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# Ontario Medical Journal.

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

R. B. ORR,

EDITOR.

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

VOL. II.]

TORONTO, AUGUST, 1893.

[No. 1.

*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.*

## Editorials.

With this number the ONTARIO MEDICAL JOURNAL begins a new volume, having passed through its year of infancy and grown more sturdy and strong in the cause it was organized for. Last year we attempted and carried out, we think, judging by the expressions of good-will tendered to us, the experiment of supplying free to the Profession a good journal. Now we intend to improve, if possible, and still more serve medical men well. We have made a change in the personnel of the staff, which probably will be found an improvement, the old Associate-Editor having given up the place, and four new men put on. Our readers will also find an entire re-arrangement of matter in the JOURNAL, the "Editorials" being placed first. Following that will be found the "British Columbia News," "Original Communications," "Correspondence," "Book Reviews," "Selections" and "Personals," in order.

### DR. SANGSTER'S LETTER.

We publish in this issue a letter from Dr. J. H. Sangster, the Secretary of the erstwhile Medical Defence Association, and in doing so are glad to congratulate him on accepting our offer to have his views placed before that part of the public he is supposed to wish to reach, that is, the medical profession, through the columns of an entirely medical journal.

As will be seen, he has dared us to reproduce his letter in full, and insinuates that we will probably cut it, and only put in extracts to please ourselves. We have ventured in spite of this to make a change in the letter; it is not in composition or style, nor even in the change of a construction, but in orthography, and we plead as an excuse that we so dislike to see in print any such work from such a highly educated man, in his own opinion, as Dr. Sangster is.

The Doctor first waxes eloquent over the action of the Council in connection with the rejection of his son at the examination of 1892. He very evidently has read the reports with the jaundiced eye of a disappointed man, although, from his statements, his disappointment is not due to his son's inability to pass in examination certain subjects in medicine. We, of course, do not disbelieve him when he states that he knew nothing of his son's writing and rejection, or his subsequent application for a revision of his papers; and as for his opinion on his son's capability in the practice of medicine, it is entirely a private matter to be settled between themselves. We, however, do think he is decidedly mistaken as to the reasons for the publicity given to his son's rejection. Young Dr. (?) Sangster insinuated that his rejection was from malice, and if not that, that surely some other writer's papers had been read for his, giving the other man the advantage of his knowledge, and him the disadvantage of the other's ignorance.

On account of the peculiar construction put on the Examiner's action, the Registrar produced the papers which had been reviewed by the Council, and called in Dr. Thorburn, a professor in the school in which he had studied, to be present. An interview was held, and young Sangster was handed each paper in turn, and asked if they were his, and acknowledged them to be so. He was then shown his marks, and why he had been plucked. Hence the publicity. Our explanation is given of this circumstance, not to try and persuade the father that everything was done fairly, but simply to give the profession at large an idea of how he views all actions of the Council with a decidedly biassed mind.

The remainder of his letter is a glorification of himself and a tirade against the members of the Council. It is laughable in its virulence, and can only be put down to the condition of his mind. The bee in his bonnet hums vigorously whenever the Medical Council is thought of, and tries to sting by making uncalled-for and unreliable statements. We are glad to see that he acknowledges the back yearly subscriptions of part of the profession to be honest debts, and we must ask, after this acknowledgment, "Why are they not paid?" His remarks as to them being a mainspring of action is due simply to unguarded remarks of several prominent members of the Defence Association giving us a strong clue, and to the remarkable unanimity with which all members of that Association agree in leaving these "honest debts" unpaid.

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#### FIVE YEARS' COURSE.

The regulation passed by the Council to the effect that all students registering after July 1st, 1892, will be required to put in a five years' course of study in medicine, will soon be in force with all. The law was changed, giving all who matriculated before November 1st of that year the same privilege. As time goes on, the force of this will be seen. The necessity of going through five years will make better students, and give a much greater chance for clinical work, thus improving the new blood in the medical profession. In former times many men, by a little struggling and presentation of school certificates, were enabled to

get through their course in a short time, but now that will be impossible.

Besides this very wholesome regulation, the standard for the matriculation has been greatly raised, thus bringing a better educated class of men into the work. The action of the Council is to be greatly admired in this work, and the professional men whom they represent should remember this in summing up their record.

#### TRAINED NURSING.

Of all the features that serve to mark out the present century from those of the past, none is more noteworthy than the prominence and attention given to whatever will lighten the suffering of the unfortunate, whether due to poverty, age, or disease. Man's *humanity* to man to-day far outweighs his inhumanity in these regards at least. Indeed, owing to this fact, and to the great increase of knowledge of disease due to the untiring efforts of the scientist and the skill thus obtained in rendering disease less fatal, the fear has been expressed by some that the race will degenerate, since not only will the fittest survive, but also very many from the great army of the unfit, who, in an age less humane and less skillful, perished early in the battle for life, and so happily failed to prolong their life and bequeath their weakness. Whether such a fear is called for, or whether superior knowledge and care will not rather tend to eradicate disease and ever lessen the number of the unfit we will not now discuss, but among all the agencies whose object is the preventing and alleviating the ills of the flesh, that of skilled nursing deserves a first place. How many a life is made one of weakness and misery, owing to lack of proper care during its first few weeks! How many an acute disease, instead of clearing away, lingers on in chronic form for the remainder of a shortened lifetime, owing to lack of the care a skilled nurse can give! And by skilled nursing we mean that which is to be gained in a properly conducted training-school for nurses. Natural gift will do much in supplying the lack of a school-training, but can never take its place. As in other professions a special training is required. In order to successful work, the work must be intelligible to the worker, and, in nursing, this entails a considerable knowledge of anatomy,

physiology, disease and its modes of action, and therapeutics, only to be acquired in a school. Then the skill in performing in the best way all the duties of a nurse, can only be acquired by practice in the wards of a hospital under the eye of one who has such skill. Again, what we might call the ethics of the profession, and which are of the utmost importance, are best learned under the discipline of a school. The spirit of obedience to the physician should pervade the nurse's whole work. No theories of her own may stand in the way. Her duty is to carry out the instructions she receives. On the other hand the physician must be loyal to the nurse and do everything that will strengthen the confidence of the patient in her if deserved. Other great lessons to be learned are forgetfulness of self, willingness to do whatever is necessary, courage to perform duty in spite of protest of patient or family, to be strong and at the same time kind, to be ever watchful, to preserve a happy and hopeful demeanor even in the face of discouragement. In truth, to be the ideal nurse requires the ideal woman, and to truly fill so high and noble a sphere demands all the best gifts of nature and all the best training of the schools.

#### CATHETERS AND BOUGIES.

In a recent issue of the *N. Y. Medical Journal*, there appeared some "notes on American catheters and bougies," by Dr. S. W. S. Gouley, and we thought that some of the information therein contained would prove of interest to our readers. After a brief history of the use of the catheter he goes on to state that the manufacture of this article in the United States is of comparatively recent origin. The material used for the frame-work of American web-catheters are cotton, flax, ramie and silk; the labour of weaving the cylinders is nearly the same in all qualities of web catheters, and the same varnishes are used for coating the different grades. The eye in the higher grades of catheters is woven, while in the lower ones it is punched. The American (Tiemann's) India-rubber instruments are superior to those of foreign importation in the construction of the eye, in the high polish of their surface, and in the smoothness of their interior. He then mentions some of the properties of good web catheters. (1) They should be highly polished

and coated with varnish both inside and out. The varnish, which is pliable, is not apt to crack, and should resist the action of moist heat up to 212° F. (2) Their length does not exceed thirty-three centimetres (thirteen inches). (3) Their diameter is from two to nine millimetres. (4) The point is smooth and rounded, and the single oval eye is about one centimetre from it. In curved, elbowed, and double-elbowed catheters this eye is usually lateral. In some of them the vesical end is open for catheterism upon a whalebone conductor, and we have seen some useful instruments of this pattern for passing over a catgut conductor. (5) They are firm but pliable, never rigid from end to end. (6) The best American silk-web catheter has, by actual experiment, a tensile strength of 115 pounds, without breaking, though the varnish was stripped off during the trial.

A catheter that is to be retained in the bladder should not be too thickly coated with varnish. The lisle-thread, silken-linen, and those silk catheters with a thin external coating, resist longer the action of urine, and, even after being retained for forty-eight hours, do not lose their smoothness.

The ordinary "ten cent" commercial catheter may be used for a single day, and thrown away; or "it may be repeatedly boiled without injury, and used as long as the surface of the instrument retains its smoothness."

Then as to the care of catheters: (1) Web catheters should not be coiled, but kept at full length. (2) They should be loosely wrapped in *dry* antiseptic gauze, and preserved in a metal case with a well fitting top. It is hardly necessary to add that after using they should be carefully cleansed, dried inside and out, and replaced in the gauze and case. (3) Soft rubber instruments too should be kept at full length in *moist* antiseptic gauze preserved in tightly corked glass tubes. Exposure to the air leads to rapid oxidation, which causes the instruments to become hard and brittle. (4) Preparatory to using a rubber or a web catheter, it should be immersed for a minute in a 1% carbolic acid solution. If it be left too long the carbolic acid acts injuriously upon the rubber of the one and the varnish of the other. The web catheter may be gently warmed by friction with the hands before using; this prevents cracking of the varnish. (5) These instruments are much injured

by fats of all kinds, by glycerine, saliva, and by vaseline, the last, however, being perhaps the least hurtful of all. The following directions are given for the preparation of a non-injurious lubricant: Pour *two fluid-ounces of water* into a tarred capsule, heat the water to boiling and add *360 grains of white castile soap* (powdered). Continue the heat and stir until a homogeneous jelly is produced, then add enough hot water to make the contents of the capsule weigh two troy ounces and a half (1,200 grains), after which strain the mixture through cotton gauze. After this pour in *half a fluid-ounce of tincture of quillaja* (1 in 5). The mixture, when cool, has the consistence of thick honey. (6) When instruments show signs of hardening, they should be discarded.

American web-bougies are of the same grades, for they are made of the same material as catheters. A cotton olivary bougie, made by the Lee Company, is recommended as the best for general use. It is solid, slender in the first three inches of its shaft, and consists of a number of layers braided one upon another, and coated with the same varnishes as the catheters, but it is distinguished from other bougies by its vermilion color. It has no ivory tip, is completely coated, and therefore rendered easily aseptic.

In conclusion, a few remarks may be made upon whalebone bougies: They are of two kinds, the one, olivary pointed and elbowed, about one millimetre in diameter, to serve as conductors for larger instruments; the other also olivary pointed and not over a millimetre in diameter for the first three inches, but increasing gradually so that at five inches they are equal to Nos. 2, 3, 4, 5, 6 and 7 English scale. These bougies should be preserved in metal tubes, and coated with carbolized vaseline.

#### EDITORIAL NOTES.

The general health of the city of Toronto must be a matter of great congratulation to the inhabitants. Only an odd case of infectious fever, such as measles and scarlatina; practically no diphtheria and no typhoid. Something certainly has turned a scale here, and if sanitation has any force, great thanks should be given to the City Engineer for improving our water system, and to the Medical Health Officer for his work in all other particulars.

The stock formerly held by the Johnston & Johnston Co., of King Street west, has been purchased by S. B. Chandler & Son. They are henceforth going to carry on a trade in Druggists' Sundries and Specialties, and will, we presume, be able to supply the profession with any lines needed. This will be found a boon to all, as a line of this kind is often of great use, especially when carried on in conjunction with their large surgical supply.

The time-table for the examinations of the College of Physicians and Surgeons is out, and will naturally be anxiously scanned by eyes of would be practitioners. In the list we notice the change of two examiners: Dr. R. W. Garrett having replaced Dr. Saunders in Theory and Practice of Medicine, and Dr. Ogden Jones, of this city, Dr. Hearn. The written examinations continue from September 12th to 19th inclusive, and the orals start on the latter date.

Our warning in a couple of issues ago with regard to cholera has been amply justified by the occurrence of quite a number of cases in quarantine in New York. It has been well kept under, and the actions of Dr. Jenkins, the medical officer, are to be admired. The almost panic of last year, over a condition of affairs not a bit more serious, compares very unfavourably with the quietness and even-handedness with which things are being carried out now.

Electricity is being carried to a very high pitch in these modern days, and has in many ways become of great advantage in the realms of medicine. We have the easy and seemingly satisfactory method of examination of the bladder and any cavities of the body that can be got at from the outside by the endoscope, the use of the cautery, and many like appliances, and now there seems some probability of a very strong advance. Prominent electricians claim that in a short time an apparatus will be perfected by which the internal parts of the body can be examined. Truly we are rising in the scale, and by the beginning of the twentieth century it will be very hard to say where we will be.

## British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

### LEPROSY IN BRITISH COLUMBIA.

We have a leper colony in this province on Darcy Island in the Gulf of Georgia. It contains at the present time some eight inhabitants, all of whom, with one exception, are Chinese. The exception is a white man who was formerly a logger or lumberman in the dense forests of fir which skirt the coast line of British Columbia up to the Skeena River. Some eighteen months ago, the Associate Editor of this journal and Dr. Bell-Irvine, of Vancouver, made an official visit to the leper colony for the purpose of examining one of the inhabitants who had been sent from New York to Vancouver, and foisted by the C.P.R. on the people of that city, for the reason that he was refused admission on board one of the Empress line of steamers to Hong Kong, because the surgeon of the steamer detected signs of leprosy on him. The lepers of this province are supported by the two cities, Victoria and Vancouver; the former having to look after seven, and the latter only one of the number. We do not think it is right that these two cities should be saddled with the expense of the maintenance of these unfortunates when the Dominion Government provides an asylum in Tracadie for lepers in the eastern provinces. In the case of the Vancouver leper, it is manifestly unjust, inasmuch as he was booked as a passenger from New York, over the Canadian Pacific Railway, to Hong Kong, and from that point was going to Canton, in the neighbourhood of which city his wife and family are now living. Why should the city of Vancouver be charged with the expense of keeping him in a lazaretto? But the day is probably not far distant when the rigid segregation which is now practised may be abolished altogether. From an article which appeared recently in the *British Medical Journal*, in which quotations are given from the report of the leprosy commissioner in India, it appears that there is a good deal of doubt as to whether leprosy is a contagious disease at all, or at least to any practically dangerous extent. To quote the

words of the article in the *British Medical Journal*: "The commissioners express their belief that neither compulsory nor voluntary segregation would at present effectually stamp out the disease, or even markedly diminish the leper population under the circumstances of life in India." When such great authorities as Sir Dyce Duckworth and Wm. Jonathan Hutchinson deprecate the theory of contagion and disapprove of compulsory segregation, it is time that the rank and file of the profession should pause and reflect seriously on the situation. It is true that other equally eminent authorities, such as Mr. Curzon, Mr. Clifford, Dr. Heron and Mr. Macnamara, hold different opinions and believe in segregation and contagion; and a contingent of medical practitioners in South Africa is equally strong in the same direction. Dr. Hunsen, of Norway, has made leprosy the study of his life, and, assisted by the Government, has had the best opportunities of observing the disease in that country where it has been endemic for many years. He has come to the conclusion that it is a contagious disease, though non-hereditary. The question may therefore be looked upon as an open one at present, though the fact that the disease is communicated in some way is notorious, as it continues to be propagated from one individual and from one generation to another. In eastern countries from time immemorial it has been looked upon as a contagious disease, and in China to-day the leper is driven beyond the pale of society, and forced to live like a wild beast in the desert places far away from the haunts of his fellow-creatures. We have seen a whole colony of them in China in the neighbourhood of Kowloon, on the sand hills overlooking the bay, but as the weather is warm there all the year round, they probably suffered very little inconvenience, as they can live on fish and whatever they can pick by way of charity. Readers of "Ben Hur" know the horror in which they were held by the inhabitants of Jerusalem, and though the Jewish knowledge of pathology was not very extensive, their treatment of these unfortunate people shows that there was a popular belief that the disease was contagious. In British Columbia we know of no cases where the disease has been communicated by contact, as the history of the patients is obscure, the disease being

mostly amongst the Chinese population. When the white man became affected, and how, or what may be his history, we know not, as we have never seen him. The discussion that is now going on in England and in various parts of the world on this disease is very interesting to us out here where it at present exists, and from the position in which we occupy as regards the Orient where leprosy is always prevalent, it is of practical importance, inasmuch as the citizens of Vancouver or Victoria have to pay for their maintenance.

