'S UNIVERSITY.—The following are the results of the Queen's Medical College pass and honour examinations for the year 1893 :

Final pass for M.D. and C.M. degree: G. H. Austin, Warburton : A. N. Barker, Scotland : B. F. Black, Kingston : J. E. Countryman, Tweed : J. H. Cormack, Kingston : J. J. Gibson, Scotch Line : J. F. Gibson, Cherry Valley : G. C. Giles, Brockville : H. J. James, Clayton : N. P. Joyner, Kingston : J. A. Locke, Iroquois : M. Leavitt, East Hatley, Que. : R. S. Minnes, M.A., Kingston : W. G. Malcolm, Chesley : J. E. Murphy, Newboro' : H. McDonnell, Kingston : G. McGrath, Campbellford : M. J. Neville, Kingston : A. C. Robertson, Madoc : F. S. Ruttan, Svidenham : C. Ryan, Barriefield : R. G. Smith, Perth : W. Walkinshaw, Campbellford.

HONOURS IN PATHOLOGY.

R. S. Minnes, M.A. : J. E. Murphy, R. G. Smith, G. McGrath, F. S. Ruttan, equal : J. E. Countryman, John A. Locke, W. G. Malcolm, H. J. James, equal : G. C. Giles, A. N. Barker, equal.

UNIVERSITY MEDALLISTS.

Final year—R. S. Minnes, M.A., Kingston : G. E. McGrath, Peterborough.

First year—T. H. Farrell, M.A., Kingston.

House Surgeons, Kingston General Hospital—W. E. Connell, W. Young, J. R. Allan.

MEDICAL FACULTY, TORONTO UNIVERSITY.—See page 405.

Correspondence.

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

VACCINATION.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—The report *re* smallpox in British Columbia, confirms the opinion taken by most of us, that vaccination does not afford anything like the immunity from smallpox that it did at one time. It, however,

proves that the death rate among the vaccinated is very small, at the outside ten per cent., against twenty-four. The smallest proportion of deaths, we learn from all reports, are among those having *four* good marks, and not only the smallest death rate, but the least degree of disfigurement. Under these circumstances, should we not always try to have at least four marks? For some time I have made four, but only using one point : in future I shall use two points and make six, expecting them to obtain four.

There is another matter *re* public vaccination, which is unjustifiable. We know if ever syphilis is communicated in vaccination, it is through the blood, and, therefore, if ever a vaccine point is required to be moistened a second time, that water should be thrown away and the cup washed out. Who can tell if a minute quantity of blood was not on that point. The danger may be small, but we have no right to incur the slightest risk with those in our charge. What shall I say of those French gentlemen in Paris who vaccinated healthy children from syphilitic ones, and watched carefully to see if any results followed. All I can say is, these scoundrels should have been hanged in this world and damned in the next.

Yours, etc.,

F. C. MEWBURN, M.D.

Toronto, April 12, 1893.

THE HOMOEOPATHISTS AND THE MEDICAL COUNCIL.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—There has been considerable discussion of late as to medical legislation in this Province, and as to the merits and demerits of the Medical Council. With regard to the latter I do not intend saying anything at present : there has probably been enough said on both sides of the question. But there is one feature which has been somewhat overlooked, and I may be pardoned for calling attention to it.

It has been proposed to make certain radical changes in the composition of the Medical Council by increasing the number of territorial representatives. This would be a violation of the terms of agreement entered into by the several parties interested at the organization of the Council. It would

especially be an injustice to one section of the profession—the Homœopathic School. It must be remembered that the Homœopaths had full powers of examination and licensing—equal to that of the colleges and the general profession. They had their own Board of Examiners; and the certificate of that Board entitled the holder to the provincial license. In uniting with the other branches of the profession to form the Medical Council, there was no question of relative numbers; all parties stood on a perfect equality as to the rights and powers to be merged in the new body. And no one could have blamed the Homœopaths had they insisted on equal representation with the Old School as the price to be paid for surrendering their privileges. The terms of agreement, however, were that there should be five homœopathic representatives to twelve elected by the general profession, and one each from the colleges and universities.

Instead of equality, there was here a very great inequality. But it was well known that the Homœopaths would never have surrendered their independent Board for any such representation were it not for this fact: that there was also an independent Eclectic Board which was to have the same number of representatives in the Council; that when any question might arise on which there would be a conflict between the Homœopaths and the Old School, the Eclectics would be in the same boat with the former: and that instead of the five Homœopaths or the five Eclectics standing alone in the Council each could always depend on the other's support. And the old members of the Council can testify that this was actually the case: and that, whenever a matter came up in which either Homœopaths or Eclectics were directly interested, they could always depend upon ten votes. Had this not been the situation, the Homœopaths would not have surrendered their independence for a nominal representation of five.

When, subsequently, the Eclectics voluntarily gave up their representation in the Council, the voting power of the Homœopaths was actually reduced one-half. At the same time they were unable to object, because there had been no violation of the letter of the contract which gave them five representatives to the twelve territorials.

But now, if it is proposed to increase the number

of territorial representatives, and thus disturb the proportionate representation in the Council, the Homœopaths will object most decidedly. They surrendered rights and powers fully equal to those of the Old School; had they not consented to the arrangement proposed, the Council would not have been formed; or, if it had been formed, it would have been simply a council of registration, and would have been powerless to effect the main object sought, that of having an advanced curriculum and a uniform standard of medical education throughout the Province. In the Council the Homœopathic representatives have always supported heartily every effort to advance the interests of the entire profession. By their aid the standard of education has been raised, and the profession has secured a status that it has in no other part of America. And now, to violate the contract entered into by us in good faith, and to reduce our proportionate representation in the Council, would be an outrage that I trust will not be attempted, much less consummated.

If, unfortunately for the honour of the profession, such a thing should be done, the Homœopaths will have no other course open to them but to ask the Legislature to repeal the Medical Act so far as they are concerned, and restore them to the position they occupied prior to 1869—with their own Board of Examiners and their own curriculum.

Very truly yours,

CL. T. CAMPBELL.

London, March 20th, 1893.

Book Notices.

Scab Healing and its Application in General Surgery. By J. DELPRATE HARRIS, M.R.C.S. Eng. H. K. Lewis, 136 Gower St., London, W. C. Price, one shilling.

This pamphlet treats of the dressing of wounds with sawdust obtained from the yellow or red pine or from cedar or the eucalyptus tree. This method of treatment would be a matter of economy to surgeons in the lumber districts.

Diseases of the Heart, Lungs and Kidneys. By N. S. DAVIS, JUN., A.M., M.D. F. A. Davis & Co., Publishers.

This work is No. 14 in the Physicians' and Students' Ready Reference series, and is of value

to students and physicians who desire to brush up in the pathology and treatment of these organs. Dr. Davis' long residence and extensive practice in the lake region of this continent, entitles the work to a careful consideration.

A System of Practical Therapeutics. By American and foreign authors. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Secretary of the Convention for the Revision of the U. S. Pharmacopœia of 1890, Physician to St. Agnes' Hospital, Philadelphia, etc. Assisted by Walter Chrystie, M.D., formerly Instructor in Physical Diagnosis in the University of Pennsylvania, and Physician to St. Clement's Hospital, Philadelphia. In a series of contributions by seventy-eight eminent authorities. Now complete in three large octavo volumes of 3,562 pages, with 434 illustrations. Price, per volume, cloth, \$6; leather, \$7; half-Russia, \$8. Vol. I. General Therapeutics, Remedial Measures other than Drugs, Preventive Medicine, Diathetic Diseases. Vol. II.—Diathetic Diseases (continued), Fevers, Respiratory, Circulatory and Digestive Diseases. Vol. III.—Nervous Diseases, Genito-Urinary Diseases, Diseases of the Eye and Ear. Lea Brothers & Co., Publishers, 706, 708 and 710 Sansom Street, Philadelphia. D. T. McAinsh, Confederation Life Building, Toronto. General Manager for Canada.

