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Ontario Medical Journal.

SENT TO EVERY MEMBER OF THE PROFESSION IN ONTARIO, BRITISH COLUMBIA,
AND NORTH-WEST TERRITORY.

R. B. ORR, EDITOR. - J. A. CREASOR, ASSOCIATE EDITOR

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

VOL. III.]

TORONTO, NOVEMBER, 1894.

[No. 4.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations. Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.

Editorials.

ONTARIO MEDICAL COUNCIL.

The Medical Council for the next term will consist of the following members:

Territorial Representatives—No. 1, Dr. Bray, Chatham; No. 2, Dr. Williams, Ingersoll; No. 3, Dr. Roome, London; No. 4, Dr. Graham, Brussels; No. 5, Dr. Brock, Guelph; No. 6, Dr. Henry, Orangeville; No. 7, Dr. G. Shaw, Hamilton; No. 8, Dr. J. Armour, St. Catharines; No. 9, Dr. Hanley, Waubaushe; No. 10, Dr. Barrick, Toronto; No. 11, Dr. Machell, Toronto; No. 12, Dr. Sangster, Port Perry; No. 13, Dr. McLaughlin, Bowmanville; No. 14, Dr. Thornton, Consec; No. 15, Dr. Spankie, Kingston; No. 16, Dr. Reddick, Winchester; No. 17, Dr. Rogers, Ottawa.

The Collegiate Representatives on the Council are: Dr. W. Britton, Toronto University; Dr. J. W. Rosebrugh, Hamilton, Victoria University; Dr. V. H. Moore, Brockville, Queen's College; Dr. W. T. Harris, Brantford, Trinity; Dr. (Sir) James Grant, Ottawa, Ottawa University; Dr. J. Thorburn, Toronto School of Medicine; Dr. F. Fowler, R.C.P.S., Kingston; Dr. W. B. Geikie, Trinity Medical College, Toronto; Dr. W. H. Moorehouse, Western University, London.

Homoeopathic Representatives—Dr. George Logan, Ottawa; Dr. C. T. Campbell, London; Dr. G. Henderson, Strathroy; Dr. L. Luton, St. Thomas; Dr. J. H. Emory, Toronto.

THE NEW COUNCIL.

On the 30th day of October there ended the first election conducted under the new enactments of the Legislature, which provides, by a redistribution of the constituencies, for seventeen territorial representatives, instead of twelve as heretofore. The expectation that the new body would consist of strong and worthy men has been well carried out, and in most instances the profession is to be congratulated on its choice.

Of the old Territorial members only seven offered themselves for re-election; two of these, Drs. Rogers and Bergin, being thrown into the same district, decided to try conclusions with each other. Either or both would have been badly missed from their accustomed place at the meetings, and it is a great pity two such good men should have been pitted against each other, instead of having a district for himself. Dr. Bergin's old parliamentary hand and strong common-sense will be hard to replace. Of the remaining five, Dr. Bray in No. 1, Dr. Williams in No. 2, and Dr. Henry in No. 6, were returned as successful, while Dr. Armour takes

Dr. Phillip's place in No. 8, and Dr. Thornton that of Dr. Ruttan in No. 14. May these two successful ones prove worthy of their predecessors, is the wish of all well-meaning medical men; Dr. Phillip's place is especially hard to fill, his reputation for hard work and astuteness in Council work being of the very highest among his fellow members.

The new members are many, and their mettle is to be tried. From our knowledge we are satisfied that the temper of metal will be found hard and accurate, having few cross-grains running through it. Toronto is fortunate in her choice of men, as Drs. Machell and Barrick are both first-class medical practitioners, successful in their business, and both, men who will use their energies and minds, which are of the best, to further the interests of the medical profession and the public, as affected by that profession.

Our old opponent in the (may we say) literary line - although in our humble-mindedness we do not profess to consider ourselves such adepts in argument and twisting of arguments - Dr. J. H. Sangster, has been returned in No. 12, and if his abilities are used as well in the work of the Council as they were in combating that body before, we will be very pleased to congratulate him.

Far be it from us to cavil at the opinion of the electors in any Division, but we can scarcely help expressing our surprise at the election by acclamation of the member for Division No. 13, Dr. McLaughlin. The example set by Dr. Day, who retired when a new election took place because of a Government appointment, should have had some weight in the choice of a seat which was aspired to and obtained by a physician who is not allowed to practise, and holds exactly the same position in another county. Dr. McLaughlin may have considered himself justified in running, but a man who is a non-combatant, so to speak, cannot be in touch with professional interests to the same extent as one making his living by his brains and experience.

The Collegiate representatives come back unchanged, and their actions have certainly justified the faith put in them by the various institutions.

The Homœopathic portion of medicine has an able addition in Dr. Emory, of Toronto. He has made great headway against big odds, and has shown himself to be strong all over.

In speaking of the different members, we cannot

refrain from mentioning the length of service of some of the old members to this new Council. The oldest member is Sir James Grant, M.D., M.P., who has held his seat since the formation of that body, in 1866. Next come Drs. Logan and Henderson, both Homœopaths, in 1875; followed by Dr. Geikie, from Trinity Medical school, in 1876. Of the elected representatives, Dr. Bray, who has never had a contest, his popularity and good worth being so high as to cause his return by acclamation through four elections, and Dr. Williams, of Ingersoll, appear in their seats in 1880. The remaining members have all been chosen since 1885.

A glance at the legislation enacted during the last fifteen years shows the profession in our province raised to a position superior to that in any other province or State in America. All medical men know and understand this, but the public, or a portion of it, seem to be always forgetting that legislation for the profession is legislation for the protection of the public. The farmers, through their chosen representative, seem to be convinced that the Council should be done away with, evidently not recognizing the fact that one of the great aims of this body is to supply respectable practitioners and keep out quacks and fakirs, who empty their pockets and give nothing in return. Ontario, as we all can see plainly, is freer from this nuisance than any other place on the continent, and all because of the action of the Discipline Committee of the Council.

Surely every man, woman and child, when sick, or the victim of some accident, should feel grateful that when they are attended by any member of the College of Physicians and Surgeons of Ontario, they are in the hands of a man who has been well and accurately trained in all branches of both medicine and surgery, and that they will secure at his hands the most skilful treatment, and reap the advantages of his long course of study in the universities and hospitals.

The election in Territorial Division No. 15 has been appealed to the County Judge, as the majority was only one; this will be the first case under the new Act, which transfers all appeals from the Council to the Senior County Judge of the Territorial Division in which the election takes place.

THE EARLY STUDY OF BACTERIA.

Ever since Athanasius Kircher, mistaking blood and pus corpuscles for small worms, built up a new theory of disease and putrefaction, and since Lange, Professor of Pathological Anatomy in Leipzig, in the preface to Kircher's book (1671), gave it as his opinion that the purpura of measles and other fevers were the result of putrefaction caused by worms or animalculæ, a "Pathologia Animata" has from time to time been put forward to explain the cause of disease. The observations of these men, made as they were by means of simple lenses magnifying only one thousand times, were indeed wonderful, but more marvellous still were those of Anthony van Leeuwenhoek, a native of Delft, in Holland, who not only made the first really good microscope, but used it so well that he was able to place before the Royal Society of London a series of most valuable letters, giving the result of his study of living protoplasm. In water, in the intestinal canals of horses, flies, frogs and fowls, he discovered minute moving and living forms, while in 1683 he actually described minute organisms in material taken from the teeth that can now be recognized from his drawings as bacteria. His description of them is worth noting. "I saw, he says," with very great astonishment, that there were many extremely small animals which moved about in a most amusing fashion; the largest of these showed the liveliest and most active motion, moving through rain-water or saliva like a fish of prey darts through the water; this form, though few in actual numbers, was met with everywhere. A second form moved round, often in a circle, or in a kind of curve. The form of a third kind I could not distinguish clearly; sometimes it appeared oblong, sometimes quite round. They were very tiny, in addition to which they moved forward so rapidly that they tore through one another. They presented an appearance like a swarm of midges and flies buzzing in and out between one another. Further examination of the material showed that, out of a large number which were of different lengths, all were of the same thickness. Some were curved, some straight, lying irregularly and interlaced. Here we have the first accurate account of rod-shaped bacteria or bacilli, of spiral-shaped or spirilla, and of the round-shaped or micrococci.