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#### BRANCH OF BRITISH MEDICAL ASSOCIATION.

A branch of the above-named association was formed for British Columbia at a meeting of some of the leading practitioners of the Province, in Victoria, on June 7th, 1893. The following officers were elected: President, J. S. Helmcken, M.R.C.S., etc.; Vice-President, J. C. Davie, M.D.; Hon. Secretary, Edward Hassell, M.R.C.S., etc.; Hon. Treasurer, M. Wade, M.D. Council: Drs. A. E. Praeger, Nanaimo; G. D. Johnson, A. H. Thomas, W. D. Brydon-Jack, Vancouver, and E. B. Hanington, Victoria.

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#### THE REGISTRATION OF MIDWIVES.

The evidence adduced at a recent meeting of a Select Committee of the Imperial House of Commons with reference to the registration of midwives in England is of interest to the profession in this province, where, though there is a strict Medical Act in force, it is yet defective in this particular, that it contains no clause prohibiting the practice of midwifery by any person whatsoever who wishes to engage in it. At the time the present Medical Act was passed, midwifery was included with medicine and surgery in the prohibitory clauses, but when the bill was brought before the Legislature that part of it was thrown out, as it was held by some of the sapient legislators of that period, that, in consequence of the scarcity of physicians in some of the remote parts of the interior of the province, many women would suffer if unqualified midwives were not allowed to attend them. This kind of an argument, absurd as it was, proved sufficient, and the whole bill would have been killed if the profession had not given way and accepted the re-

mainder, on the ground that half a loaf is better than none. There seems to be an opinion prevalent, even among the members of the Provincial Legislature out here, that such an Act as the Medical Act is made for the exclusive benefit of the physicians, and while they are willing to help them out by giving them the exclusive control of medicine and surgery, by way of an offset for this favour, they leave midwifery open to public competition, as if it was something any ignoramus, male or female could dabble in with impunity. That such is an erroneous opinion it is not, of course, necessary to tell the medical profession, but that it is the opinion of the public seems to be a fair conclusion from the premises.

The result of this practice by ignorant persons is very often disastrous to the lives of the unfortunate victims, who, from one motive or another, employ unqualified midwives, and many of those who escape immediate death live lives afterwards of prolonged agony and suffering. The medical profession does not suffer in a pecuniary way from this state of affairs, for the operation rooms of our specialists are full of those who have run the gauntlet and have escaped with their lives, though at the expense of displacements and lacerations. When they (the midwives) get a severe case, they hang on to it till the patient in many cases becomes moribund, when they flee in terror and then throw the blame of the woman's death on the doctor who has been called in to see her breathe her last. One of the reasons why they are employed is that they are cheap. A poor workingman, who only earns a couple of dollars per day, feels often indisposed to give five and twenty dollars to a practitioner who is qualified, when he can get the same work done as well, as he thinks, for probably one-third of the sum, and the nursing thrown in for a trifle more. Sometimes it is all right, but often it is not. In the old time, when white women were few and money plentiful, it made very little difference as to what the law was on the subject, as every lady in her confinement valued the very best skill, in her estimation, regardless of expense; but now the case is different—the patients are plentiful, but the money to pay for attendance is rather deficient. It would therefore be well for our legislators to include midwifery in the Medical Act, in order to protect a valued part of the public

—the mothers of the land—who cannot protect themselves, and who imagine, in many cases, that their misfortunes are irremediable and beyond the control of their fellow-beings.

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### Original Communications.

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#### FOUR CASES OF LAPAROTOMY.\*

BY DR. ECCLES, OF LONDON.

*Mr. President and Gentlemen,*—Your genial and efficient secretary wrote me early in March, asking if I would write a paper for the April or July meeting, and throwing in a parenthetical clause, “that would be helpful to the general practitioner.” That expression gives me the opportunity to preface my paper with a few remarks, giving expression to my opinion in reference to specialties generally. In the first place, all of you are designated as specialists. Perhaps you do not know it best were I to travel “Incog” throughout the various townships of your counties, and partake of the hospitalities of many of your patients in farm houses—a hospitality phenomenal—so unbounded, so cordial, and at the drinking of a second cup of the delicious beverage, were I to interrogate the maternal head of the house, who knows more about the successes and failures of a dozen medical men, in various diseases, than the honoured head of this association, I would get some such an answer: “I would trust my life in the hands of Dr. H. in a case of inflammation of the lungs; and in typhoid fever Dr. S. has no equal in Canada, while Dr. F. is especially good in the treatment of children.” But while this may, or may not, be true, it cannot be denied but that each one of us feels within himself his ability in certain lines more than in others, and that almost unknown to himself he is, in a certain sense, a specialist.

Nothing is more common in the experience of the general practitioner than his likes and dislikes for certain classes of work. He will find himself, unconsciously it may be, displaying enthusiasm and love in certain fields, while in others, the desire, as far as he is concerned, is that they may remain untrodden.

Mr. President, my paper consists of the consideration of four consecutive cases of fibro-myoma, which came under my care last summer. They

were all intensely interesting to me, and each had a peculiarity of its own.

*Case 1.*—First seen May 14th, 1892, with the following history: E. F., aged fifty, single, house-keeper in the country. With the exception of attacks of ague several years ago, has had comparatively good health until last year—now passing through the climacteric—menstruation irregular the flow is not now so profuse as it was some months ago. She complains of pain across the back, low down, and, at times, difficulty of micturition; sometimes the water comes freely, and then suddenly stops before the bladder is emptied; at other times it dribbles away. Nothing of note in interrogating the other physiological systems.

Examination *per vaginam* revealed a swelling the size of my closed hand to the left, and in connection with the uterus; and a second swelling in the posterior wall of the uterus, occupying Douglas' *cul-de-sac*, size of uterus four inches, with diminished mobility.

On the night of the 15th I was called to see her on account of total retention of urine; the uterus and the two swellings were so pushed down in the pelvis as to obstruct the entrance to the urethra. I pushed the uterus back, and emptied the bladder, by the aid of the catheter. Diagnosis: myoma of the uterus, and galvanic treatment recommended, which was commenced on the 16th, and continued at intervals of two days, with currents from thirty to forty-five; the vagina being previously washed out with carbolic water (one per cent.). On the 29th, the patient complained of pains, and had some chilliness, and the temperature the following day went up to 103, and Dr. Meek saw her with me.

We were somewhat suspicious of the currents being the cause of the acute symptoms. The uterus was washed out twice daily with carbolized water until the temperature kept below 100, but still there was some pain in the left ovarian region.

On the 11th July I had her removed to the hospital, as there were evident signs that suppuration would take place, some bogginess in the left broad ligament: three days afterwards there was some redness of the skin, as well as unmistakable fulness in the left ovarian region, and increased indication of the formation of pus. If this had occurred on the right side, one would have to take into consideration the possibilities of appendicitis with perforation; even then, with the violent symptoms subsiding, and the inflammatory action

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\* Read before the Huron Medical Association.



not becoming general in the peritoneal cavity, one would be justified in waiting, looking forward to the time when the wall of the abscess would not imperil the general cavity of the peritoneum.

On the 21st I injected the skin over the seat of the swelling with cocaine solution, and opened an abscess, removing about four ounces of pus, and washed out the cavity with a 1½ per cent. solution of carbolic acid, and put in a large drainage tube; she continued to improve so rapidly that on the 6th August she was discharged from the hospital, and not a vestige of either of the myomatous tumours were to be found. The uterus was movable; micturition was free and easy and painless. My colleague, Dr. Meek, who saw her in consultation with me on May 29th, and several times afterwards, was now asked to examine her in order to put beyond question the disappearance of both the tumours; the fact could not be gainsayed, but what the potent factor was left room for considerable difference of opinion. I believe the current produced the disappearance of the posterior tumour directly, and of the left lateral tumour indirectly. It may have produced necrosis of the tumour, indeed I believe it did, which led to suppuration, and to symptoms of septicaemia.

At one time on account of the frequency and irregularity of the pulse, as well as the marked temperature curves, my patient really was in a critical condition, and gave me much worry. The other tumour disappeared, I believe, directly from its influence. No other explanation can I offer. The facts I have put before you; you must each put your own interpretation on them. This patient has remained quite well ever since.

*Case 2.*—Mrs. B., aged forty-five. Place of birth, Scotland. Children, five. Four living, last seven years ago; no miscarriages. Menstruation commenced at eighteen years—last time two weeks ago, and continued in all eleven days. Menstruation every three or four weeks, and somewhat more profusely lately. One year ago commenced difficulty in passing urine—came on suddenly, had to be drawn off with catheter; troubled off and on ever since; sometimes urine scanty and painful. Falling of the womb since birth of the first child. About six months ago, I noticed a lump on the right side, which has grown rapidly since. Two weeks ago, at the commencement of menstru-

ation was laid up with pains and fever, and shooting pains through the lump. Examined abdomen and found tumour to be quite movable, high up, elastic and fluctuating, and could not be separated from uterus; sound passed into uterus two and three quarter inches, goes to left and forward, blood followed the sound. Perineum and cervix lacerated with prolapsed vaginal walls.

Diagnosis: Ovarian cyst? rapid growth, and elastic feel, in favour of it. Œdematous myoma? rapid growth, elastic feel, in favour of it.

The patient was prepared for operation in the usual way; hot baths, with special cleansing of the abdomen, bowels thoroughly moved on the day previous to the operation, and the vagina and rectum washed out on that morning.

June 24th. Operation. The abdomen was opened by the usual incision of three and a half inches between pubis and umbilicus, the tumour explored and found to be an œdematous myoma. The incision was then enlarged to two and a half inches above the umbilicus; the tumour rolled out, and the broad ligaments tied off on either side (which procedure always facilitates the making of the pedicle). Tait's hysterectomy pin and serre-neud now applied, and tumour cut away with the scissors. The peritoneum was now well fitted around the stump below the wire, to insure closure of the peritoneal cavity and prevent any trickling of morbid discharges down the side of the stump. The technique of this part of the operation must be absolutely perfect, for around it hangs life or death, in a large number of cases.

After adjusting the peritoneum to the stump, and the tightening of the abdominal wall around it, the rest of the wound was closed in the usual manner, as in all other abdominal sections.

The serre-neud was tightened from day to day, and the stump was kept well covered with boracic acid and iodoform.

Nothing unusual occurred; everything went on in much the same manner as after ordinary sections, the sutures removed on the seventh and eighth days, and wound found completely united, and the stump quite dry, and with little or no smell. The pedicle did not drop off till the sixteenth day, and from that time till the twenty-second day after operation everything went on well.

At five o'clock on the morning of July 16th, the

patient was taken with great pain in the left leg, which immediately began to swell and turn cold. I saw her at 7 a.m.; she was then in an almost collapsed condition; pulse unsteady, from 140 to 165. Left limb four inches larger around the thigh than the right—cold and hard. Artificial warmth had been applied, and continued. Mustard applications to the region of the heart, hypodermic injections of strychnia one-thirtieth grain every hour, unless symptoms of its special action become manifested; six doses at once, and four doses at two, hour intervals were given, when marked tonic action on the heart became manifest, the pulse became steady and uniform—from 124 to 130—and with the returning circulation, all the other symptoms improved.

I need not enlarge farther than to say that the improvement continued much in the same manner as we find in cases of phlegmasia dolens. She left the hospital on September 3rd, and travelled some fifty miles home. I have frequently heard from her since; her general health is good, but there is considerable difference in the size of the leg.

*Case 3.*—Mrs. C., aged thirty-seven, residing in the county of Elgin. Married four years; no children; no miscarriages; some menstrual irregularity early in life, but after that regular (lasting from four to six days, and abundant), until Sept. 10th, 1892, after which she did not menstruate for six weeks. At this time she noticed a swelling at lower and left part of the abdomen, which she thought was the enlarged womb. During the latter part of October, she was profusely unwell, and after an interval of two weeks again profusely unwell, during which she experienced considerable weakness. She was slightly unwell at the end of November, and just before Christmas, after this, there was no more discharge until the 1st March, 1892, when there was a slight flow, and none since. There was no nausea or vomiting. The abdomen gradually enlarged, and the breasts tender. From this time on she said she felt life, and with the exception of being easily tired and feeling much discomfort, nothing unusual occurred until July 24th, when she had intense pain in the lower part of the abdomen, and, thinking labour was coming on, sent for her family physician, Dr. Clark, who, recognizing the abnormal condition of things, invited in his *confere*, Dr. Marlatt.