History of the life of D. Hayes Agnew, M.D., LL.D. By J. HOWE ADAMS, M.D. With fourteen full-page portraits and other illustrations. In one large royal octavo volume. 376 pages, extra cloth, bevelled edges, \$2.50 net. Half-morocco, gilt top, \$3.50 net. Sold only by subscription. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This is an exceedingly interesting biography. Its arrangement is excellent, its type clear, and its illustrations beautiful. The interest, which is well sustained throughout the work, commences with the first chapter, in which the biographer traces the Agnew family back through a very distinguished line of ancestors to a small village in Normandy, from which they derived their name. Many incidents and historical events in connection with the distinguished surgeon's life-work are fully dealt with, such as the Garfield case, the surgical work of the American war, and the Doctor's connection with the development of medical education in Philadelphia. The history of his early practice

and struggles is of special interest in this age of keen competition, and is well calculated to stimulate the young graduate and cause him to feel there is always room at the top. W. J. W.

The Medical Annual, 1893. A complete work of reference for medical practitioners. Bristol, England: John Wright & Co. Agents for Canada: J. A. Carveth & Co., Parliament St., Toronto. Price as usual, \$2.

"*The Medical Annual* brings before the practitioner, in a form convenient for rapid reference, every advance made in medical knowledge, and does this in a manner more complete than has ever been previously attempted, because its editors and contributors are among the most active workers in the British, continental, and American schools. It differs from a retrospect in the large number of original and special articles it contains, and it abounds in practical hints and suggestions, obtainable from no other source. Since its volumes form a complete and permanent library of reference, the publishers are glad at all times to have their attention called to any point upon which the information appears to be insufficient, when they at once arrange to have it fully treated upon by the best authority obtainable in their next issue. It is by keeping in touch with the needs of the profession, and by sparing neither trouble nor expense in meeting them, that the *Annual* has attained its present position and wide circulation. The last issue consisted of 10,500 copies, and this has encouraged the publishers to make a great increase in the expenditure on the present volume, which they now offer to the profession with every confidence that it will more than justify all that has been said of the usefulness and cheapness of its predecessors."

A System of Genito-urinary Diseases, Syphilology and Dermatology. By various authors. Edited by PRINCE A. MORROW, A.M., M.D., Clinical Professor of Genito-urinary Diseases in the University of the City of New York, etc. Profusely and beautifully illustrated. In three volumes. Vol. I., Genito-urinary Diseases. New York: D. Appleton & Co., 1893. Canadian Branch: N. G. Morang, Manager, 63 Yonge Street, Toronto.

The modern tendency among the publishers of medical works is not so much towards the produc-

tion of monographs and the encasement of one man's ideas between the covers of a book, as it is to collect the thought and force of intellect of many leaders in the professional world, and bring forth a masterly treatise which shall stand for many years as an authoritative deliverance upon the subject considered. In this system of genito-urinary diseases the advanced method, of combined labour under the control of a skilled head is to be found in its perfection, and the editor, authors and publishers are to be congratulated upon having by systematized effort created a work which shall be accorded, by those competent to judge, a high place of distinction.

"This system, comprised of articles written by physicians and surgeons who occupy the highest positions in their respective specialties, consists of three volumes. The articles are all of the most practical character, and appeal directly to the needs of the general practitioner, to whom they will be found to be of the greatest value, as they are epitomes of all that is known on the respective subjects up to the date of the issue of the work."

Every physician in practice should procure a copy of this system, which cannot be too highly commended for its practical, literary and scientific excellence.

Psychopathia Sexualis, with Especial Reference to Contrary Sexual Instinct. A Medico-Legal Study. By Dr. R. VON KRAFFT-EBING, Professor of Psychiatry and Neurology, University of Vienna. Authorized translation of the seventh, enlarged and revised, German edition. By CHARLES GILBERT CHADDOCK, M.D., Professor of Nervous and Mental Diseases, Marion-Sims College of Medicine, St. Louis. Fellow of the Chicago Academy of Medicine; Corresponding Member of the Detroit Academy of Medicine; Associate Member of the American Medico-Psychological Association, etc. In one royal octavo volume, 436 pages, extra cloth, \$3.00 net; sheep, \$4.00 net. Sold only by subscription. Philadelphia: The F. A. Davis Co., Publishers, 1914 Cherry Street.

The author, though a little pedantic in places, has taken up the psychopathy of love in a seductive manner, and has produced a most readable and instructive book. Although possibly not so directly related to medicine and surgery as some of the strictly practical treatises, it will fully repay any physician for the time spent in its perusal. Being

a subject that in its ethical aspects has always been the theme of romance and poetry, it is almost unique that it should be discussed from the standpoint of the scientist, and, therefore, while the mirror is held up to the darker side of imperfect human nature, there is something about it that is fascinating for every student who believes that "the noblest study of mankind is man." There is much that is entertaining, and where dry facts appear they are clothed in such language as will unconsciously carry the reader onward in search of more. No member of the profession can make a mistake in seeking to broaden his mental grasp of all things pertaining to his calling, and we call with pleasure this work to his notice.

PAMPHLETS RECEIVED.

Chloralamid, the Treatment of Insomnia. By JOSEPH COLLINS, M.D., New York.

For diseases of the Uric Acid Diathesis. Lambert's Lithiated Hydrangea. LAMBERT PHARMACEUTICAL Co., St. Louis, Mo.

The Therapeutical Effects of Antikamnia. By HUGO ENGEL, A.M., M.D., late lecturer on Electro-Therapeutics, Jefferson Medical College.

Re Cholera Regulations of the Provincial Board of Health, approved by order of His Honour the Lieutenant Governor in Council, dated April 11th, 1893:

Pamphlet No. 1, 1893. Rules for checking the spread of contagious and infectious diseases, and hints on methods for dealing with municipal and house wastes. Issued by the Provincial Board of Health.

Cholera circular issued by the Provincial Board of Health. Advice to the public for the restriction and prevention of Asiatic cholera.

Garlic is the latest remedy guaranteed to cure cholera. This ought to do it sure! What well-bred and self-respecting bacillus of standing in the pathogenic fraternity could face such an enemy? —*Ex.*

Selections.

CASE OF TUBAL PREGNANCY—RUPTURE BETWEEN SECOND AND THIRD MONTH—LAPAROTOMY—DEATH.

BY F. H. NEWBURN, M.D., FETHERIDGE, ALBERTA.

Mrs. R., aged 29 years, was suddenly taken sick August 29th last. On my arrival I found her in a state of collapse, evidently the result of internal hæmorrhage. Great pain was complained of in the region of the uterus, but more so on the left side. Restoratives were administered, and the woman rallied. She gave the following history: The attack came on suddenly while she was performing her usual housework, and was characterized by intense abdominal pain and fainting; she had missed two periods: had always been regular before: had had only one child, and that nine years ago: no miscarriages: for the last two months she had considered herself pregnant.

Vaginal examination was as follows: There was a slight discharge of blood from the uterus: os uteri dilated, admitting the tip of examining finger: on both sides of the uterus and at the back, in the cul-de-sac, there was great fulness: examination very painful. Nothing could be gained by bimanual examination, as the patient was so stout.