He afterwards considerably improved his descriptions, and, though not attempting to theorize as to the meaning of the presence of these organisms in the mouth, after finding them in the water of an aquarium he concluded that the organisms seen on the teeth were introduced into the mouth through the medium of the drinking-water that had been stood in barrels, and that in the teeth they found a nidus in which they might multiply. Thus was a new world opened up, which was rapidly entered upon by other observers. At last had been discovered the fountain of disease. The results of further study were received with much satire, and as Lœffler points out, these "inconceivable" worms became the legitimate butts for the shafts of ridicule, and the germ theory of disease was completely discredited. Linnaeus, however, held to the theory that there might be small living beings, as yet insufficiently separated and examined, in which might lie not only the actual contagium of certain eruptive diseases, and of acute fevers, but also the exciting causes of both fermentation and putrefaction. The importance of these observations were fully recognized by Pleniz, a Viennese doctor, as explaining the causation of contagious diseases, and also of putrefaction. He it was who insisted upon the specific character of the infective agent in every case of disease; each disease had its own specific seed or germ, and the seed of one disease could never give rise to a different one. He explained the incubation stage of a febrile disease as dependent on the growth of a germ within the body previous to its presence being made manifest, and corroborated Linnaeus' observations in regard to putrefaction.

Otto Müller, of Copenhagen, was the first to reduce to something like order the chaos of these observations. Although without fully recognizing the importance of his discovery, he also described in certain organisms little shining points, arranged in series at regular intervals, since known to be spores. Many advances were made as regards the morphology of these organisms after Müller's work was done, but the question as to whence these minute forms came still remained unanswered. For over a century scientists wrestled over the problem as to whether these forms were the result of spontaneous generation or were the progeny of pre-existing forms. Some held that they were the

progeny of minute organisms in the air. Dr. Needham, in England, first advanced the theory of abiogenesis or spontaneous generation. His experiments were shown to be imperfect; but the battle went on, first one side, then the other, appearing to have the advantage, and as late as 1872 Bastian held the theory of the development of living organisms from non-living albuminoid material, apparently proving it by his experiments with cheese. But Cohn showed that the resting spores were enclosed in the substance of the cheese, and that the high temperature used by Bastian in his experiments was insufficient. The matter has now been set at rest, and Harvey's famous dictum, *omne vivum ex ovo*, is undisputed, though it has a far wider meaning than he originally attached to it.

While this battle was going on, attempts were made to improve on the classification of Müller, but it was only with the improvement of microscopic apparatus that advances were made. About 1840 Ehrenberg made a classification, which was practically a rude model of that now adopted.

With the exception of Dujardin, all observers up to 1852 had looked upon bacteria as belonging to the animal kingdom. In this year, Perty announced that, of these organisms, some belong to the animal and some to the vegetable kingdom, while some appeared to him to stand on the borderland between the two. In 1854 Cohn insisted even more strongly on the plant nature of these micro-organisms, and this fact was soon thoroughly established.

EDITORIAL NOTES.

Antitoxine is now being experimented with at The Isolation hospital. The sample was procured by Dr. Patton, of Bloor Street.

A physician, above all men, should be thoroughly educated, for education is a great refiner; and in what calling or profession is this quality more essential than in ours?

From the *personnel* of the new Council good work may be expected during the next four years. Now that the heat of an election campaign is over, there is no doubt but the newly-elected members will devote their time and energies to furthering the interest of the profession and the public.

In no case has the name of any medical man been struck off the Medical Register for advertising. The charge in all the cases so dealt with has been a more serious one, viz.: that of imposing upon the credulity of those unfortunates whose life is hanging upon a silken thread.

Prior to 1867 the matriculation examinations in all our colleges was more a matter of form than anything else, and could be passed at any time before going up for the degree. At the present time it is quite different. The student must present to the registrar of the college the official certificate of having passed the Departmental Pass Art Matriculation Examination, and, in addition, physics and chemistry, and the day is not far distant when it will become still higher.

The profession may not be aware that when the Medical Council asked for legislative power to fix a higher standard for matriculation, the Government acceded on the condition that rights should not be abused or employed for the purpose of unjustly limiting the number of students; and, had too advanced a step been taken, we are quite confident that the Legislature would have politely said: "Gentlemen, you have abused a prerogative granted in good faith, and have sought to erect a barricade too lofty for any poor man's son to scale; this being against the interest of the public, we propose to clip your wings and take once more into our own hands the prescribing of what we think is a satisfactory matriculation."

The following have passed the final examination of the College of Physicians and Surgeons of Ontario:—W. Arrell, Caledonia; W. A. Ball, Toronto; Ellen A. A. Burt, Toronto; W. L. Coulthard, Toronto; G. M. Ferris, Campbellford; J. Jardine, Toronto; J. M. Jory, Norwood; Thomas Kerr, Toronto; K. C. McIlwraith, Hamilton; E. J. O'Connor, Ottawa; W. H. Scott, Toronto; J. S. Shurie, Trenton; H. H. Sinclair, Walkerton; A. T. Shillington, Kemptville; J. T. Somerville, Clifford, Mich.; J. Stenhouse, Toronto; F. W. Stockton, Richwood; D. Thomson, Woodbridge; Thomas Wilson, Elm; F. A. Aylmer.

The following candidates have passed the primary examinations:—J. Becket, Thamesville; W. L.

Coulthard, Toronto; B. P. Churchill, Toronto; P. G. Goldsmith, Peterboro'; J. Gibbs, Bayview; D. Jamieson, Barrie; J. M. Jory, Norwood; J. Jardine, Toronto; Eleanor Lennox, Toronto; J. A. Marquis, Brantford; W. G. MacKechnie, Brighton; T. Sneath, Midhurst; H. H. Sinclair, Walkerton; Thomas Wilson, Elm; F. A. White, Aylmer.

British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

AN ADVERSE DECISION.

The case of some Chinese passengers *versus* Dr. John Duncan, Health Officer, of Victoria, has excited a considerable amount of attention amongst those interested in quarantine matters throughout the whole of the province, and the judgment of Mr. Justice Crease in favor of the plaintiffs, legal though it may be, cannot fail to work injury, and be a menace to the future health of British Columbia and the adjoining territories. The cause of complaint on the part of the Chinese passengers against Dr. Duncan was that, in the interests of the public health of the City of Victoria, he subjected those of them who were landing there to an extra inspection after they were passed by the Dominion and Provincial quarantine officers, and had them sent to the city suspect station and detained there till they underwent a thorough overhauling in the shape of a scrubbing, washing, etc., which no doubt they needed very badly, and did them a great amount of good on general principles, not to speak of the beneficial effect it had in removing any germs of disease which might be lurking about their persons. Their baggage, too, was thoroughly fumigated and aired, and after a few hours' detention they were allowed to depart in peace, to mingle among the citizens of the capital, bright and clean as a new pin.

For bestowing these little attentions, an action for damages was brought against the Health Officer, with the result that a judgment to the amount of five dollars and costs was given against him, on the ground that no one class of passengers can be

specially dealt with in the circumstances just stated, and that, if Chinese have to undergo extra quarantine treatment, the other passengers will have to be treated similarly. At the time we speak of, smallpox was reported to be prevalent in Hong Kong; and the Victorians having suffered an epidemic of that disease, which cost \$75,000 to get rid of, they were only acting as prudent citizens in doing all they could to protect themselves from a fresh introduction of the pest, which had done so much injury to them and the people of Vancouver a couple of years ago. It is to be regretted that the law does not permit us to protect ourselves, in the face of so much danger as always exists from Chinese coolies coming into the Dominion from Canton and the country surrounding it; for it is almost entirely from Tuang-Tung, the province in which that populous city is situated, that we obtain most of our Asiatic immigrants, with the exception of a few Japanese, who are comparatively a civilized race. Although the Chinese are in the washing business almost to the entire exclusion of the whites on the Pacific coast, they are very far from being a clean people so far as their dwellings and surroundings are concerned, even when living in Canada under the jurisdiction of boards of health, whose officers are continually looking after them. But at home, under a Government which allows them to follow their own sweet will, their filthiness is somewhat appalling to a European. Even in Hong Kong, under the fostering care of the British Government, the reeking alleys and narrow streets of that city are so foul-smelling that one has to hold the nose in passing through them. When any extra cleaning-up has to be done, as during the recent bubonic plague, the work has to be done by the soldiery at the point of the bayonet, for not only will the Chinese not do it themselves, but they will not permit others to do it for them, except by force. Is it any wonder, then, that we on this coast, who know all these things about them, wish to take all the precautions in our power to protect ourselves against the introduction of disease amongst our inhabitants from that source? Is it not natural that we should be inclined to wrest the law a little in order to reach these people, who are thrusting their yellow visages into the faces of the men and women of the Caucasian race, and bringing pestilence in their train?