Both these gentlemen, men of excellent parts, diagnosed extra uterine pregnancy, and asked for further advice. They then wired me, and I saw the patient on the next morning, and made note of the following conditions:

Patient fairly well nourished, walls thin, abdomen unevenly distended; and extending up the front, and in the middle line to near the umbilicus, a pear-shaped body—easily felt, easily located and easily moved. To the right of the median line was a much larger swelling, occupying nearly the whole right abdomen, and in a very marked manner altering the general contour of the abdomen of advanced pregnancy. Dulness on percussion all over this latter swelling, and the outline of the lower extremities and part of the body of the child was easily made out. Indeed, the extremities in parts seemed to be almost under the skin. The cervix was in the middle line, and pushed forward against the pubes. The canal was opened sufficiently to admit easily the index finger. Behind the cervix, and occupying Douglas' *cul-de-sac* and filling the pelvis was felt a large, hard swelling or tumour, corresponding in every respect to the foetal head, but in no way could the finger come directly upon the swelling when introduced through the cervical canal.

It appeared as if the posterior cervical and uterine wall intervened between the tumour and finger. The explanation of these phenomena seemed entirely in accord with the diagnosis of Drs. Clark and Marlatt. The placental bruit was heard low down, and to the left, but the foetal heart was not made out on this occasion, and no attempt was made to pass the sound.

The pear-shaped body in front corresponded to the enlarged uterus of abdominal pregnancy; the outline, the position of the body, and the relation of the cervix to the pubes also corresponded to abdominal pregnancy. The easy manner in which the extremities could be traced through the abdominal wall, and the position of the head corresponding to the tumour in the pelvis, seemed to leave but little doubt that our diagnosis was correct.

The possibility of bifid uterus, with intrauterine pregnancy in one horn and growth of the other by continuity, was entertained.

It was agreed, as soon as pains simulating labour came on, that an abdominal section should be

done, and to this end the attending physician and consultants advised her removal to London, where the patient would be immediately under my care.

She entered the hospital on July 27th, and Dr. Balfour, the Medical Superintendent, detected the foetal heart on the 29th; the same was corroborated by Dr. Meek and myself. Dr. Meek saw her with me several times, and verified the diagnosis.

As it was thought she had passed the full period of utero-gestation, it was deemed advisable, in the interest of the child, not to delay operating, and that the position of the mother would also not be prejudiced thereby; arrangements were then made for August 1st. On the afternoon of July 31st the omission to pass the sound was then discussed; no harm could come from it, and accordingly I did it at once. It went in four or five inches, and was followed by a slight watery discharge, which increased very much during the night. Some chilliness the evening of August 1st. On August 2nd labour pains came on, and the patient delivered of a still-born, seven months' child in the evening.

The swelling in Douglas' *cul-de-sac* was pushed up, in order to let the head come down. The hæmorrhage was not alarming, although the contraction was rather irregular, owing to the presence of the two myomatous growths; and the recovery was tedious, apparently due to some sloughing of one of the tumours, and trouble with one of the breasts, and later on great pain shooting down the legs, with absolute inability to flex the thighs on the abdomen. She finally was sufficiently well to leave the hospital on September 20th, walking then imperfectly and with considerable pain, but eventually got quite well.

The salient points in this case were: (1) The myoma in front, which corresponded to the uterus of abdominal pregnancy; (2) The round, hard myoma of the posterior wall, which occupied the pelvis, and corresponded to the foetal head; (3) the extreme thinness of the abdominal and uterine walls, allowing the child's extremities to be so easily traced, and thus simulating abdominal pregnancy, and (4) the lateral displacement of the pregnant uterus. Here we seemed to have a fourfold evidence of the supposed condition.

The sound, an instrument condemned by many gynecologists, saved me the mortification of opening the abdomen and finding the child in the

uterine cavity proper. This, however, has happened to more than one good gynecologist.

In these exceptional cases we have not only a thinning of the abdominal walls, but an absolute want of development of the uterine tissue *pari passu* with the development of the child.

Mr. Tait speaks of eight cases which came under his observation where extra uterine pregnancy was supposed to exist, but in which there only was this extreme thinness of the walls. He said the question generally was: "Is the child in the abdominal cavity?"

*Case 4.*—M. D., aged 30 (county of Elgin), single, a farmer's daughter; called at my office Oct. 2nd, 1892, accompanied by her father and mother, and the following history obtained: No previous illness, except at fourteen years of age, had what was called a severe attack of inflammation of the lungs, extending over a period of seventeen months, which resulted in abscess, and kept discharging from the right side, and by way of expectoration. She was very ill for many months, but the sinus finally closed, and now there is a large scar between the tenth and eleventh ribs on the right side, a landmark of her former trouble. Now complaining of discomfort from swelling in the lower abdomen, first noticed by her last January. There was a hardness there for some time, and a doctor told her some three years ago that there was a swelling in that region. She said the swelling commenced in the right side and gradually moved over to the middle line; menstruation was scanty before June last, but increased much since; appetite fair, but bowels constipated, only moving with medicine. Physical examination revealed a smooth, globular, semi-elastic swelling, extending from some two inches above the umbilicus to the pubes.

Operation was recommended, and done on Oct. 29th, the tumour proved to be an œdematous myoma. Broad ligaments tied, and a pedicle, small and easily made, brought out at the lower angle of the wound, which was now closed as in the former case, it was a very easy hysteromyomeotomy, presenting no difficulties, either in removal of the tumour, the formation and adjustment of the pedicle, or the closing of the wound.

All went well till the third day, when distension of the abdomen and rapidity of the pulse, together with more or less vomiting, indicated a

serious condition. The saline (magnes. sulph.) which had been given on the second day, had not acted, and was now ordered to be given every two hours, aided by ox gall enemata. Still more distension, and more frequent action of the heart. Calomel, 10 grains every two hours, was ordered, until the patient had taken 1 drachm, but no action of the bowels. The patient died on the fifth day. The temperature never reached 100 at any time after the operation.

*Post mortem* made by Dr. McCallum, Pathologist of the London General Hospital, revealed two very long constrictions of the alimentary canal; one in the ileum, twelve inches long, and extending to within four inches of the ileocecal valve; the other in the descending colon; the calibre of both portions of the intestine was so reduced that with difficulty was the little finger introduced. The appendix passed upwards in front of the ascending colon, and was found imbedded in a mass of old inflammatory tissue on the upper surface of the liver. One inch outside of the line of the gall bladder, and extending back to within two inches of the posterior border, there were adhesions all round the bladder, and Glisson's capsule over the superior surface three-eighths of an inch thick. There was intense venous congestion of the omentum, and some four or five ounces of dark liquid blood present in the abdomen. This case was interesting, not only on account of the manner in which the obstruction of the bowels was produced, but also of the position of the *appendix vermiformis*. It is quite apparent what complications and difficulties of diagnosis would occur in this case, some sixteen years ago, when the attack was put down to inflammation of the lungs, followed by abscess. There can now, in the light of *post mortem* evidence, be no doubt that that long illness was produced by appendicitis, that the abscess made its way through the diaphragm, and discharged itself through the thoracic wall and bronchial tubes. While the position of the appendix is variable, I do not now know of any instance where it was found in the position determined by the *post mortem* examination in this case. It is almost certain that the contraction of adhesive bands in the lower portion of the ileum was the cause of the narrowing of the lumen of that tube which led to the obstruction after the abdominal section, but whether the same influence produced the narrowing of the lumen of

the descending colon, I am wholly unable to state. Correspondence with the parents failed to throw any more light on the inflammatory attack of six teen years previous.

I have given you these four cases in the order in which they came under my notice at the London General Hospital.

Cases one and three belong to the variety known as the multinodular myoma; while cases two and four belong to the oedematous variety.

The multinodular are rarely single, are intimately associated with menstruation, grow during that period, and decrease or disappear after the *menopause*, whether the *menopause* be natural or brought about by the removal of the appendages. The much rarer forms, the oedematous, are single and interstitial, grow at all ages, do not cease growing at the *menopause*, are not connected or influenced by menstruation, and, as a rule, grow much more rapidly than the former.

#### TREATMENT OF TALIPES VARUS.\*

BY F. PALMER BURROWS.

*Mr. President and Members of the Ontario Medical Association.*

In response to a kind invitation of your efficient secretary, I promised a paper or a few remarks on the continuous extension treatment of talipes varus, a method of procedure which, I think, is in large degree original and very successful. I will not take up your time with any extensive anatomical description of this well known deformity, and this is the less necessary, as I reported fully a case in the *Canada Lancet*, in June, 1887, in which the details of the case, operation and treatment, were then given. The party operated upon was a boy fifteen years of age, deformed from birth. I will only ask your attention but a few moments to explain my method of treatment, which I hold to be original, although I am well aware that modifications are claimed as original by specialists. I read from the report. "John King, having talipes varus of left foot with all its well-marked characteristics, applied to me for the relief of his deformity. At the time he was only able sadly to hobble about by the use of a crutch and cane: the foot was greatly misshapen, malleoli

\* Read before Ontario Medical Association, June, 1893.

enlarged with flesh, covering much thickened and calloused from walking on that side of the foot. By advice of medical men of greater or less celebrity, a number of whom he had previously consulted, almost every conceivable appliance and apparatus had been used without any appreciable good result. On the 23rd May, 1887, I operated, assisted by Dr. T. W. Poole, who kindly administered the anæsthetic. Using a fine tenotomy knife, the contracted tendons were divided, also the plantar fascia and muscles. The operation progressed without serious hæmorrhage or any troublesome complication, and having been satisfactorily completed, the limb was fairly straightened and set in position." The following morning I applied the plaster casing, using against the sole of the foot a moulded splint padded with cotton-batting, with batting around the limb to prevent undue pressure from contraction of the plaster; in setting I used a little salt in the water in mixing the plaster. I left the foot in this fixed position some eight or ten days, then removed a small portion on the outer side to below the ankle joint, and pressed the foot still further outwards, even beyond the natural position, and having poured fresh plaster, secured it in its new position and left my patient quite comfortable. On the 22nd of June, thirty days after the operation, I entirely removed the plaster casing, finding the limb perfectly straight and of natural shape, almost as its fellow, the previously enlarged malleoli and callosities less noticeably prominent. I had him now put on a laced boot specially stiffened on the inner side with stove-pipe iron, moulded to the last on which the boot was made and concealed between the leathers. He at once endeavoured to walk and could do so, resting part of his weight on the previously affected foot. In a very short time after he was able to dispense with his cane and walk as well as anybody. I may mention that he had been operated upon twice previous to my acquaintance with him. This was a specially aggravated case, and although I had operated previously and applied the plaster casing at once, in this I preferred to wait a few hours, though I think from the satisfactory result that I might have followed my previous experiment.

Dr. Post, in a communication to the *Medical Record* in 1888, claims originality of procedure, as

well as some other practitioners. Dr. Henry Taylor, also, in the *Medical Record* of March 8th, 1890, particularizes five points which I contend are fully covered in my report.

1. Preservation of heel cord as an aid in unfolding the foot.
2. Exact prehension of the foot by means of an apparatus not attached to the shoe, and by plaster attached to the leg.
3. The application of leverage to the inner side of the foot and leg.
4. The reduction first of the varus deformity, afterwards of the equinus.
5. Thorough after treatment. By the use of iodoform dusted over the incision, and covering with carbolized gauze, I have not been troubled with offensive discharge, and the wound has healed readily. In young children I have found the plaster casing and stiffened boot sufficient, omitting any more serious surgical interference.

The originality of treatment I claim is :

1. In applying the plaster casing immediately after operation or without any cutting of contracted tendons.
2. Continuous extension by the fixed plaster casing.
3. Increased traction if necessary without removal of casing.
4. The wearing of a simply constructed boot insuring permanent success.

Lindsay, June 19, 1893.

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### Correspondence.

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

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#### DR. SANGSTER'S LETTER.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—In your last issue you venture to insinuate that I entertain, or did entertain, a suspicion that my son had been unjustly dealt with by the Medical Council, in the matter of his examinations. Had this cowardly inuendo been merely your own utterance, I should not have deemed it worth notice, but, in giving currency to it, you are, it is well understood, but following the instructions you have received from your masters. The Medical Council, at its recent meeting, spent considerable

time and effort in preparing the bolt which you have now shot, and which, though evidently sped with malicious and deadly intent, will be found to have wholly missed the mark. It is due, also, to the gentlemen with whom, for some months past, I have been associated in the work of medical defence, that I should promptly and explicitly deny that my attack on the Council was, even in the remotest degree, inspired by any motive more unworthy than the simple desire to rectify what, in common with them, I honestly believed to be an injustice and wrong done to the profession. Allow me, therefore, to state :

1. I have never for one moment suspected that my son had been unjustly dealt with either by the Medical Council or by its Board of Examiners.

2. I have never breathed a whisper, or uttered or written a word, either within the bosom of my own family, or publicly or privately elsewhere, which could lead anyone to suppose that I had conceived and harboured such a suspicion.

3. I had neither knowledge nor hint that my son had written to the President of the Council, till the matter came up at its recent meeting.

4. I never saw or heard of his letter, before it was spoken of in the Council and appeared in your journal.

5. I did not know that he had written for his primary and had been rejected on a former occasion.

6. I did know that he was rejected in 1892, because, subsequent thereto, he wrote to me asking whether my letters to the *Mail* could have inspired his rejection. In my reply to him I expressed my conviction that the Council had nothing to do with his rejection—that it lay altogether with the Board of Examiners which was above suspicion and, moreover, had never been attacked, and that the fact, that he had been starred in the same subjects in his University examinations, was a proof, if any were needed, that no injustice whatever had been done to him.

7. At least one prominent member of the Medical Council knew, from my own personal intimation to him to that effect, that I attributed my son's failure at his examinations to causes entirely beyond the control of either the Council or the Board of Examiners. This gentleman was present at the recent meeting, when the scheme was

elaborated, and, had any misapprehension on the part of the Council really existed, could, and doubtless would, have rectified it.

8. As certain expressions made use of in the Council's proceedings are apparently designed to convey the impression that my son is a mere youth—subject to my control and dependent on my means—I may explain that he is nearer to forty than to thirty years of age; that for eighteen years he has been paying his own way in the world, and shaping his own course therein without reference to me; that knowing that his talents specially qualify him for success and even eminence in another walk of life, it was against my advice, and in opposition to my wishes that he ever entered on the study of medicine; that I have been persistently opposed to his continuance in that study; and that, therefore, except for the lamentable loss to him of money, time and effort which his freak involved, I was prepared to accept gratefully any obstacle that might serve to turn his attention back again to more congenial pursuits. These circumstances explain why I was less minutely informed as to his movements than I otherwise might have been, and, at the same time they accentuate how widely the bolt, fashioned by the Medical Council and launched by you, has missed the mark at which it was aimed.