The diagnosis was ruptured tubal pregnancy, and an operation was urged, but patient refused to consider it. During the next four or five days there was a mild attack of peritonitis, characterized by slight elevation of temperature, quick pulse, and pain; these symptoms gradually subsided, except the pain, which was always present, though not so intense as at first. On September 9th, eleven days after the first hæmorrhage, a second one occurred, and the collapse was even more severe than that caused by the first attack. The woman rallied. Vaginal and rectal examination gave the same information as before, but the condition was much intensified. The posterior wall of the vagina bulged out between the labia, and the course of the urethra was distorted. The woman was now willing for an operation. As soon as possible she was removed to the Galt Hospital, and laparotomy performed. On opening the abdominal cavity blood clots presented everywhere—between the intes-

tines, attached to the intestines and to the omentum, while in the pelvis, surrounding the uterus on three sides, was a mass of blood-clot that was with difficulty removed, and when removed, filled a quart glass: there was also about half this quantity of fluid blood. Amongst this mass was the fetus and placenta. A rupture was found in the left tube near its fimbriated extremity. The tube was clamped, ligated, and removed. The toilet of the cavity was tedious. Hæmorrhage at the time of operation was trifling. Hot saline solutions were used for flushing. A glass drainage-tube was placed in position, and the wound closed and dressed. The patient rallied for a time, then gradually sank, and died twelve hours after operation.

Remarks.—It is a matter of deep regret that the patient refused operative treatment at first, although strongly urged to submit to it, as in all probability, had she done so, her life would have been saved. After the second attack she was very anxious for an operation, and I considered that a laparotomy gave her the best chance for her life. Her removal to hospital was a matter of necessity owing to her surroundings and circumstances. *Montreal Medical Journal.*

THYMACETINE.—E. Maraudon de Montyel (*Bull. Gén. de Therap.*) summarizes the results of a careful study of thymacetine as follows: (1) The drug proved inactive as regards sensation, sleep, intellectual powers, the genital organs, and the intestines. (2) It was inactive with regard to the general reflexes, save that it occasionally caused double dilatation of the pupils, but without disturbance of the vision. This, however, only lasted for about half an hour. (3) Immediately after its administration, it gave rise in certain cases to unsteadiness, and a condition resembling intoxication, but this all passed off in a short time. (4) The muscular force, as measured by the dynamometer, was increased. (5) In about three-fourths of the cases the drug produced slight headache, which sometimes lasted for several hours. (6) A rise of temperature—as much as 1° C.—always followed its ingestion, the rise persisting for about two hours. (7) The respiration also was somewhat accelerated, but was not altered as regards rhythm. Arterial tension and pulse rate were also increased. (8) In-

the majority of cases the use of the drug was followed by troublesome lassitude, which often lasted till the next day. (9) On micturition it had the following effect: (a) it caused a desire to micturite; (b) sometimes a temporary urethro-vesical spasm, with transitory retention and dysuria; (c) a sense of burning during the act of micturition. These effects occurred either singly or combined. (10) In two-thirds of the cases the use of the drug was followed by a bitter taste in the mouth and furred tongue. (11) Swallowing the drug nearly always produced a feeling of warmth in the epigastrium, and this sometimes spread over the rest of the body. It also gave rise to thirst, anorexia, nausea, vomiting, and gastric catarrh in some cases. (12) All the above effects were observed as the result of small doses. (13) General paralytic patients, far from being easily affected by thymacetine, appeared to be least susceptible to its action.—*British Medical Journal*.

ELECTROLYSIS IN TUBERCULOUS LARYNGITIS.—Heryng (*Therap. Monat.*, February) looks upon the following as the principal indications for electrolysis in laryngeal phthisis. First, hard diffused tumour-like infiltrations of the ventricular bands, which cannot be entirely removed by the curette. Secondly, he uses the current to obviate the possibility of dangerous hæmorrhage during the removal of nodules in the same situation: and, thirdly, in chronic affection of the cords with little or no superficial ulceration, the lactic acid not penetrating sufficiently in these cases. In varieties 1 and 2 the author uses a rectangular electrode, the point being introduced from within outwards, and in the latter the electrode is stirrup-shaped. For small infiltrations of the epiglottis, etc., he also frequently prefers electrolysis; in these cases, however, he adopts the unipolar method, employing the cathode only. The currents used vary in strength from 20 to 50 milliampères, according to the duration of application. Healthy cicatrization occurred in the majority of the author's cases, and was most permanent after cauterization of the epiglottis. Whenever practicable, Heryng prefers operative measures, which he considers will never be supplanted by any other method.—*British Medical Journal*.

THE TREATMENT OF DELIRIUM TREMENS.—Lancereaux (*Bulletin Médical*, No. 15; *Münchener medicinische Wochenschr.*, xl, 9, p. 187) maintains that the first indication in the treatment of a case of delirium tremens is to control the excitement, which is dependent upon the toxic action of the alcohol upon the nervous system and is responsible for the sleeplessness, and sometimes for a fatal issue. The patient is to be isolated and, preferably, placed in a dark room, so as to be removed from all sources of irritation. Of drugs, bromin is uncertain in action, and opium and morphine are efficient only in large doses; chloral hydrate, on the other hand, is certain and prompt in action. From sixty to ninety grains are at once given, together with a little morphine. If sleep do not set in in the course of ten minutes, an injection of a sixth or a third of a grain of morphine is given. If necessary, the dose of chloral may be repeated after the lapse of three hours. Subsequently the interval may be prolonged. When the acute manifestations have subsided, strychnine or nuxvomica is to be administered. Sodium bicarbonate may be required for the gastric condition and hydrotherapeutic measures for the general condition.—*Medical News*.

TORTICOLLIS.—At the meeting of the Imperial Medical Society of Vienna (*Wien. Med. Presse*, February 19th, 1893). Lorenz exhibited a patient whom he had cured of wry-neck after having been operated upon unsuccessfully several times subcutaneously. The operation adopted consisted in: (1) Making a small open incision over the sternomastoid just above the clavicle, and then dividing completely the two heads of the muscle and the sheath of fascia surrounding it, together with any contracted bands of fascia which can be felt; the skin wound is then closed with sutures, and a compression pad applied. (2) During the narcosis the scoliosis is combated by continuous force applied so as to distend the contracted ligaments on the affected side, the ear of the opposite side being brought down so as to touch the corresponding shoulder. (3) A bandage is now applied in such a manner that the head is held in a position which is the reverse of the primitive scoliosis; this is kept on for eight or ten days, by which time the wound will have healed. The bandage is then removed, and

appropriate exercises commenced. Twelve cases have been treated in this way, and all have been completely cured.—*British Medical Journal*.

LIFE INSURANCE AND THE RESPONSIBILITY OF THE MEDICAL EXAMINER.—While the vast increase in the business of life insurance has resulted in a closer attention to the qualifications of the medical examiner, and the securing of a higher grade of physician for that purpose, it must some time longer happen that many secure these positions who have not the requisite qualifications. This is partially owing to the fact that the supply of thoroughly trained physicians does not yet equal the demand in this particular department, and partly to the fact that the appointments are largely made through personal interest of officers of a company in some individual physician—very often the family physician, sometimes a relative. Why should not these positions, in the large cities at least, be dispensed on the basis of an examination of a practical character? The difficulties have greatly increased since the examination of urine has come to be a part of every examination of a candidate for life insurance. Indeed, it seems almost necessary that candidates for this department of civil service should receive special instruction bearing upon their work. Within the last few days a man called upon us who had been rejected by a life insurance examiner of no small experience because he had sugar in his urine, and this opinion was based on an examination of two samples. Yet the candidate at the time of his visit to us had not a trace of sugar in his urine, and some examination led to the belief that the reaction met by the examiner was due to uric acid, which often misleads.

It is an interesting fact, realized by many who have had large experience, that at the present day, while albumin is more frequently declared, by the hasty examiner, to be absent when it is present, glucose, on the other hand, is declared present when it is absent. This is partly due to the uric acid reduction, and because some men still regard *decolorization* of the cupric solution as reduction and precipitation.