THE MEDICAL LANDSCAPE, FROM A HETERODOX STANDPOINT.

To the Associate Editor for British Columbia.

DEAR SIR,—You ask me to say something more for the next issue of the *ONTARIO MEDICAL JOURNAL*. I may remark that I cut short my previous article mainly because I thought the limits had been reached.

I need not more than refer to the old and true saying about changes in a landscape by changes in the points of observation.

I dislike platitudes and commonplaces, and have ever tried to avoid grooves. Instead, I have aimed to rise above the dust and clouds of contending sects and obtain clearer views.

So long as the medical hare is caught by such unfair means as at present, it would seem a useless task to go into an elaborate consideration of the best mode of cooking him. Indeed, so thoroughly am I disgusted with the whole business that I have lost interest in the hare altogether.

Think of a man spending four or five years of the cream of his life to acquire proficiency in his profession, and, having secured his diploma unexpectedly, when he goes forth into the world to apply his knowledge to find a post-graduate examination in store for him of a totally different character, and by which he must stand or fall. Other standards are applied to him, such as I mentioned in my previous article. His proficiency goes for little or nothing. Then on top of this is the false notion of philanthropy which is deeply imbedded in the minds of medical men. Have we not been taught from our infancy up, and is it not regarded as of the very essence of right action, to do our best in season and out to enable the weak to live that they may propagate other weak ones and thus multiply and perpetuate suffering, instead of adopting Nature's way of letting the unfit go to the wall? Nature is merciful by being merciless. And if objection is taken to this, then there is the other way of so regulating marriage as to breed up and up, as is done with such splendid results in the case of the other animals.

It may be answered that this is impossible. It may be impossible to make a perfect success; but it is impossible to make the laws concerning crimes against the man who has come a perfect

success, but no one would wipe out these laws. Then, why not give the man who is to come the benefit of similar laws? Why allow him to be afflicted by cancer, by insanity, by scrofula, by criminal instincts, himself a victim and society his prey?

Why should the medical man be called on to shoulder these unnecessary burdens, or a large part of them, because the fountain of them is left untouched? Besides, with popular sentiment cultivated in this direction, which would be an easy or not a very hard job, the thing would be quite practicable.

Now, sir, I think you will see that you have stirred up a pretty radical sort of chap; but the question is, Am I not right?

If the grossest injustice was not being heaped upon thousands of *honest* medical men by schemers who do their best to fill the requirements of a foolish public, I might have passed the matter over. The public, too, are heavy sufferers. Of the many organizations which, on the bird-of-a-feather principle, foist these schemers into popularity and profit, the Methodist Church stands prominent.

Its motto seems to be, first, be a good Methodist, or pretend to be, and all other things will be added unto you. I could give many instances in proof. The thing is notorious. And why should it not be considered as great a wrong to injure the coming man, or allow him to be injured, as the man that has come? Has he not a right which should be held sacred to be born once well? And have society and the doctors themselves not also a right to be protected from hereditary criminals and the burden of diseased paupers?

Questions of how to deal with the hare seem unimportant while these gross wrongs have to be endured. The present is a period in which, thanks mainly to the spread of the doctrine of evolution, old usages and old doctrines, whose sole reason for existence is their age, are ruthlessly assailed and overturned, but, like the god Serapis of old, dire calamities are predicted of their downfall. But the medical hare being caught, the patient being secured, how shall he be cured? Many will answer, by the "Medicine of Experience." But in my previous article I pointed out what this was even within the personal knowledge of the

older members of the present generation; and well, I think, would it be for the younger members of the profession if they would add to their attainments at least a general knowledge of the history of medicine. Said a doctor to me yesterday on this subject, "It is only a matter of curiosity." But would not a knowledge of its past strongly conduce to a proper appreciation of its status to-day? I find amongst my medical acquaintances very little knowledge or interest in this direction. For their enlightenment and of many others I respectfully submit the following from an abler pen than mine. I quote from a famous article written by John Forbes, M.D., F.R.S., widely known as the editor of the *British and Foreign Medical Review*, and one of the editors of the *Cyclopædia of Practical Medicine*. His subject was "Homœopathy, Allopathy and Young Physic." It was written in 1846 and was an attempt to stay the frightful doings of the doctors of his day. His reward was the usual one meted out to those who have the hardihood to call in question dominant sentiment, for, no matter how often it has been proven that mere dominance in a sentiment is no evidence of its truth, it is still held up as an infallible test! Dr. Forbes lost his official head as editor of the *Review* mentioned, in consequence. Perhaps it is well for myself just now that I am minus that s t of adornment.

Dr. Forbes' statement is as follows: "What, indeed, is the history of medicine but a history of perpetual changes in the opinions and practice of its professors respecting the very same subjects—the nature and treatment of diseases? And amid all these changes—often extreme and directly opposed to one another—do we not find these very diseases, the subject of them (with some exceptions), remaining still the same in their progress and general event? Sometimes, no doubt, we observe changes in the character and event obviously depending on the treatment, and, alas! as often for the worse as for the better." . . .

With reference to the comparative merits of the medicine of his day with previous methods, he says: "We do not deny that medicine has made progress, or that it can cure diseases and *save* life; we merely assert that the *superiority in the proportion* of the instances in which it does so in the present day is most lamentably small when placed

side by side with the amount of any former day. In several of our commonest and most important diseases it is hardly to be questioned that the proportion is little, if at all, on our side, and in others it is manifestly against us.

"This comparative powerlessness and positive uncertainty of medicine is also exhibited in a striking light when we come to trace the history and fortunes of particular remedies and modes of treatment, and observe the notions of practitioners at different times respecting their positive or relative value. What difference of opinion; what an array of alleged facts directly at variance with each other; what contradictions; what opposite results of a like experience; what ups and downs; what glorification and degradation of the same remedy; what confidence now, what despair anon, in encountering the same disease with the very same weapons; what horror and intolerance at one time of the very opinions and practices which previously and subsequently are cherished and admired!"

After a masterly and exhaustive discussion of the whole subject, he most deliberately draws the following inferences:

1. That in a large proportion of the cases treated by allopathic (*id est*, "regular") physicians the disease is cured by nature and not by them.
2. That in a lesser, but still not a small proportion, the disease is cured by nature in spite of them; in other words, their interference opposing instead of assisting the cure.
3. That, consequently, in a considerable proportion of diseases it would fare as well, or better, with patients in the actual condition of the medical art as more generally practised if all remedies, at least all active remedies, especially drugs, were abandoned.

We repeat our readiness to admit these inferences as just, and to abide by the consequences of their adoption. We believe they are true. We grieve sincerely to believe them to be so; but so believing their rejection is no longer in our power, we must receive them as facts until they are proved not to be so.

Now I submit that the medicine of experience, otherwise called "rational" medicine, is not a safe reliance to cure our patient. To decide other-

wise is to assume that its latest phase is reliable, and that practical medicine has, after thousands of years of quackery, suddenly assumed a sure foundation which shall never be shifted again. On this point see the President's Address to the Meeting of Ontario Medical Association, Toronto, June 6th, 1894.

I could quote great names down at least from the breaking up of the Galenic empire, which held sway for fifteen Christian centuries and holds even to this day in Persia, to our own day, all in keeping with what I have just quoted from Sir John Forbes, as you will remember I did in an essay read a few years ago before the Vancouver Medical Society.

"It would be all the better for mankind," says Oliver Wendell Holmes, "if all drugs excepting three were cast into the sea, and all the worse for the fishes."

I now demand to know the basis of the arrogance which has ever distinguished, and in a lesser degree still animates, the great body of the medical profession. The spirit which reviled the immortal Harvey, calling him in derision the "circulator;" which allowed Cromwell to die of ague rather than give him the now famous bark of Peru, which persecuted Jenner, has still the audacity to raise its base head and repress a knowledge of medical history to shut out light excepting it come through the one orthodox aperture?

"Verily, the make-believe without evidence industry" is prosecuted with as unflagging energy as ever. And now the question may fairly be asked me, Can you show the profession a better way? Can you give us a remedy for the ills you have referred to?

I unhesitatingly answer that, if the profession will allow me, I CAN. More than that, there are thousands of medical tyros and tens of thousands of honest housewives who can do the same thing. But I feel quite certain that only a few, at best, will heed what I am about to say, although the doctrine of evolution has brought out into the daylight the fact that our most cherished opinions are often a mere growth dependent on environment, and so mankind are being liberalized and the mind is being freed to see ourselves as *others* see us.