Many other young men—smarting under injustice fancied or real—have, in like manner, appealed to Council or Senate Presidents, respectfully asking that their grievances might be investigated, and their reasonable prayer has not yet been answered by placing them in the pillory, or by parading the complainants by name with offensive comments, in both the public and the professional press, as was done by the Medical Council in the case of my son. This, as far as my knowledge extends, is the only instance on record, where such a case has been pursued by a public body—reputable or the reverse. The animus prompting it is too evident to escape notice. Before the time when my son presented himself for his first examination, I had the temerity to begin a series of letters over my own signature in the *Mail*, criticising the Medical Council in its public capacity; I had also the honour of being actively concerned in the formation of the Medical Defence Association and of being intimately identified with it since its

organization. And, as is well known, the Medical Council attributes its recent crushing defeat in the Legislature much more largely to my instrumentality than any poor efforts of mine—earnest and sustained though they were—can at all deserve. Hence, this sorry exhibition of impotent rage, which, unable to score more deeply, expended itself in an act of pitifully small revenge as is sufficiently—though very imperfectly—portrayed in the carefully sifted and revised report you have been permitted to publish. Hence, the base detraction and spiteful defamation of a medical student by one of his own professors, which, if a sample of the kindly and paternal protection afforded to its undergraduates by the Toronto University, may well serve to deter young men about to enter the profession from connecting with that institution, while the individual in question is suffered to retain both his seat in the Council and his position on its Medical Faculty. And hence, also, the lively anxiety displayed by the Council to retaliate in some form on the Secretary of the Defence Association, for the hard usage it had received from that body during the past few months. And so, conceiving that it had an instrument wherewith to wound, it had recourse to the truly Hibernian expedient of seeking to strike the father through the son. It was just such blind, unreasoning desire for revenge, pointed by similarly perverted notions of right and wrong, that prompted, not very long ago, the use of dynamite at Charing Cross to punish the British Government in Westminster. It remains to be seen how the profession will regard the adoption, by the Medical Council, of tactics heretofore supposed to be peculiar to the Clan-na-Gael—whether this and similar attempts to break the force of the charges made against it, by vilifying the motives of those concerned and to wreak vengeance on its opponents by impaling persons wholly innocent of all offence, will not receive, as it deserves, the severe condemnation of every right-minded and respectable practitioner in the province. These are not the usages of civilized warfare—are contrary to the customs and opposed to the instincts of honourable men. In fact, were it not that so wide and so impassable a gulf separates gentlemen from poltroons, and that we have only quite lately had repeated the Medical Council's annual proclamation that its membership

embraces none but "gentlemen," its action in this matter might have been very fitly characterized as dastardly and contemptible.

The Medical Council and its defenders are singularly unfortunate in their ascription of motives to their adversaries. The much-repeated assertion that the whole crusade of the Defence Association was inspired by anxiety to evade the payment of an honest debt, with some other misstatements referring to myself personally, which have from time to time appeared in your editorial columns, I propose to deal with in a future letter. You have more than once declared that your journal is open to correspondence on matters pertaining to the profession, and you have made it a ground of complaint that we have preferred to use the public press. I have now therefore to request you to insert this letter in your next issue. You will, of course, do your "little best" to explain it away, or to break its force by raising side issues, or to otherwise fulfil the functions peculiar to a subsidized organ. But should you find it inexpedient to give my letter in full in your August number I shall feel constrained to reach the profession through the more independent Medical periodicals, and the public through the *Toronto Dailies*.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, August 8th.

#### HAMILTON CITY HOSPITAL.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

The Hamilton City Hospital is once more passing through a period of unrest. When St. Joseph's Hospital was founded some three years ago, the authorities of that institution announced that there would be no regular staff of medical men appointed, but that every physician in the city would be permitted to attend any patient whom he might send there. The result of this policy has been to make St. Joseph's decidedly popular and prosperous. Some say this prosperity has been obtained at the expense of the city hospital, which, perhaps, is true; for the majority of the profession contend that it would be exceedingly foolish on their part to send patients to an institution from which they, as physicians or surgeons, are excluded. Of over fifty medical men in Hamilton, only six general practitioners and one oculist are permitted to

attend patients in the city hospital, and the press of the city, voicing public opinion, is now demanding that some change be made. It is suggested that the hospital by law be so amended that any patient occupying a private or semi-private ward shall have the right to employ any physician he may desire. It is thought this would not interfere with the ordinary work of the staff, which would remain unchanged.

The city council and hospital staff have had a number of meetings to consider the matter, and it is thought in a short time the foregoing suggestions will be embodied in the hospital by-law.

MEDICUS.

Hamilton, August 17, 1893.

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### Book Notices.

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"*Syphilis and the Nervous System.*" A revised re-print of the Lettsomian Lectures for 1890, delivered before the Medical Society of London. By W. R. GOWERS, M.D., F.R.C.P., F.R.S., Consulting Physician to University College Hospital, Physician to the National Hospital for the Paralyzed and Epileptic, etc. Philadelphia: P. Blackiston, Son & Co. \$1.

This work, as the heading shows, is a reprint of lectures delivered by Dr. Gowers three years ago. They are three in number, and deal exhaustively on the effect of syphilis on the nervous system. The first is on the "Pathology of the Disease"; the second on, "Functional Nervous Disorders attributed to the Disease"; and the third on the "Essential Principles underlying the Prognosis. The book is well indexed, and from the eminence of the author should become one of the classics on the subject.

*Hypnotism, Mesmerism, and the New Witchcraft.* By ERNEST HART, formerly Surgeon to the West London Hospital, and Ophthalmic Surgeon to St. Mary's Hospital, London. New York: D. Appleton & Co., 1893.

In the first portion of this little book Dr. Hart explains his own theories in regard to hypnotism, mesmerism, etc., in a very intelligible, concise and readable form. He pays special attention to the differentiation of "true hypnotism" from the various impostures practised under that name by a large class of charlatans. The second portion of

the book relates a number of experiments performed by Dr. Luys, of Paris, and also describes and gives the results obtained by Dr. Hart in a series of counter experiments performed on the patients who were used by Dr. Luys in his experiments. The appendix of the book consists of an open correspondence between Dr. Hart and Dr. Luys relative to the results obtained by Dr. Hart in his counter-experiments. The book is well written, and we would heartily recommend it to all those who are interested in this branch of science.

*The Health Resorts of Europe.* A medical guide to the mineral springs, climatic, mountain and seaside health resorts, milk, whey, grape, earth, mud, sand and air cures of Europe. By THOS. LINN, M.D., Member of the British Medical Association, of the Continental Anglo-American Medical Society, Membre de la Société de Médecine Pratique de Paris, de la Société de Médecine et Climatologie de Nice, France. With an introduction by Titus Munson Coan, M.D. In one volume of 330 pages. New York: D. Appleton & Co.

This work will be found very useful, both by the public and by the profession, in determining which of the many health resorts of Europe would be most suitable for any individual case. All of the more important resorts are treated of separately; the best way to reach them, with cost; the nature of the waters, their therapeutics; the scenery and recreations; the names of the physicians and the hotels and prices. The author is thoroughly master of his subject, and the work will well repay perusal, and will give much useful information in brief form. The publishers have done their work exceedingly well.

*What to do in Cases of Poisoning.* By WM. F. MURRELL, M.D., F.R.C.P., Physician to, and Lecturer on, Pharmacology and Therapeutics at the Westminster Hospital; late Examiner in Materia Medica in the University of Edinburgh, and to the Royal College of Physicians of London.

The seventh edition of this work, published by H. K. Lewis & Co., 136 Gower Street, London, W. C., has been put on the book market lately. It is a handy little work of nearly 300 pages, and complete, to such a point, as to be practically indispensable to any physician who has cases of



poisoning to deal with. It contains all its former excellences, besides the addition of all new drugs, e.g., phenacetin, antipyrin, aniline, aconitine, etc., and a list of proprietary medicines, with their ingredients.

It, however, has one of the drawbacks of many English publications, in not having an index. This is partly obviated by the drugs being put in alphabetically. On the whole we can thoroughly recommend it to the profession generally.

*Nursing: Its Principles and Practice for Hospital and Private Use.* By ISABEL ADAMS HAMPSON, graduate of N. Y. Training School for nurses attached to Bellevue Hospital; Superintendent of Nurses and Principal of the Training School for Nurses, Johns Hopkin's Hospital, Baltimore, Md., late Superintendent of Nurses, Illinois Training School for Nurses, Chicago, Illinois. W. B. Saunders, Philadelphia, publishers. Price \$2.00.

Seldom have we perused a book upon the subject of "nursing" that has given us so much pleasure as the one now before us. The first chapter is given up to "school organization," its management, and the division of work and classes for first and second year students, while the next goes on with a description of what a hospital ward should be—strange to say it is in striking contrast to what *some* really are. It then devotes considerable space to hospital etiquette, ward discipline, etc. These pages no superintendent of a training school should neglect to read, at least once; head nurses may refer to them more frequently, while junior nurses will profit much by a careful study of them. In the chapter following, and in fact pretty much all through the book, the author places special stress upon the formation of *habits* of "order" and of "observation." Many points about the preparation of a room, its hygiene, its disinfection after contagious disease, etc., are given. A complete chapter is devoted to a description of baths, the manner in which they should be given, and a classification of the same. The preparation of disinfectant solutions is fully described, and the "metric system" is elucidated in a fairly complete and certainly useful manner. We then come to a chapter in which a smattering of bacteriology is given, along with some valuable information upon the disinfection of clothing, of furniture, of the various excreta, etc. Then the reader is treated to a description of the many kinds

of enemata, together with the manner in which they are prepared, and their mode of administration. Chapter XI., which deals with the temperature, pulse, and the method of recording notes: and Chapter XXIII., which deals with symptoms and how to observe them, should be read by every nurse, for this keeping of records is one of the things in which so many of them are deficient. A portion of the latter half of the book is taken up with the preparation of dressings, etc. One chapter is devoted to "diet," another deals with the management of "emergencies," while yet another takes up the examination of the "urine." Chapter XXIV. deals with "obstetrics"; the subsequent one with the "nursing of children." The last two chapters touch, the one upon "infectious diseases," the other upon some of the general "medical diseases." In the back there is a vocabulary, which will, without doubt, prove very useful to the *student nurse*. If the work has a fault it may be some tendency to repetition, but the fact that the author is of the opposite sex may possibly explain this to most of our readers. The publishers are to be complimented upon the style of the book, and upon the quality of the plates. We think that every nurse should have access to the pages of this little work, and we would strongly urge upon the members of our own profession the need of a book like this, for it will enable each of us to become a *training school* in himself.

#### PAMPHLETS RECEIVED.

*Operation Blank.* Second edition. Prepared by W. W. KEEN, M.D. W. B. Saunders, Publisher, Philadelphia.

*Inflammation of the Vermiform Appendix: Symptoms, Cause and Treatment.* By J. F. W. ROSS Toronto. Reprint from the *Canada Lancet*, July, 1893.

*Remarks on the Presentation of Diplomas to the Graduating Class of Barnes Medical College.* By C. H. HUGHES, M.D. Reprint from the *Alienist and Neurologist*, St. Louis, April, 1893.

*Six Months' Medical Evidence in the Coroners' Court of Montreal.* By WYATT JOHNSTON, M.D., and GEORGE VILLENEUVE, M.D., Montreal. Reprint from the *Montreal Medical Journal*, August, 1893.

# AN EPITOME OF CURRENT MEDICAL LITERATURE.

## MEDICINE.

### The Clinical Application of Ingluvin.—

Ingluvin is the name given to a preparation made from the gizzard of the domestic fowl. It is a yellowish gray powder of a faint odour, and almost devoid of taste. It is insoluble in water. Ingluvin is put up by its manufacturers (Messrs. William R. Warner & Co., of Philadelphia,) in 5 gram tablets. Ingluvin is compatible with alkalies. Its virtues reside in a peculiar bitter principle which enters into its composition. It is prescribed in the same doses and combinations as pepsin. Ingluvin was introduced to the notice of the medical profession about eighteen years ago. It is of special benefit in the relief of sick stomach. This substance may be given with success when vomiting depends upon organic affection of the stomach, as in acute and chronic gastric catarrh and in gastric ulcer. Nausea, due to disease of other abdominal or pelvic viscera, as the liver, kidneys, uterus and ovaries, is likewise relieved by the administration of this remedy. It allays the gastric irritability which accompanies tabes-mesenterica and marasmus. Vomiting produced by over-indulgence in liquor has been subdued by its powers. It has been found of advantage in cases of sea-sickness, and in the relief of the gastric irritability of bottle-fed babes. Its peculiar province, however, is alleviation of the vomiting of pregnancy, in which it approaches the character of a specific. As everyone knows, this difficulty is frequently very intractable, and one approved remedy after another may be used without avail. To those who have witnessed repeated failures of medication, ingluvin can be recommended as one of the most efficient remedies which we possess for the relief of this distressing symptom. Ingluvin is likewise beneficial in dyspepsia, when produced by functional inactivity. It is able to promptly check the diarrhoea which is caused by indigestion. By reason of its influence upon the stomach and bowels, ingluvin is capable of marked service in cases of cholera infantum and cholera morbus. From the preceding account it will be seen that

ingluvin possesses an exceedingly important sphere of usefulness.

Ten grains I found generally a sufficient dose. In some instances 20 grains were required, while in the milder forms of indigestion a 5-grain tablet, after each meal, accomplished the desired purpose. To infants I gave the remedy in doses of 1 or 2 grains.