The day will come, too, when what is known as functional or intermittent albuminuria should not be a cause of rejection. In fact, the time is now.

But as long as the average medical examiner is what he is it will, perhaps, be prudent to continue the present practice. Yet, as decisions go to-day, since these throw out all cases of albuminuria, on the one hand many an injustice is done, while on the other many a good risk is lost.—*Medical News*.

A DANGER TO SURGEONS.—An interesting observation made by Professor Albert on himself emphasizes the importance of caution on the surgeon's part in the use of poisonous antiseptics, especially corrosive sublimate solutions. At a recent meeting of the Vienna Medical Society, the Professor stated that for some time he had suffered from dyspepsia, for which no cause could be assigned by the physicians he had consulted. Lately the condition had become very troublesome, and the thought had occurred to him that the constant and free use of corrosive sublimate in his operations might have some share in the causation of the dyspepsia, by reason of the absorption of small amounts of this drug. Accordingly he had his urine examined by Professor Ludwig, the entire quantity passed during twenty-four hours being tested. The examination revealed the presence of iodide of mercury in quantities comparatively large, if the manner of absorption of the substance be considered. While Professor Albert is not positive that his dyspepsia is due to chronic mercurial poisoning, he thinks that the fact that his finger nails have lately become softer, and that he has lost three healthy teeth, seem to point in this direction.—*International Journal of Surgery*.

THE PURIFICATION OF WATER BY SEDIMENTATION.—Professor Frankland has published (*Centralbl. f. Bakt.*, Band xiii., No. 4) the results of an experimental enquiry made by him into this subject, from which it appears that, when water charged with bacteria has been well shaken up with various substances, such as chalk and charcoal, in a finely divided state, and thereafter been permitted to stand until a sediment has formed, a bacteriological examination of the superjacent fluid shows a remarkable decrease in the number of organisms present, often amounting to more than ninety per cent. Observations made upon water taken from metropolitan reservoirs in which this

method of purification is adopted, in conjunction with subsequent sand filtration, fully bear out these results. Exposure of the water in such reservoirs, before filtration, is a measure of considerable hygienic importance, since by it a precipitation of bacteria with the suspended particles is brought about; and, moreover, pathogenic organisms are exposed to the destructive action of the water bacteria.—*British Medical Journal*.

TASI AS A GALACTOGENE.—E. del Arca and J. Sicardi (*Siglo Med.*) speak highly of the galactogogue properties of tasi or tasis (*morrenia brachystephana*), one of the Asclepiadae, a native of the Argentine country. The leaves and the root (fresh or dry) are used as an infusion, and the fruit as a decoction. Thirty grammes of tasi root are infused in 200 grammes of water; this amount may be taken in tablespoonfuls in the course of the twenty-four hours. A decoction of 40 grammes of the fruit in 20 grammes of water can be taken in the same way. The preparation is nauseous when swallowed, and leaves behind a disagreeable, bitter taste. Among fifteen women, from twenty to forty years of age (three primiparæ and the rest multiparæ), suffering from insufficiency or total want of milk, tasi gave satisfactory results in eleven, in two the effect was doubtful, and in two *nil*. The length of time that had elapsed after delivery did not appear to have any effect on the rapidity with which the secretion of milk was restored.—*British Medical Journal*.

DRAINAGE OF THE NON-PREGNANT UTERUS.—Bonnaire (*Journ. de Méd. et de Chir. Prat.*, February 10th, 1893) uses tubes in order to keep the uterine cavity patent so as to allow of the escape of discharges, to aid in topical medication of the endometrium, and to affect by their presence the nutrition of the uterus and its appendages. Rubber tubes, four-fifths of an inch in diameter and well perforated, should be used. The tube should touch the fundus, and extend two-fifths of an inch beyond the os externum. It must not be introduced when any acute or sub-acute inflammation is present. Hegar's dilator or a tent will be needed to dilate the os. When the tube is introduced, great precautions are needed; the vagina must be plugged with iodoform gauze, and the patient kept

in bed. The tube is retained ten to twenty days. Every other day the iodoform gauze is removed and renewed, and an injection thrown up into the uterus. Drainage of the uterus is especially needed in recent cases of metritis, and after the use of the curette in older cases of that affection. The practice is also useful in atresia and stenosis of the cervix, in antelexion and retroflexion, and in hydro- or pyosalpinx. *British Medical Journal*.

IODOFORM EMULSION IN CHRONIC CYSTITIS.—Dr. Filippow, Charcow (*Centralblatt f. Chirurgie*), has treated three patients according to v. Mosetig Moorhof's method with very good results. At intervals of several days he injected from twenty to forty grammes ($\frac{3}{4}$ -1 $\frac{1}{3}$ ounces) of a ten per cent. iodoform emulsion into the bladder, after having washed it out with a $\frac{1}{4}$ per cent. solution of acidum lacticum; in about one-quarter of an hour the iodoform has sufficiently settled, and the liquid is let out. In a case of four years' duration, nineteen injections were necessary. There was no intoxication with iodoform observed. The washing of the bladder previous to the injection, is said to be of importance. Further trial would be advisable.—*The Times and Register*.

CHOLERA.—The Shah seems anxious to do everything in his power to arrest the epidemic of cholera, which is still active in various parts of Persia. Having been struck with the danger which is involved in the prevalent practice of exhuming the dead for subsequent burial in holy places, he has recently issued an order forbidding further exhumations in the future. The amusing part of it, however, lies in the fact that he has been the first to break the law laid down by himself. One of his wives died some time ago, and was buried within her son's own palace. The young prince, who was then absent from Teheran, is now on the point of returning to the capital, and as the Persians believe that it is of evil omen to dwell too near the dead, he is anxious to have his mother's remains removed to Meshed. This, however, the Shah's ministers have declined to permit. The sovereign, to whom the matter was referred, has decided that the body will be exhumed, but with all the necessary precautions, including a free use of carbolic acid.—*Lx.*

THE TREATMENT OF ABORTION.—Eckstein (*Prager med. Woch.*) bases his conclusions on a review of sixty-six cases in the wards of Dr. Martin, at Berlin. The rational treatment is the use of instruments, the tampon being called for only when the cervix is not expanded. The emptying of the uterus is aimed at by inducing sufficient expansion of the cervix to allow of spontaneous expulsion of the ovum. When the pregnancy has passed the fifth month, the case should be treated as a normal delivery. In abortion with fever and suppuration, the uterus should be emptied as soon as possible. In all cases where the uterus is thus emptied, the curette must be used. Ergot should not be given until the uterus has been relieved of its contents.—*British Medical Journal*.

TEST FOR THE URINE IN BEGINNING JAUNDICE.—Dr. H. Rosin, clinic of Prof. Senator, Berlin (*Berliner Klin. Wochenschrift*), recommends the following modification of Maréchal's test for bilirubin in the urine: Prepare a solution of ten parts of tincture of iodine in one hundred parts of alcohol. Take some urine into a test-tube, add carefully along the wall of the inclined tube 2-3 ccm of the reagent so that it forms a distinct layer on the urine. The presence of the smallest amount of bile-pigment is shown by a grass-green ring between the reagent and the urine. This test is successful where Gmelin's nitric acid test and Maréchal's test with ordinary tincture of iodine fail. It shows the slightest trace of jaundice.—*The Times and Register*.

FOR THE NIGHT-SWEATS OF PULMONARY TUBERCULOSIS.—Ewart (*La Semaine Médicale*):

R Quininae sulphat. }
 Zinci sulphat. } āā gr. j.
 Ext. hyōscyami }
 Ext. nucis vomicae gr. ⅓. M.
 Ft. pil. no. j. S.—Take at bedtime.

—*Medical News*.