In my previous letter I mentioned a visit to two heterodox medical colleges in Cleveland, Ohio,

and referred to five others in Chicago, which altogether gave instruction to about 800 students annually. And this is only what is transpiring in two cities. There are many other institutions of the same stripe in the United States with hundreds of students also.

I mentioned that the students in the Cleveland colleges are not taught anything of the materia medica, pharmacology or therapeutics of the "medicine of experience," *alias* the "regular" school. The words tonics, stimulants, emmenagogues, alteratives, sedatives, narcotics, etc., etc., are never heard, nor talk of incompatibles, nor of the prescription basis, with its adjuvans, its dirigens, its corrigens, its constituens. All these things have been thrown overboard long ago. It has been deeply felt that if medicine was ever to make any real advance it must be on radical lines. Thousands of years of failure was a pretty good warrant for this sentiment.

Now, these students are going out to battle with disease wholly ignorant of the means ordinarily depended upon to save human life. I know it, for I am one of them myself, and to this day I do not know how to write the most common prescription, nor did I ever feel the need of knowing!

But is this small army of young doctors going forth to the strife with disease unarmed? Are their footsteps dogged by unassuaged suffering, by death and the curses of deceived relatives? Has a cry of this kind ever been heard? Think you patients by the tens of thousands will lie on sick beds, day after day and night after night, enduring without even relief? Think you any medical man could hold his ground long under such circumstances? But no charges of this kind have ever been brought against this class of *Æsculapians*. Instead of that ridicule, boycotting and endeavors to prohibit them from practising has been their fate? Do you ask what these doctors do in their treatment of disease? I reply that it does not matter in the least in so far as a verdict on the claims of "regular" practice is concerned. The great and highly important fact stands out clearly that its doctrines and its prescriptions can be dispensed with without any disadvantage to the public. It does not matter, so far as this inference is concerned, if every one of the prescriptions of the heterodox doctors is a placebo, backed by

faith alone. Moreover, this remedy would be much more pleasant and save the cost of expensive drugs.

Now, I will tell my readers how they can find the better way for themselves. I think this much better than to name it directly.

Ever since Paracelsus publicly burnt Galen's works there have been schools of medicine. At present there are two main camps, viz., the Homœopathic and the "Medicine of Experience." Now, as the word indicates, the former is based on the doctrine that drugs cure diseases which resemble in their symptoms and pathology the disorders which these drugs are capable of producing. We have been investigating the basis of the latter, so will not further refer to it.

In the preface to the ponderous volume, which you have kindly loaned me, of Pharmacology, Therapeutics and Materia Medica, by T. Lauder Brunton, M.D., etc., I find the following: "The essence of Homœopathy, as established by Hahnemann, lies on the infinitesimal dose and the universal application of the rule, *similia similibus curantur*. But the infinitesimal doses are so absurd that I believe they have been discarded by many homœopaths. To such men all that remains of Homœopathy is the universality of the rule *similia similibus curantur*, and the only difference between them and rational [mark the arrogance] practitioners lies in the fact that the latter regard the rule as only of partial application."

Now, there are two "jumping-off places" which I want pointed out, and thus settle the whole question between the two schools forever. I want to know where the homœopaths, in the domain of posology, crossed the Rubicon between activity and inertness, between "rationalism" and insanity; and secondly, the limits of the successful application of the rule *similia similibus curantur*. It is time to come down to something practical, as "calling names," etc., has proved a complete failure.

I assert most positively that the animal organism, at least in disease, affords the most delicate test of the presence of matter known to man. Chemistry, the microscope, the spectroscope, the condensed ray of light, are all crude in comparison, and every medical man can easily prove this fact for himself, thus:

Take a good tincture of belladonna (it should be

procured at a homœopathic pharmacy); take some alcohol and a vial from same place. Now, take one drop of the tincture of belladonna and add it to 99 drops of the alcohol, or in a one per cent. proportion, shake. For further dilution take a drop of this and alcohol as before, and so on *ad infinitum*. Now, suppose a case of acute idiopathic inflammation with the following symptoms: High fever, great pain at seat of inflammation, more especially if meningeal or cerebral, or this pain may only be reflex; intense headache with great intolerance of light and noise, dilated pupils, flushed face and throbbing carotids. Excepting the pyrexia of an intermittent, these symptoms will infallibly be relieved or cured by a single drop of the belladonna, no matter how often you may dilute it as described. The fever and headache will abate; the pulse, which was quick and tense-card like, will gradually become fuller and slower, and all this will occur within a surprisingly short time. The dose should be repeated every hour or two, omitting for a time, at least, all medicine, so soon as a favorable change takes place.

An ordinary congestive headache, so frequent in women with the above symptoms (the fever need not be so marked), will be relieved before the doctor can get a mile from the house. Vivid and exciting dreams and furious delirium are also amongst its indications in fevers and acute inflammations—dreams even in ordinary non-pyrexial cases.

Now, here is a chance for orthodox doctors to learn something of incalculable value in the treatment of a common condition, often of very serious import, and to know of those wonders so familiar to thousands, even hundreds of thousands, of others. Before me is a symposium on Belladonna, in which Professor Bartholow exhibits his ignorance as follows:

"Brain Affections, Hypnotic.—The indications for its use are prostration, low state of the arterial tension, languid intercranial circulation, a contracted pupil and insomnia. Much good may be expected from belladonna, but harm will be produced if there is much vascular excitement."

I can only pity the thousands of doctors and their patients who have been guided by this false light. The only explanation I can give for it is, that Dr. Bartholow has in his mind doses of from

five to twenty drops of the tincture. This would have a directly opposite action to the doses I have indicated; such doses given for symptoms I have mentioned might prove fatal. Now, will the doctors generally, or any of them, test this matter and report in the *ONTARIO MEDICAL JOURNAL*? I am willing to rest the whole homœopathic case on the test fairly made.

Now, as to the limits of the rule *similia similibus*, etc. In determining this point it will be necessary to adopt a correct mode of ascertaining the action of medicines. This, however, can never be accomplished by following the plan set forth by Lauder Brunton. The "proving of medicines," that is, ascertaining their actions on the human organism, is one of the corner-stones of homœopathy. It is a fair inference, I think, that the idea was thus suggested, as well as some other things, in Dr. Brunton's book, and well would it have been if Hahnemann's directions had been followed.

Dr. Brunton's pharmacology is fatally defective.

Firstly, in that, as he says himself, nearly all he knows about the action of drugs has been obtained from experiments on animals, and yet he admits that Hahnemann's method of experimenting on healthy human beings is a better way.

Secondly, and as is inevitable, Mr. Brunton knows nothing of the *subjective* symptoms of drugs; *ergo*, I claim that Mr. Brunton's opinions concerning what is homœopathic, or allopathic, or anti-pathic or isopathic are almost absolutely worthless. He attacks homœopathy in the lawyer style, and thinks that inasmuch as some drugs, at least, produce primary and secondary symptoms, therefore they cannot be homœopathic, just as if in the natural course of disease opposite symptoms do not occur likewise.

So I fear the task of showing the limits of the rule *similia* will be a hard one, but it devolves on those who say it is not of universal application. Besides, a large part of the indications depended upon by homœopathic physicians is derived from clinical observation without regard to pathics of any kind, and still other indications from "Schusslers' Tissue Remedies." It is supposed that in both the latter cases they come under the rule also. But the first experiment is easy respecting belladonna, and those who fairly make it will have come a long way towards my standpoint, from

which the medical landscape will look to them as if in a foreign clime.

I am indifferent to what may or may not be done. I am practically out of the field. I have lost interest in medical matters. I leave the catching of the medical hare to those who have taken out church and other popular certificates of qualification. But those who act in accordance with my suggestions will have cause to thank me and yourself also. You will have the honor of being the first to allow a heterodox physician, especially of the homœopathic school, to discuss the vital questions pertaining to medical practice in the ordinary medical channels. And is not free and open, honest and respectful discussion the surest way of exposing error and discovering truth?

I will not argue the matter; I know whereof I have affirmed, but have only touched on the subject.

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

THE DRUG TRADE—INVADING THE PHYSICIANS' PRACTICE.

