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Canadian Journal

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Vol. IV.

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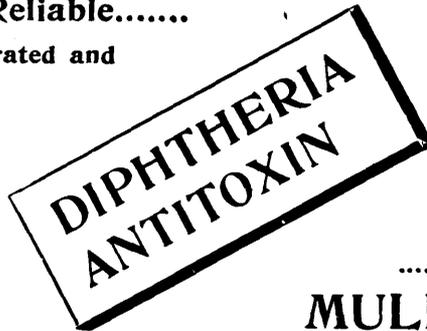
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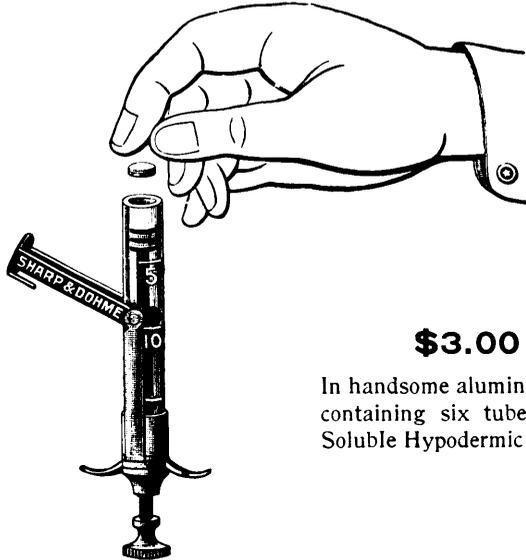
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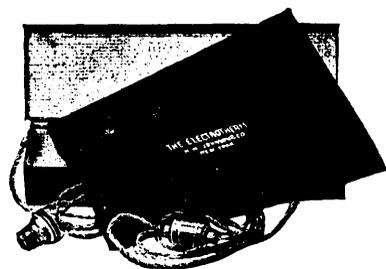
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	PAGE		PAGE		PAGE
Abbey's Effervescent Salt	42	Hamill, Dr. W. E.	99	Parisian Steam Laundry Co.	99
Abbott Alkaloidal Co.	19, 106	Harvey Co., G. F.	40	Peacock Chemical Co.	77
Alaska Feather and Down Co.	59	Health Massage Specialty Co.	15	Percival & Co., Geo.	19
Aloe Co., A. S.	12	Hendry, F. T.	82	Pickering, Mrs.	27
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Arnour & Co.	52	Hunt Saddle Co.	110	Renner, Dr.	9
Baltimore College.	80	Imperial Granum Co.	51	Resinol Chemical Co.	55
Battin, W. S.	10	International Fibre Chamois Co.	80	Rice Lewis & Son	20
Battle Creek Sanitarium	2	Jackson Sanitarium	22	Rich. & Ont. Navigation Co.	104
Benger's Food.	30	Jeyes' Sanitary Compound Co.	39	Rochester Optical Co.	78
Bethesda	23	Johns Mfg. Co., H. W.	7	Rossin House	23
Betz Co., F. S.	30	Junor, William	80	Royer & Rougier	13
Boite, Auguste	14	Kennedy, J. H.	96	Rush Medical College	87
Bovine Co.	41	Kidder Manufacturing Co.	24	Safety Light and Heat Co.	5
Bovril Limited	69	King, Charles A.	44	Sandreuter & Waters	103
Bracelin's Chlorine Remedy Co.	22	Labatt, John	73	Santa Fe Railroad	107
Brand & Co.	55	Laliberte, J. B.	11	Scott, W. R.	82
Breitenbach Company, M. J.	50	Lambert Pharmaceutical Co.	53	Scott & Bowne	57
British Antitoxin Mfg. Co.	27	Lander, Norman B.	9	Seyler & Co., W. H.	2
Bryson Bros.	80	Leclanche Battery Co.	25	Sharp & Dohme	3
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Calvert & Co., F. C.	47	Lozier & Co., H. A.	76	Shields & Co., W. J.	80
Castle & Co., Wilmot	47	Lyman Sons & Co.	34, 46	Shipway Iron Works	75
Chicago Polyclinic	37	Macdonald, A.	90	Smith, T. & H.	32
Chloride Battery Co.	Cover	Magor & Co., F.	24	Smith, Kline & French Co.	21
Christie Brown Co.	31	Maltbie Chemical Co.	10	Snow Grape Juice Co.	48
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Cowan's Hygienic Cocoa	90	Markt Bros. & Co.	10	Spooner, W.	109
Cramer Dr. Plate Works	49	Martin, F. C.	24	Southern Pacific Railway Co.	102
Davis & Lawrence Co.	4, 6, 71	May & Co., Victor V.	96	Standard Silver Co.	31
Deitz Co., R. E.	108	McGill University	83	Stanley Dry Plate Works	106
Detroit College of Medicine	88	McIntosh Battery & Opt. Co.	27	Stearns & Co., Frederick	40
Dominion Dyewood & Chem. Co.	67	McLaughlin, J. J.	105	Stevenson, H. M.	92
Duncan, Flockhart & Co.	8, 32	Merchants and Miners Trans. Co.	103	Sunart Photo Co.	77
Eastman Kodak Co.	101	Merk & Co.	65	Swan Bros.	90
Elder, Robert	90	Michigan College	33	Terryberry, J. E.	108
Elliott Illustrating Co.	109	Monsoon Indo-Ceylon Tea	92	The Canadian Cigar Co.	105
Empire Manufacturing Co.	98	Montague Private Hospital	16	Toronto Electric Light Co.	33
Everet House	90	Morse, Hazen	51	Toronto Salt Works	109
Evans & Sons.	48	Mulford Co., H. K.	Cover	Troy Chemical Co.	23
Fairchild Bros. & Foster	49	National Blank Co.	74	Trust Corporation of Ontario	15
Federal Life Assurance Co.	92	New England Vaccine Co.	47	Underwood & Co., G. B.	81
Fellows Med. Manuf. Co.	Cover	New York Condensed Milk Co.	25	Vichy	Cover
Fessenden Manufacturing Co.	14	Nordheimer, A. & S.	84	Virtue & Co.	95
Flavell & Bro., G. W.	91	Norwich Pharmacal Co.	63	Wacks Bros. Messrs	85, 86
Franz Josef Water	5	N. Y. Pharmaceutical Co.	23	Walden & Co.	30
Frogley, C. J.	8	N. Y. Polyclinic	88	Walker, Dr. Holford	29
Gale & Sons, Geo.	84	N. Y. School of Clinical Medicine	87	Walker & Sons, Hiram	38
Georgetown University	92	N. Y. Tire Co.	94	Wampole & Co., Henry K.	26
Gibson, R. L.	Cover	Obico Water	12	Weston, Geo.	90
Gilmour Bros. & Co.	61	Od Chemical Co.	45	Wheeler Chemical Works	109
Goerz, C. P.	79	Ontario Vaccine Farm.	90	Wheeler's Tissue Phosphates	33
Gray, William	33	Pabst Brewing Co.	21, 97	Wilson & Co., L. A.	25
Greig & Co., R.	34	Parke, Davis & Co.	17, 18	Windsor Salt Co.	87
Griffiths & Macpherson Co.	51	Paris Medicine Co.	97	Wood, W. Lloyd	59
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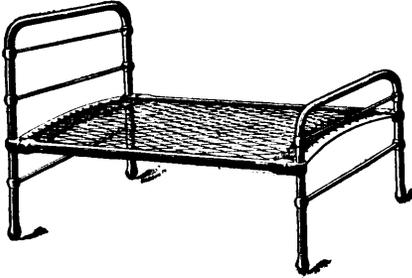
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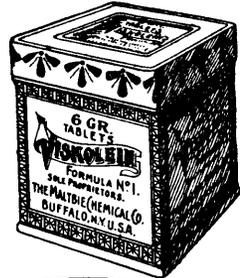
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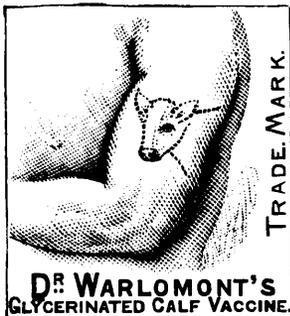
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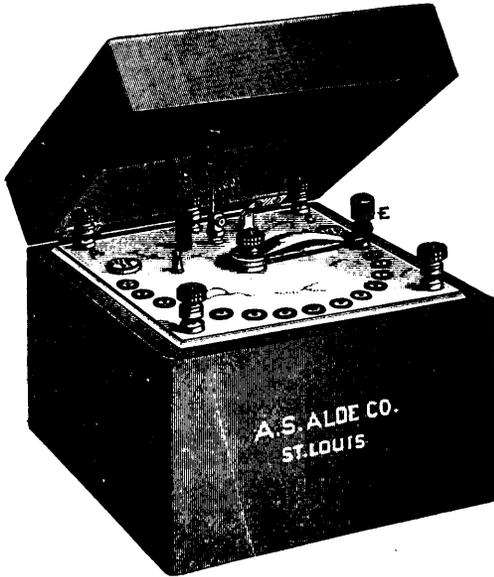
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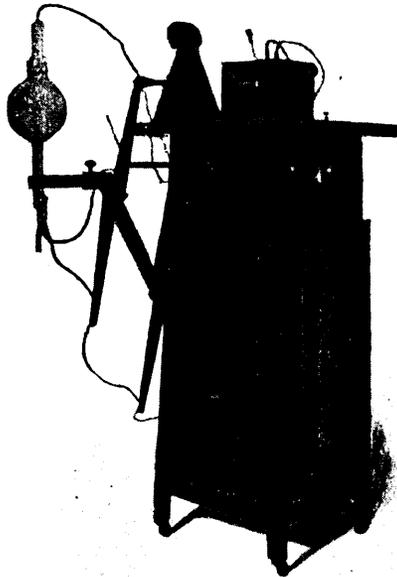
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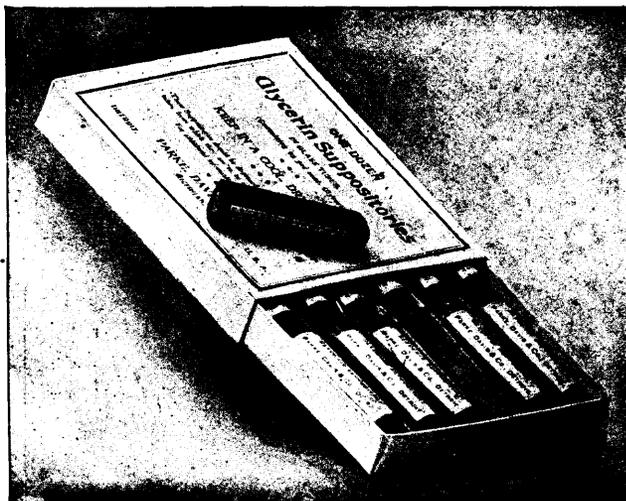
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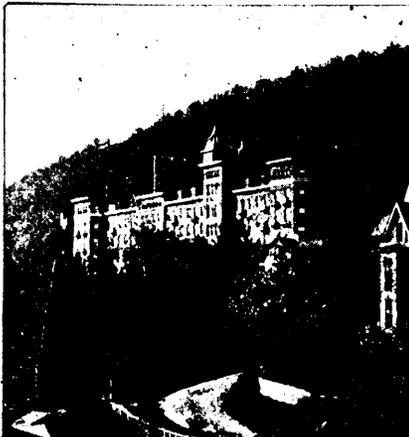
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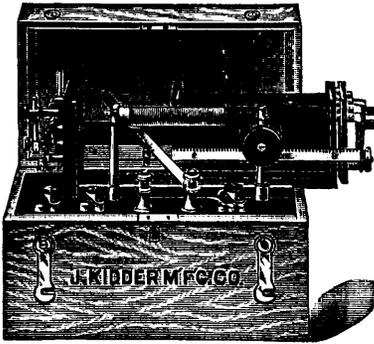


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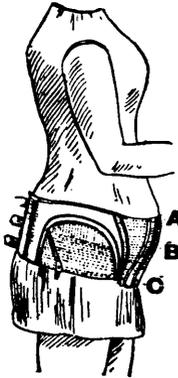
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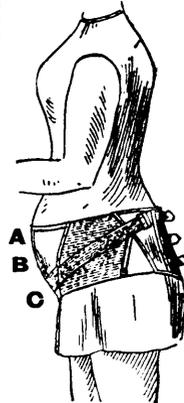
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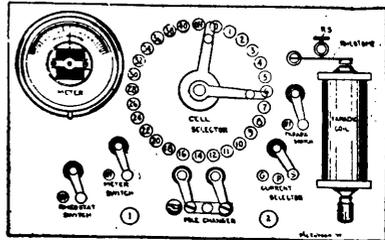
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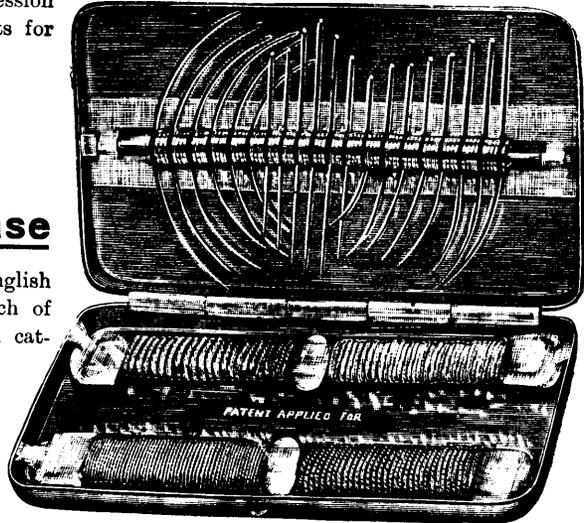
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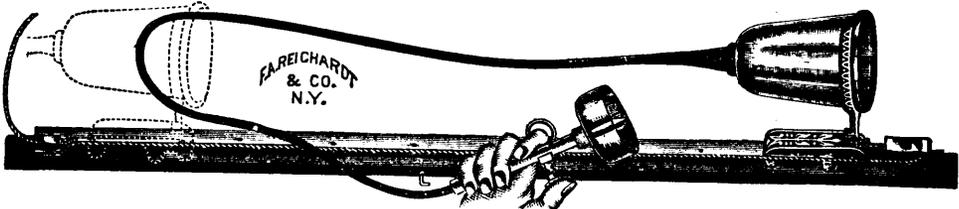
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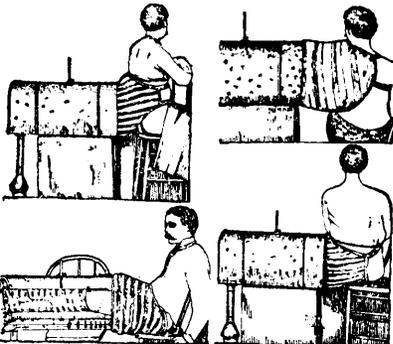
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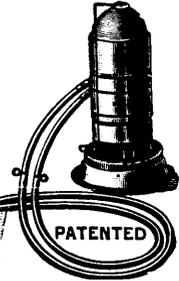
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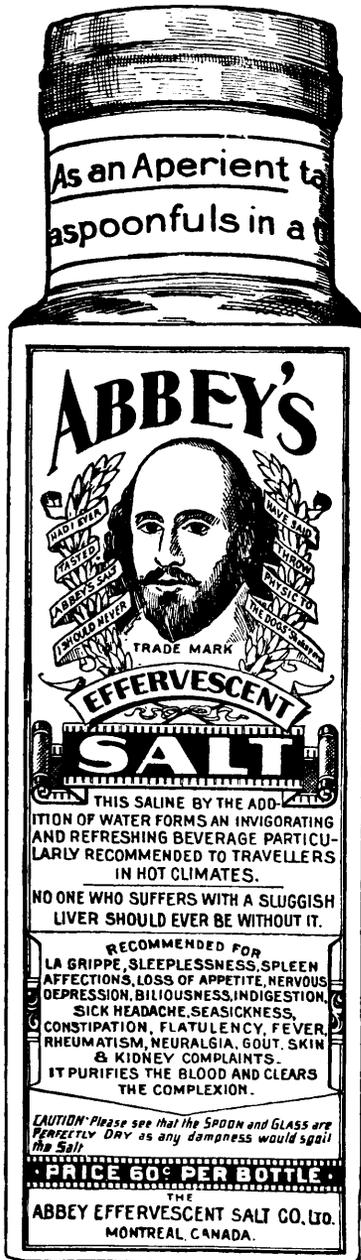
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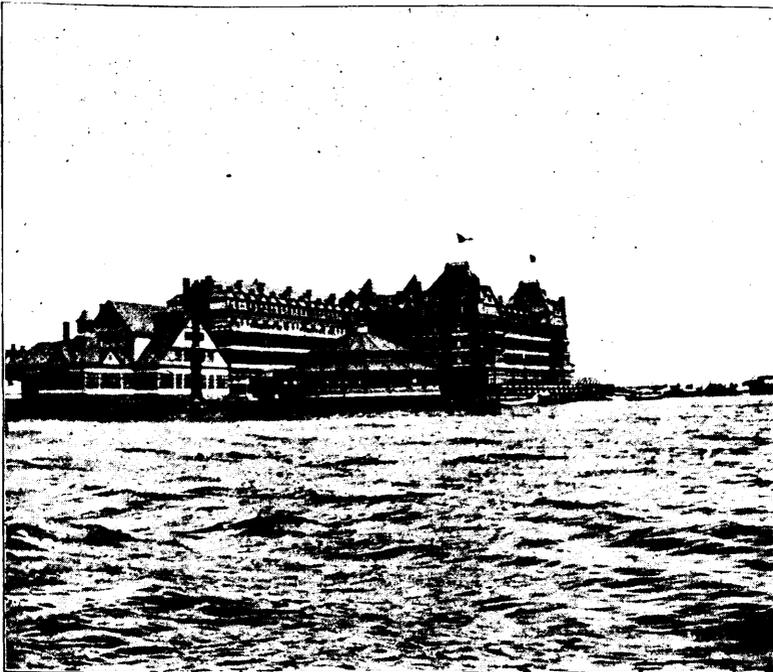
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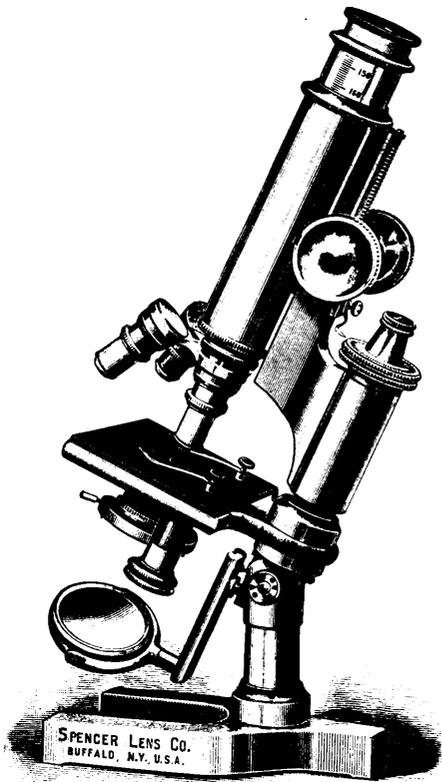
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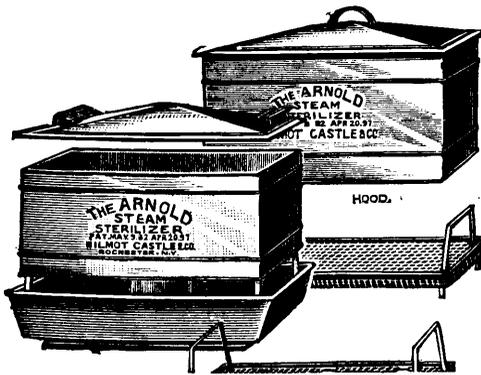
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The Canadian Journal of Medicine and Surgery

A JOURNAL PUBLISHED MONTHLY IN THE INTEREST OF
MEDICINE AND SURGERY

VOL. IV.

TORONTO, AUGUST, 1898.

NO. 2.

Original Contributions.

NOTES ON A CASE OF ACUTE ŒDEMA OF THE NECK.

BY A. J. HARRINGTON, M.B., M.R.C.S., ENG.

PATIENT fifty years of age, was struck transversely just below the thyroid cartilage by a lever which was attached to a shunting machine. He was stooping over at the time and the lever flew up and struck him with great force. It was exceedingly painful at first, but did not interfere greatly with his breathing. He was taken home, a distance of about a mile, and when they got him in the house his neck was very much swollen and his breathing very asthmatic in character. The respiration became worse. I was sent for, and when I arrived he was unable to speak, and all that I could learn was that he had got a blow in the front of the neck. His neck was very much swollen from the chin to the sternum and very hard. Seeing his desperate state I at once sent for assistance. His condition grew graver every minute and his breathing very labored; his wife and I held him upright to enable him to get his breath. His struggles to get an inspiration were desperate. I saw I could not wait for help, so getting his wife and a young man, a neighbor, to hold him upright I cut right down to the trachea, put in my unwashed fingers and got hold of the trachea and intended to open it, but by pulling it forward the act allowed air to reach the lungs, and I found his dyspnoea relieved and his speech returned. My first incision was in the mesial line, over the cricoid down through the deep layer of the deep cervical fascia. The hæmorrhage was rather alarming as the subfascial spaces were engorged with blood from ruptured vessels

caused by the injury, but after the first gush—the respiration being established—the engorged veins were soon emptied. Dr. R. J. Wilson arrived, and as I had had no chance of taking any antiseptic precautions heretofore, we washed out the wound and packed it with gauze and put on a light dressing, and advised him to lie face downwards as much as possible. As he was a patient of Dr. Little's the case was handed over to him, and he made an uneventful recovery.

This case has many interesting points. I was called in and could get no history of what had occurred. The man was dying from dyspnoea. His neck was turgid—swollen from chin to sternum to such an extent that the head was retracted—and was very hard. I had no instruments except a small pocket case, so I sent for assistance and tracheotomy tubes, but when Dr. Wilson arrived with them it was fortunately unnecessary to use them. The hæmorrhage was very copious, so much so that I was covered with it and my left arm sleeve was filled with blood; and then, on account of the swelling, the trachea was fully two inches deeply situated and was difficult to find. The dyspnoea was caused by the direct violence of the blow and increased by the effusion into the interfascial spaces. An operation like this with time and everything at hand is a simple procedure, but under the circumstances that surrounded this case it was an extremely trying ordeal, and you can easily imagine my relief on seeing the favorable termination of this case—the hard, brawny neck giving place to its ordinary contour in a few seconds.

THE trustees of the Toronto General Hospital have selected the following graduates to act on the house staff for the coming year: From Toronto University Medical School—Harold Anderson, John McCrae, Donald McGillivray, G. A. Sutherland, W. C. White. As alternates—A. A. Shepard and B. C. Bell. From Trinity Medical School—F. H. Bethune, Colin Campbell, W. E. Graham, Norman E. Farewell, C. M. Stewart. As alternates—A. T. Brown and George C. Munro.

THE following students have passed the final examination, fifth year, of the College of Physicians and Surgeons of Ontario: A. H. Addy, Tapleytown; T. Bradley, Georgetown; A. I. Brown, Beachville; H. O. Boyd, Bobcaygeon; J. T. Clark, Foxboro'; G. Cairnes, Berlin; J. H. Elliott, Hampton; N. E. Farewell, Oshawa; J. Grant, Toronto; W. E. Graham, Smith's Falls; W. Hackney, Farquhar; G. A. Hassard, Orangeville; J. A. Klotz, Ottawa; J. M. Macdonald, Toronto; R. McKenzie, Toronto; H. Maw, Georgetown; S. Moore, Keewatin; J. A. Morgan, Rosseau; G. Mylks, Kingston; T. A. McCormick, Rosseau; A. W. P. McCarthy, Stapleton; D. McGillivray, Uxbridge; F. P. McNulty, St. Catharines; W. Pallister, New Dundee; J. Shultis, Rockwood; C. M. Stewart, Ailsa Craig; F. W. E. Wilson, London; W. L. Yeoman, Mount Forest.

Proceedings of Societies.

THE INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS—1898 MEETING.

THE International Association of Railway Surgeons met for their eleventh annual meeting at the Normal School on July 6th. Some six hundred surgeons of experience in railway work were gathered from all over the continent and debated points of interest in their specialty. The meeting was a pronounced success. The numbers were most satisfactory, the proceedings of the convention interesting and valuable, and the welcome extended was, we think, very cordial. The first evening a public meeting was held, at which the dominant characteristic was the frequent mention of an Anglo-Saxon alliance and the enthusiastic cheers which it provoked.

Dr. Bruce L. Riordan, as Chairman of the Comité of Arrangements, opened the meeting shortly after ten o'clock, and called upon the President, Dr. George Ross, of Richmond, Va., to take the chair. Dr. Ross, a soldierly-looking, elderly man, with a white moustache and chin beard, called upon Rev. Dr. McCaughan for an opening prayer, and this constituted the opening ceremony.

THE ASSOCIATION'S FINANCES.

The reading of the minutes were dispensed with, and proposals for membership followed. Dr. E. R. Lewis, of Kansas City, the Treasurer, read his report, which dealt with this question. During the past year 886 registrations have been made, 447 registrations having taken place for the present year, making a total of 1,199 registrations since the books of 1897 were closed. This is the best beginning of any year in the Treasurer's experience.

"Notwithstanding the humanitarian war our States are to-day engaged in," said the report, "our members are, without exception, deeply interested in our philanthropic work, and the large increase in our Canadian membership insures our continued proud position as the strongest surgical organization in the world known to the undersigned."

Dr. Lewis then discussed the finances of the Association. "Four years ago," he said, "when we were elected Treasurer, our indebtedness was about \$500. To-day, July 1, we have in the treasury about \$833.65, with but few bills to be deducted." They had at the moment, Dr. Lewis added, about \$1,200 or \$1,300 in cash on hand. The report was dealt with through the usual channels.

PHYSICAL EXAMINATION OF EMPLOYEES.

No other business came up, and Dr. G. P. Conn, of Concord, N.H., read his paper on "Physical Examination of Railroad Employees, and its Medico-Legal Significance." After quoting the dictum that the common carrier is liable to all losses sustained through its own neglect, but is not an insurer, Dr. Conn pointed out that the corporations owe duties to their servants, and from this deduced the theory that the railroad company should take pains to educate its employees. Extra hazardous labor requires extra diligence and care in the selection of employees, and the proper instruction and information of these employees, he said. From a recent decision in New Hampshire he made the following deduction: "This shows that employees occupying responsible positions, such as require the organs of vision and hearing to be acute, their habits and mental faculties to be without fault or blemish, must from time to time be examined by those competent to determine their fitness to perform their service without danger to themselves, their fellow-servants or the public."

After saying that railway surgeons, especially those who are on lines with some form of a surgical organization, should be anxious to have their road effective in this particular, Dr. Conn went on to argue on behalf of a physical examination of applicants for positions on railways. His position was as follows: "(1) that a rigid physical and mental examination should be instituted before allowing new recruits to enter the service of railroads; (2) all roads should have a school of instruction in which new recruits should be thoroughly drilled in the work which they are to perform, so as to bring out the best results of all safety appliances and also those intended to supply the heating, lighting, ventilating and cleaning of cars; the intention of this being to simply enlarge the school of instruction in the use of automatic brakes that is now practised on most large roads, and which might without much additional expense be made a part of the standard of education; (3) that the recruit after being thoroughly instructed in every duty that can in any way serve to render the lines and property of all concerned more nearly safe and comfortable, and having passed an examination, he should be advised of the fact that in taking service upon a railroad he is entering upon a vocation extra hazardous in its nature, but, having been thoroughly instructed in his work and given an opportunity to learn its duties, he must take a certain amount of chance of his life and limb without recourse or damages."

Dr. Conn stated in amplification of these points that he would have the examination as rigorous as that for the United States army.

The discussion which followed was of considerable length. Dr. H. L. Getz of Marshalltown, Ia., emphasized the need for a rigid

examination. The ordinary examinations for sight and hearing were useless, he said; the men should be stripped and thoroughly examined. He dissented from Dr. Conn's suggestion as to the rigor of the examination; for instance, he did not think that the loss of an index finger should disqualify a man for employment on a railway. Dr. W. S. Hoy, Wellston, O., observed that his State has adopted a physical examination. Dr. Currie, of Toledo, spoke of the methods adopted. Dr. Pepler, of Toronto, concurred in Dr. Conn's suggestions. Dr. Hungate, of Nebraska, gave two or three specific instances which bore out Dr. Conn's point. Dr. W. D. Middleton, of the Rock Island Line, stated that it had found it necessary to adopt a physical examination. Dr. J. M. Dodson, professor of physiology in the Rush Medical College, Chicago, raised the question as to whether the average doctor is competent to conduct such an examination. He suggested that instruction in the diagnosis of the normal subject be included in the curriculum of the medical college.

AFTERNOON SESSION.

The association opened its session at 2.30 o'clock. Some business was transacted, a number of committees being appointed. The committees were composed as follows:

Nominating—Drs. S. C. Benedict, Georgia, Me.; B. L. Riordan, Toronto, Ont.; G. P. Conn, Concord, New Hampshire; W. D. Middleton, Iowa; H. M. Taylor, Virginia; E. L. Kincaid, Texas.

Necrology—J. H. Letcher, Kentucky; T. T. Earle, South Carolina; J. G. Brodoux, North Carolina.

Judiciary—H. L. Getz, Iowa, Chairman; W. R. Brock, Virginia; L. Keller, Ohio; G. R. Dean, South Carolina; S. R. Miller, Tennessee; W. B. Outtier, Missouri; S. I. Bouffleur, Chicago; B. Thompson, Iowa; F. C. Vandervoort, Illinois; H. P. Merrill, Maine; W. D. Hilliard, North Carolina; John Eddy, New York; C. Plumbe, Nebraska; R. L. Bocoek, Alabama; T. L. McCarthy, Kansas.