EMULSION OF COD LIVER OIL.—

R Ol. morrhuae ℥xxx.
 Glycerini ℥x.
 Liquor calcis vel
 Mucilag. acaciae ʒj. M.

—*The Practitioner*.

CIRCUMCISION IN INFANTS.—Tarnier (*Journal des Sages Femmes*, March 16th, 1893) cautions surgeons against using carbolized lotions for dressing the glans after circumcision. Infants bear carbolic acid badly. Lucas-Championnière has known death to follow the application of carbolized compresses to the nates of a child, where there was no wound or soreness of the skin. On the other hand, infants bear mercury well. Hence a weak Van Swieten's fluid (sublimite, 20 centigrammes with 3 grammes of alcohol to the litre of water) makes an excellent dressing after circumcision.—*British Medical Journal*.

TREATMENT OF IMPETIGO CONTAGIOSA.—Besnier's application in impetigo contagiosa and pustulous eczema is as follows:

R Salol 3 gm.
 Sulphuric ether 3 gm.
 Cocaine hydrochlorate 20 cg.
 Collodion 20 gm.

Mix and make a collodion. Apply to the diseased parts after carefully drying same.—*Medical and Surgical Reporter*.

POMADE FOR PSORIASIS OF SCALP. Besnier gives the following:

R Potash Soap 20 gm.
 Vaseline 20 gm.
 Ichthyol 2 gm.
 Salicylic acid 1 gm.
 Pyrogallic acid 1 gm.

Mix and make a pomade, which is to be applied every day to the plaques of psoriasis. If much irritation is created, suspend the application temporarily.—*National Druggist*.

TO DISGUISE THE TASTE OF COD-LIVER OIL.—The following is recommended (*Gazzetta degli Ospitali*):

R Olei gaultheriae }
 Olei sassafras } aa p. iv.
 Olei aurantii flor. p. ij.

M. Sig.—One drop to the ounce of oil.—*Coll. and Clin. Record*.

“THAT is a very fine dog you have, Johnny?”
 “Yes, but he is consumptive.”
 “Consumptive! Why do you say that?”
 “He's Spitz blood, you know.”—*Ex.*

Miscellaneous.

LESSONS IN DYING.—Medical men have the reputation among the *profanum vulgus* of being "nervous" about themselves when they are ill, and it is no wonder if they are so, seeing that they are denied the bliss of ignorance as to the possible developments of apparently trifling symptoms. Captain Marryat tells us that when a boy he passed among his companions for a coward, not, as he is careful to explain, that he had less courage than they, but because he had more intelligence and therefore saw danger where they saw none. Knowledge, in fact, as well as conscience, doth make cowards of us all. But it will be generally admitted that a man who is keenly alive to the dangers of a battle or a pestilence, and yet nerves himself to face them in the cause of humanity, is more truly brave than one who exposes himself out of mere recklessness. In the same way, a medical man who, knowing himself to be smitten with a mortal ailment, yet goes on doing good while strength holds out, is entitled to

all the more honour, as for him the hope of recovery, which, springing eternal in the human breast, buoys other men up to the very brink of the grave, does not exist. He knows that he is under sentence of death, without the possibility of reprieve. Many readers, no doubt, remember Thackeray's "fine and touching story" (in one of his "Roundabout Papers") about a great doctor who, while ministering to the wants of crowds of sufferers, had a suspicion that there was something wrong with himself. So Doctor London, as he calls him, went to Doctor Edinburgh, who punched his comrade's sides and listened at his heart and lungs, and when he had done gave a prognosis of only a year of life. Doctor London came home, made up his accounts with man and heaven, and went about "healing and cheering and soothing and doctoring" as usual; and living "cheerful and tender, and calm and loving" among his family, to whom he said not a word as to his condition. "And it was winter time, and they came and told him that some man at a distance—very sick but very rich—wanted him, and though Doctor London knew that he was himself at death's door, he went to the

OVER.

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sick man; for he knew the large fee would be good for his children after him. And he died, and his family never knew, until he was gone, that he had been long aware of the inevitable doom." We do not know who the hero of Thackeray's story—evidently "founded on fact"—may have been, but, *mutato nomine*, it might be told of very many members of our profession. Dr. Murchison and Dr. Hilton Fagge—to mention only the first names that rise to our memory—must have been fully aware of the sword of Damocles hanging over their heads by something even more brittle than a hair, and they both died, valiantly doing the work they had taken upon themselves. Another example, even more striking than that of "Dr. London," is related by M. de Goncourt. Trousseau became aware that he was the victim of cancer, an "auto-diagnosis" which Dicaulfoy was sorrowfully compelled to confirm. He went on, however, though eaten up by care of many kinds, with unabated cheerfulness, seeing his patients in the morning and receiving his guests in the evening and saying nothing of his disease. When forced to take to his bed he continued to receive visitors, to whom

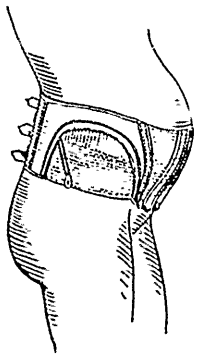
he spoke in the tone of one suffering from slight indisposition. When racked with pain he would say to the professional brethren who attended him, "Let us have a little intellectual gymnastics," and would straightway start a discussion on some medical subject. One of the very last acts of his life was to get Nelaton to obtain a distinction for a provincial *confrere*, for whom he had a regard. A truly heroic death, made beautiful by a self-sacrificing and enduring courage under prolonged mental and bodily anguish, beside which the mere pluck of the "combatant" shows poor indeed.—*British Medical Journal*.

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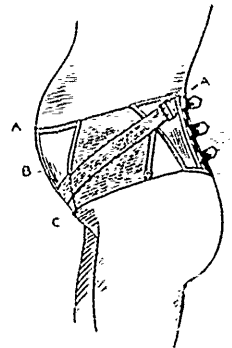
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THE ESTEEM OF ONE'S FELLOWS.—Who of us is not in need of friendly encouragement in the changing events of life? True happiness is not based on the appreciation of others, but on the consciousness of one's own honest labour. How otherwise should we hold our ground in the midst of the turmoil of the day? How should we preserve the hope of progress and of final victory against the attacks of opponents and the insults which are spared to no one who comes before the public? He who during a long and busy life is exposed to public opinion certainly learns to bear unjust criticism with equanimity, but this comes only through the confidence that our cause is the best, and that some day it must triumph. Such is our hope in our wrestlings for progress in science and art; such is our hope in our struggles for civil and religious liberty, and in this hope we gradually become hardened against malicious attacks. It is a kind of immunization which, I acknowledge, has also great drawbacks, for this hardening toward unjust attacks leads very easily to a similar indifference toward just attacks, and, owing to the tendency to contradiction rooted in the nature of human thought, it finally leads also to indifference to praise

and recognition. One withdraws again and again into oneself, discontented with the world and with oneself also; but who can so completely retire within himself that the consciousness of the insufficiency of human thought, and that the criticisms of opponents are justified, cannot break through the crust of even the most hardened self-consciousness? Happy is he who has courage enough to keep up or regain his connections with other men, and to take part in the common work. Thrice happy he who does not lack in this work the flattering commendation of esteemed colleagues.—VIRCHOW: Croonian Lecture, in *British Medical Journal*.

A REMARKABLE OPERATING THEATRE.—A new operating theatre of a remarkable character was formally opened in the medical faculty of the University of Madrid recently. The new theatre has been entirely designed by the head of the surgical clinic, the Marquis del Busto, who has also furnished the funds for its erection. The operating department, called by its inventor "Quirofano"—which appears to be intended to mean a surgical transparency—consists of an outer room provided
[OVER.

SOMETHING NEW!!!