A series of cases occurring during the past few years, in which ingluvin was administered with benefit, has been selected as affording a typical example of the efficacy of ingluvin. The total number amounted to 49, and a brief history is given of each case. They were classified as follows: 4 cases of cholera morbus; 8 of infantile diarrhoea; 9 of diarrhoea in the adult; 2 of dysenteric diarrhoea; 1 of acute indigestion; 3 of dyspepsia; 2 of dyspepsia with reflex symptoms; 1 of dyspepsia from uterine disease; 2 of flatulent dyspepsia; 1 of nervous dyspepsia; 2 of gastralgia; 2 of colic; 4 of gastric and gastro-intestinal catarrh; 1 of gastric ulcer; 1 of vomiting caused by alcoholism; 6 of vomiting of pregnancy.—*Abstract of a paper by John V. Shoemaker, A.M., M.D., in the Medical Bulletin for June, 1893.*

**Cancroin.**—In one of my former letters I mentioned the experiments which Professor Adam-Kiewicz undertook to establish the pathology and rational treatment of cancer, and the opposition which his first fragmentary communications encountered. He has now put forth a complete survey of his four years' laborious researches in this direction, and the opportunity is now given of thoroughly testing his theories. As the subject is still one of the most obscure as well as the most important, his publication will certainly be received with interest by all. He starts from the consideration of cancer as an infectious tumor, and his investigations have led to the discovery of the compound he calls cancroin, which he describes as phenol-vinyl-citronate, and which appears to be a toxine of ptomaine. This body is now obtainable for therapeutic purposes from Merck, of Darmstadt, and seems from the histories published to have a useful influence on the disorder. Let us hope that time will confirm the correctness of the author's observations.—*Berlin Correspondent Occidental Medical Times.*

### To Get Rid of the Odor of Iodoform.—

Dr. W. Washburn, of this city, writes *a propos* of a recent item on the deodorizing of iodoform: "In the *Medical Summary* for June, 1893, an article by myself gives an easier and more convenient method. It is there stated that both ether and chloroform are solvents of iodoform, and will remove every trace of it and its odor if the hands are washed with a trifle after washing with soap and water. The hands have a peculiarly clean feeling after using chloroform, dry instantly, and require no further washing. As nearly every physician carries ether or chloroform in his satchel, and as turpentine would be an additional burden, there is this also in favor of these drugs, they are always at hand. When clothing has been saturated with iodoform the proper thing is to first apply chloroform to the spot and rub it in, then wash with castile soap and water, and finally apply chloroform—or ether will do as well if chloroform is not in hand. Any seams coming within the space to be cleaned will require careful attention, just as the nails will if the hands are to be deodorized. The proper way for the nails is to dip a bit of soft wood (a match whittled flat is handy and efficient) in chloroform and with this clean under the nails. I have derived great great comfort from applying this method in daily practice."—*Medical Record*.

**Prolapsus of the Umbilical Cord.**—Take a soft sponge the size of a large orange, wash it well in hot water, then push up the cord in an interval of pain, passing up immediately after it the moist warm sponge between the uterus and the head of the child. This simple operation prevents the return of the cord, and the sponge comes away with the placenta. After an experience of more than thirty-six years, I have found this method the most satisfactory way of dealing with cases of prolapsed funis. —*British Medical Journal*.

**Treatment of "Sunstroke."**—For cases with temperature above 104° F. Ice and ice-water to head, body, rectum; continued until temperature comes down to 100, and repeated if it rises again. Antipyrine hypodermically, ten to thirty grains; or acetamide, by rectum. For cases with low tem-

perature, feeble pulse, cold extremities and profuse sweating: Strychnine, gr. 1-40 to 1-20, hypodermically, or tincture digitalis, gtt. xx., warmth to feet, lower head, loosen clothes, alcohol, camphor or ammonia in small and frequent doses. For medium or doubtful cases: Atrophine, gr. 1-100 hypodermically; acid phosphate; cold or heat to head, as feeble or exhaustive symptoms predominate.—*Waugh.—The Times and Register*.

**Cardiac Irregularities.**—Considerable attention has been devoted to the study of particular forms of cardiac irregularity, of which there are several distinct varieties. There is the form known as tachycardia, in which the heart-beat is sometimes so rapid as to defy any attempt to count them, and this condition may persist for long periods of time without the supervention of any other symptom. In many instances it is the initial symptom of Graves' disease, but not unfrequently it remains the sole and only symptom, being then possibly a "forme fruste" of that malady. In speaking of cardiac irregularities we are, it must be borne in mind, referring only to cases in which there is no discoverable structural disease of the heart. In other words, the affection belongs to the class which, in our ignorance, we designate "functional." There is a distinction to be observed between mere irregularities and intermittence. While irregularities may prove to be ephemeral in their incidence, intermittence, according to Dr. B. W. Richardson, once present is persistent. Dr. Sansom points out that the etiology, or, at any rate, the morbid associations, of all forms of cardiac irregularity not consequent upon organic disease is or are the same as for tachycardia, and he insists on the fact that in all probability the cardiac phenomena constitute the central symptom of Graves' disease, the other manifestations being, so to speak, only offshoots of this central trouble. With respect to their significance, Dr. Richardson pointed out that the prognosis is grave when the patient is himself aware of the *defaillance*, and Dr. Sansom made this an argument for carefully avoiding imparting a knowledge of the existence of these abnormal conditions to patients not previously aware of their presence. Without questioning the propriety of not unnecessarily disturbing the patient's peace of mind by such information, it does not seem to follow that

because the prognosis is unfavourable when this irregularity is perceptible to the patient, therefore that the course of events, if he be made aware of the fact at second-hand, is likely to be detrimentally affected. In the one case the gravity of the prognosis resides in the fact that the physiological disturbance is serious enough to excite the apprehension of the patient, whereas in the other the trouble is purely moral.—*London Hospital Gazette.*

### The Minor Symptoms of Bright's Disease (Dieulafoy):—

1. Auditory difficulties, ringing in the ears and deafness. Mounier has sought to bring the vertigo of Meniere's disease into this category.

2. Numbness of the fingers or hand was noted forty-six times in the sixty cases.

3. Chilliness of legs and feet observed thirty-seven times in the sixty cases.

4. Pollakiuria is equally common.

5. Pruritus, likened to the sensation produced by a hair on the skin.

6. Epistaxis, especially in the morning and starting during sleep.

7. The sign of the (temporal) artery. The arterial system is tense, the vessels are bent and hard (without there being arterio-sclerosis), and this is shown especially well by the temporal artery.

Each of these signs separately has little value; but collectively are enough to form the diagnosis.—*Le France Medicale.*

### Chest Pains.—These may be due to:

1. Intercostal neuralgia; tenderness at points only.

For neuralgia strap the chest and give arsenic, with an occasional mercurial purge. Quinine acts best after mercury.

2. Rheumatism of the fascia, the whole region being tender.

Chest rheumatism is connected with beer-drinking. The salicylates are useless; alkalies of doubtful utility. The best remedy is water, drunk in enormous quantities.

3. Neuritis; circumscribed linear tenderness.

4. Acute pleurisy; chill, fever, friction sound.

5. Dry pleurisy; very common, relieved so surely by adhesive straps that this relief confirms the diagnosis.

6. Neuroma.

7. Aneurysm, may not cause pain, even if large.

8. Cancer.

9. Ataxia.

10. Spinal disease.

11. Bronchitic pain; calls for strapping and opium.

12. Myalgia; relieved by straps.

13. Mitral disease; rarely painful.

14. Aortic disease; generally painful.

15. Dyspepsia; diffusible, radiating pains.

16. Diabetes mellitus, in later stages; pain at centre of sternum. A bad omen.

17. Zoster; pain may precede eruption for days.

18. Angina pectoris.

19. A pseudo-angina, occurring in women; not relieved by nitrites, but instantly by chloroform.

20. Phthisis.

21. Syphilis.

22. Gout.

—H. M. BROWN, *Cinn. Med. Jour.*

**The Cholera.**—Under date of July 1st *The Lancet* gives the following account of the prevalence of cholera. There is not much to be added of a very satisfactory or reassuring character to our report of last week. Cholera seems to be widely distributed at the present time, although, if we except Mecca, it has not manifested itself with epidemic strength or severity at any particular place. In Europe it has been generally mild in form but persistent in character. At Mecca, however, the outbreak has been very severe and is still increasing with alarming rapidity. The deaths on June 25th numbered 455, and later reached even 1,000 a day. During the first ten days of last month 62,000 pilgrims passed through Jeddah alone, and further arrivals are still announced. As regards France, cases of cholera have occurred in the northwest, west, and south of that country, and the disease seems to have been widely distributed. The health of Paris keeps good, but not so that of other parts of France. For some time past cholera prevailed to a limited extent in Brittany, especially at Lorient and Quimper, and subsequently the disease appeared in Southern France. Cases of cholera, with the usual proportion of deaths, have occurred at Nimes, Montpellier, Cetta, Bezèses,

Frontignan, Alais, Lyons, Toulon, Nantes, Hyères and Marseilles. The disease is extending south-westward to the frontier of Spain. The valley of Andorra in general has suffered, and at Pamiers, in the Arriège department, the visitation is said to have been severe. Nantes in the west is affected, with a prospect of the disease extending up the valley of the Loire, and there are rumours of suspicious cases of choleraic disease at Bordeaux. According to a telegram from Paris of June 28th, it is reported from Carcassone that an outbreak of cholera, which is attributed to the bad water, has occurred in the village of Luc-sur-Aude, where, out of 200 inhabitants, 12 deaths have been registered and 15 cases are under treatment. The people have fled from the commune. Fresh cases are reported from Hyères and Seyne.

Telegrams from St. Petersburg, dated July 12th, report that the city has been officially declared to be in a healthy condition. Fifty medical men who had been detained at the military academy for fear that there would be an outbreak of cholera have been dismissed to their homes. The last weekly official report on the epidemic in Russia gives the following figures for the provinces where the disease prevails: Podolia, 310 new cases, 100 deaths; Bessarabia, 35 new cases, 15 deaths; Orel, 32 new cases, 12 deaths; Kherson, 18 new cases, 9 deaths; Toulou, 8 new cases, 3 deaths. From Budapest the news comes that true Asiatic cholera prevails in Hungary to a slight extent, the prompt measures taken by the government having prevented thus far any alarming spread of the disease. There has been an average of two cases daily. The number of deaths, if there have been any, has not been reported. Eighty-five cases of cholera are reported in the hospital at Alexandria, Egypt. Forty deaths from the disease have occurred. There were five new cases of cholera and four deaths from the disease in Toulon during the twenty-four hours, ending July 12th. — *Medical Record*.

Dr. E. P. Davis gives the following in cases of slight shock, following abdominal operations:

R.—Elixir Ammonii Valerianati. . . . . ʒ i.  
Spirit Frumenti. . . . . ʒ ii.  
Aqua bullient. . . . . ʒ ii.

M.—Sig. As an enema every two hours. — *Lancet Clinic*.

**Aperient Pill of Sumbul. An Efficient Combination.** Sumbul, or musk root, is an excellent antispasmodic and nervous tonic. Its action resembles that of musk and valerian. In small doses it stimulates appetite and improves digestion. It allays irregular nervous action, and is beneficial in depressed or excitable condition of the nervous system. Sumbul may be very advantageously employed in the treatment of hysteria, neurasthenia, neuralgia, functional irregularity of the heart, restlessness, the insomnia of chronic alcoholism, and nervous dyspepsia. The extract is given in the dose of  $\frac{1}{4}$  to 1 grain. It is essential that it be made from a pure specimen. As most of these disorders occur in neurotic individuals especially women with impaired nutrition, a morbidly sensitive organization, dyspeptic difficulties, and sluggish movement of the bowels, I have advantageously, in many instances, associated it with nervine and laxative remedies. The following combination, which I have devised, is now put up on a large scale by the well-known manufacturing pharmacutists, Messrs. William R. Warner & Co. Each pill contains:

R Ext. Sumbul. . . . . gr. i.  
Asafetida . . . . . gr. i.  
Ext. Cascar. Sagrad. . . . . gr. ss.  
Aloin. . . . . gr. 1-10.  
Ext. Nucis Vom. . . . . gr. ʒ.  
Gingerine . . . . . gr. ʒ.

M The dose is 1 or 2 pills.

From a long list of cases in which the above pill proved of value, a few examples are selected:

A light complexioned, florid young woman became subject to spasms of hysterical chorea. There were twitching and jerking of the muscles of the forearm and face. Two pills were administered thrice daily with excellent results. The paroxysms gradually became less frequent, and at length ceased.

A woman was subject to aching pain in the loins, radiating to the pelvis and groin. Attacks of intercostal neuralgia also occurred: she was weak, and often had palpitation of the heart. The patient made a complete recovery.

The same treatment was of marked benefit in the case of a woman who, consecutive to her first confinement, had suffered for nearly a year from

palpitation, dyspepsia, constipation, mastodynia, headache and giddiness. The action of the heart was rapid and irritable, but there was no organic disease.

A lady, about five weeks pregnant, suffered from an almost constant headache, and could not sleep well; was nervous, depressed, weak, dyspeptic and constipated. The pills corrected the state of the digestive apparatus, banished the pains and nervousness, and the patient progressed without special difficulty to the end of her term.—*Abstract of a paper by John V. Shoemaker, A.M., M.D., in the Medical Bulletin for May, 1893.*

**Treatment of Post-Partum Hæmorrhage.**—Dr. Ernest Herman, obstetric physician to the London Hospital, has published a paper on this subject. He says that in the treatment of post partum hæmorrhage nothing can be relied upon that does not ensure compression of the bleeding vessels. The chief precautions against the prevention of hæmorrhage are care not to extract child or placenta when the uterus is not contracting, and close supervision of the third stage of labour. The post partum hæmorrhage under discussion is the common kind, namely, that due to uterine atony. The modes of stopping bleeding after labour may be divided into three groups, according to their principal aims, which are: 1st, to make the uterus contract; 2nd, to compress the bleeding veins; 3rd, to clot the blood.

There are three ways of making the uterus contract, namely, direct stimulation, indirect stimulation, and drug stimulation. Direct stimulation, such as kneading with the hand outside, is almost always successful for the time, and in the slighter cases its repetition at intervals is enough. The second step is to pass the hand into the relaxed uterus. Not only does this stimulate the uterus, but by it we gain help in diagnosis and prevention. The business of the intra-uterine hand is to find out if there be anything in the womb which is causing bleeding; and, if there be, to remove it. Injection of hot water provokes contraction and does good by washing out loose clots, etc. Water in which the accoucheur can bear to immerse his hand will not injure the tissues. Cold water, or ice, or electricity may also be used. Reflex stimulation may suffice, through the nerves of the skin

by applying ice or cold to the vulva or abdomen, or of the breast by putting the child to the bosom. Drug stimulation is represented by one drug—the only one which produces uterine contraction and retraction—namely, ergot. Its chief uses are as a prophylactic, given immediately after the birth of the child; and after bleeding has stopped, to make tonic the contraction produced by other means. As regards the treatment of exhaustion of contractile power—the worst cases in these—pressure, or blood clotting, or a combination of both must be relied on. The injection of perchloride of iron stimulates the uterus to contract and clots the blood. The objections to this treatment are: first, that it is dangerous; and secondly, that it is not always successful.