The President then read his annual address. After a general introduction and a reference to the wonderful achievements of medical and surgical science, he passed to a consideration of the means taken by railway corporations to cope with disasters. He referred to the special duties which fall upon the railway surgeon, and expressed his pleasure at the recent change of the association's name to "International." He expressed his pleasure at meeting in Toronto, of which he spoke in terms of warm praise. He concluded with a reference to "the half-prophetic declaration recently made by the Hon. Mr. Chamberlain," and a hope that Mr. Chamberlain's forecast would come to pass. "Nothing, surely, can be more conducive to an end so desirable as such gatherings as this, in a city extending such warm and cordial greetings as Toronto has extended to us"

A pregnant and deeply interesting address was given by Mr. B. Osler, Q.C., one of the counsel of the Grand Trunk Railway, upon "The Surgeon in Court." In nearly all important cases connected with railway work the counsel and surgeon had their positions; the corporation was in their hands. He noted one great advantage which the counsel had over the doctor. The counsel was paid his fee, was expected to show his bias, and was not under oath. The surgeon was paid his fee and still was expected not to show bias, was expected to conceal it—under oath. (Laughter.) It was a very difficult task, Mr. Osler said. The surgeon had at bottom his honesty and sense of professional propriety, and yet was retained as the professional adviser of the railway corporation whose interests were committed to his hands. He had to consider his position, and had to be ready for cross-examination, sometimes at the hands of a counsel who had studied more law and facts than ethics. (Laughter.) He had to meet the claims lawyer and the claims physician. It was a matter for comment in the profession that doctors rarely agreed, that they often differed as widely as counsel, though they were under oath. It was one of the hardest positions a doctor could occupy, and he had seen, Mr. Osler observed, amid laughter, doctors wishing themselves in the foulest sick room, rather than in the pure atmosphere of a well-ventilated court room.

The surgeon had to bear in mind, Mr. Osler went on, that in his duty to the sick and maimed that were under his care some difference arose from the fact that he had not been called in by the sick man or his relatives, but had been sent as the railway surgeon, sent by the corporation. His duty was at once to the corporation and to the sufferers immediately under his care. There was, however, no rivalry between the patient and the doctor in such cases. The doctor owed two loyalties, one to the patient, one to the corporation. If it was only to the patient there are many things the doctor ought not to tell, but owing a duty as he does to the corporation, he must report many things which were pertinent. In that case it was no breach of professional etiquette or propriety for the surgeon to reveal these facts. It would be such a breach if the physicians had been called in by the patient or his friends; but being in the corporation's pay, as long as the patient's friends chose to leave him under his care, his first duty was to the corporation. In such a case they were at liberty to give information, which it would be improper for them to give if they were there only in the interests of the patient. In Ontario the relations of physician and patient were not privileged. In court they must consider the fact that privilege does not exist, and that they were bound to answer all questions in relation to the sufferer and claimant. The courts of Ontario had decided that where the employer engaged the surgeon he was entitled to the information that relates to the case.

The question of expert testimony, Mr. Osler went on, had passed almost into a current joke. In his experience the difficulty was not so great, and was being greatly removed. In his experience

there was no better way yet devised of getting at the truth, than cross-examination and the placing of opposing experts in the box. Alluding to the expedient of appointing medical experts by the court, Mr. Osler observed, that to some extent this was done in Ontario. A medical expert so appointed by the court could afterwards be called by one side or the other as witness. To make such an expedient complete, Mr. Osler observed, the report of an expert so appointed should be received as a finality and so end the medical controversy. He did not think that this would be a better plan, though it would be more pleasant for the medical profession. The object of cross-examination was to get at the truth. There might be a hundred men who could make a report, and only ten who could stand cross-examination. The medical profession should try to eliminate that which had caused it to make a bad appearance before the public. He offered one or two suggestions as to how this might be done. First, any doctor going into the box to testify in chief should remember that there was a counsel on the other side who was crammed for the occasion, and who, perhaps, had a better knowledge of some of the details of the physical surroundings than the doctor had, through lapse of time. Thus, in the cross-examination, the lawyer might appear to know more about the matter than the doctor. The first duty of the physician was to prepare himself for the cross-examination, to freshen up on the subject. Then a doctor should have courage now and then to say, "I don't know." (Applause.) It would do him no harm; in fact it would do him a great deal of good, for the man with courage enough to say that would be the more apt to be believed as to what he said he did know.

The scandal of opposing expert testimony was being diminished year by year, Mr. Osler went on. The real remedy lay in the tone of the profession, in a high sense of professional responsibility. They were getting it more and more every year through the medical associations and the tone which they gave. When a man found that he could not be elected to positions of honor by his fellows, he naturally wanted to know why. They found that a young, energetic doctor, who was going into the box on the side of the claimant, was apt to be much more careful in his evidence when he saw in the court room a couple of seniors whom he honored and respected.

He had found, Mr. Osler added, in the last two or three cases he had been connected with, no necessity for calling in the railway surgeon, as expert testimony, because the doctors appearing for the claimants had been so moderate and reasonable in their statements of the damages sustained by the claimants. It was to the credit of the medical profession that the difficulty was being steadily overcome by the doctors themselves, by the better tone and standing of the medical profession as a whole.

Mr. Osler spoke for a few moments of the "railway spine" or traumatic hysteria, which causes so much trouble to railway surgeons and to lawyers. "Along the backbone hangs all sorts of frauds,"

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he said, and he gave a graphic picture of how many a hard-pressed man has picked himself up from a minor railway accident with a "Thank God, at last some money is in sight," and has gone home, not to saw wood, but to get into bed and send for a claims lawyer and a young doctor. The subjective nature of the symptoms made the subject very difficult. His chief suggestion on this point was that the longer trials were deferred the better it was for the railway. Early examination for discovery, before the patient had had time to read up the symptoms, was of the greatest importance, as was early medical examination, to be followed by another such examination near the trial.

The railway surgeon, sometimes, especially the junior, is more or less a claims agent of the railway, Mr. Osler said next. They should never act in that capacity. (Applause.) They should never try to settle for the railway. That was none of their business. It was often convenient for the railway company to have the surgeon do it, but it was best not. The surgeon's duty was to the man before him, and the relationship was such that, though he was a railway agent, he should not be a claims agent. This class of settlement was looked on with grave suspicion by the courts and was often set aside to the great discredit of the doctors concerned.

Mr. Osler finished with a gracefully worded welcome to the visitors. "Remember," he said in conclusion, "that you are among your neighbors and among your friends—if you will have it."

CHLOROFORM OR ETHER.

Dr. C. P. Gordon, of Dalton, Ga., followed with a paper on "General anæsthesia by chloroform or ether. Which? Local anæsthesia by cocaine or eucaine. Which? General or local anæsthesia in enucleation or extirpation of the globe of the eye. Which?" Dr. Gordon's paper was a vigorous upholding of chloroform as against ether, one feature of it being his declaration of his conviction that the symptoms mentioned in Genesis point to the celebrated removal of the rib from Adam as having been performed under chloroform.

The paper provoked a good deal of discussion. Dr. Fulton, of Kansas, was in favor of the use of chloroform. He pointed out, however, that anyone could administer ether, while it took far more skill to administer chloroform. Dr. W. H. Elliott, of Savannah, Georgia, was in favor of chloroform. Dr. John Eddy, of Olean, N.Y., was of opinion that the indications pointed to the surgical operation mentioned by Dr. Gordon having been performed by aid of hypnotism. Dr. A. I. Bouffleur, of Chicago, pointed out instances of the unreliability of chloroform. Dr. Joseph A. White, Richmond, spoke strongly in favor of cocaine. Dr. W. S. Hoy, Wellston, Ohio, suggested that the sense of the meeting be taken as to which anæsthetic should be used in selected cases, and Dr. Bouffleur protested against this being done, as it would tend to commit the Association to a certain plan of treatment. After a good deal of discussion this view of the case prevailed.

Dr. F. C. Vandervoort, of Bloomington, Ill., read a paper on "Fever and the Fever State," which was a careful and technical review of the subject. He was followed by Dr. W. H. Coffey, Parkersville, Mo., with a paper on "Conservatism," in which he laid stress on the need for caution in operating. Dr. W. S. Hoy discussed the subject briefly.

EVENING SESSION.

The amphitheatre was brilliant in the evening with a crowded audience. Government House was represented by Miss Mowat, Mrs. Charles Ferguson, Miss Fraser and Commander Law. Dr. James Thorburn occupied the chair, and on the platform were the President, Dr. George Ross, Hon. George W. Ross, Mayor Shaw and Dr. Riordan.

Dr. Thorburn briefly welcomed the visitors and concluded with a word of hope for the Anglo-American alliance which was cheered to the echo.

Mayor Shaw, who was suffering from indisposition, added his welcome. He, too, alluded to the Anglo-American alliance, and assured his audience that Canadians are heart and soul in sympathy with the Americans in their present war—a remark which elicited loud cheers.

After a song by Miss Dorothy McMurtry, which was encored, Hon. George W. Ross was called upon. He expressed in most graceful terms the heartiness of the welcome which Toronto extended to the railway surgeons. He eulogized the profession which they represented and welcomed their American guests in especially warm words. They had decorated the hall in recognition of their guests, and Mr. Ross observed he had never seen so many Stars and Stripes in it as on the present occasion, had never seen the Union Jack and Stars and Stripes so closely entwined. He was glad of it. (Applause.) The Union Jack said to Old Glory, as their guests called their flag: "Let there be no strife between you and me, between my kinsmen and your kinsmen, I pray thee, for we are brothers." (Loud applause.)

After a eulogy of the achievements of the American people, Mr. Ross went on to refer to present-day conditions in the following terms:—

"We recognize the courage, resoluteness and ability with which you have entered upon this recent war for the redemption of Cuba, a war to establish civilization and humanity in an island where there was little of it before. We congratulate you upon the splendid courage of the American soldier, and that in the hour of trial he has proved that he has within him that Anglo-Saxon pluck which won at Waterloo, which has defended British honor under the hot suns of India. We recognize this spirit of Anglo-Saxon alliance—an alliance, not for political purposes, but for

humanity's sake, for the sake of civilization, for preventing the development of tyranny and despotism, for the sake of lifting up poor, weak, human nature to a higher plane of usefulness and enjoyment. Such an alliance is now under consideration, an alliance to protect the weak against the strong, to have this world better than it was before. Long may the Stars and Stripes proclaim to the world that freeborn citizens are capable of evolving institutions, which intensify and strengthen the bonds of freedom. Long may our old Union Jack proclaim to the nations of the world likewise that its purpose is to strengthen the bonds of freedom and preserve peace as far as possible among the nations of the world. These two flags thus floating with this purpose in view will deepen the power of our common interests, will widen the bonds of freedom, strengthen the privileges of civilization, and hasten the day "when the war-drum throbs no longer and the battle flag is furled on the parliament of man, in the federation of the world." (Loud and prolonged cheers.)

Dr. Ross, the President of the Association, thanked the gentlemen who had spoken, speaking in warm terms of the heartiness of the welcome extended to them and to the eloquence of Hon. Mr. Ross.

A musical entertainment followed, songs being given by Capt. Alex. Boyd and Mr. Laurie Boyd, by Miss Hodgett, by Miss McMurtry and by Mr. Harold Crane. A promenade followed, the band of the Queen's Own Rifles furnishing the music.

SECOND DAY.

The Association, at its second day's session, proved themselves a business-like body. The papers were all of a practical and technical nature, and the members discussed every paper presented with zest and determination. The greater part of the day was taken up with a series of papers and an elaborate discussion of shock. The universal interest taken by all showed how constant a phenomenon it is in practice. The papers were all technical, and the members pushed their sessions to the full limit in the morning, keeping at work till noon, and in the afternoon working right up to six o'clock. They made such good progress that they were able to allow themselves a rest in the evening.

The morning's session concluded the business of the Association and excursions filled up the afternoon and evening, the excursion to Muskoka taking place on Saturday.

The next place of meeting is not as yet decided, but is left in the hands of a committee.

The first paper read in the morning was on "The Nature and Pathology of Shock," by Dr. F. J. Lutz, of St. Louis, Mo. He pictured the appalling symptoms presented by the subject of his paper, symptoms which overshadow for the moment the crushed

limb or the excoriated flesh, and went on to group the hypotheses advanced in explanation, according as the heart and blood vessels or the central nervous system are made responsible for the condition. Of the various theories put forward he regarded Levden's as perhaps the most satisfactory, this being that shock is a "reflex inhibition" of the functions of the spinal cord, violent peripheral irritation, producing such molecular changes in the central nervous substance that it cannot for the time being respond to less intense irritations. Groeninger's investigations he considered as enlarging this theory to a remarkably conclusive degree. "If," Dr. Lutz said, "we were to present the definition of Groeninger and explain shock as fatigue or exhaustion of the spinal cord and medulla oblongata, brought about by sudden violent irritation, and classify it among the 'functional disturbances,' it might be considered as explanatory of the functional disturbances, but it is not descriptive of all the physical changes connected with these disturbances. For the present this is, however, all we can do."

Dr. Wyatt Johnston, of Montreal, followed with a very interesting technical paper on "The Pathology of Railway Shock." It was an indication of a line of research which is now opening up. In the last two or three years a number of pathological changes in the nerve system have been detected in allied cases, as, for instance, cases of poisoning epilepsy, etc., which are analogous to the symptoms observed in injuries to nerve cells. This circumstance would appear to point to anatomical changes, which hitherto have been supposed to accompany shock.

Dr. H. L. Getz, of Marshalltown, Iowa, followed with "The Varieties and Causes of Shock." He gave the ordinary classification of shock as reflected, mental and direct, the first resulting from injuries to portions of the body not involving the brain, the second the result of imagination, fear or grief, and the third caused by direct injury to the brain. This classification Dr. Getz changed so as to divide shock into functional, the result of neglected impression upon the neuron and so temporarily arrested nerve current, and organic, where actual injury is done to neuron cells. Such a classification, he thought, would conduce to an intelligent treatment of the subject.

Dr. James H. Letcher, Henderson, Ky., followed with a paper on "The Prevention and Treatment of Shock." Dr. S. R. Miller, Knoxville, Tenn., followed with a paper on "Is the symptomatology of shock to the liver different from that of other injuries of the same gravity?" The question was answered by him in the affirmative. Dr. J. G. Tuten, of Jessup, Ga., related an interesting case in which shock seemed to have been a predisposing cause for the development of consumption.

In the afternoon session the papers on shock were discussed. The first speaker was Dr. W. B. Outten, of St. Louis, Chief Surgeon of the Missouri Pacific. He could, he said, distinguish no difference between a profound shock and a profound hæmorrhage—they came

to the same thing. In dealing with operations under chloroform he put in a strong plea for a gentle and reassuring manner of dealing with patients.

Sir William Hingston, of Montreal, was the next speaker. He held that hæmorrhage had nothing to do with shock; that, he said, had been demonstrated. He mentioned what he described as the three common-sense remedies, rest, quiet and encouragement, all of which were of vast moment. He illustrated this by telling an amusing incident in his own practice.

Dr. Hugh M. Taylor, of Richmond, Va., gave his paper on "The Prevention of Shock," which he had been prevented from giving in the morning. Even when shock could not be prevented, he said, much could be done in mitigation of its three consequences, pain, hæmorrhage and sepsis.

Dr. C. J. McOscar, Fort Wayne, Ind., made the point that shock was the result of violence, of the nerves being "Deweyized." It did not mean hæmorrhage, he contended. To charge the collapse resulting from hæmorrhage to shock was to connect two things which were no more connected than "we and Spain."

Dr. Fulton, of Kansas, criticised the use of alcohol in cases of shock, holding that it is of no use. He referred to Dr. Tuten's case as a predisposing cause of consumption; he could see no connection between the two, he said. Dr. Jay, of Chicago, distinguished between shock and collapse and hysteria.

Dr. W. F. Trigg, of Cumberland, Md., was opposed to the introduction of medicine into the system. The discussion continued at length, among those speaking being Dr. G. P. Conn, of Concord, N. H.; Dr. E. T. Lutz, of St. Louis, Mo.; Dr. Girdlewood, of Montreal; Dr. J. H. Eddy, of Olean, N.Y.; Dr. H. L. Getz, of Marshalltown, Iowa; Dr. James H. Letcher, of Henderson, Ky.; Dr. J. Budd, of Two Harbors, Minn.; and Dr. T. McCulloch, of Chatsworth, Ont. Finally, at 4.35 o'clock, a motion to drop the discussion was carried. The value in which the discussion was held was shown by the Association deciding to publish the papers and symposium in one issue of *The Railway Surgeon*, the organ of the Association.

Dr. A. I. Bouffleur, of Chicago, then read a paper on "Cerebral Contusions." He discussed the various causes of injuries to the brain, and gave a number of interesting instances from his own practice. The conclusions which he deduced from his experience were: (1) The term "cerebral concussion," as generally employed, is indefinite, unsatisfactory and inconsistent with modern ideas of pathology and precision. (2) The term should be limited to those phenomena resulting from the disturbance of the function of the brain by trauma, without the production of gross mechanical lesions of the brain. (3) The slightest manifestation of concussion is due to disturbance of the fluid equilibrium of the brain and is always of momentary duration and effect. (4) More severe concussion produces a spasm of the vasomotor system and results in the production of signs and symptoms which are identical with and undis-

tinguishable from shock, and which persist until the circulatory equilibrium is restored and not thereafter. (5) The gross mechanical lesions of the brain produced by trauma, with or without fracture of the skull, are identical with those of contusion elsewhere. (6) The clinical history corresponds with what should naturally be expected from a contusion of tissues of such delicate structure and of such specialized function with such anatomic relations. (7) The treatment of contusion of the brain is the same as that of contusion elsewhere, with the special demand for the early treatment of complications. (8) The term "cerebral compression" indicates a mechanical disturbance of the circulation of the brain by any lesion which materially increases intracranial tension.

The paper was discussed by Drs. Getz, Outten and Elliott, all agreeing in the condemnation of the term "concussion."

The last paper of the day was on "Surgery of Severed Tendons in Infected Regions," by Dr. Francis B. Fite, of Muskogee, Indian Territory. It was discussed with interest, the discussion being concluded by Dr. Bouffleur.

The Association then adjourned till nine o'clock next morning.

THIRD DAY.

The Association brought the business portion of their meeting to a close on Friday, the 8th, and the finale was as pleasant as the whole course of the gathering. Unusually cordial international good feeling was the dominant note of the convention, and it came to a head when Dr. Bruce L. Riordan, of Toronto, surgeon of the G.T.R., was chosen President. Dr. Riordan merited his promotion by the unflinching and singularly effective work which he had done as Chairman of the local Committee of Arrangements. He had striven with his might, and the result of his labors is that not a day passed without several expressions, not only of appreciation, but of surprise at the perfection of the arrangements coming from the floor of the house, while individually the members of the Association were high in their words of praise for the cordiality and completeness of their welcome. It is safe to say that the visitors went away with a keen appreciation of Canadian hospitality which the trip to Muskoka certainly clinched. Dr. Riordan's election was not uncontested, Dr. A. I. Bouffleur, of Chicago, being his opponent. Dr. Bouffleur is one of the most eminent members of the Association, and the grace with which he accepted his defeat was in keeping with the excellent spirit which he had shown all through the meeting, a spirit which explained his popularity.

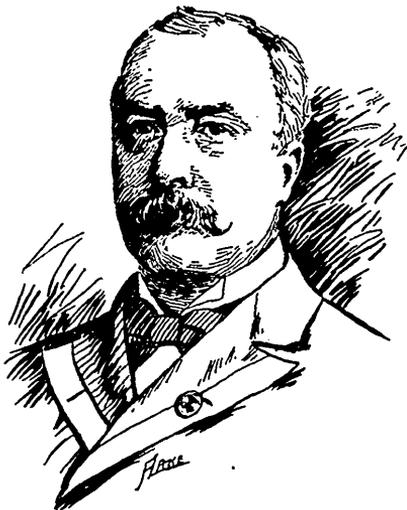
Business came first when the meeting assembled at nine o'clock. The first paper read that day was "The Pelvic Brain in Diseases of the Pelvic Organs," by Dr. A. L. Fulton, Kansas City, Mo., an interesting disquisition upon an important point.

Dr. C. F. Leslie, of Clyde, Kansas, read a paper which was a

report of a case of lightning stroke, with accompanying fracture of base of skull. The case was one which Dr. Leslie described as being, as far as he knew, unique. The man was a brakeman, and was knocked off his car by a flash of lightning. The train was running at full speed, and in his fall he sustained a fracture of the base of the skull. A handkerchief which he wore about his neck was cut in two, his watch and chain were melted and his flesh was lacerated. Notwithstanding the extraordinary complication of injuries he made a fairly speedy recovery, and is now on the road.

CHOOSING A PRESIDENT.

Then the way was cleared for the election of officers. The rule of the Association is that the President, Secretary and Treasurer



DR. RIORDAN, OF TORONTO.
President.



DR. ROSS, OF RICHMOND, VA.,
Retiring President.

are elected in open meeting, the remaining officers being nominated by the Nominating Committee.

Dr. F. J. Lutz, of St. Louis, Mo., moved that Dr. Riordan, of Toronto, be the new President. He did so in a graceful speech, which was liberally punctuated with applause. He spoke in warm terms of the splendid manner in which Toronto has treated her visitors, and added, amid cheers, that the Association should in this way show its appreciation of the way in which Dr. Riordan's country had come to the aid of their country and had held back the rest of the world when it was seeking to tie their hands.

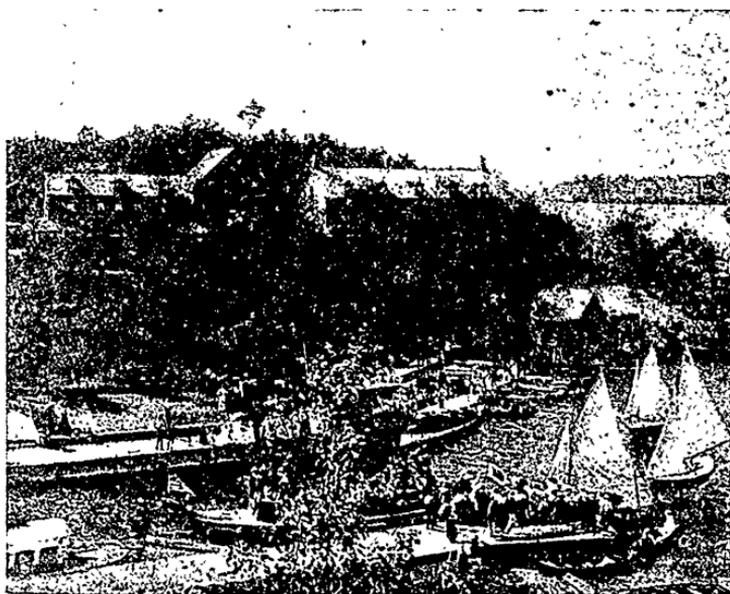
Dr. Fulton, of Kansas City, Mo., seconded the nomination.

Dr. W. B. Outten, of St. Louis, made an extended speech in which he fully acknowledged the glorious reception given to them

MUSKOKA



Rock and River.



Port Carling, Muskoka.



A Fish Story.



A Beauty Spot.

by Toronto. However, he thought that the interests of the Association would be better served by the election of Dr. A. I. Bouffleur, of Chicago, whom he accordingly nominated.

Dr. C. J. McOscar seconded this nomination.

Dr. Fulton raised a question of privilege, noting the grudging manner in which the Association had been treated by the railroads in the matter of transportation, and observing that the one exception had been the Grand Trunk; that road had treated them splendidly.

Dr. W. S. Hoy, of Wellston, Ohio, drew attention to the feeling of international unity which has marked the meeting. "I must turn my face to the Union Jack," he declared, and he added a warm word of praise for the entertainment accorded them. He was for Dr. Riordan.

The discussion continued for awhile. Dr. J. R. Taylor, of Texas, Dr. M. Jay, of Chicago, Dr. Eddy, of New York, and Dr. Lester Keller, of Ironton, Ohio, taking part. The latter gentleman, referring to praise of Dr. Bouffleur's ability, said that "there are others." Dr. Riordan, he said, had shown executive ability second to none. If there was anything else in Toronto which he had not got for them the speaker wanted to know what it was.

The vote was then taken, and resulted in 135 for Dr. Riordan and 82 for Dr. Bouffleur. Dr. Bouffleur moved that it be made unanimous, and, amid cheers, this was carried. Dr. Riordan was escorted to the platform and introduced to the meeting in a very graceful manner by Dr. Bouffleur. He was heartily greeted and spoke briefly, thanking his hearers for their kindness and saying that he took it as a compliment to his country and to his city.

SECRETARY AND TREASURER.

Dr. E. R. Lewis, of Kansas City, Mo., was unanimously re-elected Treasurer, and Dr. L. J. Mitchell, of Chicago, was, also unanimously, re-elected Secretary. Both these officials have shown great efficiency and executive ability in the discharge of their duty.

A very complimentary vote of thanks was passed, in which the Local Committee, Dr. Riordan being mentioned by name, the city authorities, the railway and navigation companies with which they have come into contact, especially the Grand Trunk, the press and the citizens generally, were mentioned. "May we express the hope," it said, "that this International Association may be the means of binding not only the profession, but the people of the Dominion of Canada and the United States in closer bonds of friendship, good-will and brotherly love."

THE NOMINATING COMMITTEE.

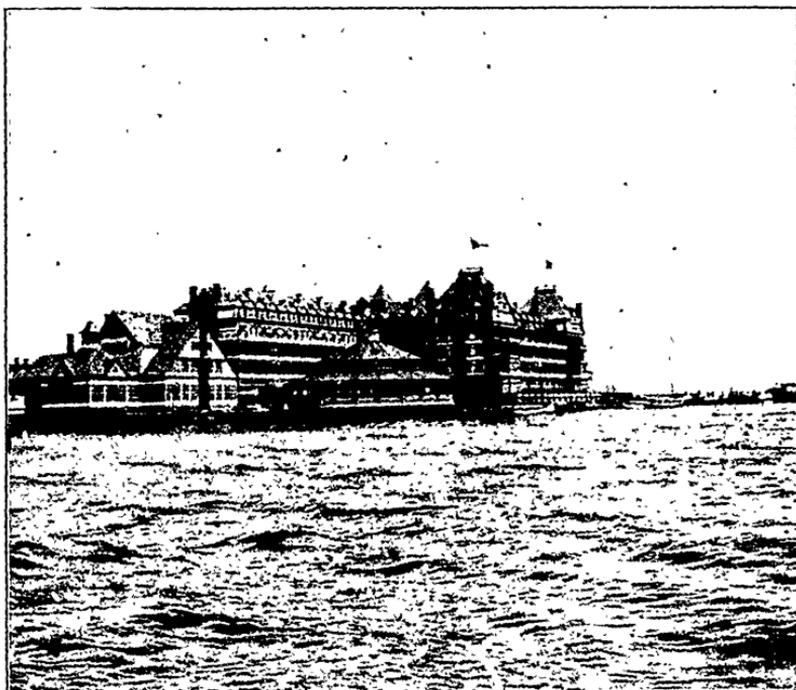
The Nominating Committee then brought forward its report, which proposed the following names:

Vice-Presidents—Surgeons R. E. L. Kincaid, Texas; James G.

Hunt, Utica, N.Y.; James L. Foxam, Huron, South Dakota; W. Gunn, Clinton, Ont.; A. H. McKnight, Hartford, Conn.; C. F. Leslie, Clyde, Kansas; Hugh M. Taylor, Richmond, Va.

For the Executive Board—Surgeons F. J. Lutz, St. Louis, Mo.; James Alexander Hutchison, Montreal, Que.; H. L. Getz, Marshalltown, Iowa.

As honorary members—E. H. John, Vice-president and General Manager, Seaboard Air Line, Portsmouth, Va.; V. E. McBee, General Superintendent, Portsmouth, Va.; B. B. Osler, Q.C., Toronto, Ont.; Edgar J. Rich, counsel Boston & Maine Railroad, Boston, Mass.; L. S. Thorne, General Manager, Texas Pacific.



Swept by Ocean Breezes—Old Point Comfort, Va.

The names of Sir William Van Horne and of Hon. L. M. Martin and Frank L. Gannon, General Manager of the Southern Railway, were added in open meeting.

The Nominating Committee suggested that Richmond, Va., be the next place of meeting. It was also suggested that either White Sulphur Springs, a point on the Chesapeake & Ohio; and again, that old Point Comfort, Fortress Munroe, Va., be the place, but the matter was left to the Executive Committee.

Each of these places have their advantages, no doubt, but remembering the hospitality shown to the Association when it met



A Glimpse of Muskoka.



Some of the many Islands passed, July 9th, 1898.

last time at Old Point Comfort, Va., we think that that alone should induce this renowned old spot to be at once chosen for the 1899 meeting. What could be more conducive to health than a week or ten days at Fort Munroe, lying as it does right on the sea shore, with the balmiest and most refreshing air blowing in at your bedroom window in that hostelry of hostelries, Hotel Chamberlin, with its sumptuous furnishings, given to the guest at rates so low as to be surprising, considering the service rendered. Committee, we blend our voices with the multitude of others and say, "Choose Old Point Comfort for 1899."

The concluding proceedings were next in order. A vote of thanks was passed to the retiring President, and Dr. Riordan gracefully made the result known to Dr. Ross. Then three cheers



Decorated Grand Trunk Engine, July 9th, 1898.

were given for Toronto, one western man's "hallelujah" rising high above the roar, and the Association stood adjourned.

AFTER THE WORK THE FUN.