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**Adjustable to any angle.
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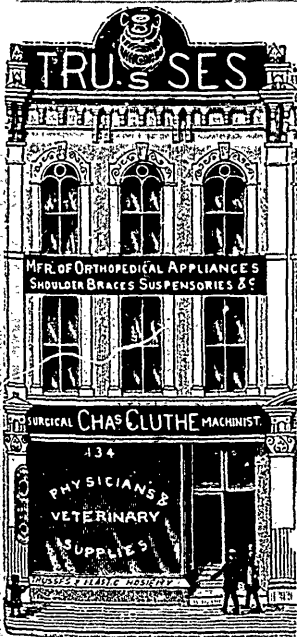
with an ingenious service of boiling water, and every provision for the sterilization of instruments, and the preparation of aseptic dressings. In this room hang aseptic tunics for the use of the surgeons and their assistants. There are specially constructed beds for the conveyance of patients to and from the operating-table; some of these are fenestrated in such a fashion that the patient's limbs can be dressed without any change of position. Some of them are also fitted with apparatus which, if desired, will envelop the patient in an antiseptic atmosphere of any temperature. These beds, which are entirely made of metal, are also fitted with mechanical contrivances, which enable the patient's body in whatever position is desired during the operation. In the operating theatre itself, antiseptic fluids of different kinds, and of any required degree of strength, can be turned on, apparently much as beer is drawn from a machine. The operating-room proper is divided from the amphitheatre, where the spectators sit, by a glass partition, which is kept scrupulously clean. With the object of antisepticising the air of the operating room, it is made to enter through two metallic cages fixed below the windows. Inside these

cages a wide jet of gas can be burned, and through this flame the air has to pass before it enters the room. As the glass screen between the operating-room and the amphitheatre makes the surgeon's voice inaudible to the students, the sounds emanating from the operating-room are conveyed through a tube passing through the wall at the edge of the glass partition, and are collected in a kind of gigantic tympanum: this tube is closed except when the professor is addressing the students.—*Medical Record.*

WHO OWNS THE PRESCRIPTION?—This has been answered by a Cincinnati court as follows (Meyer Brothers' *Druggist*):

"A druggist is under no obligation to furnish a copy nor to permit any one to make a copy of prescriptions. When he has compounded a drug and delivered it to the proper party, the paper upon which the prescription is written becomes his. Druggists keep prescriptions for their own protection. If, as the plaintiff testified, defendant had agreed to furnish plaintiff with a copy whenever he called for it, that agreement was gratuitous and without consideration and therefore void."

[OVER.]



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This is in accord with other decisions which we have published.

How would it do for druggists to print this decision on the back of their prescription blanks?—*Med. Review.*

CONTROLLING THE SEX. —A solution of this problem is confidently given in the *Chicago Medical Times* by a Mrs. A. M. Jess, who writes as follows: "The December number of the *Times* is at hand, and among its contents I see an article on the procreation of sexes, which, according to my individual experience, is not true. I am the mother of ten children. Among them I have two sons and one daughter, of whom I knew when conception took place. For my sons, it took place just when the menses should have appeared, and for the daughter, it was fourteen days after the menses had ceased. The daughter was born nine months and two days from that time, and the first son was born nine months and three days from the time of conception. The last child being a boy, and myself being more advanced in years, my child was born nine months and eight days from the time of conception. If parents wish to pro-

duce different sexes, the connubial embrace should take place just before the menstrual epoch for male, and afterward for female, children. The production of males or females, I am inclined to think, lies with the mother, she being stronger before than afterward. The desire for sexual intercourse being stronger before the menses take place, and being weaker afterward, explains the difference in the sexes. You may publish my letter if you wish, as I would like to hear from the fraternity on the subject.—*Medical Record.*

NOT DESERVING OF RECOGNITION.—"By the way," said the gentlemanly looking person in the black broadcloth suit, "if you mention my name in connection with the accident you may say that 'Dr. Swankem was called and the fractured arm was suitably bandaged,' or something to that effect. Please spell the name correctly. Here's my card."

"Thanks," said the reporter, looking at the card. "You are next door to Dr. Rybold, I believe. Are you acquainted with him?"

"No, sir," replied Dr. Swankem, stiffly. "We do not recognize Dr. Rybold as a member of the profession. He advertises."

[OVER.]

THE PHYSICIAN OF TO-DAY

has escaped a great many popular prejudices—his preceptors had to fight them.

Cod Liver Oil was one of them—but there was some reason back of that prejudice. Plain cod liver oil could never have become popular—patients requiring it could not, on account of its taste and indigestibility, take it in this plain form.

The modern idea of it—SCOTT'S EMULSION—together with the intelligent, experimental tests of progressive physicians have resulted in vastly multiplying the uses of cod liver oil.

SCOTT'S EMULSION of Cod Liver Oil with Hypophosphites is employed with success where plain oil is out of the question.

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FORMULA: 50% of the finest Norwegian Cod Live. Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAVINGS FOR SERVANTS.—In Germany every servant girl is obliged to own a little blank book for stamps. Once a week the mistress pastes in the book a two-penny-half-penny stamp, which is purchased from the government. When the girl gets old, or should she fall ill, the stamps are redeemed by the government, so that the girl has a small sickness or old age fund. This custom was ordered by the Emperor about two years ago.—*Ed.*

THE ONTARIO MEDICAL JOURNAL is in receipt of an advance circular from the Canadian Headquarters Club, World's Columbian Exposition, Chicago. The club is distinctly Canadian, having been established with a view to furnish the thousands of Canadians who will visit the World's Fair, with commodious headquarters, equipped in the style of a first-class club. Exceptionally fine club apartments have been secured in the Marquette Hotel, corner of Dearborn and Adams streets. The fee for membership is \$5. C. L. Coulter, M.D., Toronto, is President; J. H. McKeggie, Barrie, Vice-President; Geo. Dunstan, Toronto, Managing Director for Canada; J. H. Grant, *Mail* building, Toronto, Secretary of the Club.

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

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

Vegetables, including bread, enter most largely into the average diet of the human, and as this class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is

[OVER.]

The LYMAN BROS. & CO. (Limited).

This old reliable firm, which has been in existence for over fifty years, offers the following specialties:—

PHARMACEUTICAL PREPARATIONS, PILLS, TRITURATE TABLETS and HYPODERMIC TABLETS, CHLOROFORM and ETHER (for Anæsthetic Purposes).

Special formulas for PILLS, TABLETS, Etc., a Specialty.

SURGICAL INSTRUMENTS of all Descriptions.

The following is taken from the *Lancet*, of February, 1892:—

"We desire to call the attention of the medical profession to the tablets manufactured by THE LYMAN BROS. & CO (Limited), 71-73 Front Street East, Toronto. The quinine tablets are especially to be commended, inasmuch as they do a long-felt want, in that quinine can be administered in a tasteless form and not in capsules. Many patients are not able to swallow capsules, and object to quinine in an acid vehicle. These tablets disintegrate in from one to two minutes in water, and when given during such period are wholly tasteless; they can also be placed upon the tongue and allowed to remain for a minute until they soften, and their deglutition aided by a draught of water. We have tried them, and have been so favourably impressed with their use as to recommend them where other modes of administering quinine present any difficulties.

The same firm are producing other tablets, which are giving very great satisfaction, notably that of *cannabis indica*, which, from the purity of the drug employed, has given great satisfaction.

EVERY ARTICLE FURNISHED OF THE BEST QUALITY. PURE AND RELIABLE.

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always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted, but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

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

Mr. Hazen Morse, of International Bridge, Ontario, desires to hear from the profession regarding his preparations of malt, viz.: Diastase plain, Diastase with Essence of Pepsine, and Diastase Ferrated. These preparations are made from the finest Canada malt, four times more concentrated than the ordinary syrups of malt, yet of the density of ordinary fluid extracts, and containing diastase in a normal and highly active state, with very little maltose, and as digestive aids have no equal. Samples furnished upon application.