Our attention was recently directed to the trade carried on by the wholesale druggists of Montreal and elsewhere. Country stores everywhere are filled with nostrums for every disease, and the terms upon which they are sold afford the merchant sufficient profit to cause him to push the business to the very door and nose of every doctor. We noticed a cough mixture, called the Harvard Cough Mixture, composed of spirits of chloroform and simple syrup, very pleasant to the taste, placed upon commission in an ordinary country store, and that by the agent of a wholesale druggist in Montreal. When druggists will undertake to manufacture and compound medicines to cure diseases, and make a trade of them to everybody, we think they are going beyond their duty and invading the rights of every physician now devoting his time to the practice of medicine. If wholesale druggists confined their trade to druggists and physicians in the drug business the matter might be tolerated, but when they go beyond they

are simply doing a dishonest business and should not be countenanced by retail druggists and physicians. The medical profession will have to take the matter up and withdraw their support from all such men. Retail druggists should also place them under the *ban*; proprietary articles may be good enough in their place, but their sale should be left in the hands of those who are druggists or apothecaries.

Now-a-days doctors are sufficiently numerous to cater to the wants of the public, and it is a much better policy for the public to consult their family physician for their little i.'s, as well as their major ills, rather than defraud him of his rights by buying drugs from an irresponsible person, put up by an irresponsible party, who puffs and advertises in order to push and increase his sales. Doctors are forbidden to advertise and hence the anxiety to invade their rights and privileges. If a man, at a great sacrifice of time and money, prepare himself for the medical profession--settle down and be ready for every emergency--the people should support him instead of treating themselves with patent nostrums, and in the end they would save money by it, and in many cases save their lives by it. Physicians alone know the danger of playing with a two-edged sword. Medicines have a double action, and if not indicated in disease it is reasonable to infer that the unnecessary use of medicine is an injury. The medical profession have submitted to this matter too long--they should combine and use some means for their own protection as a class.

Under a mistaken notion people have an idea that when they buy secret nostrums they are saving the fees which should go into the physician's pocket for consultation and prescription, but not so; they pay the physician's fee on the price of the medicine, and instead of going to support a reputable physician whom they know, at their own door, it goes to support a man without any responsibility thousands of miles away or in a foreign country, whom they do not know. The physician's advice very frequently is given to them for nothing, and in many instances they would be saved the price of the medicines.

But the question is what are we going to do about it. Combine! Combination is the order of the day in the world of trade, and, if the profession

will act in harmony, adopt alkaloidal medication and countenance only such drug houses as are known to confine themselves to a legitimate drug business. Never prescribe, order or recommend any proprietary article, or permit or countenance their use among their patients in any form; and if the physicians would act in harmony and unitedly they (the nostrums) would very soon remain as so much lumber in the country stores.

If people buying such articles were to learn that the country merchant made 50 per cent. on the sale of the article, they would soon see the interest he had in it was purely for the sake of gain. The medical profession is very different; their first interest is to *cure* and benefit the patient, and the pay in a great many cases is a secondary matter--indeed we know to our sorrow that it has frequently been made a tertiary affair and altogether forgotten.

Pharmacy is or ought to be a respectable business, and should be above doing a peddling business. The medical profession will have to arouse themselves and carry the war into Africa if this state of affairs is to continue. Pharmaceutical laws should provide against this method in the same way that our profession regard "quackery" and "disgraceful conduct" in a professional respect.

Original Communications.

THREE CASES OF UNCONTROLLABLE VOMITING OF PREGNANCY CURED BY CURETTING THE UTERUS.

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From time to time we read in the medical journals the reports of cases of uncontrollable vomiting of pregnancy which, in spite of the most varied measures of treatment at the hands of the ablest practitioners, have terminated in delirium and death. When preparing report of the first case hereunder mentioned, which I read before the Medical Chirurgical Society of Montreal about ten years ago, I was able to collect the records of some seventy fatal cases. But these by no means represented all those which had occurred even up to that time. For although I am constantly hearing

of deaths occurring under these circumstances, it is only very rarely that I hear them reported. There are also, very probably, many cases which are saved by operative treatment, of which nothing has been said. Seeing that the operative treatment which I am advocating is, if not delayed too long, invariably successful, it seems to me to be the plain duty of those who have saved lives by this means to place them on record. It is also greatly to be desired that those who lose cases of this or any other kind should frankly report them, and that those who are brave enough and honest enough to do so should be rewarded by the esteem of their brethren.

There is no doubt that many cases of vomiting of pregnancy can be controlled by medical treatment, but to these cases my remarks do not apply at all. In this short paper I am only dealing with cases of vomiting of pregnancy which cannot be controlled by any drugs, nor even by raising the foot of the bed, as recommended by Sir James Grant, nor by inserting the finger into the cervical canal, nor by painting the cervix with cocaine or nitrate of silver. When all these and many other therapeutic measures have been tried with a negative result, and the patient continues to vomit, becoming day by day more and more emaciated, until the cheeks grow hollow, the eyes become glassy, and the mind wanders in much the same way as we read of in the accounts of those who die of thirst and starvation from shipwreck, when we have a patient evidently dying before our eyes, we should not stand by with folded hands when we have the means of putting a stop to her sufferings and restoring her to life and health.

Case 1.—A Mrs. X, twenty-five years of age, about three months pregnant with her first child, had for some years previously had symptoms of endometritis. Almost the day after she became pregnant she began to have nausea, which quickly grew worse, until at the end of two months she could retain hardly anything on her stomach, and, becoming alarmed, called in a physician. During the next month he faithfully tried most of the drugs usually recommended, such as oxalate of cerium, bismuth subnitrate, opium and morphine, hydrocyanic acid, spirits of chloroform, etc., but without being able to control the vomiting. The patient had been in bed ever since the second or

third week of pregnancy, and as her strength was gradually failing her physician declared that he could do nothing more, and withdrew from the case. I was then called in and prescribed a few more drugs which had not been tried; the cervix was painted with a strong solution of nitrate of silver, hot douches, etc., were ordered. At the end of a week under my care she was decidedly worse, her pulse being fast and thready. Her temperature was subnormal, her tongue was dry and cracked, and she began to mutter incoherently, and even at times to rave wildly. After two weeks' observation of the case I became convinced that unless some change for the better were not soon brought about the patient must die, and I decided that the only thing to be done was to empty the uterus. I therefore called in consultation Dr. William Gardner, who agreed with me on this point, and immediately proceeded to carry out this treatment. An antiseptic douche was given and a tupelo tent was inserted in the uterus. This was left for twenty-four hours, and next morning we returned, and the patient being anaesthetized Dr. Gardner rapidly emptied the uterus of its contents—a two and a half months' pregnancy. The hemorrhage was quickly stopped by means of a very hot intrauterine douche. The patient had been allowed to go on too long before resorting to the radical cure, and after the operation was in a very precarious condition from weakness. But my anxiety did not last long, for she did not vomit once after that. Within a few hours she was taking small quantities of milk and beef tea, she ceased to rave, and her whole appearance was different. In a few days she was eating heartily, and it was a pleasure to see how, like any famished creature, she enjoyed her food. She was up in two weeks, and after a few weeks' treatment with positive galvanism to the interior of the uterus, at my office, for the cure of the endometritis, at Dr. Gardner's suggestion, she completely regained her health. I kept her under observation for two or three years, during which she was in perfect health when she left the city, and I have not seen her since.

Case 2.—This patient was under the care of Dr. Springle, who, having treated her with all the principal drugs and dietary measures for several weeks, and finding that she was going from bad to

worse, called me in consultation. Her condition was very similar to that described in the first case, but he had very wisely not waited so long as I had done, and her condition was, therefore, decidedly better. As Sir James Grant had asked me to try elevation of the pelvis, so as to empty the engorged uterine sinuses, the first time I had an opportunity of doing so I suggested this treatment to Dr. Springle, who consented on condition that if she were not better in twenty-four hours we should not delay any longer. The next day there was no improvement; she had been wandering during the night, and her temperature was very low, so arrangements were at once made to empty the uterus, which was done that afternoon by me, with the assistance of Drs. Springle and Kenneth Cameron. The patient being anaesthetized, the external genitals were rendered thoroughly aseptic, as was also the vagina and cervix. The latter was dilated rapidly at first with Wylie's, and afterwards with Goodell's dilator, a dull-wire curette was swept around the interior of the uterus, and the ovum seized with a pair of forceps and withdrawn in two or three pieces. A sharp curette was then passed carefully several times all over the uterine cavity until the whole of the mucous membrane had been removed. The uterus was then carefully packed with iodoform gauze, which was left in for two days. I did not see this patient again, nor did she require any further treatment after the gauze had been removed. She was kept in bed for two weeks and made a perfect recovery. I subsequently learned from her physician that she became pregnant again, and required the application of the same treatment.