In the afternoon began the day and a half of enjoyment with which the surgeons proposed to recompense themselves for the steady attention which they had paid to business. The city contributed to the afternoon's entertainment, which took the form of a trip on Lake Ontario on the steamer *White Star*. The steamer left the Bay Street wharf shortly after two o'clock with a heavy load, and steamed westwards as far as Long Branch. It then went east as far as the eastern gap, and then came along the bay to Exhibition Park. There the party disembarked and proceeded to the park where a civic "high tea" was tendered them in a large marquee. The band of the Royal Grenadiers was in attendance,

and played splendidly. In all about 800 people were present at this entertainment. High tea over, and the photographer having worked his will upon the crowd, the street cars provided as the Street Railway's contribution to the entertainment—thanks to Dr. A. Jukes Johnson—made their appearance. The visitors were conveyed in them down to Munro Park and then around the belt line. All were delighted with their trip.

On Saturday took place the Muskoka excursion. The party left Toronto Union Station at 7.30 a.m. sharp, on board one of the handsomest vestibuled trains that ever pulled out of the Union Station. It was in charge of the Local Passenger Agent, Mr. M. C. Dickson, who was untiring in his efforts to see after the comforts of everybody. The train was decorated with both American and English flags, and it was positively amusing to see the graingers in the open fields drop work and stare at the train as it flew past. We reproduce here, in half-tone, a photo taken of the engine that day with its many decorations, and for the sake of those of our readers who were not fortunate enough to be present at the excursion we give them some snap shots at Muskoka. Arriving at Muskoka Wharf, the excursionists embarked at once on the steamer waiting, and proceeded up Muskoka Lake to Port Sandfield, where lunch was served. After lunch the party returned by the same route past the Sanatorium to Muskoka Wharf, where light refreshments were provided, after which the special train was in waiting to convey the excursionists back to Toronto, arriving there at 10 p.m.

The Committee of Arrangements publicly expressed their thanks to Hon. A. S. Hardy and members of the Cabinet of the Ontario Government for a generous grant toward entertaining the members and their friends on this excursion, also to Mr. Charles M. Hays, General Manager Grand Trunk Railway System, for railway transportation, and to Mr. A. P. Cockburn, Secretary and General Manager Muskoka and Georgian Bay Navigation Company, for transportation by steamer to the Muskoka lakes.

The local Committee of Arrangements consisted of the following gentlemen: Drs. T. G. Roddick, M.P., Montreal; Sir. W. Hingston, Montreal; J. Alex. Hutchison, Montreal; J. Bray, Chatham; A. McKay, Ingersoll; L. B. Powers, Port Hope; J. Coventry, Windsor; J. Gunn, Clinton; D. M. Fraser, Stratford; A. Taylor, Goderich; J. Thorburn, C. O'Reilly, J. E. Graham, Adam Lynd, A. J. Johnson, J. F. W. Ross, W. Oldright, R. B. Nevitt, George Peters, A. H. Wright, J. Noble, Toronto; Louis J. Mitchell, Chicago, Ill.; T. McKenzie, C. A. Temple, G. H. Burnham, R. A. Pyne, P. H. Bryce, Chas. Sheard, J. J. Cassidy, H. A. Bruce, H. T. Machell, J. Gilmour, W. F. Gallow, W. H. Pepler, J. Dwyer, A. A. MacDonald, W. A. Young, J. D. Thorburn, H. H. Oldright, Ald. Bowman, Dunn and Richardson, Toronto; H. A. Bruce, Secretary; R. A. Pyne, Treasurer; Bruce L. Riordan, Chairman Committee of Arrangements.

MEDICAL COUNCIL OF THE COLLEGE OF PHYSICIANS AND SURGEONS—33rd ANNUAL MEETING.

THE Medical Council of the College of Physicians and Surgeons of Ontario assembled for its thirty-third annual meeting at two o'clock in the afternoon of July 5th, in the Medical Council building, corner of Bay and Richmond streets. Dr. J. Thorburn, of Toronto, the retiring President, called the meeting to order, and the following members were present:—Dr. Armour, Dr. Barrick, Dr. Bray, Dr. Britton, Dr. Brock, Dr. Campbell, Dr. Dickson, Dr. Douglas, Dr. Emory, Dr. Fowler, Dr. Geikie, Dr. Griffin, Dr. Henderson, Dr. Henry, Dr. Logan, Dr. Luton, Dr. Moore, Dr. Moorehouse, Dr. McCrimmon, Dr. McLaughlin, Dr. Rogers, Dr. Roome, Dr. Sangster, Dr. Spence, Dr. Taylor, Dr. Thorburn, Dr. Thornton, and Dr. Williams.

Only one session was held that day, the balance of the time being occupied in getting the various committees to work.

Immediately after the roll-call, the election of officers took place, resulting as follows:—President, Dr. Luton, St. Thomas; Vice-President, Dr. W. F. Roome, London; Registrar, Dr. R. A. Pyne, Toronto; Treasurer, Dr. H. Wilberforce Aikins, Toronto; Solicitor, Mr. B. B. Osler, Q.C., Toronto; Stenographer, Mr. Alex. Downey, C.S.R., Toronto.

DR. THORBURN'S ADDRESS.

Dr. Thorburn, the retiring President, then delivered his address, thanking the members for the honor they had conferred upon him in electing him President of the Council, which he termed the Legislature of the Profession, and asserting that he had every reason to believe that so long as they conducted themselves worthily they would be sustained by the profession. He spoke of the many changes that had occurred in the membership during the year, making special reference to the death of Doctors Burns and Shaw.

Referring to the examinations, Dr. Thorburn said that he was pleased to be able to state that they had been thoroughly and efficiently conducted. He suggested, however, that a more suitable allotment of work for each examiner be made, in order that the work of the board could be more equitably distributed.

The matter of prosecuting illegal practitioners, he said, had been carried on as vigorously as possible. He had noticed in connection with this that numerous complaints had come from members of the college regarding fifth-year students, who had gone to country places to practise with the view to putting in the year of practical work demanded by the curriculum. The difficulties arising out of the existing regulations he thought would become a serious question, and called for immediate attention.

After referring to the prominence that the subject of interpro-

vincial registration had taken recently, Dr. Thorburn closed his address by introducing Dr. Lutor, the president-elect.

Resolutions of sympathy were passed to the families of the late Dr. Shaw, of Hamilton, and Dr. J. H. Burns, of Toronto, who died during the year. Both gentlemen were members of the council at the time they died, Dr. Burns having just been elected on the day of his death.

The following standing committees were appointed:—Registration Committee, Drs. Fowler, Campbell, Hanly, McLaughlin, Griffin, Taylor, McCrimmon; Rules and Regulations Committee, Drs. Hanly, Armour, Spence, Henry, Barrick; Printing Committee, Drs. Barrick, Taylor, Emory, Spence, McLaughlin; Education Committee, Drs. Britton, Bray, Emory, Dickson, Moore, Moorehouse, Rogers, Sangster, Williams; Property Committee, Drs. Campbell, Dickson, Thorburn, Williams, Thornton; Complaint Committee, Drs. Geikie, Fowler, Logan, Thorburn, Douglas.

BREACHES OF THE ACT.

The Council went into a Committee of the Whole for the consideration of the report of the Special Committee on Prosecutions, the first clause of which stated that four meetings had been held and complaints had been submitted at each meeting. The second clause announced that a number of anonymous communications, complaining of breaches of the Medical Act, had been received, but they were not acted upon. Occasion was taken to inform members of the profession that all communications relating to such charges were treated confidentially.

Considerable discussion resulted from the third clause, which was to the effect that on investigation a large number of the offenders were found to be fifth year medical students. In some instances they were practising several miles away from established practitioners, although professing to be their students. Quite frequently they were found to be pursuing their profession utterly regardless of the law. Several members of the Council thought that they should not be too severe on such offenders, claiming that they could not gain admittance to the hospitals. Others contended that they could pursue hospital work if they were willing to pay for it, and thought if any leniency was exhibited toward them the object for which the fifth year was on the curriculum (practical experience before entering on active practice) was lost. The clause was finally referred to the Educational Committee. The last clause, recommending the reappointment of the committee, was carried, and the meeting was adjourned to meet again next morning, after endorsing the report as amended.

DOMINION REGISTRATION.

Dr. Armour, of St. Catharines, gave notice that he would move the following resolution at this morning's session:—"That this

Council hereby places on record its willingness to co-operate with the medical organizations of the several Provinces and Territories to establish an office of Dominion medical registration, whereby provincial practitioners may secure the right to practise their calling in all parts of Canada on the following basis: The several Provinces shall require a course of professional study of not less than four years with sessions of eight months each, and shall have a central examining board before whom all students and applicants must pass before receiving provincial registration, when all provincial licentiates of five years' standing shall be entitled to Dominion registration."

FINANCES AND ESTIMATES.

The financial statement was presented showing the receipts of the year to have been \$51,622.30, including a balance of \$790.83 carried over from last year. The expenditures amounted to \$50,782.49, leaving a balance on hand of \$839.81. The estimates for next year were submitted, amounting to \$19,485.29.

An invitation was received from the International Association of Railway Surgeons asking the Council to accompany them to Muskoka on Saturday, and in return the Council extended an invitation to any members of that body to visit them when they found it convenient.

SECOND DAY.

The principal matter which came before the Council of the Ontario College of Physicians and Surgeons at Wednesday's session was a resolution moved by Dr. Armour pledging the Council to sympathy and co-operation with the medical organizations of the other Provinces to establish an office of Dominion medical registration. It is a matter which has been before the medical profession for a number of years, and the majority of the Council are apparently in strong sympathy with the intention of the resolution.

The Council reassembled at ten o'clock with the President, Dr. Luton, in the chair, and all the members present.

Dr. Sangster gave notice that at a subsequent meeting he would move, "That in the opinion of this Council all the institutions which have ceased to exist or which merely hold their charters in abeyance, no longer either teaching medicine or granting degrees therein, are not entitled to continued representation in this body."

The Registrar read a communication from Mr. C. W. Walter asking the Council to reconsider his examination held at the last test for licentiates.

DOMINION REGISTRATION.

The following resolution, notice of which had been given the day before, was then moved by Dr. Armour and seconded by Dr. McLaughlin: "That this Council hereby places on record its willingness to co-operate with the medical organizations of the

several Provinces to establish an office of Dominion medical registration, whereby provincial practitioners may secure the right to pursue their calling in all parts of Canada, on the following basis: "The several Provinces shall require a course of professional study of not less than four years, with sessions of eight months each, and shall have a central examining board before whom all students and applicants must pass before receiving provincial registration, when all provincial licentiates of five years' standing shall be entitled to Dominion registration."

In support of his resolution Dr. Armour said: With the fifteen minutes at my disposal I will only have time to refer briefly to some of the leading features of this important question. It is a question that not only the members of this Council and medical men of Ontario but the profession of the Dominion are mutually interested in and desirous of solving. Wherever and whenever the subject has been discussed, before medical societies or in medical journals, there has been, so far as I know, a unanimity of opinion in favor of interprovincial or Dominion medical registration. Any differences that existed have been as to the best method of adjusting the conflicting interests that lie in the way of this desirable object. Had the fathers of Confederation made provision for Dominion medical registration we would not have the present difficulty to contend with, but unfortunately in this respect educational matters were left solely with the Provinces, and interests have grown up that make it difficult to arrive at a national uniformity, and when arrived at to apply the means to utilize it.

VEXATIOUS DISABILITIES.

That a medical practitioner competent to practise his profession in one Province of our fair Dominion should be ineligible to exercise his calling in all is a reflection on the co-operative unity that should characterize a progressive and liberal profession. It is not likely that many practitioners would care to change from one Province to another, but should they desire to remove to any part of the Dominion on account of their health or for other reasons, as a citizen of this free country they should have the privilege of doing so. To those practising near the boundaries of the several Provinces, interprovincial prohibition is very vexatious. That a medical man passing a provincial boundary in the pursuit of his calling should become liable to a fine or imprisonment is a disability calling loudly for redress. Perhaps in no other country are these restrictions so exacting as they are between our Provinces. Great Britain, Ireland and all her autonomous colonies have arrangements for reciprocal medical registration. Such hostile countries as France and Germany have an international arrangement for reciprocal privileges of this kind for fifteen miles on each side of the boundary line of these countries. These are examples by which the medical profession of Canada might profit.

When international interests can be made to yield to this necessity, surely it is possible to adjust interprovincial to the same purpose.

The ideal form of Dominion registration would be to establish a common standard of preliminary and professional education and have all pass a uniform examination, but while the several Provinces have different systems of education it would be with great difficulty that even a uniform standard of matriculation could be adjusted. If an absolute Dominion registration was granted on a basis of different provincial standards, it would be putting at a premium the lower standards, and the Province that had the lower standard would have the bulk of the students to educate. A five years' provincial probation, as provided for in the resolution, would in a great measure obviate this. It would also give time for compensating from practical inexperience for some of the disabilities connected with the inequalities of the preliminary and professional educational standards. The five years' stipulation would only temporarily deprive about ten per cent. of the provincial profession of Dominion registration, while the other ninety per cent. would have all the privileges connected therewith.

CENTRAL EXAMINING BOARD.

All the Provinces have central examination boards, but it is not obligatory that all students or outside graduates pass the examination of the board, except in Ontario and Manitoba and British Columbia, with some insignificant exceptions. The advantages to be gained from Dominion registration should make it easy to have the several Provinces make it obligatory that all desiring registration should pass the central examination board. All the Provinces except British Columbia require a four years' course of medical study before being admitted to examination for license to practise, and there should not be any difficulty in getting British Columbia to raise her standard to a four year course. Ontario alone requires a five year course. In my opinion the public and professional interests require that this be maintained, and it is to be hoped that in the near future the other Provinces will raise their standard to a five year course. The five year provincial probation would, in some measure, protect the medical interests of Ontario from being seriously affected by this inequality of curriculum. There would probably be little difficulty in securing a uniform standard of four sessions of eight months each. There are none of the Provinces in which this requirement at present exist, except in Ontario. McGill University requires, I believe, four sessions of nine months each, but the Province of Quebec only requires four sessions of six months, and the remaining Provinces three sessions of six months each. The Medical Councils of Quebec, Prince Edward Island, Nova Scotia, New Brunswick and Manitoba have already signified by resolution their approval of an eight months' session, with a view of reciprocity. British Columbia and the Territories would have to

comply. If anything is to be accomplished in this line, Ontario, that has the highest standard, must be prepared to meet the other Provinces in a liberal and a generous spirit. While I do not approve of lowering our standard, the conditions of the resolution, if they should be carried out, would have the effect of considerably increasing the standards of the other Provinces, leaving Ontario free to maintain hers as at present.

The establishment of Dominion medical registration would entitle us to the privilege of reciprocal registration with Great Britain, giving Canadian practitioners all the advantages connected therewith. I trust the resolution will receive the careful consideration of the members, some of whom, notably Drs. Thorburn, Bray, Moore and Thornton, have therefore shown a deep interest in the question, and that it may, after careful consideration, receive the approval of the Council.

Dr. Logan proposed that the resolution be sent to the Educational Committee, with instructions to that body to bring in a report on the matter which would then come up for general discussion.

The proposal to send it to this committee brought on a discussion in which all who spoke touched on the general question of Dominion registration. Great unanimity of opinion was expressed as to the urgency of such a measure. There was a difference of opinion, however, as to the committee to which the matter should be referred.

A number of members were favorable to sending it to a special committee, some of them contending that the Educational Committee was already overworked. Dr. Geikie opposed its being sent to the Educational Committee on the ground that this committee had not upon it a sufficient representation of medical college professors.

Dr. McLaughlin, of Bowmanville, very strongly objected to the schools having too big a finger in the pie.

A suggestion from Dr. Rogers that the question be taken up in committee of the whole Council did not receive support, and finally when Dr. Brock withdrew his motion to send the matter to the Educational Committee, a resolution, moved by Dr. Douglas, that that question be sent to a special committee of the following was adopted: Drs. Fowler, Britton, Logan, Moorehouse, Geikie, Rogers, Williams, McLaughlin, Moore and Armour.

To the same committee was referred a resolution similar to that of Dr. Armour, notice of which had been given by Dr. Britton.

On motion of Dr. Bray, the report of the Discipline Committee was made the first order for this morning.

PROTEST FROM DR. GEIKIE.

The following protest submitted by Dr. Geikie, Dean of Trinity College, was discussed and finally fyled:

"Dr. Geikie, on behalf of the faculty of Trinity Medical College, begs to enter his emphatic protest against the exclusion from the Education Committee of the representatives of this College and of some of the other large medical teaching bodies of Ontario, as a wrong to the colleges in question, as well as unjust to the interests of medical education in the Province, and calculated to do great injury to the Council in the opinion of large numbers of the more thoughtful members of the profession throughout Ontario."

AFTERNOON SESSION.

When the Council resumed business after lunch a number of notices of motion, which will come up as resolutions in the regular course of business, were submitted.

A communication was received and read from a number of medical practitioners of Halton and adjoining counties, praying that the name of Dr. S. A. Carter, of Halton, whose name was stricken from the roll, might be restored to it. Dr. Carter was convicted of the felony of malpractice and imprisoned, and his name eliminated from the list of medical practitioners. The petition states that no ill resulted from the attempt of which he was found guilty; that he himself maintained and still maintains his innocence of any intention of committing the crime for which he was punished, and that he was always held in high estimation by the people among whom he lived. The petitioners, therefore, regard the sentence of the Council as severe, and ask that his name be re-entered on the roll of the Medical Council.

The matter was referred to the Registration Committee to report on.

Dr. Sangster, seconded by Dr. Armour, then moved the resolution of which he had given notice in the morning, the effect of which was that certain institutions which no longer taught medicine or granted degrees should cease to be represented in the Council.

The resolution is aimed at the right to seats in the Council of Dr. Thorburn, representing the Toronto School of Medicine; Dr. Geikie, representing Trinity Medical College, Dr. Griffin, representing Victoria College, and Dr. Fowler, representing the Royal College of Physicians and Surgeons, Kingston.

NO RIGHT TO SEATS.

In speaking to his resolution, Dr. Sangster said that it was a matter of regret to him that he was obliged to take the invidious position of attacking, or seeming to attack, the right of any fellow-member to a seat at the Council board. He repudiated in the strongest terms any feeling of personal animus against the gentlemen whom his resolution might affect. These gentlemen were

personal friends of his own; they were an honor to the institutions they represented and ornaments to their common profession. The action was dictated solely by a sense of duty to his own constituents. The speaker then said that he would refrain from reciting the history of the introduction of appointed members to the Council, but he read the clause under which they were admitted. He then contended that at the present time Trinity Medical College and the Royal College of Physicians and Surgeons of Kingston had no separate independent existence, but that the first was simply the medical faculty of Trinity University, and the second the medical faculty of Queen's University. Therefore, he argued they had no right to representation at the Council board. Victoria, the speaker's own alma mater, had been merged in Toronto University and had, therefore, lost its separate corporate existence. Toronto School of Medicine as a corporate body was practically defunct, or its corporate existence was in abeyance. It did not grant degrees, and while it might be in affiliation with Toronto University steps had been taken some time ago to refuse it representation on the University Senate. Accordingly, Dr. Sangster continued, there were four gentlemen sitting in the Council who had no right to seats at the board. By eliminating them the Council would be doing away with a bone of contention, and would be reducing the annual payment of the College by one-sixth.

Dr. Geikie, of Trinity College, and Dr. Fowler, of Queen's, both took exception to the statement of Dr. Sangster, that the institutions they represented had no separate corporate existence, but the whole matter was finally, at the instance of Dr. Britton, left over until next day, owing to the absence of Drs. Thorburn and Griffin.

The Council then adjourned, to allow the committee time to meet and prepare their reports.

THIRD DAY.

The third day's morning and afternoon sessions of the Council were devoted to the reading and consideration of the report of the Discipline Committee. This report dealt with charges of unprofessional conduct against five accredited medical practitioners, members of the Ontario College of Physicians and Surgeons. Of the five four were struck off the roll of the College and one was allowed to remain on suspended sentence, owing to a number of mitigating circumstances in his case. Dr. Luton, President, opened the proceedings at ten o'clock.

The first case taken up was that of Dr. Albert Wm. Sovereign, of the county of Essex, to whose charge four accusations were laid. He was accused of having travelled with a quack medical combination called the Kamama, Jr., Hindoo Remedy Co.; with having prescribed their nostrums, and thereby defrauded the public, and with having employed disgraceful methods of advertising. The

committee reported the charges as having been investigated and proved.

DR. SOVEREEN'S NAME ERASED.

Dr. McLaughlin, of Bowmanville, moved, seconded by Dr. Douglas, that the Registrar be directed to erase the name of Dr. Sovereem from the register, and that "the costs of and incidental to such erasure be paid by the said A. W. Sovereem to the College of Physicians and Surgeons of Ontario forthwith, after the taxation by one of the taxing officers of the High Court of Justice for Ontario. And the Registrar is directed after such taxation to obtain the issue of such execution or exemptions as may be necessary for the collection of such costs by the said College."

In moving his resolution Dr. McLaughlin alluded to the painful duty which he was discharging taking steps to exclude from the practice of his profession any man who had qualified himself for it. It was a duty, however, which was necessary in the interests of the public. A misconception, he said, existed in the public mind in regard to this Discipline Committee of the Council. The committee had been appointed not for the purpose of protecting the members of the medical profession but of protecting the public from fraud and quackery and wrong. The duty which devolved on this Council in dealing with these cases was one which had not been sought by the profession. It had been delegated to the Council by the Provincial Government and was exercised for the public benefit. He knew that he was voicing the opinion and desire of the Council when he said that the members did not wish this power to remain with them.

Dr. Douglas endorsed the remarks of Dr. McLaughlin, which were strongly opposed by the members of the Council and the resolution was carried. Dr. Sovereem's name was accordingly ordered to be erased from the roll of membership.

DR. JOHN KIRKPATRICK'S CASE.

Dr. John Kirkpatrick, who, after having been in various parts of the world for some years, returned some months ago to Canada in straitened circumstances, according to his own statements, was charged with having been one of the Munyon doctors. The case had been investigated by the Discipline Committee and many mitigating circumstances had been discovered. Dr. Kirkpatrick had simply diagnosed cases for the Munyon Company, and as soon as he was advised to sever his connection with it he did so, throwing himself on the mercy of the Council and asking that sentence be suspended while he continued to practice according to law. He had also given evidence in other cases where the company with which he had been temporarily connected had been concerned. Drs. Rogers and Barrick, who knew Dr. Kirkpatrick, poke in high terms of him as a student and as an honorable man, and stated that he had on returning to this country been in very

straitened circumstances financially. Dr. Britton pointed out that Dr. Kirkpatrick had, as soon as he was notified of his infringement of the law, withdrawn himself from his connection with the Munyon Company and thrown himself on the mercy of the Council.

Dr. McLaughlin moved, and Dr. McCrimmon seconded, that the name of Dr. Kirkpatrick be allowed to remain on the membership roll. The mover of the resolution made a pleasant little speech, in which he spoke of the piety of the members of the medical profession, and essayed with triumphant success a short quotation from the Lord's prayer.

The resolution was adopted, and Dr. Kirkpatrick remains a member of the College of Physicians and Surgeons.

DR. BESSEY EXPELLED.

Dr. W. E. Bessey, of Toronto, was present in person, and with legal counsel to combat the charges made against him. The accusations were numerous, and covered a number of years, running back to 1893. The first charge was that he had appeared under the name of Dr. Washington in 1893 at Kingston. The other charges were of advertising himself as the greatest Canadian specialist, and of having committed other offences.

In speaking to the accusations, Dr. Bessey admitted unprofessional conduct in two instances under circumstances which did not make them deserving of punishment. He threw himself on the mercy of the court, and asked for a suspension of sentence.

Mr. Falls, his counsel, also pleaded for him.

His name, however, was ordered to be expunged on motion of Dr. Douglas.

AFTERNOON SESSION.

When the Council reassembled in the afternoon the report of the Discipline Committee was again taken up and the charges against Dr. Richard Allen Clark and Dr. George B. Gray, of Elora, members of the College of Physicians and Surgeons, who were accused with being "eminent doctors" of the Munyon Co. were gone into. The complaints are that these doctors associated themselves with and were parties to the sale and dissemination and advertisement of quack remedies, and that they acted as consulting physicians at the place where such remedies were administered and sold. Mr. Wm. Lount, Q.C., appeared for Dr. Clark and Dr. Gray, and Mr. J. W. Curry spoke for the Council. The Council then took up the charges seriatim in Committee of the Whole and adopted the reports, the Council subsequently concurring in the action of the committee.

A discussion took place on the resolutions to erase the names of Dr. Clark and Dr. Gray from the membership roll, and all who

spoke condemned, with the approval of the entire Council, the conduct of the accused doctors. The methods which they had adopted while attached to this company, Dr. McLaughlin said, were such as no medical man with respect for himself would countenance. Dr. Bray, chairman of the Discipline Committee, referred to the charge made that the meetings of this committee had been held in secret. This he denied most emphatically, and in doing so he was corroborated by other members of the committee. He said that the meetings of the committee had always been public, and at the investigation into these last cases newspaper reporters had been present but had gone away very soon—for what reason he could not say. Dr. Sangster said it was as well to have this specifically stated, so that the public might know it, as the members of the Council had known it all along.

The methods of putting up the company's remedies were then discussed, and Dr. Britton said that judging from the "Guide to Health," the book from which the doctors connected with the institution obtained their directions, much stronger charges might have been made against the accused men, whose revenues came from such peculiar artifices. Dr. Sangster, in his remarks, spoke of the respect he had for the press, but complained bitterly that articles prepared by some of the company's employees, puffing his remedies, were published in some of the provincial papers as editorials ostensibly written by the editors. Some of the members stated that they understood that prices ranging from \$15 to \$25 for the insertion of such articles had been offered. He was glad the Toronto dailies were free from this taint. Resolutions were then passed instructing the Registrar to erase the names of both Dr. Clark and Dr. Gray from the membership roll of the College.

At the session in the evening a by-law was passed altering the date for the nomination of territorial representatives from October 9 to November 8, and the date of election from October 16 to November 15.

FOURTH DAY.

The Council occupied the fourth day with two questions which were pretty thoroughly threshed out and then dropped, the discussion resulting in nothing but the public expression of the individual members.

The first question was raised by a resolution moved by Dr. Spence, that a committee, composed of Drs. Barwick, Emory, Henry, Sangster, Geikie, Thornton and Spence, be appointed to deal with the abuse of hospital privileges and lodge practice. It was contended that these two sources were a means of cutting into the practice of the individual physician.

Drs. Thorburn, Rogers and others maintained that the Council as a legislative body had no power whatever to deal with these matters.

STARVING THE PROFESSION.

Dr. Sangster took a different view, and in supporting the resolution said that if the Council was to be of any use at all it was to be so in looking after the material interests of the profession. He claimed that through the cutting into the physicians' business or the druggists, the patent medicine companies, the lodge practice system and the free treatment of patients at hospitals, the doctors of the Province were in a starved or semi-starved condition. Medical men were being reduced by these means to a condition where they could not live honorably, and had to adopt methods which they themselves confessed were not honorable.

Dr. Moore indignantly took exception to Dr. Sangster's statement. He disliked to see it go forth from the Council that the profession was so poverty-stricken that they had to resort to means which they themselves confessed were not honorable. This was not so, at least in the eastern portion of the Province, and he was sorry to think that it should be said to be so of any part of the Province.

After some further discussion, the President ruled the resolution out of order. Dr. Spence appealed against the ruling, but the President was sustained by a vote of 20 to 6.

Dr. Dickson introduced a by-law for the appointment of the Discipline Committee, which was filled in with the names of Drs. J. L. Bray, Campbell and V. H. Moore. Dr. Sangster took exception to the appointment of Dr. Moore, because he was a representative of an educational institution.

RAISING THE STANDARD.

Dr. Rogers, of Ottawa, introduced a motion to raise the standard of medical matriculation. The gist of his motion was that after four years, namely in 1902, the degree of B.A. be adopted by the Council as the standard for medical matriculation. He thought this four years' notice would be sufficient. He desired the standard raised, not to exclude men from the profession, but to increase the culture and education of the members of the profession. This, he said, would be beneficial to the people at large; it would force law and divinity to adopt a similar standard; the young men strive to reach a better standard and the people would become better educated. The effect on the medical profession would, he asserted, be most beneficial. Physicians as a rule would grasp the science of medicine more comprehensively. It would largely do away, too, with the cutting off of names from the roll, as men would have a higher ideal, and would be less inclined to be unprofessional. At present the average doctor was not better educated generally than a merchant clerk.

Dr. Barwick opposed the motion on the ground that it was a question the incoming Council should deal with.

Dr. Dickson seconded the motion and spoke in its favor.

Dr. Britton opposed it warmly, and urged that had this standard been in existence when he was a student, neither he nor many of the Council would now be in the profession. It would have excluded all but those able to afford a University education.

Dr. Moore argued that the motion would render the inter-provincial registration movement impossible. He wanted higher education, but not such exclusion as this.

Dr. Bray opposed it on the same ground, and pointed out that the Ontario standard was higher now than most, and such action would place it a way above all other countries.

MANY OBJECTIONS RAISED

Dr. Geikie jested with Dr. Rogers over the motion. It was too modest. Why had not Dr. Rogers provided that during the last three years of their University course students going into medicine must improve their minds by study of Sanscrit, Arabic and other branches of learning, which would bring culture? The motion, to which he was strongly opposed, was such that no poor man's son would ever be able to enter the profession. If it had been in operation in the past it would have excluded eleven-twelfths of the best men in the profession. The whole thing was sheer nonsense, and indicated a want of common sense.

Drs. Williams, Mortimer, Sangster, Spence, Brock and Thornton opposed the resolution.