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Degree of M.B.—R. D. Alway, F. J. Ball, C. W. Beemer, F. Blanchard, W. F. Brown, R. M. Calder, T. Coleman, B.A., G. S. Glasco, F. E. Grant, J. R. Hopkins, C. J. Laird, W. H. Lambert, W. J. McKenzie, J. A. McMillan, B.A., J. A. McNaughton, F. Martin, W. E. Olmstead, F. G. E. Pearson, J. M. Rogers, A. F. Rykert, B.A., H. H. Sanderson, J. H. Shouldice, E. H. Stafford, H. A. Wardell, J. A. Armstrong, J. H. Austin, W. Chambers, W. Elliott, T. B. Fitcher, E. E. Harvey, J. N. Harvey, B.A., H. W. Hill, J. E. Lehmann, D. McAlpine, J. H. McGarry, H. F. McKendrick, J. R. Mackenzie, D. Marr, A. H. Nicol, B.A., W. F. Park, H. D. Pease, J. B. Peters, F. W. Pirritte, T. E. South, S. G. Story, C. J. Taylor, C. W. Thompson, P. D. Tyerman, W. F. B. Wakefield, J. J. Williams.

Third Examination. D. J. Armour, B.A., J. H. Bull, F. Coleman, W. E. Crain, J. Crawford, H. A. Cuthbertson, J. W. Ford, A. Galloway, A. B. Greenwood, R. J. Hastings, F. C. Hodgson, H. A. Johnston, A. H. Jones, J. A. Lawson, R. M. Lipsey, W. J. McCallum, J. F. McKee, J. R. Mencke, H. R. Rutledge, J. P. Sinclair, C. E. Smyth, N. C. Wallace, R. B. Wells, J. A. White, T. H. White-law, W. B. Boyd, B. Campbell, J. D. Curtis.

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Second Examination.—W. L. T. Addison, A. W. Aiken, N. J. Amyot, W. Arrell, S. B. Bean, C. D. Chapin, W. J. Chapman, M. Currie, F. C. Delahey, Miss J. I. Dow, R. A. Downey, A. Downing, G. A. Elliott, A. Gibson, G. W. Hall, W. Hird, A. J. Hunter, W. D. Keith, E. T. Kellam, M. O. Klotz, J. R. Lancaster, A. S. Langri-l, L. Lawrason, W. T. McArthur, J. W. McIntosh, T. W. G. McKay, W. B. McKechnie, J. A. McNiven, M. McPhail, D. W. McPherson, A. K. Merritt, H. W. Miller, R. T. Noble, A. E. Northwood, C. A. Orr, H. Paine, W. M. Parker, H. McL. Paterson, J. H. Ratz, E. K. Richardson, J. A. Rolls, J. Shehan, G. D. R. Simpson, H. H. Sinclair, J. G. Sloane, A. A. Small, J. G. Smith, M. B. Smith, W. Stephen, W. Thom, E. A. White, G. S. Young, J. M. Zumstein.

First Year.—E. H. Arkell, W. J. Beasley, T. C. Bedell, F. H. Bier, J. F. Boyle, D. Buchanan, G. S. Burt, B. G. Connolly, G. E. Cook, D. T. Crawford, W. Goldie, C. Graet, A. Gray, N. Gwyn, W. J. Henderson, E. S. Hicks, F. W. Hodgins, E. M. Hooper, A. S. McCaig, D. McCallum, J. McCarter, W. McDonald, C. S. McKee, A. H. Macklin, A. K. McLean, W. J. O'Mallock, B. A., J. H. Miller, E. B. Moles, R. Moore, J. S. Morris, W. H. Nichol, J. A. Norris, A. W. Partridge, J. A. Rannie, J. H. Rivers, E. L. Roberts, H. H. Ross, E. J. Rothwell, W. L. Silcox, Miss C. Sinclair, D. K. Smith, R. H. Somers, N. J. Tait, C. G. Thomson, J. E. Tyndall, W. J. Weaver, G. Welch, S. H. Westman, E. B. White, B. C. H. Harvey, D. G. Revell, E. L. Robinson, A. S. Elliott, F. G. Groset, E. A. Haist, A. Webb, J. K. McQuarrie.

To take supplemental examinations:—

Final Examination—Miss A. E. Carveth, topographical anatomy; A. H. F. Tegart, clinical medicine; H. McLaren, pathology; R. M. Mason, clinical medicine.

Third Examination—D. A. McClenahan, obstetrics.

Primary Examination—W. F. Gallow, materia medica.

Second Examination—J. Segsworth, physiology; R. G. Laycock, chemistry.

First Examination—N. J. Amyot, chemistry; R. G. Laycock, chemistry; S. E. Charlton, D. C. McKenzie, E. W. Edwards, biology.

MEDALS AND SCHOLARSHIPS.

Faculty Medals—Gold, J. N. Harvie, B.A.; silver, 1st, T. E. South; 2nd, W. Elliott; 3rd, T. B. Fletcher. E. E. Harvey, equal, subject to the granting of a second medal by the Faculty of Medicine.

Scholarships—Third year, 1st, W. J. McCallum; 2nd, J. H. Bull. Second year, 1st, T. W. G. McKay; 2nd, J. R. Lancaster. First year, 1st, W. Goldie; 2nd, E. L. Roberts.

Personals.

Dr. John S. King has removed to the corner of Yonge and College Streets.

Dr. Herbert Hamilton, of Woodhill, leaves for Europe early next month.

Dr. Uzziel Ogden was elected Dean of the Medical Faculty of Toronto University.

Dr. J. E. Graham will leave early in May to spend the summer with his family in Switzerland.

Dr. Oronhyatekha left for England last Thursday, on business connected with the Order of Foresters.

Dr. Blackader was elected to the staff of the Montreal General Hospital, to fill the place of the late Dr. Geo. Ross.

Dr. Charles Sheard, Professor of Physiology in Trinity Medical College, was recently appointed Medical Health Officer for Toronto. We believe that he will receive cordial support from the medical men of this city in his endeavours to further all necessary sanitary reform. The names of other able and prominent medical men were mentioned for the office, but Dr. Sheard was finally selected.

Births, Marriages, Deaths.

BIRTHS.

COTTON.—At Lambton Mills, on April 10th, the wife of J. M. Cotton, M.D., of a daughter.

RICHARDSON.—At Victoria, B.C., on March 14th, the wife of Dr. W. A. Richardson, of a daughter.

DAVIDSON.—On March 20th, at the corner of College and Beverley Streets, Toronto, the wife of Alexander Davidson, M.D., of a daughter.

DEATHS.

BURGESS.—On Wednesday morning, April 19th, at 678 Queen Street East, Toronto, Sadie, dearly beloved wife of Dr. J. A. Burgess, and only daughter of Rev. A. P. Sherk, of Ohio.

SMITH.—At Toronto, William Smith, Esq., M.D., M.R.C.S., England, and L.A.C., England, in his 93rd year.

BURGER.—On Sunday, April 9th, at the family residence, 236 Dovercourt Road, Toronto, Dr. J. H. Burger, only son of John S. and Caroline Burger.

A SYSTEM OF
GENITO-URINARY
DISEASES,
SYPHILOLOGY,
AND
DERMATOLOGY.

EDITED BY
PRINCE A. MORROW, M. D.

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THIS System, composed of articles written by physicians and surgeons who occupy the highest positions in their respective specialties, consists of three volumes, which are divided as follows :

*Vol. I. DISEASES OF THE GENITO-
URINARY ORGANS.*

Vol. II. SYPHILOLOGY.

Vol. III. DERMATOLOGY.