Plugging the uterus with iodoform gauze, the new German treatment, may be dangerous; sudden death has taken place from the entrance of air into a uterine vein while the gauze was being put in. Continuous compression is the best and only remedy when the contractile power of the uterus is exhausted. There are various methods of employing it. The right way is to compress the uterus between one hand in the vagina and the other on the abdomen. The best way is to bend the fingers of the left hand into the palm, and grasp the uterine body between the right hand on the abdominal wall and the firm resisting surface formed by the closed fingers and volar prominences of the left hand in the vagina.—*Brit. Med. Journ.*

**Nitroglycerine for Vomiting.**—Humphries (*British Medical Journal*, No. 1683, p. 693) reports having employed nitroglycerine systematically for three years in all forms of vomiting encountered, with highly satisfactory results. In cases of gastric catarrh in the adult or in the infant, acute or chronic, dependent upon alcoholism or upon anæmia, it acted almost as a specific. It also proved useful during pregnancy. In peritonitis alone it increased the vomiting, but the effect soon passed off. It proved of little value in the relief of the vomiting of pulmonary tuberculosis. In combination with catechu it acted well in several cases of henteric diarrhœa. The vomiting of influenza was also relieved by the use of the agent, which was in no instance attended by bad results.—*Medical News.*

**The Diazo Reaction.**—Dawson (*Dublin Jour. Med. Sci.*) discusses Ehrlich's test, in the light of numerous experiments, and comes to the following conclusions.

1. The diazo reaction is generally found in typhoid fever more constantly than in any other except measles and acute phthisis.

2. The reaction cannot be used diagnostically in these three, or against typhus.

3. It may be used to distinguish measles from rotheln.

4. The substance causing the reaction does not give to urine any color, odor, reaction, deposit or specific gravity, nor does it produce albumen, sugar or indican, though these are often present also.

5. It is not free acetone, nor is it a product of Eberth's bacillus. *Times and Register.*

### The Chances of Success in Medicine.—

President Charles I. Thwing, of Western Reserve University, has made a number of interesting educational studies, and among these is a article in the current *Forum* on "College Men as Successful Citizens." He has taken "Appleton's Cyclopædia of American Biography" and examined the contents with reference to the occupation and education of each person whose history is recorded. The Cyclopædia contains biographies of 15,142 persons, and it assumes to include all Americans whose life-work has been sufficiently successful to entitle them to a record. It is interesting to note the number of medical men in our country's history who have distinguished themselves. This number is exactly 912. As the prominent clergymen number 2,744; soldiers, 1,752; lawyers, 1,678; statesmen, 1,310; business men, 1,105; authors, 1,124; artists, 630; educators, 1,016; scientists, 522, it will be seen that the number of eminent men among physicians is about half that of lawyers and one-third that of clergymen. It would not be far out of the way to assume that about 300,000 doctors have started out in life in this country during the present century, and, if that be so, the chance of a doctor becoming famous is one in three hundred.

Of the 15,000 distinguished men in the Cyclopædia, 5,326 were college-bred, and among these 473 were physicians. In other words, one-half the distinguished physicians in this country were col-

lege educated men. The chances of becoming distinguished are, therefore, enormously increased by such a training.

Here is a fact which the American Academy of Medicine ought to herald abroad, for it is the strongest evidence yet furnished in favour of their propaganda. If a young man who has chosen his profession knows that his chance of succeeding in it will be increased from one in three hundred to one in about six by a certain course, he will, or at least he ought, to make great sacrifices in order to take advantage of this, for it will pay him in the end.—*N. Y. Med. Record.*

**Iatrol in Dysentery.** J. H. Sackrider, M.D., states. In the case of a child two and a half years of age, almost exhausted from dysentery, and for whom I had not the slightest hope of recovery, I began using iatrol only after every other means had failed me, introducing through a soft catheter five grains of iatrol in a quart of warm water as far into the bowel as possible. The result was almost magical, no more blood after first washing, a few stools of slime or mucus, then natural movements, and the child made a rapid recovery.

Since this experience I have used iatrol in all severe cases of dysentery, increasing or diminishing dose as indicated, using it in very warm water every four, six, eight or twelve hours, and always with the most happy results.

**Diuretin.**—Dr. James B. Herrick thus concludes a paper on this subject recently read before the Chicago Academy of Science (*Journal of the American Med. Asso.*).—

My study of the literature of diuretin and experience with the remedy seem to warrant the following deductions.—

1. Diuretin is a diuretic acting by direct stimulation of the renal epithelium and best suited to cases in which there is general dropsical effusion.

2. It is the best medicinal remedy for removing dropsical fluid due to valvular disease of the heart, after digitalis and pure cardiac tonics have failed.

3. It can be advantageously combined with digitalis and pure cardiac tonics.

4. It probably has a direct effect upon the heart as well as upon the kidney, slowing and strengthening its action and improving its rhythm. (This is

disputed by some, viz. : Cohnstein, "Ueber den Einfluss des Theobromins, etc., auf den arteriellen Blutdruck." Inaug. Diss., Berlin, 1892 )

5. Diuretin has oftentimes a beneficial effect in other circulatory diseases with dropsy, as myocarditis, pericarditis, aneurism, arterio-sclerosis. Its action is here more uncertain than in valvular disease.

6. In the dropsy of nephritis it can be used without danger of irritating the kidney, the effects in acute nephritis being more certain than in chronic nephritis. Where the renal epithelium has undergone too extensive degeneration, the drug may fail to act.

7. In the dropsy of portal obstruction, and especially of cirrhosis of the liver, it usually fails to give good results.

8. It occasionally causes nausea, vomiting, diarrhoea, palpitation, headache, and slight fever : rarely, skin eruptions follow its use.

9. The maximum daily amount that can be given with safety is 150 grains ; the average daily amount is 50 to 120 grains, given in divided doses. When combined, in heart cases, with cardiac tonics, smaller doses of diuretin can be employed.

10. It should be given in solution in water or milk, or in pill or capsule, without acids, and by preference between meals.—*College and Clinical Record*.

### The Treatment of Diabetes Mellitus by Feeding on Raw Pancreas and by the Subcutaneous Injection of Liquor Pancreaticus.—

Dr. W. Hale White presents a very careful report of two cases under observation. Each patient was for the whole period kept upon a diet consisting each day of twenty Soya-bean biscuits, two eggs, two ounces of butter, two almond biscuits, one fluid ounce of milk, twelve ounces of cooked meat, greens, watercress, tea and soda-water. The state of the patient and of the urine on this diet having been ascertained, each was given, in addition, for his supper, about two ounces of raw fresh sheep's pancreas chopped fine and flavoured with pepper and salt. When this was discontinued, five minims of liquor pancreaticus were injected subcutaneously night and morning, the restricted diet being as before. As regards sugar, in one case it was distinctly less when raw pancreas was taken

than it was before, and the same effect, but to a less degree, was associated with the injection of liquor pancreaticus subcutaneously. In the second case neither of these methods had any effect in reducing sugar. Neither feeding on pancreas nor the injection of liquor pancreaticus had any decided effect upon the quantity or specific gravity of the urine. It is doubtful if either of these methods had any effect upon the urea. The patients do not lose weight when treated with the pancreas ; perhaps they gain a little ; and if there is any other alteration, they feel a little better for the treatment. As disadvantages are cited the fact that the first patient suffered from a severe erythema accompanied by fever, and that the second, although having no rash, yet experienced a rise of temperature and a slight sore throat upon one day. The conclusions are that it is very doubtful whether feeding on fresh pancreas or the subcutaneous injection of liquor pancreaticus is of any benefit in diabetes mellitus.—*British Medical Journal*, 1893, No. 1679, p. 452.

**Bromoform in Whooping-Cough.**—Mr. F. W. Burton-Fanning recommends this remedy, which is conveniently dispensed in the proportion of ʒi minim, suspended in half drachm of compound tragacanth powder, the same quantity of simple syrup, to which three drachms of water is added. The dose varies from half minim for children under one year, to two minims up to six years, given thrice daily. The doses may be gradually increased to twice the quantity. The bottle must be kept in the dark, and shaken before each dose.—*The Practitioner*, 1893, No. 296, p. 100.

### For Urticaria of Children (*L'Union Méd.*):

R. Chloral hydrat.  
Camphoræ pulv.,  
Acaciæ pulv., aa ..... ʒj.  
Triturate until liquefied, and add  
Cerat. simpl. .... ʒj.

M. Sig. Apply topically.

Bromide of strontium is recommended for the relief of vomiting (*Repert. de Pharm.*) 15 grs. before meals relieves nausea, and this dose—30 to 45 grains a day—is said to be efficacious even in the obstinate vomiting of pregnancy.—*College and Clinical Record*.



**Case of Coincident Measles and Varicella Rashes.**—John Thompson, M.D., Lecturer on Diseases of Children, School of Medicine, Edinburgh, reports a case as follows :

On January 2nd I was called to see David C., aged five years, on account of a very copious, widely-distributed, varicella rash, which had begun on December 31st. The attack proved an unusually severe one, many of the vesicles became pustular and small sloughs joined afterwards in many places, leaving considerable pitting.

On Jan. 11th his sister Jessie, aged seven, had a severe headache with watering of the eyes, and was hot and thirsty.

On Jan. 14th, in the morning, a rash was noticed on the abdomen, and by the time I saw her, on January 15th, she was covered with it from head to foot. This rash had the usual character of that of measles, but on close inspection it was found to be complicated by the presence of enormous numbers of varicella vesicles. These were found all over the surface of the skin, including scalp, and also on the mucous membrane of the tongue, cheeks, palate and pharynx. The temperature was 103.3° F. The measles ran an ordinary mild course, accompanied by slight bronchitis. The varicella also was tolerably mild in type: for although there was a larger number of vesicles than I remember to have seen in any other case. They did not suppurate, and rapidly dried up.

On Jan. 23rd, David again took ill; this time with coryza and headache, and these lasted till, on the 27th, a copious measles eruption appeared.—*Archives of Pediatrics.*

### Some Peculiar Effects from Large Doses of Hyoscine in a Case of Acute Alcoholism.

—(By James Porter Fiske, M.D., New York.) Of late years hyoscine has been placed before the profession as a valuable hypnotic in conditions of insomnia with delirium tremens, high mental tension, &c. During the past winter I had occasion to treat a gentleman suffering from an attack of insomnia, chiefly due to over-indulgence in wine, but also due in a measure to business troubles.

Hyoscine hydrobromate was used, and as the action of the drug was somewhat different from that expected, and as a pure preparation was used hypodermatically, a report of the case will be of value

to those who are making a study of the drug's action.

The patient, a man of forty years of age, health good, had of late suffered from insomnia, due to troubles connected with his business. I was called to see him on a Sunday evening, and learned that he had been drinking constantly for some days and nights. He was very restless, walking up and down the room, lying down for a minute and then starting up again. When walking, his gait was good. His speech was articulate, and most of the time intelligent. He was apparently very nervous, and begged for something to put him to sleep. At times he would see about him the faces of friends, and with them he would converse.

Eleven p.m. — Gave hyoscine hydrobrom., 1 100 grain, hypodermatically; absolutely no effect in forty-five minutes. The dose was repeated, and then I had to leave the patient.

I was called the next morning at half-past seven. He had dozed for half an hour after receiving the second injection, and had then returned to his former condition of extreme restlessness. I determined to continue the use of hyoscine, and decided to give larger doses, and obtain a marked action from the drug if possible.

Eight a.m. — R Hyoscine hydrobrom., 1-50 grain, hypodermatically. In fifteen minutes the patient complained of his extremities feeling peculiar, somewhat "numb and prickly." His hands assumed a purplish hue, and felt cool. He rose from the bed and attempted to walk, but after going about four feet his legs gave way, and he fell to the floor, though up to this time, in walking, his gait had been good. He complained of great weakness in both legs. He turned to me, and in a husky voice, hardly articulate, told me that these symptoms were due to the drug I had just administered. In a few minutes he again attempted to walk, and after tottering a few feet again fell.

I watched him carefully and noticed that his speech had become confused, markedly difficult, his voice husky. The pulse was 90.

In two and one-half hours, at 11 a.m., his hands had returned to their normal colour, his walk was again steady, speech was clear, and his legs "felt all right again." During these hours he at no time felt inclined to sleep. No other drug had been administered. He had had but one half hour's

sleep in forty-eight hours, was in great mental distress, and begged to be put to sleep. I gave him morphine sulph., one-half grain, and left him.

I returned at 5 p.m., and found him awake and restless. He had slept one-half hour after the morphine. He saw about him familiar persons with whom he engaged in conversation. In a moment he turned to me, and said that he knew the faces were hallucinations.

I determined to try hyosine again and see just what the action would be on him. His condition at this time was as follows: Pulse, ninety-six, respiration, twenty, and regular; very restless. In walking, his gait was good. His speech was clear and intelligent as a rule. His only hallucinations were when he engaged in conversation with imaginary faces. He was constantly changing his position, starting up and then sitting down.

Five p.m.—Hyosine hydrobrom., 1.50 grain, hypodermatically. In a few minutes he attempted to rise, did so with difficulty, and taking one step sank to the floor. He complained of great loss of power in both legs; speech was difficult (articulate). Respiration was slightly irregular and laboured. His extremities again felt numb; his hands and face were markedly purplish and dusky. Pulse, 112. No feeling of sleepiness. These symptoms gradually disappeared in three hours without treatment.

At no time had the hyosine produced a hypnotic effect, the chief effects being motor paralysis, as indicated by loss of power in the extremities, sensory disturbances and impairment of speech, with some circulatory disturbances. I then put the patient on chloral and bromides in large doses, followed by the hypodermatic use of atropine and strychnine, with very favourable results.

This case is of more than passing interest as it has been very generally stated that in alcoholic mania and in the insomnia of acute alcoholism, hyosine is of the greatest value.—*Medical Record*.

**Constipation in Infants.**—Very little medicine should be given in all these forms of constipation in infants and children. The best, after all, may be magnesia, as there is frequently too much acid in the intestinal tract of the young. It will at the same time neutralize the acid and relieve the bowels.

Whenever an addition is necessary, rhubarb will suffice. In most cases an enema will be sufficient to relieve constipation. It should be given every day for a long time. There is a prejudice against rectal injections which is unfounded. They should not be given too hot or too cold. They may contain a small quantity of salt, so as to make a two-thirds of one per cent. solution.

In those cases where constipation is very obstinate, the enema should be given through a tube, from four to six or eight inches in length. Beyond that it is usually impossible to introduce a tube.

—*A. Jacobi, M.D., Intestinal Diseases of Infancy and Childhood.*

### To Hasten Desquamation in Scarlatina.

—The following is recommended:

R Resorcin.....	ʒij.
Lanolini.....	ʒiiss.
Olei sesami fl.....	ʒss.
M. et. ft. ung.	