Dr. Rogers then withdrew the motion, claiming that it was the schoolmen who had burked it and who were opposed to a higher standard.

Dr. Geikie warmly disclaimed this.

RIGHT OF REPRESENTATION.

At the opening of the afternoon session Dr. Sangster moved the resolution of which he had given notice on Thursday morning, and which was as follows: "That, in the opinion of this Council, all institutions which have ceased to exist, or which merely hold their charters in abeyance, no longer either teaching medicine or granting degrees therein, are not entitled to continued representation in this body."

As stated before, this resolution is directed against the right of Dr. Geikie, representative of Trinity Medical College, Dr. Thornburn, of Toronto School of Medicine, Dr. Fowler, of the Royal College of Physicians and Surgeons, Kingston, and Dr. Griffin, of Victoria College, to seats in the Council. The resolution was expected to create a warm discussion.

Dr. Griffin, the representative of Victoria College, rose to a point of order. He asked for the ruling of the President on the question, whether the resolution was in order.

President Luton said that as the motion undertook to do something which it was out of its power to do he would rule the motion out of order. The members whose seats were attacked were members of the Council by enactment of the Legislature, and had the same right to seats at the Council as any other member.

Dr. Sangster said that the ruling did not matter, because it was his intention to bring the matter up in such a form that it could not be ruled out.

Dr. Thorburn then rose to a question of privilege. He entered a protest against Dr. Sangster's statement that he was holding his seat illegally. He desired to state that he was a member of the Council by Act of Parliament, and he purposed to remain until the Act was repealed. This being the case, it was unfair to make such statements as that made by Dr. Sangster, as it had a tendency to damage his reputation with the community. Dr. Thorburn reminded the members that he was one of the originators of the Council. Had it not been for the Toronto School of Medicine this Council, of which they were so proud, would not exist at all.

Dr. Geikie rose to the same question of privilege and defended his right to a seat at the Council with equal warmth.

Dr. Fowler, when he followed Dr. Geikie, said that the Royal College of Physicians and Surgeons, of Kingston, had possessed powers before the Council came into existence, which it had handed over to the Council in exchange for representation at the board. If the institution which he represented were given its powers back they would return to the College the privilege of representation.

Dr. Griffin, for Victoria College, contended that that institution had its corporate charter as it always had. It was true that for the time being a tentative partnership had been entered into with Toronto University. It was a partnership, however, which might be severed at any moment, and from present appearances this severance might not be long deferred. The right of the College to representation they would maintain and exercise.

QUESTION REINTRODUCED.

These questions of privilege having been duly stated Dr. Sangster rose and said that in place of the resolution which had been ruled out of order, he would give notice of the following:—
 "That it is not in the interest of the College of Physicians and Surgeons of Ontario that educational bodies which no longer teach medicine or grant degrees therein shall continue to have representation in this Council, and that legislation directed to the removal of the existing injustice in that respect shall be sought for on the first expedient occasion."

"That is quite in order," said the President.

Dr. Rogers, of Ottawa, introduced a by-law for levying the annual assessment, which he placed at \$2.

Dr. Armour thought it would have been better to have heard

the financial report before introducing this by-law. He pointed out that, according to the estimates of next year, they would have a balance after expenditure of nearly \$4,000.

After some discussion on this matter the by-law as introduced was carried.

The report of the Treasurer, Dr. H. Wilberforce Aikins, was eminently satisfactory, showing a balance on hand of \$839.81.

Dr. Barrick introduced a resolution to the effect that a general plebiscite be taken at the time of the general election to the Council regarding contract lodge practice.

A lengthy discussion took place over this resolution, and the question of contract lodge practice was threshed out, many of the members declaring their opposition to lodge practice; but it was the general consensus of opinion that the Council had no right to deal with this matter, and that if it did interfere it would be useless.

The chairman finally ruled the resolution out of order. This ruling was appealed against, but the chair was sustained.

Dr. Carlyle was reappointed Auditor of the Council.

A WHITE ELEPHANT.

Dr. Roome moved, seconded by Dr. Douglas, that a special committee of three members be appointed to sell the building now occupied by the College of Physicians and Surgeons.

The discussion on this matter occupied a considerable amount of time. It was stated that since building the hall the College had lost \$39,000 through it, and was losing annually. The resolution was finally adopted, with an addition that the lowest offer which would be accepted would be \$90,000.

At the beginning of the evening session Dr. Bray submitted, on behalf of Discipline Committee, a supplementary report, in which it was recommended that should Dr. R. Sproule, formerly of Carlton street, Toronto, and now a resident of Newport, Vt., return to Canada, the charges impugning the authenticity of his credentials as a graduate of Dublin be investigated.

The Committee on Registration reported adversely to the applications of S. A. Carter and Robert McCullough for re-registration. The registrar was also instructed to communicate with Dr. A. J. Rayson, of Neebish, Chippawa, Mich., who had made application to pay professional visits to an island near his home, which is in Canadian territory, but within easy reach of which there is no Ontario doctor, and inform him that the Council had no power to grant permits.

Some discussion took place on the question of holding the election of officers by ballot or open voting, and it was decided to continue the election by open voting.

The annual session of the Council of the College of Physicians and Surgeons was concluded on the Saturday evening. The greater portion of the day was devoted to reading reports of committees

and the despatch of other routine business, but several debates took place on matters of external interest.

When the Council came to order for business at ten o'clock in the morning, the Executive Committee was elected on motion of Dr. Rogers. It is composed of Drs. Luton, Roome and Britton.

Dr. Brock then introduced a motion that the Council adopt some means of placing before the public the evidence in the Munyon cases, which had been adduced before the Discipline Committee.

Several of the members expressed the opinion that such a proceeding would involve a greater cost than the results sought to be obtained would be of advantage.

The suggestion that circulars containing this evidence be printed and distributed among the medical practitioners and newspapers of the Province, did not meet with approval. Dr. Barrick said that if the evidence were published in the annual announcements it would serve all purposes, and that to go beyond this would be contrary to the dignity of the Council.

The motion on being put was lost by a vote of 10 to 9.

TO EXCLUDE EDUCATIONISTS.

Dr. Sangster then introduced his resolution, notice of which had been given the day previous: "That it is not in the interests of the College of Physicians and Surgeons of Ontario that educational bodies which no longer teach medicine or grant degrees therein shall continue to have representation in this Council, and that legislation directed to the removal of the existing injustice in that respect shall be sought for on the first expedient occasion."

In introducing it he disclaimed any intention of hurting the feelings of Drs. Geikie, Thorburn, Fowler and Griffin, whose right to seats at the Council the motion called in question. He was simply performing what he regarded as a duty to his constituents. A great many practitioners throughout the Province were of the opinion that the educational institutions which were represented by these gentlemen were not entitled to a voice at the Council.

Dr. Britton said that it would be a mistake to go to the Legislature with such a request as that suggested in the resolution. The legislators would tell them to go back and continue as they were. He regarded the resolution as a blow, he would not say a stealthy blow, but it was in that direction, aimed at Toronto, Queen's, Trinity and the western universities. He considered that the exclusion from the Council of the appointed representatives of these institutions would be a greater blow to the Council and the profession generally.

Dr. Geikie said in the course of a speech in opposition to the resolution that the Medical Council rested solely on an Act of the Legislature, and so did Trinity Medical College. The rights of the college were perfectly secure, as the Legislature would see that they were retained in possession of them. It was since some of the

members of the Council had shown a disposition to exclude all the educationists from the direction of the Council that trouble had occurred with the Legislature. It would be a miserable rump of a Council, he exclaimed, if the educationists were excluded.

Dr. Moore said that the Council had its origin in the work and efforts of the school men, and it was monstrous to contend that they were there by an unrighteous act.

Dr. Fowler said that before the Council was established the Royal College of Physicians and Surgeons of Kingston had possessed the right to confer degrees and licenses to practise in Ontario. This right they had yielded up in exchange for representation at the Council. If that representation should be taken away, they would claim the right they originally possessed, namely, the right to grant degrees and licenses independent of the Council. He was confident that this right would be given them.

Dr. Thorburn characterized the resolution as a mean attempt to deprive the educational institutions of the rights they had handed over to the Council.

Dr. Brock moved in amendment, seconded by Dr. Logan, that as the question was a legal one it should be referred to the solicitor, and no action be taken by the Council until his opinion had been obtained.

Dr. McLaughlin and Dr. Sangster both argued that the amendment was out of order, and Dr. McLaughlin said that the colleges had been anxious for the institution of the Council, so that they might exclude the graduates of other than Ontario colleges practising in the Province, and so bring grist to their own mills.

The amendment was then put and carried by a vote of 16 to 7.

FINANCE REPORT.

The report of the Finance Committee, which was then presented, stated that the College indebtedness had decreased considerably since last meeting. The annual assessments had been more promptly and generally paid than in the past. The assets were placed at \$114,839.00, and the liabilities at \$63,732.00, leaving a balance in favor of the College of \$51,107.00.

Dr. Armour took exception to a clause in which \$317.00 had been paid to Prosecutor Wasson, over and above his salary, for expenses in connection with prosecutions. He contended that the original agreement with Mr. Wasson was that if the costs obtained from prosecutions did not cover the expenses of the proceedings the balance should be paid by Mr. Wasson himself. He thought this agreement should be adhered to.

Dr. Bray pointed out that Mr. Wasson was acting by resolution of the Council, under instructions from the Prosecution Committee, and it would be a small and unfair thing to ask Mr. Wasson to be out of pocket where he was working in the interests of the profession and of the Council. He asked Dr. Armour how he would like to be personally out of pocket under such circumstances.

Drs. Barrick and Thorburn corroborated the statements of Dr. Bray, and the matter was dropped.

Detective Wasson was again appointed prosecutor for the Council at the old salary.

The report of the Education Committee was then presented, considered and adopted. A great many petitions, the majority of which were not granted, were read. Those whose petitions were successful were: Mr. D. C. Wilson, granted with reservation; Dr. Burdon, a British practitioner, who will be admitted to practise on passing the Council examinations; G. E. McCartney, under certain conditions; Septimus Thompson, E. R. Hooper, H. H. Elliott, C. E. Elliott, F. A. Clarkson, A. A. Sheppard, J. L. Turnbull, Henri Labrossi. Licenses will be granted to Dr. Johnson, Dr. T. H. Shipman, Mr. W. D. McNab and Mr. A. L. Foster, when they pass certain prescribed examinations. The following were appointed examiners: Dr. Grasett, Toronto; Dr. Mundeli, Kingston; Dr. Howitt, Guelph; Dr. Fraser, Sarnia; Dr. Welford, Woodstock; Dr. Williams, London; Dr. Acheson, Galt; Dr. Small, Ottawa; Dr. McLellan, London; Dr. O'Reilly, Toronto; Dr. Third, Kingston; Dr. W. P. Caven, Toronto; Dr. E. T. Adams, Toronto.

INTERPROVINCIAL REGISTRATION.

The report of the Committee on Interprovincial Registration was presented by Dr. Williams. The report was favorable to the proposal, and the suggestion was made that the members of the Ontario Council who attend the meeting of the Canadian Medical Association at Quebec, in August, press the matter and arrange a conference with the medical men from the other Provinces. The following committee was appointed to take the matter in hand at Quebec: Drs. Thorburn, Dickson, Moore, Rogers, Pyne, Williams and Taylor. The committee was empowered to add to its numbers.

The Council adjourned after singing "God Save the Queen."

CANADIAN MEDICAL ASSOCIATION.

SOME of the papers already promised for the Canadian Medical Association meeting at Quebec, on the 17th, 18th and 19th of this month:

On the Duty of the Medical Profession to the Question of the Treatment of Inebriates—A. M. Rosebrugh, Toronto. Monocular Diplopia—G. Sterling Ryerson, Toronto. Septic Peritonitis, Consecutive to Appendicitis, and its Surgical Treatment—H. M. O. Massie, St. Eustachie. Goitre—C. R. Dickson, Toronto. Traumatic Rupture of the Bile Duct, Operation, Exhibition of Patient—R. W. Garratt, Kingston. Title to be announced—Wyatt Johnston, Montreal. Title to be announced—E. E. King, Toronto. Rupture

of Bladder, Operation, Recovery—R. A. H. Mackeen, Glen Bay. Spinal Curves—Clarence L. Starr, Toronto. Genito-urinary Instruments required by the General Practitioner—Ferd. C. Valentine, New York. The Pioneers of Medicine in the Province of Quebec—Madeleine Vercheres (a poem). W. H. Drummond, Montreal (*The author of the "Habitant"*). Title to be announced—V. P. Dibury, New York. Title to be announced—S. C. Webster, Montreal. A discussion will take place on the Treatment of Accidents Under Anæsthetics. New Forceps for Intestinal Anastomosis—Ernest Saplau, Philadelphia. A Case of Bicornuate Uterus, Mistaken for Ectopic Gestation. A Case of Strangulated Umbilical Hernia—W. J. Gibson, Belleville. Neurasthenia—D. Campbell Myers, Toronto. Laryngeal Diphtheria—A. Gandier, Sherbrooke.

It will be gratifying to the well-wishers of the Association to learn that this promises to be a well-attended meeting. The General Secretary has informed us that members are coming, probably, from every Province in the Dominion. If the cut rates continue on the railway and steamboat lines, the trip will be a very inexpensive one, and there is every reason to believe they will continue.

COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.

THE 1898 elections are now over, and the new board will be made up as follows:

District of Montreal—Dr. C. Marshall, Bedford; Dr. C. L. Cotton, Iberville; Dr. E. N. Chevalier, Joliette; Dr. M. S. Boulet, Montreal; Dr. T. Cypihot, Ottawa; Dr. E. L. Quirk, Richelieu; Dr. E. H. Provost, St. Hyacinthe; Dr. E. Turcot, Terrebonne; Hon. Dr. D. Marcil.

City of Montreal—Dr. J. E. Baril, Dr. L. J. V. Cleroux, Dr. J. I. Desroches, Dr. Girard, Dr. A. R. Marsolais, Dr. J. A. Macdonald.

District of Quebec—Dr. T. Fortier, Hon. Dr. R. Fiset, Dr. P. E. Gaudbois, Dr. S. Bolduc, Dr. Jules Constantin, Dr. J. M. Ladriere, Dr. M. Brophy.

City of Quebec—Dr. J. P. Boulet, Dr. F. X. Dorison, Dr. C. Gingras, Dr. A. Jobin, Dr. C. C. Sewell, Dr. A. Vallee.

District of Three Rivers—Dr. L. J. O. Sirois, Dr. L. P. Normand, Dr. E. F. Panneton.

District of St. Francois—Dr. P. Pelletier, Dr. A. N. Worthington, Dr. T. L. Brown.

As a result of this meeting, the administration was thoroughly reorganized, the following officers being elected: President, Dr. E. P. Lachapelle, Montreal; First Vice-President, Dr. Clark, Dean of the McGill Medical Faculty; Second Vice-President, Dr. Calettier, Quebec; Secretary, Dr. J. A. Macdonald, Montreal; Treasurer, Dr. Jobin, Quebec; Registrar, Dr. A. R. Marsolais, Montreal, in place of Dr. Beausoleil, who was defeated.

AMERICAN PUBLIC HEALTH ASSOCIATION.

COPIES of the prospectus of the American Public Health Association, which is to meet at Ottawa, on September 27, have been received. The subjects selected for discussion are: The Pollution of Water Supplies, the Disposal of Garbage and Refuse, Animal Diseases and Animal Food, Car Sanitation, Steamship and Steamboat Sanitation, the Etiology of Yellow Fever, the Relation of Forestry to Public Health, Demography and Statistics in their Sanitary Relations, the Cause and Prevention of Infectious Diseases, Public Health Legislation, the Cause and Prevention of Infant Mortality, Transportation of Diseased Tissues by Mail, the period during which each contagious disease is transmissible and the length of time for which each patient is dangerous to the community; Sanitation, with special reference to drainage, plumbing and ventilation of public and private buildings; Report upon some method of international arrangement for protection against the transmission of infectious diseases; Disinfectants; to examine into the existing sanitary municipal organizations of the countries belonging to the Association with a view to report upon those most successful in practical results; the Duties and Responsibilities of the healthy man for his own and others' health.

Upon all these subjects special committees have been appointed. Papers will be received upon other sanitary and hygienic subjects. It is expected that the attendance from Canada, the United States and Mexico will be large, and the meetings, which last for four days, highly interesting.

NIAGARA DISTRICT MEDICAL ASSOCIATION.

THE annual meeting of the Niagara District Medical Association was held at the hospital in St. Catharines, on July 13th. A large number of members from all over the district were present. The retiring president, Dr. Armour, delivered an extended address, reviewing the history of the Association, and also referring at some length to his duties in connection with the Medical Council, at the close of which, on motion of Drs. T. Clarke and W. H. Merritt, a resolution was passed endorsing his course as their representative in the Medical Council, and renominating him as their candidate at the coming elections, which was unanimously passed by the meeting. The election of officers for the ensuing year resulted as follows: Dr. Howell, President; Drs. Merritt, Leitch, Thompson and Old, Vice-Presidents; Dr. VanDerburgh, Secretary, and Dr. Sheehan, Treasurer.

Public Health and Hygiene.

... IN CHARGE OF ...

J. J. CASSIDY, M.D., AND E. H. ADAMS, M.D.

ANTI-EXPECTORATION CRUSADE.

THE Board of Health of Brooklyn has issued the following order: "Whereas the expectoration from persons having disease of the lungs, air passages or throat contains germs capable of communicating the disease to other persons, the Board of Health adjudges spitting in certain places to be a public nuisance, source of filth and cause of sickness, and it is therefore ordered, That no person shall spit upon the floor of any public conveyance, shop, store, hall, church, schoolhouse, railroad station or other public building in said town, or upon the steps of any said conveyances or buildings, or upon the sidewalk of any public way in said town."

EXPECTORATION TRACKS, TRACKERS AND TRACTS.

The first of the expectoration tracts with which the Women's Health Protective Associations in different parts of the country are thinking of reinforcing their warfare against expectoration in public buildings, street cars, and the like, have made their appearance in Boston. They are neat little cards, which invite the offender against public health and cleanliness to notice the placard forbidding expectoration.

A sample card was exhibited at a meeting of the Brooklyn Women's Health Protective Association recently. The Boston member of the Health Protective, it seems, when she sees an offender in a car, has one of these tracts ready for him, and as she is about to leave the car hands it to him and thus flees from the wrath to come.

J. H. A.

Selection of Food for the Sick.

The physical properties of food vary greatly. Vegetable foods are less digestible in that they leave more refuse matter—an advantage or disadvantage, according to conditions. Thus vegetable foods, for the reason that the large residue unabsorbed in the bowel acts more or less as an irritant, become useful in constipation. On the other hand, in an irritation of the bowel the conditions call for foods which have the least amount of waste, and are therefore bland and unirritating.—JAMES TYSON, *University Medical Magazine*, February, 1898.

J. H. A.

The Canadian Journal of Medicine and Surgery

MULTUM IN PARVO.

This month we present our readers with eighty-two (82) pages of text, making our August number the LARGEST MEDICAL JOURNAL PUBLISHED IN CANADA at any price. Our subscribers will be pleased to know that the subscription price remains at \$1.00 per annum.

ERRATA.

We regret that owing to a typographical error the contributions to our department of Public Health and Hygiene by Dr. E. H. Adams this month are initialed "J. H. A." instead of "E. H. A."

A WELL-WRITTEN, historical and critical review of the use of Marmorek's serum in puerperal infection appeared in *La Presse Medicale*, May 25th, from the pen of Dr. Paul Rebreyend, and, omitting the historical references, we propose to abstract for our readers the more important points of his essay.

For the successful use of antistreptococcic serum Marmorek lays down three grand principles:

1. The serum should be used as soon as possible, *i.e.*, on the second or third day.

The Canadian Journal of Medicine and Surgery

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Orthopedic Surgery—H. R. MCKENZIE, B.A., M.B., Toronto, Surgeon Victoria Hospital for Sick Children; Clinical Lecturer, Orthopedic Surgery, Toronto University; Assistant Surgeon, Ontario Medical College for Women; Member American Orthopedic Society, and H. P. H. GALLOWAY, M.D., Toronto, Orthopedic Surgeon, Toronto Western Hospital.

Oral Surgery—E. H. ADAMS, M.D., D.D.S., Toronto.

Surgical Pathology—T. H. MANLEY, M.D., New York, Professor of Surgery, New York School of Clinical Medicine, New York, etc., etc.

Medicine—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital, and W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital.

Gynecology and Obstetrics—GEO. T. McKEOUGH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWR, M.D., Toronto.

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Laryngology and Rhinology—J. D. THORBURN, M.D., Toronto, Laryngologist and Rhinologist, Toronto General Hospital.

Ophthalmology and Otolaryngology—J. M. MACCALLUM, M.D., Toronto, Assistant Physician, Toronto General Hospital; Oculist and Aurist, Victoria Hospital for Sick Children, Toronto.

Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post-office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the fifteenth of the preceding month.

VOL. IV.

TORONTO, AUGUST, 1898.

NO. 2.

Editorials.

MARMOREK'S SERUM IN PUERPERAL INFECTION.

A WELL-WRITTEN, historical and critical review of the use of Marmorek's serum in puerperal infection appeared in *La Presse Medicale*, May 25th, from the pen of Dr. Paul Rebreyend, and, omitting the historical references, we propose to abstract for our readers the more important points of his essay.

For the successful use of antistreptococcic serum Marmorek lays down three grand principles:

1. The serum should be used as soon as possible, *i.e.*, on the second or third day.

2. A bacteriological examination is indispensable.

3. All surgical procedures, such as the use of the curette or intrauterine injections, are to be avoided, or at least confined to marked cases of retained placental tissue. An early intervention or the second or third day is put forward by Marmorek as one of the essential conditions of success; a large number of failures having no other cause than a tardy use of the serum. This alone confines the application of Marmorek's method to a small number of cases, as any experienced accoucheur knows, that the great majority of infected, puerperal patients are not treated until at a period remote from the commencement of the infection.

Of forty cases, in which the date of the beginning of the disease was noted, in three only was the injection made the first day; eight cases were treated on the second and five on the third day. These were nearly all hospital cases, occurring in patients under close observation, and treated energetically at the first rise of temperature. On the other hand, the injection was given in seven cases on the fifth day, in three cases on the sixth, and in nine cases the serum was used after the first week had elapsed, the latest periods at which this treatment was used being the seventeenth, nineteenth and even the twenty-seventh day.

Except in hospitals, where cases of infection are now rare, the ideal conditions recommended by Marmorek are not realized, and one is obliged to acknowledge that, in the majority of cases, and the graver ones at that, the use of Marmorek's serum is weighted with that unfavorable condition—a tardy intervention. If, in addition, a practitioner were obliged to wait twenty-four hours for a bacteriological test before using the serum, the patient's danger would be increased.

Most of the experimenters who have used this serum have, therefore, injected considerable quantities of it before the results of the bacteriological test were known.

Besides, what would happen when cultures would reveal, later on, some other form of pathogenic microbe, or an association of organisms, in which the streptococcus would play a very small part? The reply is, that a practitioner, during a period which is always too long, in a disease in which time is precious, would have deprived his patient of the good effects of antiseptic treatment and, without doing any good, would have permitted the virulence of the disease to increase and the patient's strength to grow less.

Added to this are the accidents, inherent in serum-therapy, to

which, in the cases referred to, (the late ones), the patient would be gratuitously exposed. For these reasons the majority of accoucheurs, even those most favorably disposed to Marmorek's method, have rejected his third proposition.

In defending this proposition at the meeting of the French Obstetrical Society, January 10, 1896, Marmorek stated, that "intrauterine treatment ought to be reserved for cases of retained placental debris or pus retained by a mechanical cause."

Obstetricians, who have seen puerperal cases admitted to the hospital on the fifth, sixth or seventh day from the beginning of the infection, understand the extreme difficulty of making such a diagnosis. As a general rule, the information given by the patient is of little use; placental debris has been repeatedly withdrawn from puerperal women, who stated that they had been completely delivered. On the other hand, the placenta alone is not the only tissue, which may be retained and cause infection of the uterine cavity. Small pieces of the membranes are sufficient to cause infection, as Dr. Laran observes. How can their presence be diagnosed? One may suspect partial retention when the womb remains large, the os uteri patulous and a discharge, containing blood from no apparent source, mixes with the more or less fetid excretions which flow from the organ. On the other hand, patients are often seen in whom the uterus is relatively small, the os uteri completely closed and yet large pieces of placental tissue are retained inside the cavity of the organ.

To clear up the diagnosis in such conditions, the essayist says, there is no other means than to carefully and deliberately employ the dull wire curette, followed by the examination of the fragments, withdrawn from the uterus. If the examination reveals placental debris, nothing simpler than to remove it; if debris is not revealed by the curette, a douche may be used to cause the outflow of the uterine secretions.

To act on the principle that something is retained in the uterus, to search for it deliberately, even in cases which appear benign in character, is the most prudent and rational treatment in such cases.

Drs. Ledrain, Ausset and Rouze have reported cases in which the use of the curette has been purposely omitted, and it must be acknowledged, that the patients recovered in spite of the neglect of this operation. In their second observation these authors attribute to the Marmorek serum a defervescence which might as well have resulted from the opening of an abscess practised the same day.

As an offset to this the essayist reports a personal observation made in the service of Dr. Lesage at the creche of the Charity Hospital. A primipara was admitted, with a serious but not exceptionally grave infection of three days' standing. The small volume and slight sensibility of the uterus, the insignificant and inoffensive character of the lochia, the generally satisfactory condition induced the attendant to admit that the delivery had been complete, an opinion in which the patient concurred. Treatment was confined to the use of Marmorek's serum. The immediate results were pretty good; the temperature fell after each injection, but rose again in a few hours. However, after a week the patient's general condition began to change for the worse. She became weaker, had several turns of bilious vomiting and her pulse became frequent. The attendant then used the curette and removed some placental debris not remarkably fetid. In spite of repeated uterine douches, subcutaneous and intravenous injections of artificial serum, which gave a momentary relief, the patient died on the seventeenth day of her illness. The autopsy revealed a uterine cavity, covered with a purulent, pseudo-membranous coating, the Fallopian tubes quite healthy, and a generalized, purulent peritonitis, the pus from which, when cultivated, yielded cultures of streptococci and bacterium coli. The patient received from the beginning of the attack more than 200 c.c. of Marmorek's serum. It is reasonable to think that, in this case, an early and complete surgical treatment would have given the best chance of preventing peritonitis and saving the patient's life; the antistreptococcic serum, which confined its operation to causing ephemeral falls of temperature, had no influence on the progress of the infection. Dr. Rebreyend concludes: After listening to opinions so different and experiments so contradictory, what must one conclude with regard to the indications for treatment? Professor Landouzy, in his recently published work on "Serum-Therapy," appears to have given the best reply to this question.

No doubt the preoccupation of Marmorek, inspired by considerations of general pathology, influenced perhaps by Roux's method, may partly find its justification in a legitimate fear of fresh inoculation, operative shock or emboli. Nevertheless, to make of the uterine cavity, according to the happy expression of Professor Landouzy a *noli me tangere* appears to be a dangerous exaggeration.

The surgeon or accoucheur will have to observe great gentle-

ness in his intrauterine manœuvres and an asepsis, which will make them innocuous. As Landouzy says, in the work mentioned above, "No one has the right to share Marmorek's exclusivism. To-morrow, as yesterday, I shall continue, while practising serum therapy at the start, to use calmly and gently such treatment as appears to be called for by the state of the uterus and the general condition of the patient."

J. J. C.

DISCIPLINE COMMITTEE! WE EXTEND CONGRATULATIONS.

DURING the past two or three weeks, since the praiseworthy actions of the Discipline Committee of The Ontario Medical Council in removing peremptorily the names of several black sheep in our profession from the roll of those entitled to practise medicine, the public press has been full, more or less, of communications from all sorts and conditions of people setting forth their opinion that The Medical Council has been empowered too freely by the Legislature to act upon the dictates of their own conscience in matters of this kind, some writers even going so far as to call upon the Government to nip the movement while it is in the bud and not permit a few men to entirely control the question as to whom they will allow to practise medicine and whom they will prevent. One of the most nonsensical articles coming under our notice was an editorial appearing recently in the *Weekly Sun*, where the writer made an attempt to prove that the medical profession would, if controlled as at present, very soon become worse than a close corporation, and that it would soon be an impossibility for any young man who had not unlimited means to ever hope to attain to the degree of Member of the College of Physicians and Surgeons of Ontario.

In comparison with the article referred to, we are pleased to give our readers an editorial written by Canada's foremost newspaper man, Mr. E. E. Sheppard, and which appeared on July 16th in *Saturday Night*. We think Mr. Sheppard's ideas on this important question so well presented that they will voice the opinion of every ethical medical man, and though crowded for space we feel we cannot do the subject greater justice than by quoting the article verbatim. Mr. Sheppard says:

"I have no sympathy whatever with those who are declaiming

against the College of Physicians and Surgeons of Ontario because they reprimand and strike from membership 'quacks' who mislead people and obtain money under false pretences. The people of Ontario would be mad to annul the laws which now protect them from malpractice and advertising doctors. As a rule, doctors are poorly paid, do a vast amount of work for the poor which is never recognized, and prevent immorality and 'quackery' to an extent which is quite incomprehensible to the man who has never studied the subject. The man of genius gets the most money; the man of talent gets his share; the mediocre man does a lot of hard work for all he gets; the man who has passed his examination but is not clever finds his place. If we had no law directing this the poorest man in the lot by advertising and solicitation would obtain a practice for which he is not fitted, while the best men would only be appealed to in cases of emergency. The law restrains the doctors, not the public. If the public desire to be foolish and to use quack medicines and to consult quack doctors, they can do so, but the stamp of illegitimacy is placed where it belongs. Why should the public complain? It is a matter which the public does not understand. Disease is a terrifying thing, and those who use the terrors of disease to force people to undertake great liabilities financially are those who should be stricken from the list of licensed doctors. If the doctors of Ontario were to use their knowledge of what people have done, of the diseases they have had, of the predicaments they have been in, society would be rent from end to end. Then why should newspapers be continually clamoring for a rearrangement of our system? The disruption of the present system would mean quackery, blackmailing and evils which cannot be enumerated.