Case 3.—Mrs. D., age 23, sent me an urgent summons on the night of the 15th July of this year. She gave me the following strange history: She was engaged in a tin-can factory where she earned a scanty living, her husband having deserted her a few months after her marriage, four years ago. In order to increase her revenue she sold her honor, with the result that on the 15th April she discovered that she was pregnant. On the advice of some fellow-workers she took gin and cloves and other herbs in large quantities without effect, until she was advised by another woman in the factory to pass a stick of solder into the womb. This had the desired effect, apparently, for her periods came

on in great abundance. At the same time she began to vomit. Both the flow and the vomiting became so severe that she was alarmed, and consulted Dr. —, who prescribed hot douches, which stopped the hemorrhage, but the medicine he prescribed had no effect upon the vomiting. She then tried another physician, who attended her for several weeks, during all which time she continued to vomit steadily. She then went back to her first physician, who again tried everything possible in the form of drugs without any effect. By the middle of July, when I was sent for, she was in a very serious condition. She was exceedingly emaciated, her pulse was almost imperceptible and very rapid, being difficult to count. The basin beside her bed contained a quantity of dark green vomited matter, and she looked so much like a person who was soon about to die that she received the last rites of the Catholic Church. On examining the uterus I was convinced that it was not empty, but on telling her this she assured me that she had passed a large mass which she was convinced was the child. She received rectal enemas, which no doubt prolonged her life, but she vomited just as much when she took nothing by the stomach as when she took water or milk. A few days more were spent in trying some other drugs; what seemed to give her most relief from the constant nausea being a mixture of bismuth, hydrocyanic acid and morphia.

The relief from this, however, was only temporary, the longest cessation of vomiting being three hours. By the 23rd of July she was evidently sinking fast. The family was then told that nothing but an operation would give her any chance, and their consent being obtained, I asked the physicians who had attended her to assist me to empty the uterus. I told them that I believed that the foetus was still there and keeping up the vomiting. They were quite sure that this was not the case on account of her having had such a severe and prolonged hemorrhage. I omitted to mention that she had no fever, no bad-smelling discharge; in fact no other symptoms beside emaciation and a pulse of 140.

Here comes in a curious rule of the Catholic Church which almost prevented my esteemed colleagues from assisting me. The rule on this subject as laid down by Monseigneur Guerin in

the *Dict. de Medec.* is as follows: "A provoked abortion, under whatever circumstances it occurs, being a homicide either actually or by anticipation, but always culpable, it is evident that every one who assists in procuring it, either physicians or surgeons or midwives, sins grievously, as do also those who advise the crime. But in an exceedingly grave case in which the mother and child run an equal risk, and in which we can only save one by sacrificing the other, which should we kill? The child, according to the opinion which seems to predominate in the Academy of Medicine of Paris. The reasons given by that body are not those accepted by Theology, which reasons thus: The fœtus is a living human being, and it is never allowable to take away the life of one person in order to preserve the life of another; the child cannot therefore be killed to save the life of the mother. Moreover, we may add that the child would be unduly deprived of spiritual regeneration and those supernatural advantages which follow it, and to which it is entitled through the Redemption. We must not say that between two evils we must choose the lesser."

The moral principle by which we must be guided in this case is that one is never justified in doing wrong in order that good may come of it. But to kill a human being intentionally is a crime. We are aware that certain doctors of the faculty of Paris, consulted in 1733 on this point, replied that only considering the justice of the matter we have the right to sacrifice the mother to save the child, every one having the right to defend his or her life against whatever would destroy it. But this reply has since been frequently refuted, and the Sacred College has forbidden it to be taught in the seminaries.

"Si alteri subvenire non potest nisi alter locatur commodius est neutrum juvare."

My two colleagues being devout Catholics were bound by this decision, if they believed the woman to be still pregnant. But they were so convinced that she had already aborted that they had no hesitation in assisting me to curette the uterus, which was accordingly done on the 26th July with the result that a living ovum was brought away, and the uterus thoroughly curetted and packed with iodoform gauze. The effect upon the woman was magical. In the patient's own words: "In a

quarter of an hour after the operation I took two teaspoonfuls of brandy and water, which I kept down, this being the first time that I had kept even water down since six weeks. Next day I took six tumblers of water, which I also kept down, and to-day I am able to go a mile to the doctor's office, although it is only three weeks since the operation."

In the light of the success which I have had in these three cases, I cannot understand any one deliberately allowing a woman to die from uncontrollable vomiting of pregnancy without at first having applied the only rational and certain method of treatment, curetting of the uterus.

It is not, however, an operation which should ever be resorted to without first holding a formal consultation with one or two other medical men, for otherwise it might be liable to be abused. In the cases in which I am advocating it, the consultation is more a matter of prudence than anything else, for one look at the patient's face or one touch of her pulse makes it evident that she is about to die unless saved by speedy surgical intervention.

It is worth emphasizing the fact that we must not take it for granted that the patient is not pregnant, or that she has miscarried. In a case recently reported in Philadelphia, the patient was a widow, and above suspicion, and yet she died of uncontrollable vomiting of pregnancy, owing to the operation being delayed too long: and in my third case, reported in this paper, two able practitioners were convinced that she had miscarried owing to her having introduced a stick of solder into the womb, and the tremendous hemorrhage which ensued. Nevertheless she was still pregnant. So that in any woman of a child-bearing age, suffering from vomiting which cannot be controlled, I would deem it well to consider it due to pregnancy until proved otherwise.

IMMEDIATE CAPSULOTOMY FOLLOWING THE REMOVAL OF CATARACT.*

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All ophthalmic surgeons endeavor to obtain perfect vision after the removal of a cataract. On account of its prevalence, the loss of one of the

* Abstract of a paper read before the State Medical Society of Pennsylvania, May 17th, 1894.

most valued of the senses and the restoration to vision by a bloodless and painless operation have concurred to render this operation an object of the highest attention to surgeons; and the progress of improvement in the operation has been commensurate with the advances made in surgery elsewhere in the economy. Unfortunately, with all our skill and knowledge, success does not always follow the removal of an opaque lens. The many contingencies incident to the healing of the wound, the distortion of the cornea, the subsequent change in the media caused by iritis, or a thickening of the posterior capsule—one or all of these factors play a very important role in the subsequent restoration to vision.

The opaque lens, with its capsule, obstructs the vision, causing blindness of the patient. To remove this obstruction requires considerable dexterity; to restore vision, absolute cleanliness and most careful after-treatment. The most disheartening factor in a cataract operation is that, sooner or later, the posterior capsule thickens, and again dimness of vision follows; the lessening of the sight is not so great as it was before the removal of the lens, but still the patient is debarred the comfort of reading, writing or attending to business matters, in which it is necessary to have perfect vision. It is to prevent this latter change that I advocate the splitting or parting of the posterior capsule at the time of the primal operation.

Having had the opportunity of following many operators, good, bad and indifferent, and noting the after results, I frequently saw excellent vision follow bungling manipulation. The surgeons did not possess that delicate sense of touch so essential in making the corneal incision, snipping the iris, lacerating the anterior capsule, and delivering the lens. They lost courage, or their hand became so tremulous after they had ruptured the capsule that the operation would have been a failure had they not taken a lens scoop in hand, entered the eye, and fished out the cataract and its capsule, with always more or less loss of vitreous. With very great care in the after-treatment many of these patients would recover, and in the majority of cases, which did recover, no capsule interfered with their visual acuity. It was witnessing such operation that led me to think that a parallel

process—carried out, however, on more delicate operative lines at the time of the primary operation—would still lessen the dangers that such harsh measures would be sure to excite.

The ancient method of removing cataracts from the direct line of vision was by *couching*, that is, passing a delicate needle through the sclerotic coat on the temporal side of the eyeball posterior to the ciliary bodies, pressing it forward and into the crystalline lens; then, by a backward sweep of the point of the needle, lens and capsule were torn from their position, and deposited down and out in the vitreous chamber. Celsus, the celebrated Roman physician, who lived at or about the commencement of the Christian era, describes and is generally esteemed the father of this operation. It was not very satisfactory in its results, according to the data obtainable from the earlier writers. Fabricius, who flourished in 1600, speaks with great despondency of this operation. Later on, Hiester, in 1711, says, "Though the operation is easy to be performed, the success is so very precarious that, amongst the number of persons couched by the most distinguished oculists, very few met with the desired results; and upon the vast number of patients upon whom the celebrated itinerant Taylor operated, not one in a hundred recovered his sight." He further says that in several different places he saw many miserable objects in tormenting pain, arising from inflammation consequent upon the operation, and that of those who regained their vision there was scarcely one in ten who did not sooner or later lose it again. For eighteen hundred years this puncturing of the eyeball, with its most deplorable results, was the only method held out to the blind. It was the outgrowth of an accident which gave birth to the rival plan of extracting the opaque lens through an incision of the transparent cornea. It was the failure to remove a cataract which had escaped into the anterior chamber by couching that led M. Méry to recommend, in the year 1707, the practice of extraction in all other cases of this disease. It was left, however, for Daviel, the celebrated surgeon of Paris, in 1745, to bring forward this method as one infinitely less dangerous than couching. From that day to this the incision is made through the cornea, or along its margin, and the percentages of loss is to-day

what the gain of vision was one hundred and fifty years ago.