Sig.—Rub into skin. —*Lancet-Clinic.*

**Hysterical Tremor.**—Popoff (*Arch. de Neurol.*, May, 1893) reports the case of a man, aged 21, who from infancy had been subject to attacks of rhythmic tremor in his lower limbs, specially affecting the flexors and extensors of the feet. Each attack came on without apparent exciting cause, lasted about a fortnight, terminated suddenly, and was followed by exhaustion. The rhythmic movements were very rapid, of slight amplitude, and were notably increased by emotion, attention, or voluntary effort. Mechanical and myotatic irritability of the muscles generally was excessive; muscular power was enfeebled. During the attacks the tremor only ceased when the patient was asleep; the sense of touch was impaired below the level of the iliac crests and Poupart's ligaments; sensibility for pain and temperature was abolished over the same area. Above that limit, all the forms of cutaneous sensibility were intact. Each visual field for white was greatly reduced, both in the attacks and intervals; the other sensory derangements persisted only as long as the tremor. The length of intermission usually was about three weeks.—*British Medical Journal.*

## SURGERY.

**Grafting with Pigeon-skin.**—Being called upon to attend those injured in neighbouring mills, on some of whom it became necessary to do skin-grafting, and the want of a more easy method of performing the operation, says Dr. Aldrich, suggested to me the idea of grafting the granulating surfaces with squab-skin.

The Thiersch method of grafting has one feature that makes it appear like quite an operation to the patient and his friends, and that is the necessity for an anæsthetic in order to take the grafts from the patient or someone else.

In my first attempt at pigeon-skin grafting I selected a pair of young squabs that were of an age when the feathers had not yet shown themselves along the under surface and under the wings. I removed the featherless skin and placed it on a healthy granulating surface, which had previously been cleansed with a four per cent. boracic acid solution. The result of this first operation was fairly satisfactory. Since this first pigeon-skin grafting I have grafted a few times.

The last time I grafted a granulating surface the operation was as successful as anyone could wish. I proceeded as follows: Having killed two squabs that were about half grown I immersed them in warm boracic acid solution and quickly plucked the feathers; then immersing them in a clean boracic solution, I proceeded to scrub them. My next step was to skin them, removing large pieces at a time, which were immediately placed in warm sterilized water. The granulating surface having been thoroughly cleansed with boracic solution, and then with warm sterilized water, the grafts were placed upon it. Over the grafts guttapercha tissue was placed, and then warm compresses wrung out in warm boracic solution; over these a layer of dry cotton, and then the bandage.

In my former operations the pus and the liquefied grafts had floated many good grafts and prevented their "taking." I therefore concluded to change the dressings earlier than I ever had before. About forty hours after the operation the dressings were removed, the pus and melted pigeon-skin mopped away with wet compresses; the grafts that were not melted were left in place, and over the surface was applied plain gauze with a layer of

resin ointment spread on it, over this borated cotton and then the bandage.

At the end of the next forty-eight hours it was dressed again in the same way, and at the end of the following forty-eight hours it was dressed again. Since this dressing it has been dressed every third or fourth day either with boracic vaseline or resin ointment.

*Observations.*—Do the grafts grow by a reproduction of their own elements, or do they simply stimulate the granulations, and cause them or the tissues underneath them to take on an epithelial growth?

In one case that I grafted the surface had been stripped by cogs. In the upper part of this lacerated area was a small island of skin that was not removed, but which in time became completely lost sight of, on account of the granulations having swallowed it up, so to speak; yet, later, this same skin came to the surface, and its edges finally coalesced with the skin at the margin of the wound and also with the grafts which had "taken," in close proximity to it. The swallowing of this island seems to me to be analogous to the swallowing of the epithelial cells, which later only spring to the surface just as this island did.

The success of this method of grafting in my hands appears to me to be equal to the success of the auto-epidermic-Thiersch method. Pigeon-skin grafting does not necessitate an anæsthetic; its failure does not discourage because squabs are as cheap as a can of ether, and you can graft without even the consent of the patient, or, in fact, the patient hardly knowing what you are doing.—*Bos. Med. and Sur. Jour.*

**Gunshot Wound of Stomach.**—A singular case was reported at the meeting of the Georgia State Medical Association in April. The patient, a negro, had received a pistol shot said to be in the stomach. After careful examination, the doctor found that in the fight, which had occurred two hours previously, his patient had received a wound directly over the stomach. A casual examination with the eye alone was all that was necessary to show that the ball had penetrated the cavity of that organ. A more thorough examination was made with the probe, and it was found that the ball had entered at a point about two

inches below and to the left of the nipple, at the tip of the ensiform cartilage of the sternum. The probe passed readily into the cavity of the stomach and the doctor supposing that the ball had passed through and lodged in some other portion of the body, did not pursue the examination further. At a third visit, which was about forty eight hours after the boy had received the shot, he ascertained that there had been two or more free evacuations from the bowels, and to his great surprise, the ball had passed with one of these evacuations. The wound healed by first intention, and just one week from the date of the injury the boy returned to his work.—*Southern Medical Record*.

Dr. W. W. Keen, in a paper read before the Philadelphia Academy of Surgery called attention to a method of operating about the face, by which but little blood enters the mouth during the operation. He placed the patient on a flat table, with the operated side turned a little down and cut through the skin down the mucous membrane, but not through it. He then secured all the vessels before opening into the mouth. In this way the blood was prevented from entering the mouth, and the total loss of blood lessened. In this case Stenson's duct was involved in the operation; it was stitched to the mucous membrane of the upper jaw, and there had not been the slightest trouble from fistula. The incision was a very wide V, the linear incision corresponding to the apex of the V being on the cheek, and the widest part is the base of the V inside the mouth.—*College and Clinical Record*.

**Chronic Nasal Catarrh, and what the General Practitioner can do for it.**—Dr. Edward J. Birmingham read a paper on this subject. He thought that on account of the extreme frequency of chronic nasal catarrh, which was to be regarded not as a disease, but as a symptom of various pathological conditions, every physician should have some practical knowledge of rhinology. In order to diagnose and successfully treat ordinary cases very little apparatus was required, and anyone by devoting a little attention to the subject could readily acquire all the skill that was necessary in making examinations and in the application of remedies. In case any condition were

present which required operative procedures the general practitioner would thus be enabled to detect the trouble and send the patient to a specialist, and if this were not the case he would be fully competent to conduct the treatment himself. The ordinary nasal douches, he said, were apt to prove injurious, and it was equally injurious to forcibly inject fluid into the nasal cavity. As a substitute he exhibited a convenient douche, by means of which fluid was made to pass gently through the passages merely by gravity. He also explained the method of using sprays and insufflations, anteriorly and posteriorly. As an alkaline and antiseptic agent, he had found glyco-thymoline a most admirable preparation, and he had also found a solution of iodoform and tannin in ether (which left the iodoform and tannin deposited upon the mucous membrane) extremely efficacious. For insufflation stearate of zinc was one of the most useful remedies, and in atrophic catarrh the use of Reichard's ventral oil had been attended with good results in his hands. In conclusion, he spoke of the necessity of judicious constitutional treatment in connection with local measures, and incidentally remarked that if any permanent benefit was to be expected it was essential that the patient should entirely give up smoking, if he were addicted to the habit.—*Medical Record*.

**Restoration of the Eyelid by Means of the Skin of a Frog.**—Gillet de Grandmont presented to the Ophthalmological Society of Paris (*Annales d'Oculistique*, April, 1893) a young man, aged eighteen, who was afflicted with cicatricial ectropion of the upper eyelid, rendering closure of the eyes impossible. There was a separation of eight millimetres between the palpebral edges. He proceeded first to suture the eyelids, after relieving the ectropion, obtaining a large surface, which he covered by means of the skin taken from the stomach of a frog, rendered aseptic by allowing the animal to float in a solution of boracic acid. He manufactured a tessellated graft by means of small sections of the skin placed one in contact with the other. The result was good, although several of the sections gave way and had to be replaced. At the end of six months the eyelids were practically normal.—*The Therapeutic Gazette*.

**Surgical Treatment of Gall Stones.**—Duncan (*Edinburgh Medical Journal*, June, 1893), after detailing several cases coming under his observation, reaches the following conclusions:

1. That when the stones lie in the gall bladder or lightly impacted in the cystic duct, cholecystotomy is a safe and easy operation.

2. That if the stone be impacted in the common duct, the gall bladder is apt to be small, and such structures as the stomach and colon are prone to be adherent in awkward positions.

3. That in such cases it is safe to incise the duct and drain from the wound.

4. That, considering the perfect health enjoyed by patients with biliary fistula, there are few cases in which it would be justifiable to form a new route for the bile into the bowel—*The Therapeutic Gazette*.

**Reposition of Incarcerated Hernias with the Aid of Electricity.**—Dr. J. Mareley (*Wiener med. Presse*, No. 23, 1893) has employed galvanic currents of high intensity in the reposition of incarcerated hernias. The patient is placed in a position favorable for taxis and a moderate-sized positive electrode is applied to the hernia, armed with a sponge, dipped in warm salt and water, while a second, the negative, pole, is applied a few centimetres away from the hernia. The current of a battery of twenty to thirty elements is allowed to act, increasing its intensity for two to five minutes as much as the patient will be able to bear. Then remove the electrode and try taxis, which, if it fail, may be followed by a second application. In this way he has been able to reduce even old irreducible hernias. In these latter the séances were held daily, or every two to three days, and were not longer than fifteen minutes in duration. In a few weeks after the adhesions have separated or weakened the hernia may be easily replaced.—*Lancet-Clinic*.

**Chancres.**—Excision of the chancre has been tried a sufficient number of times to show that it cannot be relied upon in any way to prevent infection of the system with syphilis. A recent writer in the *New York Medical Journal* gives a resumé of the opinions of leading syphilographers and they are almost unanimously against the procedure, Neisser and

Auspitz forming the only exceptions of note. The writer referred to describes two cases in his own practice, one where he excised a chancre upon its first appearance eighteen days after exposure, and the other where he cauterized an abrasion upon the prepuce only two hours after the suspicious intercourse, but in both of these cases secondary symptoms appeared in due course of time.—*North-western Lancet*.

**Tropacocaine in Ophthalmic Practice.**—In the *British Medical Journal* for June 24th Dr. G. Ferdinands publishes the results of his clinical observations on tropacocaine in ophthalmic practice. He finds that it is more reliable in its action than cocaine, the anæsthesia it produces lasting a little longer and also being produced in inflamed tissue. There is a complete absence of that haze over the cornea that is so characteristic of cocaine anæsthesia. For general use a two-per-cent. or three-per-cent. solution is sufficient, and a five-per-cent. solution may be used with safety when anæsthesia of the deep-seated parts of the eye is required. The solutions made with distilled water keep well and retain their strength for months; and in only one case, in which a ten-per-cent. solution was used, did any disagreeable symptoms occur. It practically has no mydriatic action and it is not a hæmostatic.—*New York Medical Journal*.

**Treatment of Compound Fractures.**—Treves recommends a method of treatment for compound fractures which he has used in his wards in the London Hospital, in sixty-one cases during the past six years.

1. The limb is at once covered with lint soaked in carbolic solution, and subsequently carefully cleaned, protruding fragments of bone replaced, etc.

2. Ordinary wooden splints are employed, well padded, and held in place by fine webbing fastened by buckles, thus permitting tightening or loosening without disturbing the limb, as well as free inspection. Bandages or adhesive strips are deprecated.

3. The limb is kept throughout the treatment in the open air, the atmosphere under the bedclothes being particularly dangerous. In fact all wounds of the lower extremities are kept out of the bedclothes in the writer's wards.

4. To allow free exit to blood and serum, and

at the same time prevent infection, iodoform or creolin powder is dusted freely over the wound, more being added as fast any discharge comes through. A crust is thus formed, which, when picked off at the end of a week, exposes a healed or healing wound. When the opening is in a dependent position, a quantity of powder is dusted on a wad of cotton and thus applied to the wound.

Eighty per cent. of these cases healed without suppuration, eleven suppurated, and five required secondary amputation.—*Annals of Surgery*.

**Treatment of Burns.**—The most exquisitely painful burns are assuaged in a few moments by an application of cocainized campho-phenique, after the following formulâ: R. Cocaine Hydrochlorate, grs. v.; Campho-Phenique, Olive Oil, aa ʒss. M. Rub up the cocaine and campho-phenique and add the olive oil. A man whose hand had been torn and badly burned by an electrical discharge, the pain of which was so severe that he fainted twice before the dressing could be applied, expressed himself as absolutely without pain in less than one minute after the application.—*Med. Review*.

**Infantile Constipation.**—When the stools are hard and clay-coloured, the following has been recommended by Ringer:

R.—Resinæ podophylli..... gr. i.  
Alcoholis..... ʒ i.

M.—Sig. One or two drops on sugar t.i.d. to infant one or two months old.—*Medical World*.

**Trephining for Cerebral Softening.**—Lanphear (*Univ. Med. Mag.*, July, 1893) advocates trephining in cases of softening after cerebral hæmorrhage, in which evidence is presented of profound irritation or disturbance in those convolutions which preside over the intellect, long after the subsidence of immediate pressure symptoms. In such cases, it is thought, surgical treatment may be fairly applied; not with the object of improving paralysis or any other manifestation of destruction of the cortex or communicating fibres, but of clearing out a quantity of irritating material, and substituting some other, as blood-serum or cerebro-spinal fluid, which will, within a brief period, fill

the cavity and not give rise to symptoms of irritation. A case is reported in which trephining was practised on a man aged 56, who, after an attack of cerebral hæmorrhage six years previously, remained totally aphasic and paralyzed in the right arm. The memory was good, and the intellect not persistently affected; but the patient at times was very irritable, and had frequently threatened the life of his wife. He often suffered intensely from headache. The skull was trephined over the region of the lower part of the left Rolandic fissure, and exit given to a large quantity of broken-down brain matter and other *débris* of a creamy consistence. The operation was followed by a speedy recovery, and since June 27th, 1892, the date on which it was performed, the patient had had no recurrence of the headache or mental irritability, though, of course, there was no improvement with regard to the aphasia and the paralysis of the right arm.—*British Medical Journal*.

**Chancres of the Hands and Fingers.**—Prof. Fournier (*Hospitals-Tidende*, No. 10, 1893) finds chancres of the hands and fingers to be chiefly observed in physicians, medical students, and midwives, in following their profession. It rarely resembles the usual chancre. At the ends of the fingers they do not present induration, around the nail they are horse-shoe shaped at the lower border, or bean-shaped at the side of the nail. It may resemble a simple felon. Chancres of the fingers are usually followed by severe symptoms, for in fourteen out of forty-nine cases there were grave tertiary symptoms, and six with cerebral syphilis. In grave cases he has the arm carried in a sling, lukewarm local baths twice a day for twenty minutes at a time, and dresses it with iodoform salve and cotton. In chancre of the nail, it is better to remove the nail-sooner or later. As soon as the diagnosis is made, begin anti-syphilitic treatment, and as energetically as the patient can bear it.—*Lancet-Clinic*.