"It is much better that we should encourage our doctors to be gentlemen and join with them in resisting the growth of the tendency to take people at their advertised value. No self-respecting man or woman would state in an advertisement his or her exceedingly great qualifications for curing disease when thousands have passed the same examinations, have probably had a greater experience, and are bound by the obligations of the medical fraternity not to frighten patients into paying large sums nor intrude the scientific qualifications of their brethren. If the public would think for a moment of how the medical business of the country would be conducted if there were not some restraint on doctors and advertisers of remedies, they would see that it is entirely in their own interests that scamps and mountebanks and malpractitioners should not be permitted to retain a license.

"It is the same in law. If everybody could be a lawyer who desired to put out a sign, the people would be robbed right and left. Is it not better to have some ethical standard, some means of punishing the one who encourages the client into unhappy litigation? Is it not better to establish, as far as can be established under the conditions of human frailty which surround every busi-

ness, a legal fraternity which, on penalty of losing a license, must behave properly to those who trust them? We trust the lawyers with our money and our business, but we trust the doctors with our lives, and surely no law can be too censorious which enables the doctors elected by their own guild to say who shall be stricken from the rolls.

"There are many doctors who are not entirely professional in their conduct, and these are the hardest to reach, but warnings can be made of men who so far depart from the teachings of the colleges which graduate them that they advertise to cure incurable things, and to do impossible things. It is not a clever thing, a charitable thing, nor a decent thing, to obtain the last few dollars of a dying man on a promise to cure him of that which cannot be cured. The College of Physicians and Surgeons of Ontario, who have been in session, have been punishing men who have been doing this sort of thing. Instead of resenting the strictness of their discipline the public of Canada should applaud it."

We need only add that we are glad to notice that the name of a man, by name of Dr. Sproule, has been reported to the Discipline Committee for consideration.

W. A. Y.

ABORTIVE TREATMENT OF FACIAL ERYSIPELAS.

DR. LOBIT, of Biarritz, in *La Presse Medicale*, June 18th, has introduced a novel treatment for erysipelas of the face, which has proved curative in twenty-five cases in his practice. The preparation consists of

Iodol 10 parts.
Collodion 90 parts.

It is a brown sirupy liquid, something like molasses. It is applied with a brush or swab, made of bits of lint attached to a stick and is painted over the erysipelatous patch, extending the application $\frac{1}{2}$ to $\frac{3}{4}$ inch beyond the inflammatory zone. A thick, even coating of this liquid should be used. It dries rapidly and assumes a whitish appearance. According to Dr. Lobit, three or four applications suffice to bring about the complete disappearance of the disease. When erysipelas attacks the hairy scalp in a male, Dr. Lobit advises to shave the hair and apply the iodol preparation over the affected area. If the patient is a female, unless the disease is exceptionally severe, the surgeon should rest satisfied with repeated local applications to the affected parts, using, at the same time, a certain amount of pressure in order to make the liquid

penetrate the skin between the hairs. Under the influence of these applications the redness, swelling and hardness disappear and the local temperature falls in a perceptible manner. Besides, far from being a painful application, it relieves the tightness of the tissues and makes the patient feel more comfortable. In all the cases treated, the onward march of the disease was checked in three or four days at the furthest. Two relapses were noted about the eighth day, but they yielded to fresh applications of the iodol mixture.

As Dr. Lobit offers no explanation of the *modus operandi* of his preparation, we have thought it might be explained as follows: Iodol is made by precipitating pyrrol with a potassium iodide solution of iodine. It is a tasteless, pale yellow crystalline powder, nearly odorless and decomposed by heat with the evolution of iodine, leaving a bulky charcoal as a residue. It is almost insoluble in water (1 to 5,000), easily soluble in alcohol (1 to 3), ether (1 to 1), and chloroform. It contains 88.9 per cent. of iodine, and is a substitute for iodoform. The combination of iodol with collodion is a happy one, for the solubility of the iodol and its subsequent elimination of iodine are certainly enhanced when iodol is placed in a solvent containing, in a total of forty-nine parts, thirty-six fluid parts of ether and twelve fluid parts of alcohol.

The curative action of iodol in erysipelas may be due to the fact, that the liberation of the contained iodine keeps pace with the micro-organisms along the lymph vessels. In this the iodol is mechanically assisted by the collodion, which, by the contraction it produces in setting, reduces the amount of blood and inflammatory products in the diseased tissues. The collodion also affords protection from the air to the inflamed area, relieves the feeling of tightness in the tissues and promotes their physiological rest.

Recent improvements in sanitary science and its practical applications, and the adoption of various antiseptic precautions in surgical practice, have immensely reduced the frequency and mortality of erysipelas, which was formerly the scourge of hospitals. It still, however, exists, and occurs in small epidemics, which are specially frequent during the prevalency of east winds, or of cold, damp weather. In the presence of an epidemic, persons suffering from renal, cardiac or hepatic disease, or dropsy from whatever cause arising, are particularly liable to be attacked, as are chronic alcoholics, women in the puerperal state, and all those who are poorly fed and clothed.

There is nothing new in painting an erysipelatous patch and the skin around it with collodion. The combination of iodol with collodion is, however, a novel therapeutic application in facial erysipelas. As in Dr. Lobit's hands it has proved very satisfactory, we hope that some of our readers will try it in their practice and give us the records of their experience with the new preparation.

J. J. C.

MEDICAL COUNCIL MEETING.

In discussing this year's proceedings of the Medical Council, the *Toronto World* says:

"They are not such awful people, the members of this body, the name of which is sufficient to cause the anxious student nights of worry and thought preparing for the dreaded ordeal and hoping he may be after in the position of having 'passed the Council.' Through watching the processes of this body certain individualities were impressed on the mind of the onlooker. Perhaps not in all cases because the individuality was so marked as that the owner of it appeared so many times in an oratorical capacity.

"Doctor Britton, whose clean-cut face (one a woman might love —if the doctor will permit), thoughtful and stern, in conjunction with the eyes, forces the impression on one that in the passage through life sorrows have been encountered. The doctor's words are clear and manly.

"Doctor Thorburn sits as if it were an old story to him—he seems to think, perhaps retrospectively, while some of the speakers are trailing out the thread of a profitless discussion.

"Dean Geikie's accents are as mild as his face, though he is not lacking in readiness of retort, and speaks clearly and with knowledge when he does speak.

"A great big terrible man is Dr. Moorehouse, of London, who looks as if, outside of his profession, he might like a delicate masse shot or a canter on a good horse, and if, instead of the seductive sideboards, he had the long lingering whiskers of President Luton, he would, with his physique, make an ideal 'Taffy.'

"President Luton sits and watches the speakers seriously, giving no evidence of impatience, and finally ruling to the satisfaction of all. He will make an ideal president of this august body.

"Dr. Williams is a very zealous member and to his zeal may be ascribed his rather frequent orations, for he sometimes theorizes, and is not above appearing in emotions occasionally.

"Dr. McLaughlin deals with facts, expresses himself and sits down. He sits next to Dr. Sangster, who raises in a dry, cultivated voice, combative measures with no combative intentions; he (Dr. McLaughlin) and Dr. Armour sit side by side and do a good deal of

the talking, or at least furnish subjects and points on which to hang theories.

"Dr. Armour presents more the appearance of a specialist who would chase butterflies or classify rocks than a feeler of pulses.

"Whenever I gaze at Dr. Armour I involuntarily look around for a large white hat and a colored ornithological plate; even his gold-rimmed eyeglasses heighten this feeling.

"Dr. Barrick should explain why his hair and moustache are white. He speaks to a motion like a steam engine. You see the mass move, slowly and deliberately, then a little draught catches, the connecting rod stiffens, and finally the mechanism is in full operation.

"Very little talking is indulged in by Dr. Logan, but, unlike some of his brother doctors, he says something when he speaks.

"A delicately-made man is Dr. Campbell; his pointed beard, and hair parted in the middle, both rather grey, assimilate charmingly with gold eyeglasses and a light summer suit."

THE RAILROAD SURGEONS.

TORONTO was proud of the distinction of being chosen as the 1898 meeting place of the International Association of Railroad Surgeons. As a convention city our pretty "Queen of the West" is adding constantly new stars to her crown of popularity, and in a measure Canada is becoming known to our cousins from Uncle Sam's domain as the lucky country where Toronto and half of Niagara Falls are located! Annually, for a long term of years, this Association has convened in many cities in the States, but this year, for the first time, has honored Canada by its presence, and so we ask, was the convention a success? We think it was. First, scientifically, for many interesting papers were read and discussed, and few, if any, of those present departed without new ideas on some favorite branch of medical research, or at least gained a new inspiration which will give cheer to their oftentimes lonely and dispiriting work. Was the convention a success, fraternally? We think so, in two senses, internationally, and socially. At any time it would be impossible to ignore the fact that the United Statesers and Canadians stand together on the common platform of brotherhood, made friends by the great forces that are determined by a common language and character, not by fleeting "political bias or divisions." And what could have expressed this feeling of good fellowship better than the election of our confrere, Dr. Bickman, as

the president of the Association for the ensuing year. As a medical man and as a Canadian, Dr. Riordan will bear well "his blushing honors." May we crack a wish-bone with Dr. Bouffleur of Chicago, and whisper the wish that he may be the *fin de siècle* President of the Association. Was the convention a success socially? We think so. Sincere was the welcome extended and enthusiastically it received. In fact, the greeting might have been fitly voiced by the old words, "If thy heart be as my heart, give me thine hand."

Only once did King Sol fail in his duty—the day of the banquet at Exhibition Park. Punctually at the starting hour came a heavy downpour of rain; but even as the shower continued a happy though damp-looking crowd filed into the boat, and watching them, some one wondered that they all "braved the elements" and came. A dark-eyed Southern physician caused a hearty laugh by telling in inimitable style the following negro story:

"Dinah said to Pete: 'Pete, why fu didn't you come to the party?' 'Wall, Dinah, de truth is, I woz sont fur to went, but the *gwin* was so bad that I couldn't come.'"

All we need add is Pete did *come*. The day's outing by special car and boat to Muskoka, for which thanks are due to the management of the Grand Trunk Railway, was voted one of unalloyed pleasure by all. The hours took wings, as bright repartee, capital stories and "jests went round the merry board," and somebody said, as we steamed into the depot at night, "surely the best of the wine was kept for the last of the feast."

We were charmed to meet and greet our guests, sorry to part with them, and would like to have them return at some time in the near future. So we will not say good-bye, but simply *au revoir*. "For it's a way we have in Toronto." W. A. Y.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

THE first meeting of the directors appointed at the annual meeting in June last, was held on the 22nd of July, when the following officers were elected for the ensuing year:

President, Dr. J. E. Graham; Vice-President, Dr. W. J. Greig; Secretary, Dr. H. J. Hamilton; Treasurer, Dr. Herbert Bruce; Curator, Dr. N. A. Powell; Assistant Curator, Dr. W. J. Wilson.

The establishment of an Academy of Medicine, as urgently

advocated by Dr. Osler at the annual meeting and reported in a recent issue, came up for consideration. As the proposal had the unanimous approval of the directors, it was thought that the scheme merited a full and free discussion and the serious consideration of the three medical societies which are interested equally with this Association. It was therefore hoped that this subject would be brought to the notice of each Society as soon as the Autumn meetings are well under way.

For the purpose of making the Association more useful to its members and to the profession of the Province outside of Toronto, it was pretty well decided to have printed and distributed among the members a catalogue of the more important and useful works now on the shelves.

Heretofore the library having been open only from two to six o'clock each afternoon (Saturdays excepted), the directors feel that the opening of the library during the morning hours would be of advantage to some of its members. Henceforth, we understand, the library will be open after September 1st, during the morning as well as the afternoon. This, we are given to believe, depends somewhat upon the support and encouragement accorded by the Toronto members. We trust that the reading, the progressive, the advanced among our confreres will take steps, if they have not already done so, to identify themselves with an Association which was originated by the profession, is maintained by the profession, and conducted solely in the interests of the profession, and therefore indirectly for the benefit of the public at large. W. A. Y.

WHAT DOES IT MEAN?

THE *Canada Lancet* for July has an editorial dealing with a communication sent in to that journal by a correspondent, regarding certain statements made in a previous issue as to the connection of the Keeley Company with a recent attempt made to introduce medical treatment for inebriates into our gaols and prisons, and in which the Keeley people refute having ever made any such efforts. The editor, in taking back water as to what had been previously stated, and in referring to the Keeley system, makes the following astonishing statement at the end of his article :

The profession has not changed, and will, we trust, never change its attitude of opposition to a cast-iron commercial organization like the one in question.—ED. (Italics ours.)

We say astonishing, in the face of the fact that this otherwise excellent journal has been running for some time past a full page advertisement of the Keeley Institute, on Sherbourne Street, where a system of treatment is administered, the ingredients of which are not divulged to the medical profession in any shape or form. Consistency, thou art truly a jewel.

W. A. Y.

WE neglected to report in our issue of July that at this year's meeting of The Ontario Medical Association Dr. E. Playter, who has recently moved to Toronto, read a paper of considerable merit on "Hypo and Hyper Respiration in Phthisis." It was a typographical error on our part and we are glad to make the correction. Dr. Playter recently presented to The Ontario Medical Library forty handsome volumes, which are greatly appreciated.

Obituary.

ROBERT MOFFATT, M.D., DECEASED.

WE are pained to have to note the awfully sudden death of Dr. Robert Moffatt, on the 19th ult. The Doctor was having some teeth extracted by Dentist Loughed, on Parliament Street, in this city, and had some chloroform administered to him by Dr. Bray for that purpose. After having two or three of the teeth extracted, symptoms of cardiac collapse appeared, and in spite of everything that could be done, Robert D. Moffatt passed away. The deceased was a young pushing practitioner, and commanded the universal respect of his patients. Dr. Moffatt, who was thirty-three years of age at the time of his death, was the son of Rev. Dr. Moffatt, a Presbyterian minister. He was a graduate of McGill University, Montreal, and since he left that institution had been practising in Toronto. By his careful work and pleasant manner he had built up a lucrative practice, and made many friends in the east end of the city, and had won the esteem of the other members of the profession. He was married three years ago, and leaves a widow who has the sympathy of the community in her sad bereavement. Dr. Moffatt had been medical examiner for the Merchants' Life Association since its inception, and occupied a similar position in the Independent Order of Foresters. We extend our sympathy to the family of the deceased. The funeral was largely attended by city medical men on the 21st.

Correspondence.

IS IT A COINCIDENCE ?

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY :

SIR,—It has been asked if there are any editorial writers upon the staff of your JOURNAL who are also upon the *Canadian Practitioner*, because of the similarity of the editorial in the June numbers dealing with the subject of "Interprovincial Registration." For the instruction of the readers of your JOURNAL it may be said that there are no *duplicates* of the kind, and it may prove interesting also to point out that your JOURNAL was in the hands of its readers some time before the *Practitioner* appeared, and yet when the editorials are compared, one could readily believe they had been written by the same pen. Perhaps the one inspired the other, but if that is the case, surely the CANADIAN JOURNAL OF MEDICINE AND SURGERY deserves some credit. Some comparisons will be interesting :

" . . . for some time past they had been 'blowing hot' at the Canadian Medical Association, and then 'blowing cold' when the matter was brought up in the Ontario Council, thus blocking the matter behind the screen of Sec. 26 of our Medical Act, saying, 'we are all prepared, just as soon as you can come up to our standard.'"—*Canadian Journal of Medicine and Surgery, June, 1898.*

"This carelessness has amounted really to discourtesy towards the Canadian Medical Association, manifested on various occasions; . . . There is a certain section (26) of the Ontario Medical Act, . . . and has been quite sufficient for the Council. . . . You people that live in the outlying districts of Canada must come up to our standard."—*Canadian Practitioner, June, 1898.*

Another:—

"They seem to forget that this reciprocity will be a great benefit to Ontario, in that it will open up to Ontario's graduates farm provinces in which there is no medical school, etc. . . . Our Ontario barriers have kept many *incompetents* out of this Province, but it is probably also true that they kept many a similar class in."—*Canadian Journal of Medicine and Surgery.*

"It may be well to remember that there are two sides to that

question. We have now more doctors in proportion to the population than the other Provinces. On the interchange that is likely to take place under interprovincial registration, we would probably have more going out than coming in to Ontario. The present regulations tend to prevent large numbers . . . from going out to the newly developing districts in the far West."—*Canadian Practitioner*.

It would be entertaining to have this explained.

CONSTANT AND INTERESTED READER.

IS THIS PROFESSIONAL?

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY :

GENTLEMEN,—I was astounded beyond measure the other day to come across the following advertisement pasted up alongside of a telephone in one of Toronto's business houses, printed in blue and red ink. Surely such cannot be professional :

In case of any ❁ ❁ ❁

Accident

❁ ❁ ❁ In this establishment

TELEPHONE 4004

At once for

DR. J. E. ELLIOTT

496 Church Street

PRACTITIONER.

THE INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS, MUSEUM, 1898.

The 1898 museum was in every respect creditable to both the Association and the exhibitors. It was held in a large, well-lighted room immediately in the rear of the convention hall, and owing to the Committee of Arrangements having put up plenty of signs in the halls, directing the attention of visiting surgeons to it, there was a constant and large attendance of members at all of the stalls. There were shown a large number of exhibits of surgical instruments and appliances, as also pharmaceutical products from all of the principal houses in Canada and the United States. Among the exhibitors were:

R. L. GIBSON, of Toronto, who is Canadian representative for such houses as Duncan & Flockhart, of Edinburgh; the Maltine Manufacturing Co., Palisade Manufacturing Co., Arlington Chemical Co., and many other equally important houses, exhibited several of his principal preparations, all of which were much admired, and most favorable comments made upon the excessively *recherche* manner in which they were put up. Mr. Gibson showed:

Lactopeptine. The New York Pharmacal Association was *en evidence* with an exhibit of their preparation in its various forms, including Lactopeptine Powder, Tablets, Elixir (plain) Elixir with Iron, Quinia and Strychnia, Elixir with Bismuth, Elixir with Gentian and Chloride of Iron—two last named combinations being recent additions to Canadian list. The preparations of this house, we need hardly say, are held in the highest esteem by the profession, and are used the world over. Because of their high standing they are of course marked out by the substitutor, of which genus, we regret to say, there are a few specimens even in Canada. The firm is now considering a means of dealing with this excrescence. Meantime, physicians would do well to see that imitations are not foisted upon their patients. Where a man is discovered indulging in this infamous and nefarious practice, no pains should be spared to make the fact widely known. There is nothing to prevent any physician, who desires to protect his patients from substitution, advising them to patronize only such pharmacists as he has good reason to believe are above such fraudulent and contemptible proceedings.

Maltine. One of the most interesting features of this exhibit was furnished by the Maltine Company, who exhibited, in large crystal bottles, specimens of various combinations of their well-known product. Demand for samples was lively and well maintained, the house undertaking to deliver samples free of charge to all who requested same, either in Canada or the United States. No physician who has once experienced the action of Maltine in convalescence will ever undertake to pull a patient together without enlisting this valuable "builder" in the work of reconstruction.

D. F. & Co.'s Flexible Capsules. The medical profession

throughout the Empire have stamped these capsules with their approval as the most effective and elegant form of medication, and we have much pleasure in advising our confreres that they are now fully available in Canada. Because the profit upon these goods is not so great as attaches to ordinary pills some druggists have taken considerable pains to kill demand for them by representing that prices are prohibitory, and charging accordingly when these goods are ordered. We have no hesitation in asserting, nevertheless, that, efficiency considered, these capsules are the cheapest in the end, and this, no doubt, will be the verdict of every physician who gives them fair trial.

* * *

SHARP & SMITH, of 73 Randolph St., Chicago, Ill., showed a full line of surgical goods. The exhibit was in charge of Messrs. Zan Cotter and Harry Crowthers, and comprised samples of a full line of surgical instruments and hospital supplies. Among the latest inventions of instrument were shown a device for obtaining the urine separate from the two kidneys in either sex. The instrument is now used by all the leading superior specialists in the United States, and can be used by anyone possessed with ordinary skill and care.

A new needle-holder, just invented, which will release the needle instantly without exerting full pressure, an objection to many of the old styles on account of breaking needles, etc. (The above two instruments are the invention of Dr. M. L. Harris, of Chicago).

Among other instruments of recent invention are a ligature cutter, a uterine curette and a Rongear forcep, and a pair of decalcified bone couplers for intestinal approximation.

Altogether, it is little wonder that this well-known firm created so favorable an impression.

* * *

J. H. CHAPMAN, of 2294 St. Catherine St., Montreal, had a complete stock of goods to show, and had his time fully occupied in explaining the action of some of his most modern appliances to visitors. His display was certainly very attractive to the eye, and comprised practically a complete collection of modern and high quality instruments.

Among the articles shown were especially noticed, Hayem's Hamometer, Nacet's Microscopes, with 1-12 and 1-18 oil immersion lenses; Hoppe's Universal Splint; Metzger Centrifuge for urine and blood; Schimmelbusch's Combined Portable Sterilizer; Deformity apparatus; a large assortment of instruments made by Weiss (London), and Collin (Paris); also prepared skulls and other anatomical constructions by Tramond (Paris); Aseptic Pocket Cases; all these and many other articles combined to make a really interesting exhibit.

BOVRIL LIMITED, of Montreal, exhibited their excellent preparation of meat put up in almost every conceivable form, from tablets down to the regular extract. It is little wonder that Bovril is meeting with greatly increased sales every month, as it is a genuine product and one of more than ordinary worth. The exhibit was in charge of the Canadian manager, Mr. Silcock, and his son.

* * *

THE HOT APPLIANCE CO., of New York, had a most attractive stall, in charge of Dr. and Mrs. Spurr. There were shown a full line of their appliances, so shaped as to be applicable to any and every part of the human body. It is very interesting to see how this apparatus can be applied to any inflamed chest or abdomen, or a swollen joint, and kept warm and at a certain temperature for twenty-four hours by the use of ten cents' worth of methylated spirits. Dr. Spurr had so many applications for the goods that he was entirely sold out.

* * *

THE FULLER CO., of Rochester, N.Y., made an exhibit of their artificial limbs, and caused a great deal of genuine amusement by having their "legs" in charge of a man who himself had been a victim of a railroad accident, and wore two "walkeasy" legs made by this firm. The ease and comfort exhibited by this chap, in getting around, mounting and dismounting from his wheel, was certainly surprising, and says a good deal for the legs he wore.

* * *

The two spaces at the head of the stairway were taken by LEEING, MILES & Co. of Montreal. In one was a tastefully arranged display of Seabury & Johnson's goods, including various kinds of plasters, bandages, absorbent cotton, lint and medicated gauzes, oiled silk, medicated soaps, surgical ligatures, etc., etc., which reflected great credit upon the Seabury pharmacial laboratories, and showed the pains taken by this firm to maintain the high standard of their goods. Mr. Marvin, of the New York staff, was in attendance at this section, as well as a local representative of the Montreal house.

In the other space Mr. Chas. E. Lamb, representing J. M. Grosvenor & Co., of Boston, displayed the advantages of dispensing powdered drugs in Konseals, a tasteless and soluble form.

* * *

LLOYD WOOD, of Toronto, who is Canadian representative for such firms as the Lambert Pharmacial Co., of St. Louis, Mo., the Merz Capsule Co., of Detroit, Mich., etc., had a very elaborate exhibit of the former Co.'s goods which attracted gratifying attention. Together with that, and the complimentary remarks with which refreshing and appetising draughts of that well-known malt extract, made by the O'Keefe Brewing Co., of Toronto, of which a

large display was made, were received by the visitors, it is little wonder that the youthful blushes of Mr. Wood were increased rather than diminished. The Lambert and O'Keefe Cos. are to be congratulated on so materially increasing the interest of this year's museum.

* * *

THE CEREAL MACHINE CO., of Worcester, Mass., had, under the charge of their popular Canadian agent, Mr. Hewitt, a large and more than ordinarily attractive display. They showed their shredded wheat put up in many forms and made the very teeth of the crowd, who constantly stood around the exhibit, "water." Mr. Hewitt served shredded wheat and strawberries to everybody, and luscious indeed it was. With that and wheat-shred-drink, the wants of the inner man were well looked after. There can be little doubt that the products of this house will meet with an ever increasing demand amongst medical men, as shredded wheat is palatable, easily digestible, as well as nourishing.

* * *

GILMOUR BROS. & Co., of Montreal, who, among their other many valuable agencies, hold that of the Horlick Food Co., of Racine, Wis., had an artistically built turret of this food erected close to the head of the stairs. That food is well known among the profession, and deservedly so; but—tell it not in Gath, etc., etc.—those visitors who "stood in" with this firm's representative, and who had any excuse for complaining of thirst, had their palate delightfully irrigated with a drink of extraordinary character, composed of Horlick's Food and—well, it was not aquapura, anyway. The mixture was all right, and don't you forget it!!

* * *

MAX WOCHER & SON, of Cincinnati, Ohio, made a large exhibit of surgical instruments and appliances in the north-east corner. Mr. Schmidt was in charge, and was unceasing in his efforts to interest the many who favored him with a call.

* * *

Among the most attractive displays of surgical instruments and appliances was that of S. B. CHANDLEF, SON & Co., Limited, 108, 110 and 112 Victoria St., Toronto. The firm in question carries not only a complete assortment of surgical instruments, but also full lines of pharmaceuticals, electric apparatus, rubber goods and the various other items that go to make up a physician's supply.

Conspicuous features of their display at the Railway Surgeons' Convention were as follows: (1) A physician's operating table, devised by Dr. J. J. Buchanan. This table may be folded and carried in a buggy, being a marvel of compactness. It is made completely of iron, with a white enameled finish, and can be adjusted to every position required in surgery or gynecology, in-

cluding the Trendelenburg position. The price of the table itself is \$20.00. Foot-rests and leg-holders are \$3.00 each, extra, and the leatherette cushions with it, if required, are \$8.00 extra. (2) This firm also showed a very handsome instrument cabinet, constructed of iron, with white enameled finish, with three crystal plate glass shelves, and bevelled edge crystal plate glass in sides and door, and furnished with lock and key, the whole apparatus being dust proof. The dimensions are, height 32 inches, front 20 inches, and depth 16 inches. The price is \$45.00. We also observed a very useful as well as handsome instrument table, made of wrought iron, with top shelf of heavy glass, the price of which is \$6.50. (3) Chandler, Son & Co. are the exclusive agents for the Dominion for the microscopes and microscopical accessories manufactured by the Bausch & Lomb Optical Co., of Rochester, N.Y., who turn out goods of this character unsurpassed by any firm in the United States or abroad. All articles made by Bausch & Lomb are issued with an entire guarantee that from the standpoint of workmanship, they will be found conforming to the requirements of the most critical operator.

Another Canadian agency, held by Chandler, Son & Co., is for the sterilizers made by Wilmot Castle & Co. The advantages claimed for these sterilizers are, (1) the rapidity with which they will heat; (2) the fact that it is almost impossible to boil them dry, as the steam arising from them is condensed and used over and over again; (3) in view of their limited size they afford an unusual amount of space for depositing instruments and other articles to be sterilized.

A number of our American friends seized the opportunity to inspect the establishment of Chandler, Son & Co. at their headquarters on Victoria Street, and spoke in highly complimentary terms of the extent and completeness of the stock of physicians' supplies carried by the firm named, including, as it does, not only the goods above spoken of, but also trusses of all kinds, silk elastic hosiery, invalid chairs and sick room appliances, orthopedic apparatus, pharmaceutical specialties, as well as a varied assortment of drugs, chemicals, etc., etc.

* * *

PARKE, DAVIS & Co, of Detroit, Mich.; Windsor, Ont.; New York and Chicago, had a most attractive exhibit under the charge of that hustler of hustlers, W. F. Whelan. At this point we might say that this firm could hardly find a more enthusiastic detail man than Friend Whelan, as the boys say. that, even when dreaming, his lips keep muttering, "Doctor, specify P. D. & Co.; specify P. D. & Co." Parke, Davis & Co. had a full line of their Pepsin products, including Essence of Pepsin, Pepsin Cordial, Glycerole of Pepsin, Lactated Pepsin, etc. They also exhibited their Egg Emulsion of Cod Liver Oil, which caused gratifying comment.

¹ The exhibit which always had the biggest crowds gathered

around it was that of Professor Taka-mene, the inventor of Taka-Diastase. The Professor has been for some time with Parke, Davis & Co., and has sole charge of the manufacture of the preparation which has been named after him. His experiments with Taka-Diastase and its action on starch, as proved by using iodine from time to time, were thoroughly interesting, and it is safe to say that no doctor who witnessed the Professor's conclusive experiments could go away without remembering them and carrying them into practice after returning home.

* * *

At the top of the stairs was a small selection of the many lines of goods put up by the JEYES' SANITARY COMPOUNDS Co., London, and sold by the Jeyes' Sanitary Compounds Co. of Canada, Montreal.

Jeyes' Refined Medical Liquor is not only a standard article in the surgery and dispensary, but Jeyes' Fluid is a household requisite in the Old Country and Europe, where it has taken the leading place as a reliable and absolutely safe disinfectant and antiseptic.