PRELIMINARY TREATMENT ESSENTIAL IN
CATARACT OPERATIONS.

I deem it of the greatest importance to interrogate all cataract patients presenting themselves for an operation as to their general habits and family history, and to make a careful examination of the urine, restricting meat diet and increasing a vegetable one, while last, but not least, placing the patient, one week before the operation, on the mixed treatment, also paying particular attention to bathing both eyes with a boracic solution containing sulpho-carbolate of zinc, examining the eyelashes and particularly the nasal cavities. If any catarrhal affections are found in these cavities, it is of paramount importance that they receive the proper treatment before an operation is performed. The day before the operation, the patient is given a warm bath and a saline purgative, kept in bed, and his face washed with Castile soap and water, then washing the skin around the eye to be operated upon with ether, following this again with a 1.5000 solution of corrosive sublimate, after a German method (Schweigger).

The reason I call attention to these minute details is that the patient may suffer from some defect which would not affect an eye in a comparatively healthy state, but might exercise an extremely pernicious influence on the eye after the irritability following the operation. The effect to be dreaded is inflammation, and therefore every measure calculated to prevent its occurrence must be taken. There are still a few ophthalmic surgeons who think it quite unnecessary to take these preliminary precautions, but, happily, the number is growing less year by year.

At the time of the operation, still greater precautions are taken. The patient's face, neck and mouth are thoroughly cleansed, clean underclothing, over which, and fitting close to the neck, a sterilized sheet is wrapped, head bandaged in a sterilized towel, and the eye irrigated with an aseptic fluid as hot as the patient can bear it. The instruments are also sterilized, and all fluids, such as atropine and cocaine, are sterilized in a Llewellyn flask. The operation is performed then in the usual manner.

After the delivery of the lens (cataract), and all cortical matter is washed out of the anterior chamber, I proceed with the rupturing of the posterior capsule, the subject of my paper. The instrument used is a gold enamelled hook, made as delicately as is consistent with keeping its shape. It is of malleable steel, so that it may be bent to any angle which I find is convenient, especially when the eye of the patient lies deep in the orbit. The hook is passed into the anterior chamber, and behind the lower pupillary margin of the iris, on its flat side. It is then rotated backwards, hooked into the capsule, drawn gently upwards to the mouth of the incision, rotated on its flat again, and then taken out of the chamber. By this means the capsule is torn, and the vitreous presses forward between the rent. Very little or no vitreous shows at the mouth of the wound; if it does, I snip it off.

When the operation is performed after the simple method (without iridectomy), the same manipulation is carried on with but one exception, and that is, the line of incision is not so long. The ophthalmostat is removed, and the eyeball again irrigated with the hydrostatic eye-douche, followed by dropping one drop of sterilized atropia solution into the eye, the lids closed and thickly anointed with vaseline, which has been sterilized by boiling: over this, specially-devised eye-pads, which have also been sterilized by heat, held in place by adhesive strips, which keep the bandages securely fixed, permitting the patient to change his position in bed as often as is desirable. In twenty-four hours the dressings are removed, and both eyes bathed with warm water and irrigated with the sulpho-carbolate solution, another drop of atropia applied, and similar eye-pads adjusted with as much care as at the primal operation, and so continued from day to day until the eye is out of danger.

Is this a new operation? Some of the older writers of fifty years ago hint at the removal of the lens and its capsule, but they are not explicit enough to say that they did so. The only authority that I can find saying so positively is Richard Middlemore, who, on page 138, Vol. II., in his great work on "Diseases of the Eye," published in 1835, after speaking of the removal of the lens when the pupil is not clear on

account of the thickening of the posterior capsule or the hyaloid membrane, says: "In every such instance, I have found it absolutely essential to the successful result of the case to lacerate the posterior capsule and hyaloid membrane, and permit the escape of a portion of the vitreous humor." Coming nearer to our own day, I must say a few words about the distinguished surgeon who left his impress upon all who witnessed his wonderful skill as an operator. I have reference to the late Dr. Richard J. Levis, of this city. I have had the opportunity of examining quite a number of patients from whom cataracts were removed by this eminent surgeon. In nearly every instance the posterior capsule was evidently ruptured at the time of the primal operation. Whether this was a constant practice of Dr. Levis, I am unable to say, but I am sure he realized the importance of removing the posterior capsule at the time of the original operation. Pagenstecher, of Wiesbaden, is also an advocate of removing the lens and its capsule at one sitting. Hasner, another German ophthalmologist, is an advocate of this radical operation. It has recently come to me indirectly that Dr. Knapp, of New York, is also lacerating the posterior capsule at the first operation.

Is the operation always successful? Laceration of the capsule alone does not prevent the hyaloid membrane from becoming slightly translucent. When this takes place, we may follow with a needle operation, and not provoke cyclitis by trying to tear a tough, inelastic tissue.

I have been in the habit of performing this operation in alternating cases for ten years. In those patients upon whom the operation was performed, I had to repeat a needle or capsulotomy (scissors) in about 15 per cent. of the cases. Where it was not performed, in about 75 per cent. In the 15 per cent. of the cases where it did not succeed, I can only attribute it to a very thick posterior capsule, the vitreous receding after closing of the eyeball, and thereby not keeping the capsule separated, but practically closing again. My experience has led me to believe that there is less danger of inflammation of the eyeball in immediate capsulotomy than in a subsequent operation.

The elder operators recognized the gravity of puncturing an eyeball with a needle, and hailed with delight the improved method which com-

pletely revolutionized statistics. My own experience is fast leading me to adopt the cutting through the cornea with keratome and the incision of the capsule with a De Wecker's scissors, disregarding the needle altogether. With the preliminary treatment, and with the aseptic methods now employed, success is almost always assured, whilst, with the treacherous needle, almost every surgeon has had reason to regret his *modus operandi* in more ways than one.

A CASE OF EMPYEMA OF GALL BLADDER FROM GALL STONES—OPERATION, RECOVERY.*

BY H. MEEK, M.D.

On Friday, September, 1893, I was called by Dr. Smith, of Fingal, to operate on a case of abdominal abscess in a patient with the following history:

Mrs. M—, born in Canada; had been living in Chicago since 1890; came home on a visit to her mother, in Dutton, in July, 1893; for past three weeks living in Fingal; aged twenty-six years; married five years; two children; last child eighteen months ago; last menstruation two weeks ago, lasted one week and was normal.

Family history good, with exception of one sister who has a large uterine myoma. Previous to present illness has always enjoyed good health, with the exception of an occasional bilious attack, and three years ago, in Chicago, an attack of abdominal pain, which the physician in attendance said was biliary colic.

History of present illness: While visiting in Dutton in July, or early part of August, was ill for a few days from symptoms which the attending physician thought was due to malaria. She recovered from this illness and came to Fingal in August. While visiting her brother there, she was taken very ill, and Dr. Smith, of Fingal, was called to attend her on August 22nd. He found her suffering from a severe chill and severe pain over the right side below the ribs and radiating towards the umbilicus. Temperature, 103.5°; pulse, 120. Tympanitis and vomiting. Dr. Smith re-

* Paper read before the London Medical Society, March 12th, 1894.

mained with her all night; she was slightly better in the morning, but on visiting again during the day he found temperature 104.5° ; pulse, 125, and vomiting worse.

Vomiting almost persistent; kept up for two days. Very ill for three or four days, then symptoms improved and temperature dropped to 100° . Soreness in side continued; but no sharp pain, no vomiting.

From this time on till August 31st temperature averaged from 100° to 101° , pulse above normal, bowels slightly relaxed, stools light-colored, urine high-colored and some jaundice. Soreness in the side, but no sharp pain nor vomiting; no chills and no sweats.

Dr. Smith, during his attendance, discovered on right side of abdomen a tumor extending from lower margin of ribs above, nearly to brim of pelvis below, and it appeared to be increasing in size and was tender on pressure.

From symptoms and examination Dr. Smith diagnosed suppuration in abdominal cavity, probably the gall bladder.