The genius of modern medical literature is clearly in the direction of division of labor and associated effort. The marked favor with which the numerous "Systems" and "Cyclopaedias" which have appeared in recent years have been received by the profession would seem to show that the composite treatise represents the ideal method of bookmaking. In fact, co-operation is the essential condition of thoroughness and completeness in a work covering a wide range of subjects.

The field of research in every department of medicine has grown so large that it is hardly possible for any one individual to carefully sift from the mass of new material accumulated by the great body of workers the facts and opinions which represent a distinct advance in our knowledge, and have a definite and permanent value.

Especially is this true of the three associated departments of general medicine and surgery embraced in this System. The evolutionary requirements of these specialties demand a new and standard work which shall embody the numerous and important

additions made to our knowledge of the subjects they embrace, and at the same time be sufficiently comprehensive to serve as a compendium of reference.

The editor has sought to attain this object by enlisting the co-operation of distinguished specialists, each of whom has been selected for his special fitness to write on the subject assigned, and which has been, as far as practicable, the subject of his choice. Especial effort was made, by clearly defining the ground each article was to cover, to avoid overlapping of subjects and useless repetition, and at the same time secure an organic unison of the completed work, thus making it, as nearly as possible, as coherent and connected as if written by one individual.

The articles are all of the most practical character, and appeal directly to the needs of the GENERAL PRACTITIONER, to whom they will be found to be of the greatest value; as they are epitomes of all that is known on the respective subjects up to the date of the issue of the work.

In each volume will be found material not ordinarily included in any text-book on the subjects which form the basis of the System; as, for instance, in Volume I, such chapters as those on Functional Disorders of Micturition and their Relation to Various Morbid States, the Diagnostic Significance of Pathological Modifications of the Urine, Urine Analysis, Uro-genital Tuberculosis; and in addition, the complete and elaborate monographs on Endoscopy and Cystoscopy.

A glance at the contents of Volumes II and III, which are herewith appended, will show a like departure from the plan of the ordinary text-book; and the list of contributors to these volumes is all that is needed to convince the reader that the same care has been exercised in their selection as is apparent in Volume I.

The grouping of Genito-urinary Diseases, Syphilis, and Dermatology as proper subjects of associated study had its origin in this country, and it seems eminently fitting that the fruitful results of this idea should be presented by American writers.

ILLUSTRATIONS form a prominent feature of the work, being employed wherever necessary to elucidate the text; each volume containing a large number, including several chromo-lithographs. The make-up of the System in all its mechanical features is commensurate with the intrinsic value of the articles which compose it and the publishers are confident that, as offered to the profession, the work will fully meet the requirements of both physicians and surgeons.

The following is a list of contributors, with the titles of articles furnished by each:

VOLUME I. GENITO-URINARY DISEASES.

ANATOMY AND PHYSIOLOGY OF THE GENITO-URINARY ORGANS.

By GEORGE WOOLSEY, M. D., Professor of Anatomy and Clinical Surgery in the Medical Department of the University of the City of New York; Surgeon to Bellevue Hospital, etc.

Kidneys. Ureters. Urinary bladder. Prostate gland. Penis. Urethra. Male perineum. Scrotum. Testicles; Spermatic cord.

DISEASES OF THE PENIS.

By RAMON GUTERAS, M. D., Surgeon to the City Hospital, New York, Venereal Department; Physician to the Skin Department, University Dispensary.

Abnormalities of the penis. Injuries to the penis: Wounds of the penis; Fracture of the penis; Dislocation of the penis. Cutaneous affections. Lymphatic affections of the penis: Erysipelas of the penis; Gangrene of the penis. Tumors of the penis: Elephantiasis of the penis; Epithelioma of the penis—Methods of amputation. Morbid conditions of the prepuce: Phimosis—Circumcision; Paraphimosis. Diseases of the glans and prepuce: Balanitis and balanoposthitis; Herpes progeneralis; Diabetic balanoposthitis; Verruca. Diseases of the corpora cavernosa: Acute inflammations; Chronic inflammation; Bony and calcareous plates; Gummata of the corpora cavernosa.

DISEASES AND INJURIES OF THE URETHRA.

By F. TILDEN BROWN, M. D., New York.

Malformations of the urethra: Absence and complete obliteration of the urethra. Congenital atresia of the urethra. Congenital strictures of the urethra. Congenital diverticula of the urethra or urinary pouches. Hypospadias: Balanic or glandular hypospadias; Penile hypospadias; Perineal hypospadias; Operative treatment. Epispadias: Glandular epispadias; Epispadias of the penis; Operative treatment. Urethral and periurethral abscess. Urethral ulcer and erosion. Urethral neoplasms: Urethral initial syphilis; Urethral cancer; Urethral vegetations and polypi. Wounds and lacerations of the urethra inflicted from without: Rupture of the urethra. Wounds and lacerations of the urethra inflicted from within. Urethral fistulae—Urethroplasty.

ETIOLOGY OF URETHRITIS.

By S. LUSTGARTEN, M. D., Dermatologist to Mount Sinai Dispensary, New York ; formerly "Privat-Dozent" on Skin and Venereal Diseases, Imperial Royal University, Vienna.

Infectious urethritis. Gonorrhœa: The gonococcus Neisser; Staining methods; Diagnostic value of the gonococcus. Pseudo-gonorrhœa. Syphilitic urethritis. Urethritis tuberculosa. Noninfectious urethritis.

ACUTE URETHRITIS.—GONORRHŒA.

By GEORGE EMERSON BREWER, M. D., Assistant Demonstrator of Anatomy, College of Physicians and Surgeons, New York.

Varieties; Clinical history; Treatment. Complications of urethritis: Posterior urethritis; Epididymitis; Periurethral inflammation; Folliculitis; Cowperitis; Prostatitis; Vesiculitis; Cystitis; Pyelitis; Balanitis; Phimosis; Paraphimosis; Lymphangitis and adenitis.

CHRONIC GONORRHŒA OR GLEET.

By WILLIAM K. OTIS, M. D., New York.

Local treatment: Injection; Suppositories; Endoscopic treatment; Drainage; General treatment.

ENDOSCOPY.

By HERMANN G. KLOTZ, M. D., Consulting Surgeon to the German Hospital, New York.

Development of the endoscope. Endoscopic armamentarium. Method of examination. The endoscopic picture. Normal appearance of the urethra. Pathological appearances. Endoscopic diagnosis. Endoscopic treatment.

GONORRHŒAL OPHTHALMIA.

By JOSEPH A. ANDREWS, M. D., Ophthalmic Surgeon to the Charity Hospital, New York.

Symptoms; Treatment. Ophthalmia neonatorum.

GONORRHŒAL RHEUMATISM.

By FRANK HARTLEY, M. D., Surgeon to the New York Hospital.

Acute monarticular gonorrhœal rheumatism. Chronic monarticular gonorrhœal rheumatism, hydrarthrosis, gonocœle. Polyarticular acute gonorrhœal rheumatism. Polyarticular subacute gonorrhœal rheumatism. Polyarticular chronic gonorrhœal rheumatism.

GONORRHŒA OF THE RECTUM, NOSE, MOUTH, EAR, UMBILICUS, AND AXILLA.

By JAMES P. TUTTLE, M. D., Professor of Diseases of the Rectum, New York Polyclinic.

Gonorrhœa of the rectum: Mucous membranes susceptible to gonorrhœa; Mucous membranes refractory to gonorrhœa. Gonorrhœa of the nose. Gonorrhœa of the mouth. Gonorrhœa of the axilla, ear, and umbilicus.

STRICTURE OF THE URETHRA.

By J. WILLIAM WHITE, M. D., Professor of Clinical Surgery in the University of Pennsylvania; Surgeon to the University and German Hospitals, Philadelphia.

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