In fact, ever since Koch and Von Esmarch tested this preparation so fully in their laboratory at Berlin, and stated, as the result of their researches, that Jeyes' Fluid destroyed germs in ten minutes which withstood carbolic acid for four days, the profession has accepted it as the very best disinfectant.

The company are now putting up a refined quality for surgical and medical purposes, and as this is not only purer, but also less alkaline, it is recommended for professional use.

The disinfecting fluid is put up in bottles, and in drums and tins, for general sanitary work, and samples of the different packages were exhibited. A very handsome exhibition drum, in scarlet and gold, formed the apex of the exhibit.

The surgeons were all greatly pleased with the surgical gauze, which is specially made of pure fabric, and carries a ten per cent. strength of the fluid. A special surgical soap, also of ten per cent. strength, in a handsome case, for the instrument bag, was also greatly admired.

The ladies were naturally more interested in the very choice toilet soaps and tooth and soap powder, in which the antiseptic is cunningly blended with perfumes. The Senalia Soap especially came in for praise, while the cute Tooth Soap Tablets were much admired.

The Dog Soap and Veterinary Ointment attracted attention from the lovers of animals, and it appeared that some believers in Jeyes' goods, who had not met with the Dog Soap were using the fluid in the washing water for their pets and had found it very satisfactory.

Jeyes' Company have the high honor of being appointed purveyors, by special Royal Warrant, to Her Majesty the Queen and

H.R.H. the Prince of Wales, and also to H.M. Government of India and H.M. Board of Trade, so that their goods take the very highest rank. And the fact that the fluid, although such a perfect germicide and antiseptic, is non-poisonous, is of the very greatest importance to those who want a safe and reliable remedy.

It may be added that Jeyes' Company (London) are the inventors and sole manufacturers, not only of Jeyes' Fluid and its many preparations, but also of the cruder form, Creolin (registered), and other forms of the antiseptic.

* * *

Among other firms exhibiting, and which our space this month prevents us enlarging upon, were, Stevens & Co., Toronto; Carveth & Co., Toronto; Truax, Green & Co., Chicago; Clark & Roberts, Indianapolis; the Chicago Book Co.; and Emil Willbrandt & Co., St. Louis, Mo.

CATCHING COLD AS A CAUSE OF DISEASE.

"CATCHING cold," in the ordinary and still prevailing sense, does not exist, according to a recent German authority.

In general, "catching cold" plays a very subordinate rôle as an etiological moment. In inflammatory diseases, "catching cold" can appear simply as a disposing cause.

It usually depends upon the action of thermic agents, which are usually unavoidable, *i.e.*, chief of all upon very slight degrees of cold.

Individuals of advanced age, febrile patients, and those suffering from kidney affections appear to be more disposed to diseases resulting from "catching cold."

The prophylactic measures generally employed against "catching cold" are not only accompanied by a directly opposite result, but they rather expose the organism to a much more serious danger than would be expected to result from disease consecutive to "catching cold."

Protection against diseases resulting from "catching cold" can solely be secured by developing the reactive capability to thermic irritants by appropriate exercise.—*The Dietetic and Hygienic Gazette.*

THE Board of the Sick Children's Hospital have decided to have a staff of house doctors of three, instead of only two, as formerly.

DR. E. W. GOODE, of King Street West, Toronto, has returned from New York after having passed a most creditable examination in one of the post-graduate institutions in that city.

The Physician's Library.

BOOK REVIEWS.

A System of Medicine by many Writers. Edited by THOMAS CLIFFORD ALLBUTT, M.A., M.D., LL.D., F.R.C.P., F.R.S., F.L.S., F.S.A., Regius Professor of Physic in the University of Cambridge, Fellow of Gouville and Caius College. Vol. II. London: Macmillan Co., Limited. New York: The Macmillan & Co., 1897. Toronto: A. P. Watts & Co., College Street.

Volume II of this exceptionally complete work includes Infectious Diseases, Intoxications, and Internal Parasites. The author has divided Infectious Diseases into two headings: 1st, Infective Diseases of Chronic Course; and 2nd, Diseases of Uncertain Bacteriology, the last part of the book being devoted to Infective Diseases communicable from animal to man in different forms. Under Infective Diseases of Chronic Course, Tuberculosis as written by Dr. Sidney Martin, Leprosy by Dr. Phineas Abraham, and Actinomycosis and Madura Foot by Dr. Acland, are considered. Diseases of Uncertain Bacteriology have been subdivided by the author into two headings: A, those diseases not endemic, and B, those which are topical or endemic. Under the first caption are Measles and Rubella, by Dr. Dawson Williams; Scarlet Fever and a chapter on the Coexistence of Infectious Diseases, by Dr. Caiger; Chicken-pox and Small-pox, by Dr. John MacCombre; Mumps and Whooping Cough, by L.C. Eustace Smith; and Constitutional System, by Dr. Jonathan Hutchison. Under heading B, those diseases which are topical or endemic, chapters are written by Sir Joseph Fayrer on The Climate and some of the Fevers of India; Typhus Fever, by Dr. J. W. Moore; Dengue, Beriberi and Sleeping Sickness, by Dr. Patrick Manson; Yellow Fever and Dysentery, by Dr. Andrew Davidson; Malta Fever, by Dr. Lane Nottter; Epidemic Dropsy, by Dr. Kenneth Macleod; Oriental Sore, Verruga and Framboesia, by Surgeon-Major Firth. Infective Diseases communicable from animals to man are divided into those of certain and those of uncertain Bacteriology. Under the first of these come Glanders (Farcy), by Dr. Sims Woodhead, and Anthrax, by Dr. John Henry Bell. Under those of uncertain Bacteriology are included Vaccinia, by Drs. T. D. Acland, M. Copeman, and the late Ernest Hart; Foot-and-Mouth Disease, by Prof. McFadyean; Rabies, by Sims Woodhead, and Glandular Fever, by Dr. Dawson Williams. The author has devoted a chapter by itself to diseases due to Protozoa, including under that title Malarial Fever by our own Osler; Hæmoglobinuric Fever, by Dr. M. Copeman, and Amoebic Dysentery, by Dr. Henri A. Laffleur. The section on Intoxications includes Ptomaine Poisoning, by Dr. Sidney Martin; Grain Poisoning and Mushroom Poisoning, by the author of the book himself; Snake Poisoning and Snake Bite, by Mr. C. J. Martin and Dr. Calmette; Alcoholism by Dr. Rolleston; Opium Poisoning by Dr. Allbutt, and Metallic and some other forms of Poisoning, including Poisoning trades, by Dr. T. Oliver. Under Internal Parasites come Psorospermiosis, by Dr. Jospin Griffiths; Worms, by Dr. Patrick Manson; Bilharzia hæmatobia, by Dr. Guille-mard; and Hydatid Disease, by Dr. Verco and Prof. F. C. Stirling. Perhaps the simplest and most concise manner in which to refer to this work, would be to say that for any physician to possess Allbutt's system would mean that he would have a set of books in which he could refer at once to any subject within a very wide range of medicine, and would secure without delay the latest information on many diseases and pathological conditions not found in other so-called systems of medicine which may be, perhaps, more voluminous, but less worthy of possession.

Schenk's Theory: The Determination of Sex. By DR. LEOPOLD SCHENK, Professor at the Imperial and Royal University, and Director of the Embryological Institute of Vienna. Authorized translation. The Werner Co., Chicago; Akron, O., New York, 1898.

Dr. Leopold Schenk, the author, is a Professor at the Imperial and Royal University, and Director of the Embryological Institute in Vienna. He has devoted twenty years to the investigation of the subject, predetermination of sex, and has verified his theories again and again by painstaking and exhaustive experiments. The translation has been supervised by Doctor MacKellar, the well-known English medical literary authority. In view of the fact, say no less an authority than the *British Medical Journal*, that Prof. Schenk's conclusions as to the power of artificially determining the sex of offspring have served as a nine-days' wonder, it seems advisable to lay before our readers, it seems advisable to lay before our readers (the medical profession of England, Australia and India) a plain statement of his arguments. His treatise falls into three parts—a summary of the writings of his predecessors on the same subject, an account of his own researches and deductions, and finally a description of the method of treatment he has devised, with illustrative cases. "My discovery," explains Dr. Schenk, "is based upon the scientific fact that the blood of a grown-up man contains five million blood corpuscles, the bearers of life-giving and nourishing oxygen, whilst the blood of a grown-up woman only contains four million. This difference is the basis of the difference of sex, of the different moral and physical working powers in man and woman. This proportion is observable in the slightest quantity of blood from a man or a woman. All my efforts are directed toward producing the right number of blood corpuscles required by the male embryo. I have succeeded in attaining this effect by suitable nourishment of the woman." It is a well-known fact that for ages the secret of predetermining sex has eluded the grasp of science; that from remotest antiquity this question has engaged the attention of wise men and seers to no purpose. In view of the countless idle theories that have been advanced, many of which have seemed plausible and have had a temporary following only to prove delusive and without foundation, Dr. Schenk's discovery might be treated skeptically but that it comes to us on the authority of one of the leading medical lights of Europe; from Vienna, too, the recognized centre for advanced medical research of the whole world; that it is attracting the respectful attention of learned societies everywhere; that the *British Medical Journal* dignifies it with a lengthy review, tantamount to the endorsement of the profession in England; while the aristocracy of the Austrian capital, says a well-known correspondent, accepts the theory, and belief in it spreads with marvelous rapidity. Every day, he adds, the little street in which Prof. Schenk lives is crowded with elegant carriages from which ladies alight eager to consult the Doctor. Its simplicity cannot be accepted as an argument against the soundness of his theory. History teaches us over and over again that the so-called secrets of nature all lie near the surface. According to Dr. Schenk, it is an easy matter to determine the sex of children. The rules laid down are explicit and easily followed.

Annual and Analytical Cyclopedia of Practical Medicine. By CHARLES E. DE M. SAFOUS, M.D., and one hundred associate editors, assisted by corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings, and maps. Volume I. Philadelphia, New York, Chicago: The F. A. Davis Company, Publishers, 1898.

We have been favored by the publishers with a copy of this magnificent work, for which we wish, herewith, to return our thanks. It is a handsomely-bound volume of 601 pages, printed in clear, legible type, on fine paper and, from the standpoint of typography alone, is an eminently attractive addition to a medical library. It also contains a number of chromo-lithographs and engravings which add materially to the interest of the articles. In this work the author and medical teacher have at their disposal not only the reviews of a

single year as before, but they will have those of practical value published during the last ten years. It is also arranged in such a way as to present scientific medical literature in an attractive and entertaining manner to the general practitioner, as it will describe all the general diseases mentioned in text books on practical subjects—medicine, surgery, therapeutics, obstetrics, etc. This, as is stated in the preface, will remove a source of dissatisfaction caused by the absence of general subjects in the older work. The general arrangement adopted will make it possible to cover the entire field in six volumes. Large type is used for the general text—that is to say, the description of a disease—and small type for the excerpts from journals. Either may thus be read separately. If, for instance, the reader desires to merely review the general subject, he has but to read the text in large type; if he wishes to analyze or study a disease, operative procedure, drug, etc., in which he is particularly interested, he has but to include the small type text in his perusal of the article. To facilitate the use of the work, the subjects have been arranged in alphabetical order, the references being given in full at the end of each abstract. The new Annual and Analytical Cyclopaedia of Practical Medicine when completed will be a beautifully arranged medical reference library, in which the general practitioner can renew his past reading in the text books and learn all that the researches, studies, and experiments of the past ten years have done to throw fresh light on the subject matter of his quest. This work is eminently suited for the requirements of any physician or surgeon, enabling him to obtain accurate and full information on any professional question in which he may be interested.

J. J. C.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and specially prepared articles on Treatment and Drugs, by professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by JUDSON DALAND, M.D., University of Pennsylvania, Philadelphia; J. MITCHELL BRUCE, M.D., F.R.C.P. Lond., Eng.; and D. W. FINLAY, M.D., F.R.C.P. Volume I., Eighth Series, 1898. Philadelphia: J. B. Lippincott Co. Montreal: C. Roberts, 593A Cadieux Street.

Amongst the formidable-looking, but certainly influential array of contributors to this work are found the names of such men as Byron Bramwell, of Edinburgh; C. G. Cumston, of Tufts College; J. Abbott Cantrell, Professor of Diseases of the Skin in the Philadelphia Polyclinic; W. S. Davis, of Chicago Northwestern University Medical School; H. O. Walker, of Detroit College of Medicine; C. G. Stockton, of Buffalo University; Paul F. Mundé, of New York; J. M. Matthews, of Louisville; Alex. James, of Edinburgh, and many others.

The contents of Vol. I., eighth series, include Clinical Lectures on Drugs and Remedial Agents; Treatment; Medicine; Neurology, Surgery, Gynecology, Ophthalmology, Laryngology, Rhinology and Dermatology. We have not often seen a work which shows such superior mechanical excellence. The type is large, easily read and well spaced, the paper is good, and the illustrations are all exceedingly clear and render the perusal of the lectures much more enjoyable and consequently add to the interest of the reader. The idea of the publishers in giving the profession the benefit of clinical lectures delivered by some of the "stars" in our calling was a most happy one. This volume is replete with articles, each one of which will prove of interest to the reader. The lecture on Contraindications to the use of Salicylate of Sodium in the visceral manifestations of acute inflammatory rheumatism, by Jacoud of Paris, is one the perusal of which will repay any one for expending the price of the book itself. Ballantyne's lecture on Placenta Praevia is also most readable and instructive, as also Dr. Love's chapter on Aneurism of the Abdominal Aorta. *International Clinics*, in other words, consist in each and every volume of a series of clinical lectures by "The Masters in Medicine," and are in no instance a rehash of any preceding

volume, but is composed of entirely new material. Purchase the work and thus be able to have the benefit of a post-graduate course right at home.

Conservative Gynecology and Electro-Therapeutics. A practical treatise on the diseases of women and their treatment by electricity. Third edition, revised, rewritten and greatly enlarged. By G. BERTON MASSEY, M.D., Physician to the Gynecologic Department of Howard Hospital, Philadelphia; late Electro-Therapist to the Infirmary for Nervous Diseases, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association, of the Société Française d'Electrotherapie, of the American Medical Association, etc. Illustrated with twelve full-page original chromo-lithographic plates in twelve colors, numerous full-page original half-tone plates of photographs taken from nature, and many other engravings in the text. Royal octavo, 475 pages, extra cloth, beveled edges, \$3.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

The author of this work, in preparing a third edition of his work on "Electricity in the Diseases of Women," found that in order to have it fully up to date it was absolutely necessary to so rewrite the chapters that the result was really an entirely new book. What was therefore originally a simple treatise on electricity, as applied to the treatment of fibroid tumors, has been converted into quite an extensive work on both the medical and surgical diseases of women and their treatment by electricity. The trouble with most of our books on this branch of medicine in the past has been that altogether too much attention has been given to the surgical side of the question, and far too little reference even made to what results can be accomplished by both faradism and galvanism. In this work, therefore, Dr. Massey has proceeded to point out particularly the benefit to be derived from the treatment of fibroid tumors by the Apostoli method, the result of his method for the treatment of cancer, as also a consideration of the neural disorders found most frequently in woman-kind. The author does not claim that his book covers the field filled by the larger works on abdominal surgery, but he justly considers that to the average all-round practitioner this book will prove of value, as treating more fully on the subject of electricity than is usual works on diseases of women. The publishers have kept up their record in turning out a book which, from a mechanical standpoint, is excellent.

Operative Gynecology. By HOWARD A. KELLY, A.B., M.D., Fellow of the American Gynecological Society; Professor of Gynecology and Obstetrics in the Johns Hopkins University; Gynecologist and Obstetrician to the Johns Hopkins Hospital, Baltimore; formerly Associate Professor of Obstetrics in the University of Pennsylvania; Corresponding Member of the Obstetrical and Gynecological Society of Paris, etc., etc. 24 plates, and 590 original illustrations. Volume II. Toronto: Geo. W. Morang, 63 Yonge Street, 1898.

Following very rapidly upon Volume I comes out Volume No. II of this magnificent work. For this the publishers must be thanked, as it is but human nature that a feeling of unrest must necessarily exist on the part of the reader of so celebrated a book as this is until he is in possession of the complete work. It is almost unnecessary that we should reiterate what we have said regarding the exceptional clearness of each and every one of the illustrations given. We again say that up to date they have never been excelled, and in few cases equalled. Volume II includes in its contents: The general principles and complications common to abdominal operations, the care of wound and patient up to recovery, the complications arising after abdominal operations, tubercular peritonitis, suspension of the uterus, conservative operation on the tubes and ovaries, simple salpingo, oophorectomy and salpingo, oophorectomy for adherent tubes and ovaries, vaginal drainage and enucleation for pyosalpinx,

ovarian abscess, tubo ovarian abscess and pelvic abscess; hysterectomy with extirpation of ovaries and tubes, abdominal hysterosalpingo, oophorectomy, ovariectomy, abdominal hysterectomy for carcinoma and sarcoma of the uterus, myomectomy, hysteromyomectomy, operations during pregnancy, Cesarean section, extra-uterine pregnancy, the radical cure of hernia, intestinal complications, the more remote results of abdominal operations, on the conduct of autopsies, the making of protocols and the preservation of tissues for microscopic examination in gynecological practice. Among the plates deserving special mention are: a typical pyosalpinx, on page 209; epithelioma of the cervix, on page 309; angiomoma of the uterus, with cystic degeneration, on page 382, and that of pregnancy in a rudimentary left uterine horn, on page 464. The chapter on vaginal drainage is one of the most complete and thoroughly interesting we have ever had the pleasure of perusing.

Diseases of Women. By GEORGE ERNEST HERMAN, M.B.Lond., F.R.C.P.
London: Cassell & Co.; Toronto: A. P. Watts & Co., 1898.

This is quite the most useful and practical book which has yet appeared upon that much written-up subject. The work is eminently the outcome of personal and large clinical experience. The reader is not confused by the many and various theories of conflicting authorities, but has set before him what the author has himself proved to be most beneficial in the treatment of the numerous diseases to which women are subject. The style of Dr. Herman calls back to memory the lectures of the late Matthew Duncan and the contempt for all humbug has evidently been acquired from that most eminent teacher and practitioner. The work is one to which the student or practitioner can turn at any moment, confident that he will find just what he requires, set before him in the plainest and shortest terms. The illustrations are numerous and show at once what they are intended to teach. The illustration and description of the way in which sutures should be introduced to repair a ruptured perineum (page 718), makes that proceeding plain to the meanest comprehension. The same may be said of nearly all the illustrations and descriptions of operative work contained in this excellent book. It is, of course, impossible to point out a fraction of the valuable matter to be found in Dr. Herman's work, but attention may be called to the seventeenth chapter, which deals with parametritis and the diagnosis, etc., between this and other conditions. It is simply magnificent in its clear distinctions and is an education in itself. Many other chapters are equally excellent, but the above may stand as a type of the character of the author's teaching ability. Every practitioner, general or special, should read this book. The family doctor will find that in it, the so-called minor womanly ills about which he is so often consulted are fully described and sound advice given as to the best mode of dealing with them, while the specialist has clearly brought before him the latest and most helpful methods of operation and treatment. J.H.L.

Hay Fever and its Successful Treatment. By W. C. HALLOPETER, A.M., M.D.,
Clinical Professor of Pediatrics in the Medico-Chirurgical College of Philadelphia; Physician to the Methodist Episcopal Hospital; Pediatricist to the Medico-Chirurgical Hospital and to St. Joseph's Hospital; Fellow of the American Academy of Medicine, etc., etc. Philadelphia: P. Blackiston's Son & Co., 1012 Walnut St., 1898.

The author of this little book considered that after having had an experience of ten years' successful treatment of this distressing malady, he was in a position to give to his professional brethren the result of his investigations. Very properly so, as up till the present, though it has not been denied that hay fever was caused by the invasion of an external irritant or toxin of some kind into a debilitated system, thereby setting up an active state of inflammation of the Schneiderian mucous membrane, the treatment to be successful has been anything but specific in action. Dr. Hallopeter is therefore to be thanked for

throwing light on this aspect of the subject, as he undoubtedly has, showing that patients, who have been sufferers for many years from ha fever, may by a daily sterilization of the nares and post nasal spaces remain in the city all summer, notwithstanding the presence of dust and all other causes which formerly always brought on an acute attack.

Records of Urinary Examinations. A convenient, practical method for keeping records of urinary examinations for future reference in hospital or general practice. Arranged by HARRY MORELL, M.D., C.M., Trinity University, Toronto. Hartford, Conn. : J. B. Burr & Co., 1898.

It is with unusual pleasure that we take this opportunity of referring to a most useful and practical book recently compiled by our own student of but a few years ago, Dr. Harry Morell, now making his little pile at Slayton, Minnesota.

It consists of a series of records of urinary examinations, which will be unquestionably found useful by all physicians who wish to keep a record of their urine examinations. It is quite necessary nowadays, when such examinations have to be made daily in general practice, that a record of the cases be kept in the office, and we know of no more complete system than the one compiled by Dr. Morell. It is so arranged that a copy of each examination is kept, so that in future examinations for, say, albumen or sugar in the same patient, it can be easily determined whether such abnormal products are increasing or diminishing.

The Treatment of Choleraic Diarrhea. St. Louis, Mo. : The Lambert Pharmacal Co., 1898.

This small book sets forth in a series of short articles the efficacy of Listerine in the treatment of several choleraic conditions. The articles are written by such men as Dr. A. B. Briggs, of Ashaway, R.I.; Dr. R. H. Goodier, of Hannibal, Mo.; Dr. W. J. Watson, of Philadelphia; Dr. E. C. Register, of Charlotte, N.C.; Dr. I. N. Love, and others. The book is readable and will repay any physician for the trouble of sending for it.

Manual of Gynecology. By DR. CLARENCE J. WEBSTER, Edinburgh. Publishers: Young J. Pentland, Edinburgh. This work will be reviewed next month.

Masters of Medicine (series).—BENJAMIN BRODIE. By TIMOTHY HOLMES. WILLIAM STOKES. By SIR WILLIAM STOKES. Publishers: Longmans, Green & Co., New York. To be reviewed next month.

MAGAZINES RECEIVED.

Scribner's Magazine for August. The fiction number of *Scribner's Magazine* has been an institution for a decade. In it have appeared many notable short stories that have made their authors famous. It has also been the occasion for several novel and successful experiments in color-printing. This year the colored cover is one of the four prize designs by Albert Herter, and it is a brilliant example of decorative printing. The most ambitious scheme in color-printing undertaken by an American magazine is the reproduction of eight full-page designs by Henry McCarter, which accompany E. S. Martin's noble poem, "The Sea is His." The way in which the shading of color is attained is mechanically ingenious and artistically effective. It is a novelty in color-printing, even for experts. The war has necessarily crowded out some of the illustrated short stories. Richard Harding Davis continues his brilliant chapters of the war with an amusing description of the life at Tampa just before the

sailing of Gen. Shafter's expedition. He aptly calls it "The Rocking-Chair Period of the War." The contrasts of character seen on the piazzas of the Tampa Bay Hotel; the amusing differences of point-of-view among the troops from various States; indeed, all the romance and comedy of the impromptu army assembled at Tampa in May and June are depicted by Mr. Davis. Following the text very closely is a series of illustrations from photographs made by Dwight L. Elmendorf, which are not only realistic but artistic. Mr. Davis also sends a brilliant account of "The Landing of Shafter's Army," and the raising of the American flag. John R. Spears, who was present at the bombardment of San Juan, and under fire part of the time, has written, under the title "The Chase of Cervera," a picturesque and stirring narrative of the movements of Admiral Sampson's squadron from the sailing of the battleships Iowa and Indiana from Key West on May 4, to the trapping of Cervera's fleet by Hobson's daring exploit. His description of the San Juan bombardment is one of the best pieces of writing that the war has produced. Mr. Spears is an Annapolis man and a born sailor, as well as the historian of our navy, so that his war articles are of unusual authority.

The Sanitarian. Published monthly. The American News Co., New York, general agents. Price \$4.00 a year; 35 cents a copy. The July number contains the following articles: "Home Sanitation," by Mrs. Esther A. Powell; "Malaria and the Cuban Campaign," by Charles E. de M. Sagon; "Don't Need Public Baths," by Mayor of Albany; "Vaccine Virus Circular of Information," by New York City Health Department; "Hygiene of the Teeth," by Clement B. Low; "Medical Excerpt," by T. P. Corhally, A.M., M.D.; "Medals, Jetons and Tokens"; "Illustration of Sanitation," etc., by H. R. Storer.

PAMPHLETS RECEIVED.

"Twenty-fourth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the fiscal year ending June 30th, 1896. Lansing, Mich., 1897."

"Proceedings and addresses at a Sanitary Convention held at Detroit, Mich., December 9 and 10, 1897, under the direction of a committee of the State Board of Health, and a committee of citizens of Detroit. By authority. Lansing, Michigan, 1898."

The partnership hitherto existing between Presley Blakiston and Kenneth M. Blakiston, under the firm name of P. Blakiston, Son & Co., Philadelphia, expired June 30, 1898, on account of the death of the senior member. The business of publishing, importing, and dealing in medical and scientific books, as established in 1843, will be continued by Kenneth M. Blakiston, trading as P. Blakiston's Son & Co.

ASEPTIC VACCINATION.

IN recent issues of the *British Medical Journal* the question of aseptic vaccination has been raised by several correspondents, who describe their procedures in carrying out this practice. These, briefly summarized, amount to antiseptic cleansing of the arms to be operated on, and of all instruments, and then to the application of some preparation such as a gelatine film or gauze dressing which shall protect the vaccinated person from the introduction by means of the punctures or scarifications made, of septic or other noxious

organisms. We fear that it must be admitted at the outset that whilst this country took the lead in antiseptic surgery, there has been far too much carelessness in the matter when the comparatively minor surgical operation of vaccination has been in question, and this, notwithstanding the fact that the extreme infancy of the subjects operated on has added to the risk. The performance of vaccination without a preliminary cleansing of the operator's hands or cleansing of the infant's arm is by no means uncommon; the instruments used are, we fear, but rarely sterilized, and we, at times, hear complaints that they are not even carefully washed between different operations when more than one is performed at the same time. The official instructions to public vaccinators must be regarded as out of date in this respect, although it must be remembered that so far as the Government is concerned the whole question of vaccination is under consideration, and that piecemeal modifications and amendments are not to be desired. But whilst we are fully convinced of the great importance by the performance of vaccination under aseptic conditions, we can hardly admit that much mischief has resulted from the actual operation. The erysipelas and other allied inflammations which are apt to supervene on vaccination, and which are especially fatal by reason of the very tender age of the subjects, rarely, if ever, come on until the second week; and making all allowance for the postponement in infection that may be due to the concurrent action of two different poisons, it seems clear that erysipelas, if it were received into the system at or about the time of the actual operation of vaccination, could not be so invariably postponed in its first manifestations as it is. On the contrary, the obvious results of the infection would make themselves apparent within a very few days. Post-vaccinal erysipelas is nearly always contracted during the second week. It may be partly due to infection in dirty and unhealthy houses after vesicles have been intentionally opened, but it far more frequently follows ruptures and abrasions of the vesicles as the result of careless handling in poorhouses where infants are necessarily to a great extent uncared for. But this fact in no way relieves the operator from the duty of using all reasonable antiseptic methods; it rather adds to his duty that of advising and, if he can, of carrying out similar precautions during the time when the vesicles are liable to be broken. We regret to admit that in this country we are not so far advanced as many of our Continental brethren, for it is no uncommon thing in foreign countries to see every precaution by way of cleansings, antiseptics, and even the use of a sterilized dress, which are everywhere deemed necessary for the performance of ordinary surgical operations. Clearly there is room for improvement and progress in this direction, and we are sure that public and other vaccinators will be glad to know the precise methods which are best adapted to effect the end in view, but which are not prohibitory in ordinary general practice. — *Dietetic and Hygienic Gazette.*

THE TREATMENT
OF
CHOLERAIC DIARRHŒA.

PUBLISHED BY

LAMBERT PHARMACAL CO.

SAINT LOUIS.

1898.

A CLOTH BOUND COPY OF THIS COLLECTION OF
VALUABLE CLINICAL REPORTS
WILL BE SENT FREE TO ANY PHYSICIAN UPON REQUEST.

LAMBERT PHARMACAL COMPANY,
SAINT LOUIS.

SOLE MANUFACTURERS OF LISTERINE.

USE DIPHTHERIA ANTITOXIN PROMPTLY AND BOLDLY.

THE *Polyclinic* has from time to time given what is deemed conservative advice in regard to the employment of antitoxic serum in the treatment of diphtheria. While viewing the new treatment favorably, we urged caution at first in the selection of cases until the dangers and limitations of the remedy were known. We then, as evidence accumulated, pronounced in favor of the early and sufficient administration of the antitoxin in cases of determinate diagnosis. As the results of increasing experience and observation, as well as from study of published reports, we are now prepared to occupy and defend the most advanced position, namely, that without waiting for bacteriologic confirmation of diagnosis every patient who presents clinical evidence of diphtheria should at once receive a "curative dose" of serum, and all children of the household should be immunized by the same agent. Adults should be immunized if likely to be much exposed, and may be immunized if they desire it, even if not specially exposed.

It is important to have a good syringe—and there is now in the market an excellent one, made in Philadelphia by a well-known manufacturer of antitoxin—which is of convenient size and capable of quick manipulation and complete sterilization. It is of highest importance to have a trustworthy serum, of as high potency as possible, so that a dose small in bulk shall be large in antitoxic units. The serums made by certain American houses are fully equal to the imported preparations, if, indeed, they are not superior. They are, in addition, more readily obtained and are likely to be more recent. No preparation that is not standardized should be employed unless it is the only one available; and in every case the higher the number of antitoxic units per cubic centimeter the easier it is to give an efficient dose.