**The Toxin of Tetanus.**—Courmont and Doyen (*Province Médicale*, March 18), as the result of a study of the pathogeny of tetanus, arrive at the conclusion that the bacillus of Nicolaïer gives rise to the symptoms of tetanus through the intermediation of a soluble ferment which it generates.

This ferment, which is not toxic *per se*, elaborates within the organism a substance of tetanizing properties, comparable in its effects to strychnine. This secondary substance may be found in the tetanized muscles, in the blood, and sometimes in the urine. It resists prolonged boiling, while the products of the tetanus bacillus are rendered innocuous by exposure to a temperature of 149°. Certain conditions of temperature seem essential to this reaction. This will explain the immunity of frogs to tetanus in winter-time. Immunity, natural or acquired, artificial immunization, may be considered the result of influences that prevent, retard, or arrest this process of fermentation. It is probable that other products of microbic activity, said to be toxic, act equally as ferments, producing toxic matters within the organism. It may be that the paralysis and other late accidents of diphtheria can be explained in a similar manner. — *Medical Progress.*

**A New Sign of Internal Strangulation.**—Gangolphe (*Rev. de Chir.*, May, 1893), at the last meeting of the French Surgical Congress, directed

attention to a new sign, by means of which, it is thought, internal strangulation may be distinguished from other forms of intestinal obstruction. In a case of obstruction of uncertain diagnosis, laparotomy gave issue to a quantity of sero-sanguineous fluid similar to that found in the sac of an ordinary strangulated hernia. On exploration of the abdominal cavity, the cause of the obstruction was discovered in an internal strangulation of intestine in the foramen of Winslow. It occurred to the author that the presence of such sero-sanguineous fluid might be characteristic of internal strangulation, and so enable the surgeon to distinguish obstruction of this kind from those forms due to other causes. Experiments made on dogs have since confirmed this view, by showing that constriction of a loop of intestine by an elastic ring results in an effusion of sero-sanguineous fluid both into the peritoneal cavity and into the intestinal canal, the quantity of such exuded fluid being in proportion to the extent of strangulated intestine, and to the intensity of the constriction. This fact, it is held, is of practical value. Intestinal obstruction due to strangulation not being, like

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other forms of obstruction, amenable to any method of treatment short of surgical operation, the presence of dulness, owing to ascites, should indicate the necessity of prompt laparotomy, and of careful exploration until the seat of strangulation has been found. This sign is likely to be of especial value in cases of intestinal obstruction in the female, as the presence of ascites in the abdominal cavity may be readily determined, even where the amount of effused fluid is small, by vaginal exploration. — *British Medical Journal*.

DR. SCHULTZ, of Buda-Pesth, reports ten cases of uterine cancer in which the disease was arrested by injections of alcohol.

#### MIDWIFERY.

**Cure of Vaginal Fistula.**—Skutsch, of Jena (*Centralb. f. Gynak.*, No. 25, 1893), describes a new manner of treating this troublesome condition. He confines himself to cases where the border of the fistula is very hard through abundance of cicatricial tissue, so that it cannot be safely pared and

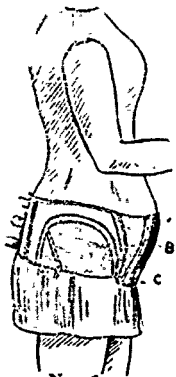
closed directly. He, therefore, covers the fistula with some of the neighbouring vaginal wall, which is easily dissected up and drawn over the opening. This practice is easiest when the fistula lies high in the vaginal vault, for the dissected up piece of mucosa can be readily displaced to an extent sufficient to avoid dangerous tension by drawing down the cervix. Skutsch has cured in this way a recto-vaginal fistula situated high up in the vagina.— *British Medical Journal*.

**"Spontaneous" Parting of the Symphysis.**—Oehlschlager (*Centralblatt f. Gynak.*, No. 24, 1893) attended the first labour of a delicate, thin-boned girl, aged 20. She had two severe convulsions as labour set in, and the legs were oedematous, albuminuria was also detected. As it was clearly necessary to end the labour as quickly as possible, Oehlschlager put on the forceps. He had to employ considerable force. As the head was being brought down, a loud snap was heard by the operator and the patient's sister, who assisted. The symphysis had parted to the extent of an inch. The forceps could then be used with

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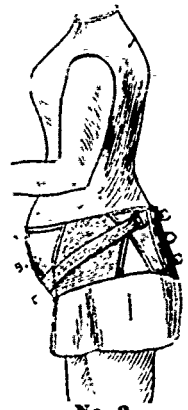


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ease, and a living child, weighing nine pounds, was delivered. No more convulsions occurred. On the next day a broad, well-padded belt was applied to the pelvis. There was no fever. At the end of three weeks the patient was able to stand, but the labour occurred as recently as April 27th, 1893, and when the report was written—early in June—there was still a gap two-fifths of an inch wide. The belt should be strapped as firmly as possible in these cases. At first, any movement of the thighs, by the nurse or voluntarily, caused sharp pain.—*British Medical Journal.*

### Personals.

Dr. Rogers, of Durham, left for a trip to Mackinac last Tuesday.

Dr. Anderson, of Otterville, has been spending a short time in London.

Dr. A. M. Hunter, of Bay City, has been spending a short time in Stratford.

Dr. Robinson, of Markham, met with an accident at Niagara Falls last Friday, in which he had a rib fractured.

Dr. T. T. Coleman, of Seaforth, one of the veterans of the West, died a few days ago.

Dr. Richardson, of Toronto, has been spending his holidays on Balsam Lake, near Cobocok.

Dr. Harvie, of Coldwater, has been taking his vacation by going to see the prairies of the West.

Dr. J. M. Charcot, of Paris, France, whose writings are familiar to every physician, has passed over to the great majority.

Dr. Bray, of Chatham, representative of his own division in the Council, has returned from a trip to Port Arthur per SS *Monarch*.

Dr. A. M. Makejew, late Professor of Midwifery in the University of Moscow, has bequeathed 200,000 roubles (\$100,000) for the erection of a church in connection with the various clinics of that University.

Professor Adam Politzer, of Vienna, has been appointed by the Austrian Cultus-Minister, a scientific delegate to the Medical and Hygienic Exhibition, to be held at Chicago in connection with the World's Fair.

[OVER.]



# PIZZALA'S ELIXIR OF PEPTONATE OF IRON

**Elixir Ferri Peptonati [Pizzala].**

**DOSE.**—A teaspoonful three times daily for children.

A dessert to a tablespoonful, for adults, three times a day, EITHER BEFORE OR AFTER MEALS.

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| <p>(1) <u>It does not produce digestive disturbances of any kind, but aids digestion and stimulates the appetite.</u></p> | <p>(2) <u>It does not constipate.</u></p> <p>(3) <u>It does not injure the teeth.</u></p> <p>(4) <u>It is quite agreeable to the taste.</u></p> |
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**INDICATIONS.**—*Anemia, Chlorosis, Nervous Diseases, Diseases of the Digestive tract, Albuminuria, BRIGHT'S DISEASE, DIABETES Mellitus, Cystitis, General Debility and Exhaustion, etc., etc.*

The Elixir of Peptonate of Iron "Pizzala" is a chemical compound and not a mechanical mixture. It is the ONLY IRON MEDICINE WHICH IS READILY ABSORBED AND ASSIMILATED. Hundreds of testimonials of eminent physicians testify as to its great therapeutical value. Prof. Erb, of Heidelberg University, says: "You must be satisfied when I tell you that I make use of Pizzala's Elixir of Peptonate of Iron with my patient's exceedingly often, and that I recommend it occasionally in my clinical lectures."

As many worthless imitations of this widely spread and highly recommended medicine have been attempted, Doctor, please prescribe it in the original bottles, containing half a pint, and bearing the firm name of the sole agents,

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428, 430, and 432 Broadway, New York.

Dr. Bettridge, of Strathroy, has been spending a few weeks fishing in the St. Clair River.

Dr. W. H. Groves, of Burnhamthorpe, has been spending the past few months in New York, attending the Polyclinic there.

We are pleased to hear that Dr. H. L. Barber, of Emsdale, who has been in the Toronto General Hospital for the past eight weeks suffering from typhoid fever, is well on his way towards recovery.

Dr. S. Pozzi, of Paris, has been commissioned by the French Ministry to proceed to the United States and to study the organization and installation of surgical laboratories, instruments used in practice of surgery, as well as general questions of the teaching of medicine and surgery.

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### Miscellaneous.

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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 always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have

OVER.

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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.

**A Case of Locomotor Ataxy and Complete Paraplegia Cured with Pil. Hæmâtinic: of Dr. Howard.**—By A. P. Landry, M.D.

The case I am about relating is that of Madame, wife of Mr. Alex. LeBlanc, of Abram River, in the County of Yarmouth, N.S.

A couple of months after confinement in the beginning of 1891, Mme. LeBlanc began to be troubled with headaches, without at first any other apparent disorder. She was not long, however, before feeling a sense of numbness about her toes and the soles of her feet. She consulted a physician, who treated her for a while, but she did not improve. Insensibility kept increasing upward, and locomotion became difficult. It was at this stage of her trouble that I was consulted. I found tenderness in diffuse spots along the spine, but she had no headache, and very little fever. She was given the usual remedies, and her spine was blistered all over the tender spots. But the trouble continued to increase until she could not walk, and had to be confined most of the time to her bed. Insensibility was now up to her body, but she had yet control of her evacuations. Frictions with

[OVER.]

The following is from one of the oldest and most successful Druggists in Toronto, HUGH MILLER, Esq., Justice of the Peace, who is well and favourably known throughout Ontario.

CHARLES CLUTHE, Esq.

TORONTO, NOVEMBER 24, 1894.

DEAR SIR,—After an experience of over forty years, during which time we have dealt in all the principal improved makes of trusses, we have much pleasure in testifying that we find your patent SPIRAL SPRING TRUSS to be far in advance of all other kinds. Our experience has also taught us that the importance of having the truss properly applied, in the first instance, is so necessary that we shall in future advise our customers to apply to you personally when requiring an appliance of this kind; so that their case may have your personal attention and advice; and for that reason we will discontinue keeping trusses on hand, notwithstanding the loss we will occasion ourselves thereby, for our confidence in your appliance is so great, that we feel we will be acting to the advantage of the public in so doing.

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liniments or salt water were daily made over the lower limbs and spine, but nothing appeared to have any influence in conquering the invasion of the enemy.

She again passed into the hands of other physicians, who, alternately for several months, tried what they could do for her. During that time I had not seen her. She had been dosed with all the remedies generally indicated in such affections, and her spine had been all along repeatedly blistered, etc. *She had lost all control over her bladder and bowels*, and she remained in that condition for about four months, a most miserable invalid, having to be attended to like a baby, without the least sensation from her waist down. She was then pronounced incurable by all the physicians who saw her, and she had given up all hopes of ever being able to walk, and having again the natural control of herself. It was at this period of her case that I was providentially apprised of the effects of pil. hæmâtinic (Howard's) in such affections. I at once determined to give them a trial. I visited her and proposed treatment. She was rather reluctant about submitting to further trials

with her disease, but she finally consented, and I sent for the pills.

I began treatment on the 24th of April, 1892, giving one pill *ter. die*. In a few days she began to feel slight shocks along the lower extremities, and considerable pain about the sacrum, which I blistered. The blister relieved the pain some for a few days. After a few weeks she was given four pills a day. The shocks all along the lower extremities became more violent, and she had severe pain in the sacral region. Morphine was given by the mouth and hypodermatically without relieving the pain. A combination of bromide of potash and hyoscyamus was given, which for a time somewhat relieved the pain. But she objected to the bromide, saying it made her feel badly, without relieving the pain enough to allow her to sleep. Acetanilide, antipyrin, and antikamnia were the drugs she took most easily, and gave her most general relief. But sometimes in the intervals of the doses the pain in the legs and sacrum would return with such violence that she could not bear it without being thrown into spasms. At this juncture—three weeks from beginning treatment—

[OVER.]

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I stopped giving the pil. hæmatinic, and the pain began to abate, and disappeared entirely in eight days. The pills were again given, one *ter. die*. The pain not returning after two weeks, she was given four pills a day. Sensation then increased fast, and motion of the toes and feet began to be quite marked. Two weeks later, there being hardly any pain, she began taking five pills a day. Shocks and contractions became frequent but not painful. Ten weeks from beginning treatment with the pills, sensation and motion extended more or less all over the lower extremities and the pelvis. She had now control of her bladder and bowels, and felt comfortable. Two weeks later she began taking six pills a day; a few days after, she could stand on her feet and move them forward on the floor, two persons holding her by the arms; two weeks later, that is, fourteen weeks after commencing to take the pills, she could walk with crutches, and go out of doors; two weeks later she could walk around in the neighbourhood with the use of a cane only. She continued to take her six pills a day, improving in every way all the time, while attending to her usual housework, in and out, using

a cane part of the time for extensive walks. She is now attending to her family duties, and walking without any support. The only difference from her old natural locomotion is a slight oscillation of her body while stepping quickly forward.

She has not now taken any of pil. hæmatinic for nearly six weeks. The habitual constipation, with which she used to suffer, has now entirely disappeared. While taking the pills for the first six months, she was frictioned once or twice daily along the spine and lower extremities with seawater or salted water, and sometimes with stimulating liniments.

I consider her now perfectly cured, and I firmly believe that the cure was operated through the combined medicinal agency of pil. hæmatinic of Dr. Howard.

Eel Brook, Yarmouth Co., N.S.,

June 12th, 1893.

Of the fifty doctors who went to Hamburg to assist in the care of the cholera patients, it is said scarcely one escaped a more or less severe attack.—*Ex.*

[OVER.]

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(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

The late Dr. J. H. McColtun says of our CHLOROFORM, "that during the nearly five years that I held the position of Medical Superintendent of the *Toronto General Hospital*, the Chloroform manufactured by The LYMAN BROS. & CO., Ltd., was administered to about one thousand annually, and in no case had we fatality from it. I have also used it for thirteen years in private practice."

Dr. T. G. Johnston, *Sarnia*, says: "For the last six or seven years I have used no other Chloroform than that manufactured by The LYMAN BROS. & CO., Ltd., both in surgical and obstetrical practice, and have had, and still have, every reason to be thoroughly satisfied with it."

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Dr. C. O'Reilly, Medical Superintendent of *Toronto General Hospital*, says of our ETHER SULPHURIC: "During the last several years the Ether manufactured by The LYMAN BROS. & CO., Ltd., has been extensively used for anæsthetic purposes in *Toronto General Hospital*, and no accident has taken place from its administration."

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