The failures that occurred in the early days of serum-therapy in diphtheria are to be attributed to tardy and half-hearted employment of the remedy, to insufficient dosage, and to the low potency of the commercial serums, requiring a bulky injection, difficult and painful to administer.

For a child of three years, the initial dose in a tonsillar case of moderate severity seen early, should be 1,000 to 1,500 units; in nasal or laryngeal cases, or in cases in which the lower pharynx is invaded, or severe cases of any variety, the dose should be 2,000 units; and in any case seen as late as the fourth day, the dose should be 2,000 to 3,000 units. The injection should be repeated in from twelve to twenty-four hours, according to circumstances. For immunizing, 500 units should be the dose, or if infection and incubation be suspected, the curative dose of 1,000 units should be given at once.

With antitoxin properly and promptly used, the throat being kept clean by applications not too frequently repeated, of which Loeffler's solution of toluol and ferric chlorid is said by competent observers to be the best, pharyngeal diphtheria is robbed of the greater part of its terrors; while incubation in laryngeal diphtheria has a far more favorable prognosis, the deaths now being fewer than were the recoveries previous to the introduction of antitoxin. What is needed, however, is promptness and courage in the use of the remedy. If the *Polyclinic* has by its former caution contributed in any degree to the hesitation with which some members of the profession resort to the use of antitoxin, we trust that this article will make amends and inspire the doubters with decision and boldness.—*Editorial, Philadelphia Polyclinic.*

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THOROUGHLY EFFICIENT AS AN
ANTIPRURITIC, ANTISEPTIC,
LOCAL ANTI-FLORISTIC & SKIN NUTRIENT

And is now being successfully used and prescribed by over **40,000 PHYSICIANS** in the United States and Canada

For Eczema, Erysipelas, Pruritus and all Itching and Inflammatory Skin Diseases.

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LAXATIVE, ALTERATIVE, ANTACID AND TONIC.

Stimulates the elimination of effete matter and restores the normal alkalinity of the blood.

A specific for habitual constipation and the digestive derangements resulting therefrom.

RESINOL CHEMICAL CO., = = Baltimore, Md.

BRAND'S **Specialties for Invalids**

Essence of Beef the juice of finest selected beef, extracted by a gentle heat, without the addition of water or any other substance. It has been introduced into Medical Practice as a stimulant after loss of blood from any cause, and in severe cases of prostration and debility. Being in a jelly form, it is easily administered, and its stimulating properties are at once apparent, without any ill after-effects. Similar preparations are made from MUTTON, VEAL and CHICKEN.

Meat Juice extracted from the prime raw meat by pressure, and contains in an unaltered state the albuminous and other nutritive properties ready for immediate assimilation.

Invalid Soups, Potted Meats of finest quality.

THE A1 SAUCE.

To be obtained wholesale of LYMAN BROS., TORONTO.

BRAND & CO., Limited, Mayfair, London, England.

THE Richelieu & Ontario Navigation Co. are anxious that medical men intending to visit the old city of Quebec this month, to be present at the meeting of the Canadian Medical Association should remember that by far the most pleasant and picturesque way to *get there* is by their palatial line of steamers down the far-famed St. Lawrence River. What could be more pleasant, we ask, than a sail of nearly two days down through the Thousand Islands? Such would make any busy doctor feel renewed with vigor for his winter's work. A sail of this kind is refreshing and stimulating to both body and mind, and will enhance very materially the interest to be derived from the discussions which will take place at the 1898 meeting of this Association. The steamers sail every day from Yonge Street dock at two o'clock, reaching Montreal early the next evening and Quebec the following morning at six o'clock. The trip is cheap, only costing \$13.00 from Toronto to Quebec, or \$20.00 return—berths and meals extra. We recommend physicians to take this trip as their 1898 summer vacation.

FRANZ JOSEF WATER IN CHRONIC ECZEMA.—The Franz Josef Natural Aperient Water has proven very efficacious in Eczema and similar affections, and we confidently recommend it to our confreres in all such cases. Dr. J. B. Amiss, of Harrisonburg, Virginia, U.S.A., one of the leading dermatologists of that section, in reporting an unusually severe case, writes as follows: "I ordered Franz Josef Water for a patient with chronic eczema, seeing it approved in similar cases by Crocker in his work on 'Skin Diseases.' It proved a God-send to him, and besides relieving him of his insistent constipation, I received his benediction for the great benefit he derived from its corrective properties." The dose is from one-half to three wineglassfuls, according to age and condition. Taken before breakfast, a satisfactory action follows shortly after the meal. Besides being one of the safest and surest natural laxatives we have, the "Franz Josef" possesses valuable alterative properties, suggesting its employment in all skin diseases, as above noted, and in gout, rheumatism, etc., in which, according to Professor Stewart of Montreal, some good saline aperient should always be employed.

THE medical profession will be pleased to know that after this it will be possible to obtain the celebrated Homburg Salt right in Toronto. As most medical men know, the Homburg Salt is obtained from the natural water of the celebrated Elizabeth Spring, Homburg, Germany, and contains all the constituents of the spring, obtained by evaporation and crystallization of the salt residues, according to medical prescription. It has been favorably known for years as being most efficacious in rheumatic and gouty affections specially. It is a great eliminator of uric acid. The Homburg Springs are visited periodically by H.R.H. the Prince of Wales, the Emperor of Germany, and most of the crowned heads of Europe. The salt is recommended highly by a number of the most eminent medical men in England and other European cities. An important feature of the remedy is that the longer it is used the less is required, whereas the majority of remedies lose their effect after a few doses. The natural salt of the Homburg Kaiser Springs when dissolved in water produces the same healing effects as the water of the Kaiserbrunner itself. It is used in catarrhal troubles dissolved in the quantity of one or two teaspoonsful in one and a half pints of soft or distilled water as a gargle or nasal douche, or by means of a spray. The Homburg Mineral Lozenges, prepared from the same spring, can be also procured. The medical profession are invited to call upon the agent for Canada, W. S. Battin, Room 48, Confederation Life Building, Toronto.

**There is no Substitute
for Cod-Liver Oil**

BUTLER, in his new Materia Medica, makes this very clear. He says :

"Cod-liver oil is more readily absorbed and oxidized than any other fat. It has already been prepared by the liver and, therefore, partly elaborated."

Scott's Emulsion

"The Standard of the World"

contains this "prepared and elaborated" oil, emulsified and combined with glycerine and the hypophosphites.

There is no Substitute for Scott's Emulsion.

It is the only permanent emulsion. It is not unpleasant to the taste. It keeps in any climate. It has been tested for nearly a quarter of a century.

Two sizes, 50c. and \$1.00. In prescribing, please specify unbroken package. Small size put up especially for convenience in cases of children.

**SCOTT & BOWNE,
Toronto**

REDUCED PRICES ON 

Operating Cushions

14 inch, square,	- - - -	\$2.50 each.
20 " round,	- - - -	3.00 "
24 " "	- - - -	3.50 "

**SUPERIOR SURGICAL INSTRUMENTS
and
HOSPITAL SUPPLIES**

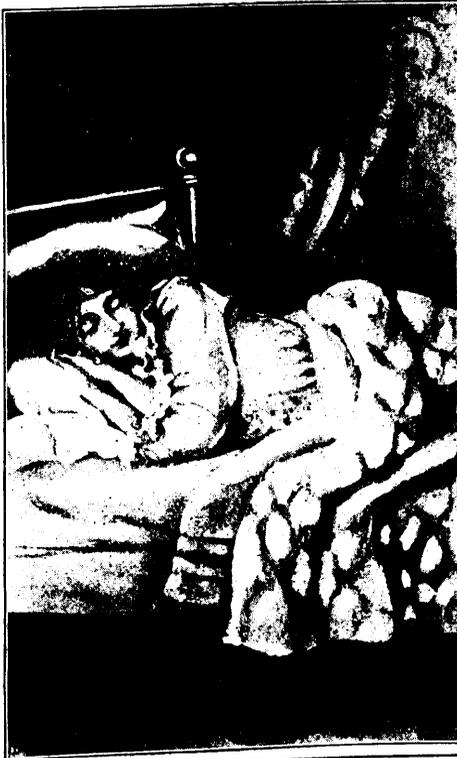
Send 33 cents for 1000 page Catalogue.

SHARP & SMITH, 73 Randolph St., CHICAGO, ILL.

By the readers of this journal turning to another page of this issue they will see the advertisement of an abdominal support *which has not an equal in America*. It is made by a lady by name of Mrs. Pickering, at Brantford, Ontario, and when the fact is divulged that the principles on which her support is made were thought out when she herself was most in need of something of the kind (after having had the operation of laparotomy performed upon her in New York), it will be seen that all the most salient points as to, not only wear, but comfort have been studiously attended to. It will more than repay all physicians to write Mrs. Pickering for details as to her make of support before ordering any other kind for their patients, as it can be claimed for it that points have received most careful attention which have never been even thought of by other manufacturers.

THERE are to-day on the market any number of so-called emulsions of cod liver oil. Every retail druggist, almost, manufactures a cod liver oil emulsion of some kind, each one claiming his to be the best. Of the large number for sale there are comparatively few which can be really depended upon to not only perform the therapeutic action claimed for it, but to keep indefinitely. Hot weather is one of the greatest tests for a standard cod liver oil preparation. If it remains sweet and free from rancidity during the heat of summer it is all right. If not, it must be discarded from use as a medicine. One of the very oldest and most reliable emulsions of cod liver oil to be purchased is that of Scott & Bowne, of New York. It is known the world over, and has stood the most critical tests "unflinchingly." It can be kept for any length of time, depended upon for purity, and can be digested by the most delicate stomach, containing nothing absolutely deleterious to the human system.

THE prejudice against the use of some of our most efficient drugs—due probably to the timidity of some of our practitioners—is passing away. *Materia medica* is advanced and its scope enlarged by the investigation and experimentation with herbs that a certain amount of fear has been attached to. This is true in the use of *Veratrum Viride*. Its therapeutical power and properties were known to the ancients, and has had increased use as one after another discovery has become known to the profession. In a majority of diseases, fever and inflammation are accompanied with increased action of the heart and arteries. Much of the pain and restlessness result from the disturbed state of the vascular system generally. In controlling this, the tincture of *Veratrum Viride*, as manufactured for many years under the formula of Doctor Norwood, will surely and safely meet and relieve this disturbed action of the heart and arteries, the irritation, heat and dryness of the surface, and in most cases any attending pain. The intelligent use of *Veratrum Viride* is safe beyond peradventure: this assertion rests on the testimony of such well-known men in the profession as Professors Frost, Fennor, Antony, Percy, Westmoreland, Blackburn, Wooten; Drs. Wilburn, Patterson, Toland, and others. There is scarcely a disease that has not felt its power and yielded to its prowess, particularly such as mania, cancer, puerperal fever and convulsions, epilepsy, chorea, acute and chronic pneumonitis, orchitis, asthma, phthisis, pulmonalis, etc. Two drops may be given every hour till the pulse is controlled, and then every two hours. Should nausea or vomiting occur, morphine or laudanum in full doses will soon relieve. It is to be hoped careful research will be made of this, as in other drugs comparatively unknown to some in the profession, and that disease may come more readily under its control. We direct the attention of our readers to the advertisement of this excellent preparation appearing in this issue.



THE BEST BED
FOR THE SICK

is made of high-grade curled horsehair interlaced into a soft, but compact, elastic and perfectly level mattress. It is then encased, but not tufted, in a satine ticking cover which can be quickly removed for washing.

The mattress itself can also be washed in hot or cold water without injury, and will dry almost as quickly as the tick.

The bed above described is called

The **B. M.** 
Sanitary Interlaced
Mattress 

and is manufactured only by

- THE -
Alaska Feather and Down Co.

290 GUY STREET
MONTREAL 

LIMITED

Write for illustrated booklet and price list.

The Best Cannot be too Good



Is made from the best Canadian Barley Malt.
Is richer in Diastase and Maltose than any other made.
Is guaranteed free from foreign matter, such as Glucose,
Licorice, Salicylic Acid, etc.

Write for samples and literature to

W. LLOYD WOOD

GENERAL AGENT

TORONTO, ONT.

SOME people find relief from pulmonary affections at the seashore or in high altitudes, but these are exceptional cases, and many other places can more safely be relied upon. The great majority of cures are effected in a climate where an almost out-of-door life is possible. There is no other climate which can be compared in this respect with Southern Texas, Arizona, New Mexico and California. In that section through which the Southern Pacific Railway runs, in the States enumerated, it is possible for the invalid to be out of doors a greater number of days and nights than any other places on this continent. The air, while invigorating, is almost absolutely dry, and the climate is most equable, the temperature varying but one or two degrees for months at a time.

THE BEST AND THE CHEAPEST.—In prescribing either medicine or nutriment, a physician must often consider the question of what is the most economical as well as what is the best for his patient. And it is only occasionally that he is made happy by the knowledge that *the cheapest is the best*. He always knows that "the best is the cheapest," but this helps him very little if economy must be thought of. John Carle & Sons point with pride to the fact that their prepared food, IMPERIAL GRANUM, is the most economical as well as the best food on the market, and in proof of this, they ask physicians to carefully note the weight of their handsome "Small" and "Large" size air-tight tins, and also to kindly notice the length of time either one will last, bearing in mind that their sterilized tins form the lightest, as well as the safest, retainer that can be used.

WE have been favored, by the manufacturers' Canadian agents, with samples of the "D.C.L." Malt Extract, and after examining it we take pleasure in saying that its starch converting power will certainly place it high up in the ranks of such goods in Canada; and we think that it will meet with a large sale and the endorsement of the medical profession in Canada as soon as introduced, which, we understand, will be at once. We append Prof. J. Goodfellow's certificate as to this preparation, so that our readers will see how highly it is thought of in Great Britain:

THE LABORATORY, BOW AND BROMLEY INSTITUTE,

London, E., 15th February, 1897.

I have carefully analyzed and examined dietetically samples of "D.C.L." Malt Extract with the most satisfactory results. I find the extract to be absolutely pure, of the finest quality and exceedingly rich in diastase, and the nutritive food materials maltose, dextrin, and phosphates. I have also tested the action of the malt extract in digestion, and find that it rapidly and completely converts starch into maltose and dextrin, thus aiding salivary and pancreatic digestion. Taken moderately with ordinary food it will be found to act most beneficially on digestion, and in conjunction with cod liver oil or cream forms a most valuable food in wasting diseases. The high converting power of the malt extract makes it especially suitable for use in the feeding of infants, and a small portion added to the cool food will ensure the complete digestion of the starch, the latter food stuff being harmful to infants as it is not properly digested by the digestive fluids at the early period of life. I have the greatest confidence in recommending the "D.C.L." Malt Extract as one of the purest and best digestive and nutritive preparations ever placed before the public.

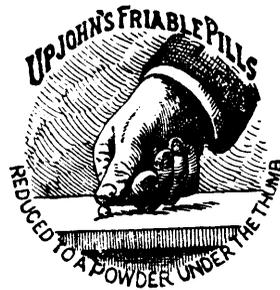
(Signed) JOHN GOODFELLOW, Ph.D., F.R.M.S.

Why Under the Hammer?

The significance of the test which consists of driving old mass pills into a board with hammer and block of wood has been questioned by some makers of the "solid kind" of pills.

This test is simply intended to supply the pharmacist and physician with a ready and quick means for estimating the age of factory-made pills and their therapeutic value.

It is effective in showing that there is a difference between **Fresh Mass Pills** and **Old Mass Pills**. The test shows the difference in hardness. Hardness must have some relation to therapeutic value. This is the teaching of pharmacy. The soft pill mass is insisted upon for the pills dispensed extemporaneously by the pharmacist. There can be no exception made in favor of manufacturers whose pills become progressively harder with age. The retail pharmacist cannot be asked with consistency to dispense soft pills extemporaneously and hard pills from the general stock. The stock of ready-made pills should be of the kind that does not deteriorate with age, and that preserves their quality of ready disintegration indefinitely. Upjohn's Friable Pills have these qualities and preserve them indefinitely.



THE UPJOHN PILL & GRANULE CO.

Samples and Price List free on application to

GILMOUR BROS. & CO., Montreal,

Sole Agents for Canada

IN these *fin-de-siècle* days when it is said that pharmacy has reached almost to its zenith as regards perfect methods of manufacture and beauty in results obtained thereby, it might be thought that further improvements in the pharmaceutical world were well-nigh impossible. Amongst the very latest additions of value to the physicians' therapeutical armamentarium, however, is an ointment called "Styra Phenol," manufactured by Dr. Henry Levers, of Quebec City. This is an antiseptic ointment of exceptional value as a healing medium. Clinical reports show that in cases of severe burns and scalds where there is considerable denudation of tissue, "Styra Phenol" will stimulate granulation where other agents seem to entirely fail. In cases of thickened joints it will materially aid absorption, and as an anti-pruritic it is well-nigh unfailing. The attention of the numerous readers of the CANADIAN JOURNAL OF MEDICINE AND SURGERY is called to this preparation. It can be procured through any druggist, and in all sized pots.

AT the recent meeting of the Association of American Physicians, held in Washington, D.C., May 3rd, 4th and 5th, in a discussion which took place on Uric-Acid Diathesis, Dr. James Tyson, of Philadelphia, said that the uric-acid diathesis was hard to define. It was generally a weakened condition showing scant, highly colored urine, which deposited a copious sediment of uric acid mixed with urates and oxalates. Later on there were some albumin and casts. This did not tell what the uric-acid diathesis was, but it gave certain points from which we might infer its presence. The tendency of the uric-acid diathesis might lead further on to uric-acid gravel and calculus, with consequent irritation of the urinary tract, perhaps with cystitis and nephritis. It might mean even more than this. It might cause depression of spirits. The pulse was low and there was marked lithæmia. Measures should be used to eliminate and get rid of this latter. Migraine might be another symptom of the uric-acid diathesis. The speaker related a case of migraine which was cured by large quantities of Célestine Vichy. Eye strain and other reflex causes might be active factors. Again, the uric-acid diathesis might be the cause of endometritis, degeneration of the blood cells, and hypertrophy of the left ventricle: it might cause vertigo in the most distressing forms. Uric acid and its congeners played an important rôle. It was not known whether it produced glycosuria, asthma, bronchitis, and other such conditions, or whether it caused rheumatism and gout. The speaker did not think that uric acid had anything to do with rheumatism. Gout usually attacked well-to-do persons past forty who had lived high. Muscular rheumatism usually attacked younger persons. Haig thought that rheumatism could be cured by making the blood alkaline. The term rheumatic gout was not a happy one, and rheumatic arthritis also was an expression that should not be kept up. Another form of gout was found among the poor; it was not hereditary and it was not like the other form of gout. Mixed diet was necessary. Persons so affected should be well fed and they usually got well; food was better than medicine. Rheumatoid arthritis or deforming arthritis was a very distressing form of the disease. It occurred between the ages of twenty and thirty and might be caused by grief or anxiety. It was doubtful whether epilepsy could come from uric acid. Uric-acid sediments had been found in diabetes, but with this the resemblance of the latter to the uric-acid diathesis ceased. The specific gravity was high, but this was usually from the sugar. Excess of uric acid could be caused by overstudy. It was not so common in this country as abroad. In a certain number of cases of supposed diabetes tests had shown uric acid to be the trouble.—*New York Med. Record.*

Progress in Surgery



SIR ASTLEY COOPER

Has been largely due to antiseptic preparations. One great want of the surgeon and general practitioner has been a surgical dressing that was thoroughly antiseptic and applicable wherever **Inflammation** was present.

UNGUENTINE

fills this want. It is made upon the modified formula of Sir Astley Cooper, the most renowned surgeon in the world in his time. Its ingredients are Alum, Carbolic Acid and Ichthyol, combined with a pure Petrolatum base. Its superiority is due to the fact that all irritating properties are eliminated from the Alum. This gives a surgical dressing of marvelous healing qualities—that is astringent, but not irritating. It gives us a dressing that is indicated whenever **inflammation** is present.

The physician or surgeon who will give Unguentine a fair trial will find it the **best surgical dressing** ever made, with the **widest field of usefulness**. It is convenient because always ready when wanted. Keeps in any climate. Without acidity. Never grows rancid. **Heals without leaving scar tissue.**

We ask the profession to give Unguentine a fair trial, and judge it by what it **does**—not by what is said about it. Write to-day for a free sample, clinical reports and a biography of Sir Astley Cooper, originator of the working formula.

Successful Medication

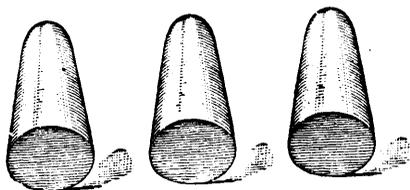
ALUM COMPOUND Vaginal Pessaries

**Astringent, Antiseptic,
Antiphlogistic, Analgesic.**

Alum (with its irritating properties eliminated) with Carbolic Acid and Ichthyol added.

Owing to the complete elimination of the irritating properties of alum these Pessaries will be found especially valuable in leucorrhoea, gonorrhoea, vaginitis, ulcerations and erosions of the os uteri, pruritis vulvae and as a general antiseptic, astringent or alterative remedy.

These have been submitted to leading gynaecologists who, after critical clinical tests, have heartily endorsed them. The size and shape renders their application exceedingly easy. The glycerine exerts a decided osmotic and decongestive action on inflamed tissues. Their prolonged contact on the tender surfaces of the vagina is a decided advantage over any treatment in which tampons or pads are used.



Haemorrhoid Cones

Formula—Alum (with its irritating properties eliminated) Ergotin, Menthol, Ichthyol, Ext. Opium, Ext. Belladonna and Carbolic Acid.

This formula recommends itself as an Astringent, Anesthetic, Antiseptic, Antiphlogistic remedy. The drugs have been scientifically combined making the cone perfectly non-irritating. Its adaptation to thorough treatment of internal haemorrhoids is all that can be desired. While the absorption of the medication is gradual, it is complete and immediate results are noticeable without pain or inconvenience to the patient.

To effect a cure without the use of a knife is desirable and Haemorrhoid Cones will for stall its use in many cases.

SAMPLES OF EACH SENT UPON APPLICATION

THE NORWICH PHARMACAL COMPANY,
SOLE MANUFACTURERS, NORWICH, NEW YORK.

SANMETTO IN HYPERTROPHY OF THE PROSTATE; ALSO IN CYSTITIS.—I have used Sanmetto myself for hypertrophy of the prostate, from which I have suffered for fifteen years. My age is eighty-three years. I have found out the value of Sanmetto, and am persuaded that this remedy will cure me entirely. I prescribed it for two of my patients who suffered with cystitis; one, forty years of age, was perfectly cured from the use of two bottles. The other, sixty years of age, thinks he will never stop it. I think so much of Sanmetto that I, for the first time in my life, feel induced to recommend the same to any physician.

ISAAC SAALFELDT, M.D., Chicago, Ill.

SHARP & DOHME'S FERRO-MANGANESE PEPTONATE.—The metabolic activity of the peptonates of such tonic-constructives as iron and manganese has been firmly established. Laboratory conclusions have been clinched by clinical tests and it is now generally conceded that the blood-building force of these agents is in direct proportion to their digestibility and assimilability. This is equally true of an organic union of iron and manganese such as the preparation of which we are now writing. While iron in some form is usually an ingredient of tonic preparations, it is but rarely presented in an easily digestible form: hence the continued use of such preparations is liable to develop gastric irritability, indigestion, intestinal catarrh, loss of appetite, and usually loss of vital force. Much of the iron thus administered is deposited along the intestinal tract instead of being absorbed, and is eventually carried out in the feces, giving them a characteristic dark stain. Combinations of iron and manganese in which the salts employed are of a character that would render them feebly digestible have merited the same criticism. Combined with peptone, however, as in our Ferro-Manganese Peptonate, both salts are easily absorbed and the preparation becomes valuable for the following reasons:—It is easily absorbed. It does not disturb the stomach. It does not produce constipation. It does not blacken the teeth. It stimulates the appetite. It increases general nutrition. It augments the amount of hæmoglobin in the blood. These effects are quickly produced because this preparation is easily assimilable, and its assimilability is rendered easy because of the presence of peptone as an ingredient. "As Peptone it is customary to designate albuminous substances which have been made soluble and directly assimilable by proteolytic enzymes." (Hammarsten.) Peptone increases intestinal peristaltic action, hence obviates any tendency toward constipation which the iron by its astringency cause. Both iron and manganese are found in normal hæmoglobin, and anemia invariably follows when the proper proportion of either or both is lessened. It, therefore, follows that in all forms of anemia—in chlorosis, leucocythemia, neurasthenia, amenorrhœa, phthisis, etc.—these salts are indicated. Inasmuch as in all cases of vital depression there is more or less gastric derangement and the absorptive powers are greatly lessened in force, it also follows that in order to secure proper metabolism only such ferruginous preparations as have the characteristics of the subject of this circular should be administered. When it is remembered that our Ferro-Manganese Peptone is not only easily digestible and assimilable, but that unlike the majority of ferruginous preparations *it does not constipate* the bowels, the conclusion above arrived at is a logical one and clinical experience emphasizes it. Next in importance to its real merit as a red-blood-corpuscule-maker is its palatability. If mixed with water, milk or sweet wine in which there is no tannin, even children will take this elegant preparation without repugnance. **DOSE**—For an adult, one tablespoonful three or four times a day, diluted with milk or sweet wine; for a child, half to two teaspoonfuls, according to age.

E. MERCK

16 JEWRY STREET
LONDON, E.C.



MERCK & CO.

UNIVERSITY PLACE
NEW YORK

Merck's

Chemicals for medicinal use are recognized as the standard for Purity, Reliability and General Excellence.

When ordering, please specify—**MERCK'S**

COCAINE HYDROCHLORATE. **LACTIC ACID.**
SALICYLIC ACID AND SALTS.
STRYCHNIN. **IODIFORM.** **SANTONIN.**

Please direct attention to **MERCK'S**

Tannoform

In excessive perspiration Tannoform used externally in substance, or in trituration with Talcum, promptly checks excessive sweating. It not only restrains profuse and irritating secretion, but overcomes offensive odor. It is of service also in the treatment of fetid ulcers and bed-sores, in pruritus, ozæna and chancroids.

Literature with useful formulary on application.

TO BE HAD OF ALL DRUGGISTS AND CHEMISTS, OR DIRECT OF

E. MERCK, Chemical Works, Darmstadt

MERCK'S ANNUAL REPORT ON APPLICATION

OF HUBBARD'S CELEBRATED RUSKS as a food for not only infants, but invalids, *The London Lancet* says:—On examination these Rusks proved to contain both carbohydrates and nitrogenous constituents in an easily assimilable form. This is due partly to the selection of superior materials, and partly to care devoted to the cooking process. The Rusks are almost entirely dissolved during the process of mastication, a fact which affords distinct evidence of their easily digested property. The Rusks are of uniform texture and desirably crisp, and not excessively sweet to the taste. They are free, according to microscopic examination, from irritating particles. One of Pennsylvania's leading physicians, Doctor McClelland of Pittsburg, writes:—“In reply to your enquiries as to my experience with the Hubbard Rusk, I would say, that for several years I have advised the use of this very delicate and delicious article of food for invalids and children—very largely. Having found upon enquiry that nothing but the finest and best of materials were used, I felt free to prescribe it with great confidence. I find also that many people who do not claim to be invalids in any sense, are not averse to it as an article of diet. I take great pleasure in recommending the Hubbard Rusks.” An eminent Edinburgh dietist says:—“For years I have recommended the use of Hubbard Rusks in cases requiring light, nourishing, and tasty diet. For children and persons of delicate digestion, there is nothing better.” These goods we can safely recommend as being wholesome, most digestible, palatable and absolutely pure. They can be procured by physicians from first class grocers.

THE subject of Glycerinated Vaccine being one which is now the matter of general observation, the proprietors of Dr. Warlomont's Glycerinated Calf Vaccine, who were the colleagues, and are the successors, of the late Dr. Warlomont, desire, in calling attention to the extraordinary and well-known excellence of the Vaccine supplied by them, to state that this Glycerinated Calf Vaccine was introduced into England in 1882. Dr. Warlomont, who was the President of the Belgium College of Physicians, and founder of the Government Vaccine Institute of Belgium, protected the preparation, which was the result of many years of special experience and constant research, by English Letters Patent in 1882, and since that time many millions of tubes have been used in England and on the Continent with an uniform success. The Warlomont Glycerinated Calf Vaccine is prepared with the utmost possible care and skill. For its preparation such improvements have been adopted as have been proved, after long scientific experiments, to be advantageous, and the Vaccine now supplied being fully abreast of the latest science on the subject may be regarded as perfect. Comparative trials have been made since, several years in Brussels, Paris, and London, and the result of these trials have proved highly satisfactory, leaving no more doubt regarding the question that Glycerinated Calf Vaccine, as prepared by Dr. Warlomont, is by far the most reliable and of greater security and mildness than the arm to arm vaccination. Sir Richard Thorne Thorne, K.C.B., in his report to the President of the Local Government Board, recommends the use of Glycerinated Calf Vaccine. The proprietors, with the utmost confidence, recommend Dr. Warlomont's Glycerinated Calf Vaccine as absolutely reliable, and can point to many years of unvaried success, not only in Great Britain, but on the Continent as well. Strict and constant tests are applied, giving the greatest possible guarantee as to its activity and high quality. By reference to the advertisement in this issue, it will be seen that Dr. Warlomont's Glycerinated Calf Vaccine can only be obtained from the sole agents, Markt Bros. & Co., 38 and 39 Beech Street, Barbican, London, E.C.



(Trade Mark.)

BAYER'S PHARMACEUTICAL PRODUCTS

SOMATOSE A tasteless, odourless, nutrient meat powder; it contains all the albuminoid principles of the meat in an easily soluble form. It has been extensively employed and found to be of the greatest service in consumption, diseases of the stomach and intestinal tract, chlorosis and rickets. It is of great value in convalescence from all diseases. **SOMATOSE** strengthens the muscles and stimulates the appetite in a remarkable manner. Dose for adults: a level teaspoonful three to four times a day with milk, gruel, coffee, etc.

IRON SOMATOSE (Ferro-Somatose). A first-class tonic, containing the albuminous substances of the meat (albumoses) organically combined with iron. Special indications: Chlorosis and Anaemia. Daily dose: 75 to 150 grains.

MILK-SOMATOSE (Lactosomatose). A strength giving food containing the albuminous matter (albumoses) of the milk.

TRIONAL A most reliable and quickly-acting hypnotic of the Sulfonyl group. Dose: 16 to 20 grains, in a large cup of hot liquid.

IODOTHYRINE The active principle of the thyroid gland. It is most efficacious in Strumous Diseases, Myxoedema, Obesity, Rickets, Psoriasis, Eczema, and Uterine Haemorrhages. Dose: 5 grains two to eight times a day for adults; 5 grains one to three times daily for children.

LYCETOL Tartrate of Piperazine Anti-Arthritic, Uric

Solvent. Has a marked effect on the diuresis. Dose: 16 to 32 grains daily.

ARISTOL An Iodine Cicatrisant which is an excellent odourless substitute for Iodoform and highly recommended for Burns, Wounds, Scrofulous Ulcerations, etc.

EUROPHEN A perfect substitute for Iodoform. Odourless and non-toxic. Has a covering power five times greater than Iodoform. Especially useful in Ulcus molle et durum.

LOSOPHAN A cresoltriiodide particularly efficacious in the treatment of all kinds of cutaneous disorders caused by animal parasites.

PROTARGOL A new silver preparation. Most reliable in cases of Gonorrhoea. Antiseptic wound healer. Excellent results in cases of Gonorrhoeal Ophthalmia. Solutions of 1/4 to 2%. Ointments.

TANNIGEN An almost tasteless intestinal astringent. Most efficacious in Chronic, Acute and Summer Diarrhoeas. Adult dose: 8 grains every three hours.

TANNOPINE (Formerly "Tannone"). A new intestinal astringent. Special indications: Tuberculous and non-tuberculous Enteritis, Typhus. Dose: 15 grains, three or four times daily.

SALOPHEN Specific for Influenza, Headache, Migraine, Acute Articular Rheumatism, Chorea, Sciatica. Dose: 15 grains four to six times daily. In powders, etc.

PHENACETINE-BAYER
PIPERAZINE-BAYER

SULFONAL-BAYER
SALOL-BAYER

Samples and literature may be had on application to the

DOMINION DYEWOOD & CHEMICAL CO., TORONTO.

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THROUGH an unfortunate error on the part of our printers, the name of the well-known firm of H. W. Johns & Co., of 100 William St., New York was spelled H. W. Jones & Co., in the July issue. We are only too glad to correct the error, though we feel that few of our readers will not at once have detected the typographical error, the firm being so well known as the makers of the Electrotherm, a device which is certain to replace the old-fashioned hot water bottle, which rapidly gets cool and uncomfortable. This arrangement is such that it remains warm as long as desired, and is light, neat and clean. We think it will pay our readers to send at once for a catalogue and see what benefit they can give their patients by the adoption of the Electrotherm.

SOME NOTES UPON PIXINE—A NEW OINTMENT.—For about five years past there has been a preparation, in the form of an ointment, used amongst a few physicians of this locality which, from its intrinsic merits, demands a more universal introduction to the medical profession. I wish to use a small space in your journal to relate my experience in its use in the gynæcological field: I have during the past year used it in preference to all other preparations to reduce the inflamed, ulcerated and engorged conditions of os uteri due to old and neglected lacerations with a result showing improvement from the first application, that surpasses any other preparation I have ever used. I will cite one case, to illustrate, the condition of which was such that I was apprehensive of cancer at the time of my first examination: Mrs. A., aged 50, mother of five children, the last confinement eight years ago, had suffered ever since with leucorrhœa, frequent and irregular flow, backache, bearing down pain, etc. Examination revealed bilateral laceration, cervix very much engorged and inflamed, deep induration, tissues soft and broke down readily under manipulation, granulation tissue extended up to internal os. Cervical canal about twice normal length. After curetting and cleansing applied Pixine upon tampon, which was renewed every other day for three weeks, when ulceration and tumefaction were gone, the cervix presented an even, smooth surface covered with healthy mucous membrane. This occurred about four months ago, and there has been no discharge since and all the other symptoms have disappeared; the patient has improved in general health. This is one of several cases I could cite, but it is the worst one I have treated with Pixine and the response was so immediate and complete I take pride in reporting it. This is rather a new application for the remedy, as it was intended as a specific for indolent, varicose and syphilitic ulcers. The results achieved in these cases together with the composition of Pixine led me to apply it in this case with the happy results mentioned. It is a thoroughly aseptic, antiseptic and stimulating ointment composed of tar, turpentine, beeswax, with oleaginous base, and the general practitioner is constantly meeting cases calling for just such an ointment, and I feel that there are now so many ointments that are worthless that when one finds a good one it is but due the profession to announce it.—GEO. L. MEREDITH, M.D., in *The American Gynecological and Obstetrical Journal*, May, 1898.

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SHARP & DOHME, of New York, Baltimore and Chicago, have just issued their 1898 price list and catalogue. From a most cursory glance, it can safely be said that it is one of the most complete ever seen. It contains the dosage, price, etc., of a full line of Fluid Extracts, Gelatine and Sugar-coated Pills and Granules, Pink Granules, unofficial Lozenges, Elixirs, Tinctures, Capsules, and Compressed Tablet Triturates. Any physician can obtain a price list on application.

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CANADA'S GREAT EXPOSITION.—Many new and interesting features will be offered at the Toronto Exhibition this year, which is to be held from the 29th August to the 10th September. The harvest throughout the Dominion is good, and with the return of better times and the unusually low fares now being given by the railways, many will be induced to visit this great exhibition who perhaps would not otherwise do so. The entries in all departments will be great, and the attractions offered will be of a character to draw. Among the many will be realistic representations of the Cuban-American War, the blockade, bombardment and battles of Santiago, or Havana, firing and explosion of shells, explosion of sub-marine mines and blowing up of vessels on the lake in front of the exhibition grounds, exhibitions by Maxime and Gatling machine guns, etc., all of a specially interesting nature at the present time. The programme of attractions promises to far excel that of last year, which is saying a good deal. The exhibits will include many from Great Britain, France and the United States, whilst almost every section of the Dominion will be represented.

CHOLERA INFANTUM.—Physicians coincide in their views regarding the treatment of the summer diarrhoea of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antiseptics. For the antiseptic treatment, listerine alone, or listerine, aqua cinnamon and glycerine, or listerine, bismuth and mistura creta, will meet many requirements of the practitioner during the summer months. The following well-tested formulæ are submitted:

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IS MEDICINE A TRADE OR BUSINESS?—An English contemporary says that in the lease of many London houses there is a provision forbidding the carrying on of any trade or business, and it has been decided by the courts that the business of treating the sick is one of the forbidden trades.—*Medical Record, N.Y.*

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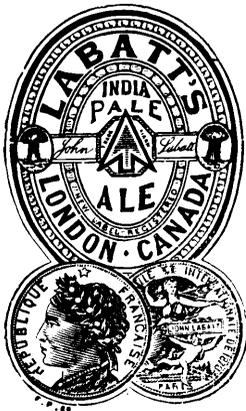
A SAD event happened recently in the Catholic Hospital at Herne, in Westphalia. A man who had received a gunshot wound of the abdomen was brought to the hospital and was, of course, at once operated on. The operation was very difficult, and chloroform administration had to be kept up for about four hours. Gas was the illuminant used in the operating room, and it appeared that the gaslight decomposed the chloroform with evolution of powerful chlorinated vapors, which overcame the two surgeons and the Sisters of Mercy. One of the sisters died on the second day, and the lives of the others were in great danger.—*Lancet.*

THE municipal authorities of Paris are just now engaged in the suppression of an altogether novel form of food adulteration which is assuming phenomenal proportions, says the *New York Tribune*. Real oysters are expensive in Paris, and so, with the object of suiting slender purses, artificial oysters on the half shell have been invented, which are sold at twenty cents a dozen, and they are so cleverly made and look so nice and fresh that, once lemon juice or vinegar has been added, they cannot be distinguished from the real article, especially when white wine is taken in connection therewith. The only genuine thing about these oysters is the shell, the manufacturers buying second-hand shells at a small cost, and fastening the spurious oyster in place with a tasteless paste. The municipal laboratory has not yet proclaimed the ingredients of which these bogus oysters are composed, but has announced that they are of a harmful character.—*Scientific American.*

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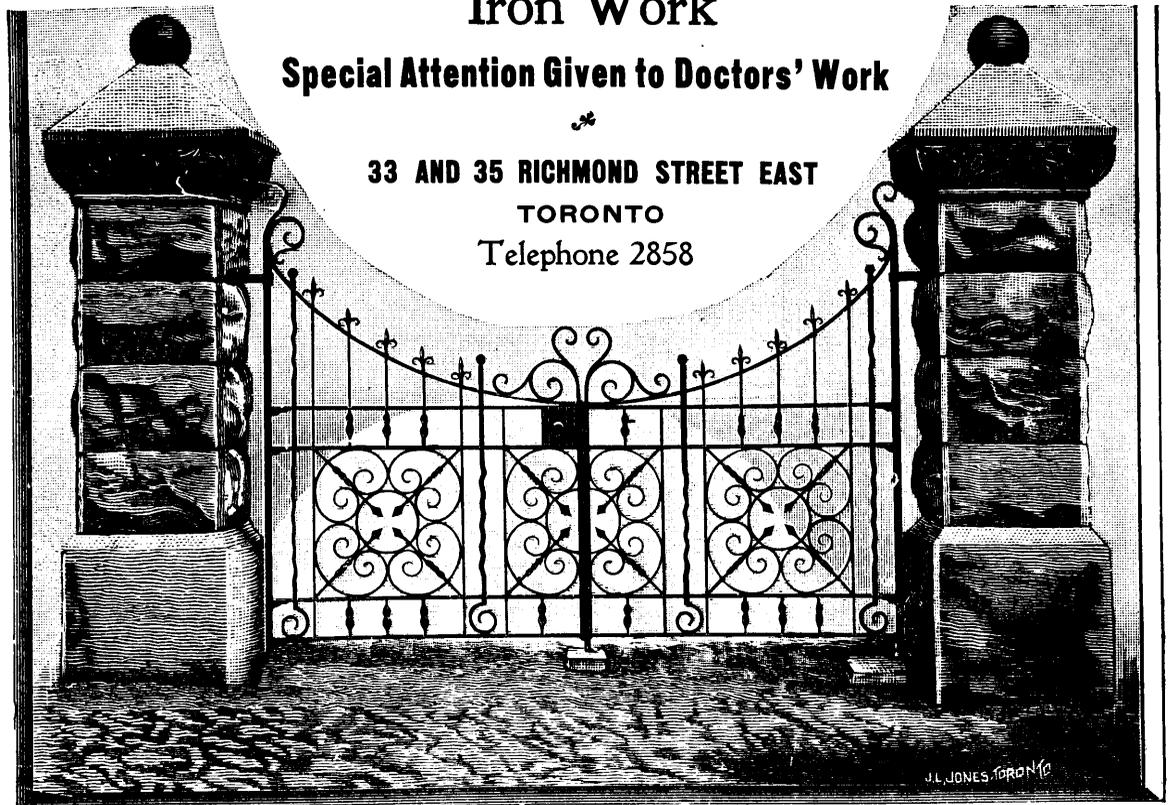
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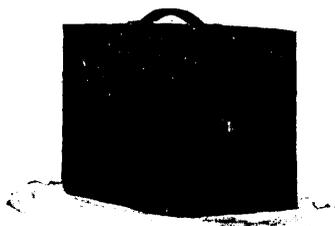
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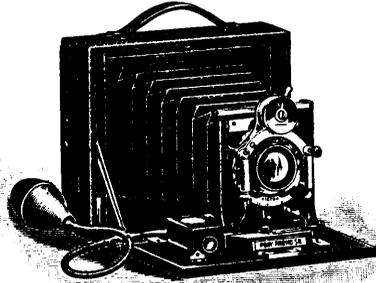
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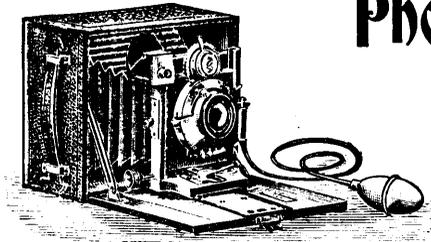
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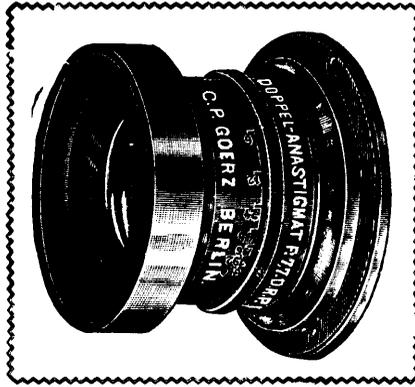
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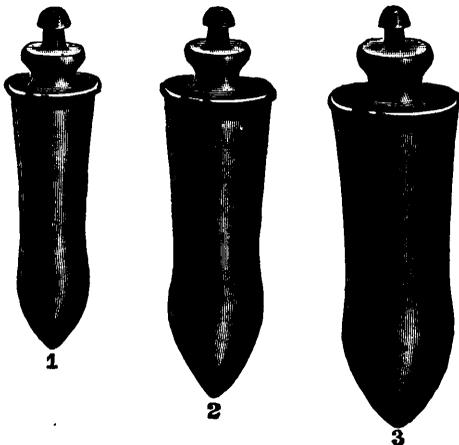
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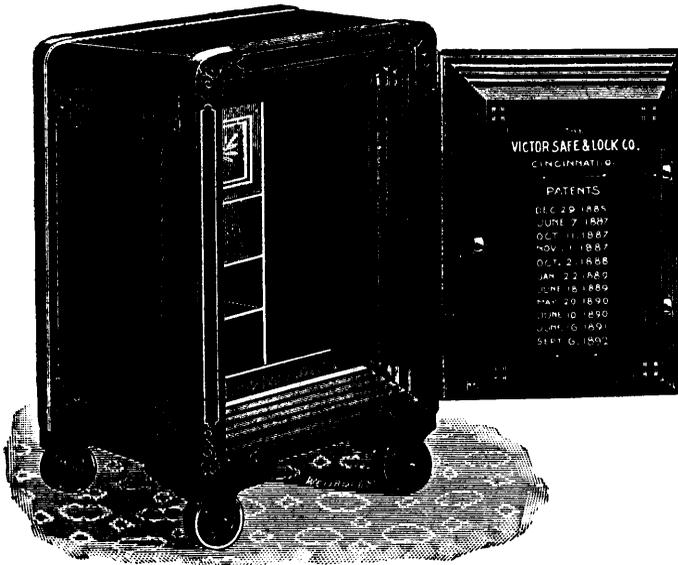
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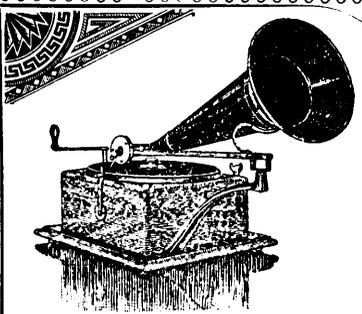
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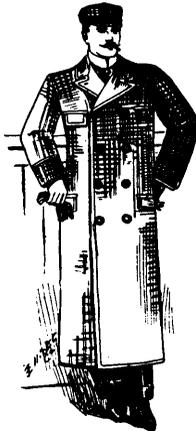
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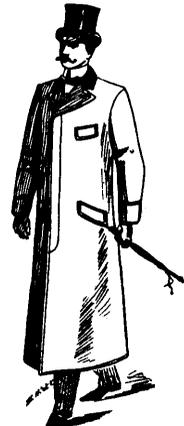
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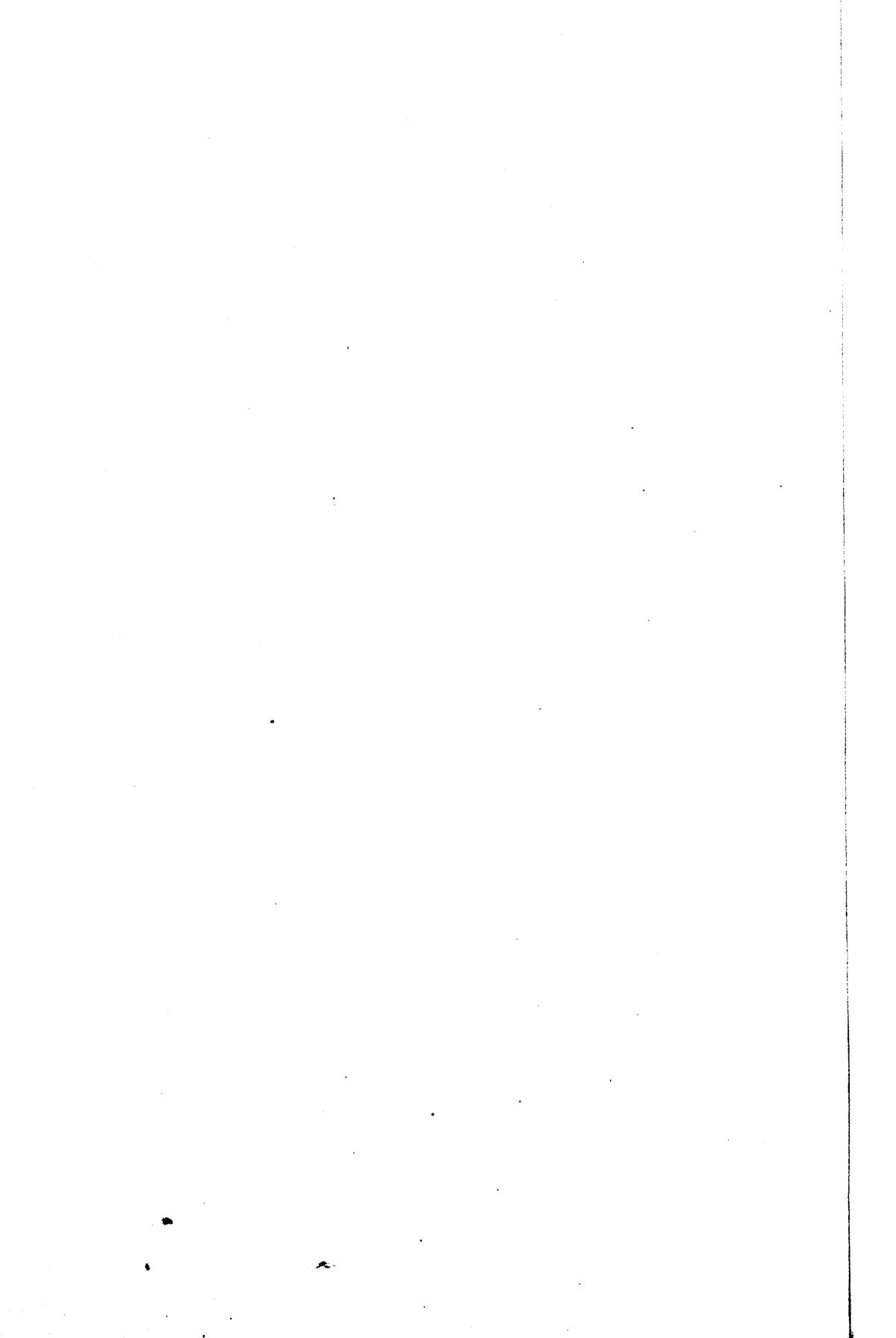
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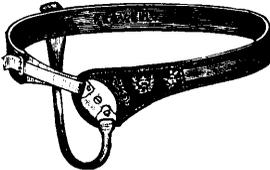
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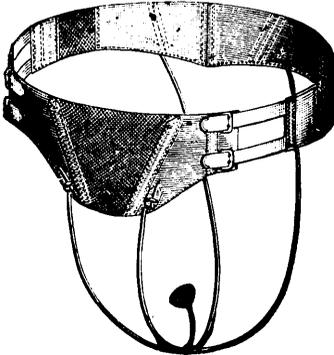
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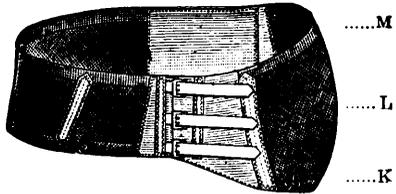
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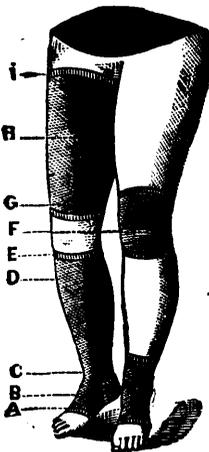
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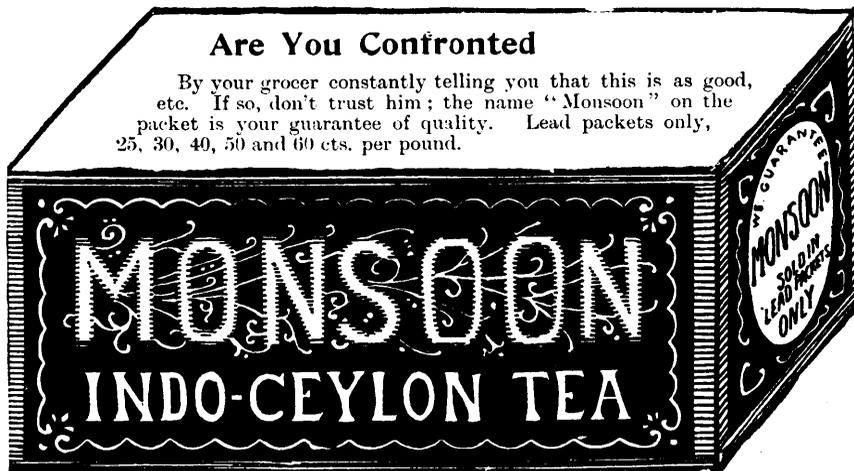
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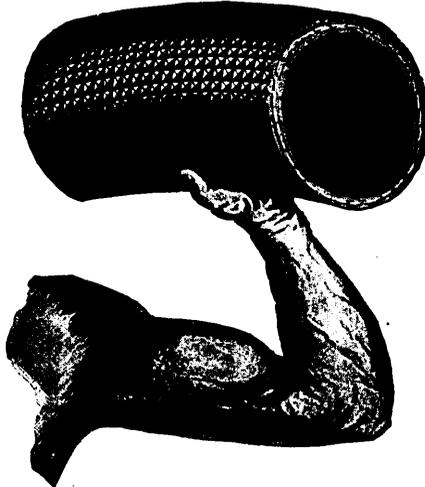
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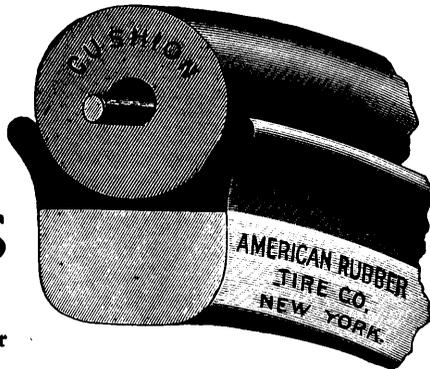
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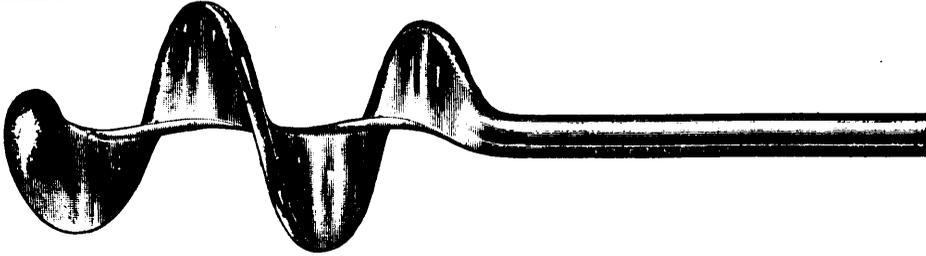
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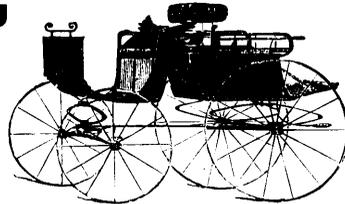
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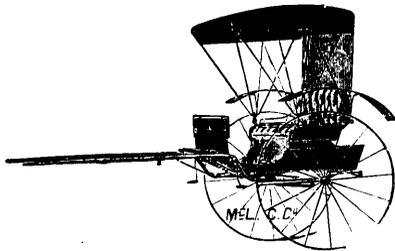
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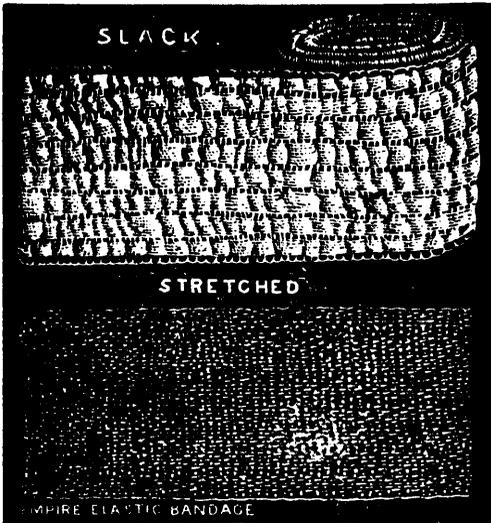
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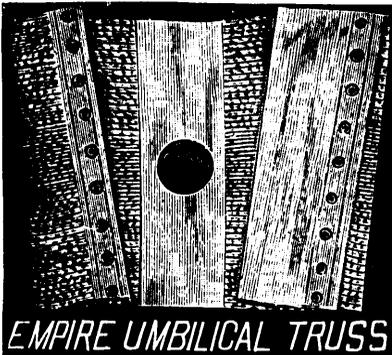
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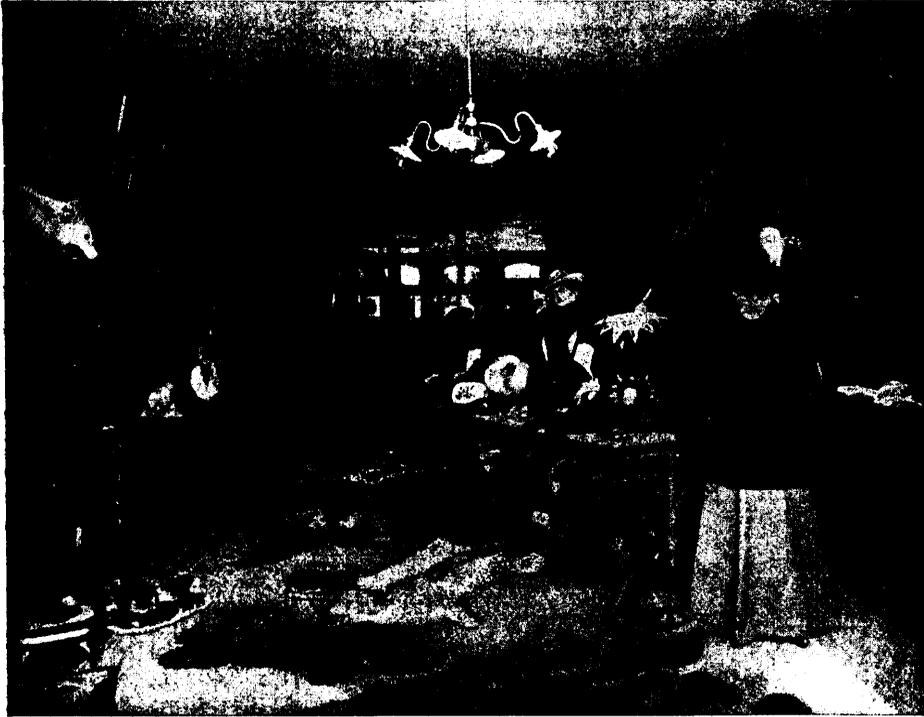
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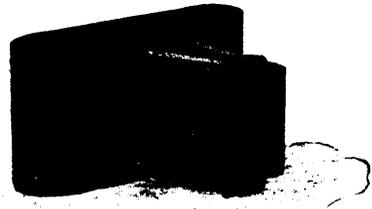
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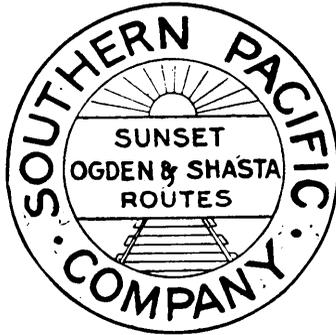
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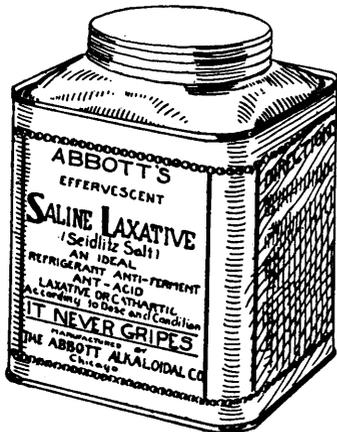
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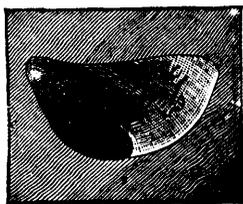
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