August 31st, symptoms suddenly became worse; temperature, 104° ; pulse, 120; tympanitis so that Dr. Smith considered it advisable to call in surgical aid.

On my arrival on the morning of September 1st, I found patient in bed looking very ill, with a weak pulse running between 120 and 130, temperature $101\frac{1}{2}^{\circ}$, somewhat jaundiced; abdomen tympanitic and tender.

On right side of abdomen a tumor could be felt extending from lower margin of liver above to crest of ilium and brim of pelvis below. With one hand behind over region of right kidney, and the other in front over the abdomen, it could be mapped out distinctly as a smooth, elongated, elastic, tender mass, somewhat more prominent in front and above, but projecting well back in lumbar region also. I could not detect fluctuation, yet it had the feel of a thick-walled cyst containing fluid.

From situation of tumor, now prominent in front and above, and history, the diagnosis was in favor of gall-bladder; the great distension, however, of gall-bladder in the case made it necessary to consider the differential diagnosis between *suppuration*

of gall-bladder, abscess of vermiform appendix and perinephritic abscess.

Taking all the features of the case into consideration, we concluded it to be a case of empyema of gall-bladder, due to gall-stones, and advised immediate operation, fearing internal rupture.

There was some objection to operative interference on the part of some of the friends; but after carefully explaining the nature of the trouble to the patient and friends, and proposing to divide the operation in two stages as likely to be attended with least amount of risk, it was agreed that we should do what we thought best.

Operation.—Preparations for operation with all the aseptic and antiseptic precautions possible under the circumstances. Chloroform administered by Dr. McKillop, of Dutton, Dr. Smith, of Fingal, assisting with the operation. Abdomen was stored and cleansed as carefully. I made a vertical incision about three inches long over most prominent part of tumor in front, from lower margin of ninth rib above, about three inches to right of median line, down through abdominal wall and peritoneum. After getting into peritoneal cavity I found, by exploring with finger, that general peritoneal cavity was not shut off in any direction. Intestines, omentum, etc., could be felt to inner side of and below the mass. Sac-wall appeared to be rather thick in this situation. After cleaning out some clots of blood that were found on surface of sac at this point, I sutured outer covering of sac to peritoneum and fascia by three silk worm gut sutures on each side and one at each end, passing through outer covering of sac and whole thickness of abdominal wall. A couple of stitches above and below brought together the external abdominal wound at these points. I then cleansed the wound and packed with iodoform gauze. A gauze pad and binder completed the dressing. I proposed leaving it in this condition for two or three days till adhesions had securely shut off the general cavity, and then open into, clean out and drain the sac.

After this operation, which did not take long, temperature fell to $100\frac{1}{2}^{\circ}$, and remained down till Sunday night. She vomited once from chloroform, the night after operation. Dr. Smith re-

moved the gauze, cleansed the wound and repacked with fresh gauze on the day following. Bowels moved freely Saturday and Sunday.

Sunday evening temperature again ran up to 103°, and somewhat higher next morning when I again saw patient. Again Dr. McKillop, of Dutton, gave chloroform, and, Dr. Smith assisting, I opened into the sac with a scalpel and trocar, and let out between one and two pints of yellow fluid bile, mucous and pus. Pus thick and a faecal odor. I washed out through trocar with a weak ac. carbolic solution and scooped out with Tait gall-stone scoop, and again washed out thoroughly and put in a rubber drainage tube, well down into the sac, and packed with iodoform gauze.

Although I scooped out pretty thoroughly with scoop I did not see nor feel any gall stones; some clippings, like clippings from gall stones, came out with scooping and flushing.

September 7th. Dr. Smith reports that patient's temperature and pulse have been normal since operation. Sac washed out twice daily. Discharge of pus and bile diminishing. Bowels moved naturally, normal color, no jaundice, urine good color, appetite and digestion good.

September 21st. Dr. Smith reports stitches removed a few days ago. Drain tube removed yesterday, patient up and about house feeling well.

In October Dr. Smith reports that on September 25th a gall stone came out through fistula, and after this one daily till thirteen passed. Discharge very much less. Patient's health excellent. No gall stones with stools.

March 4th, 1894. In a letter from Dr. Smith to-day, he states that he saw patient a few days ago. She looks and feels well and is doing housework for five in family.

No more gall stones since. Fistula all but closed, a mere trace of purulent discharge. No bile escaping from fistula. Cicatrix scarcely noticeable. Feels satisfied that sinus will soon close completely.

The points I wish to make about the case to-night are:

1. Suppuration of gall bladder. Authors state that suppuration of gall bladder is not unfrequent; still, I think in practice of any one man it cannot be of frequent occurrence.

2. The great distensibility of the gall bladder, as I saw a case mentioned where gall bladder was distended to hold two quarts. It is somewhat remarkable how a small cavity like the gall bladder, with coat so easily lacerated, can be capable of such great distension.

3. With regard to method of operating in these cases, some operators recommended extirpation of gall bladder, an operation of equal or greater safety than cholecystotomy, and claim that from cholecystotomy it is impossible to prevent a permanent biliary fistula.

Now, with regard to the two operations, I do not consider that there is any comparison in the risks. The operation of cholecystotomy being attended with infinitely less risk than extirpation. The other objection, viz., a permanent biliary fistula following I think depends (*a*) partly on whether the common bile duct is obstructed, in which case it would be a good thing to have such a fistula; and (*b*) a great deal on the method of suturing the wound in the gall bladder to abdominal wound. Where opening in gall bladder is sutured to skin in abdominal wound, you would naturally have a permanent biliary fistula; but where it is sutured to only peritoneum and fascia, you will have a raw, granulating surface above the line of suture, which will unite in time and close the fistula.

Then, with regard to the propriety of dividing the operation of cholecystotomy into two stages, in such cases I think the majority of operators are in favor of completing operations at once; but in my opinion there are cases and circumstances in which the risk from a two-stage operation is less than if completed at once. I think this was one of these cases.

The principal risk of opening into the sac at time of first operation was escape of pus into general peritoneal cavity, which would most probably have resulted in general peritonitis and death; for though I had shut off the general cavity by suturing outer coverings of sac to parietal peritoneum, still I considered there was some risk if I evacuated contents at same time from walls of sac dropping in and dragging on the sutures, and causing some of them to cut through their friable moorings. Another benefit, I think, resulted from this method of suturing peritoneal covering of sac to

parietal peritoneum is, that after evacuating the contents of the sac it permitted of an infolding of edges of opening of sac, and in this way left it in better condition to afterwards close. I am strongly inclined to think this has been a not unimportant factor in preventing a permanent biliary fistula in this case.

Correspondence.

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

COUNCIL MATTERS.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—I have just read a formidable-looking communication in the *Farmers' Sun*, the organ of the Patrons of Industry, in which the Ontario Medical Council is sought to be demolished. The animus displayed by the authors—for it has the appearance of a joint-stock production—is of so virulent a character that personal animosity must have been the main cause of its inspiration, since such double-distilled bitterness could never have originated in the brain of any honest Patron of Industry. It is not criticism—for of this the Council has never been afraid; its object is not the correction of errors to which all human institutions are liable, but it aims to destroy by malevolent misrepresentation the Medical Council of Ontario, which has required so many years of labor to bring it to its present state of efficiency. Now, Mr. Editor, I am not going to waste the time of your readers in any criticism of that ill-advised production. This has been done already much better than I could hope to do, and is unnecessary, seeing that its authors have so widely gone astray from their mark. I shall not insult the medical practitioners of Ontario by supposing that, as far as they are concerned, such an article needed any refutation. As for the Patrons of Industry they are a highly respectable organization, composed largely of the farming community, the best and most substantial element of the population of Canada. After having spent a large portion of a somewhat extended life among this class, I have come to entertain a high opinion of its honesty and love of fair-play. But what opinion can men entertain when persistently told by members of our

profession that its governing body is composed of incompetent and designing men? If any wrong exists in the Council, why not labor to rectify instead of seeking to destroy? The medical men of Ontario are by no means incapable of being convinced when presented with facts in fair and honest argument. It is also a sorry reflection upon the intelligence of the Patrons of Industry to suppose them capable of being influenced by arguments founded upon misrepresentation and sealed with the stamp of falsehood.

The time has clearly come when medical men ought to demonstrate their capacity for self-government, and that such is their fixed determination we have not the least reason to doubt. The medical electorate has the very valuable faculty of knowing what it wants and how to obtain it. The medical profession is not seeking for self-aggrandisement or wealth; far otherwise. For when one considers the amount of unremunerated labor bestowed by medical science, the charge of ingratitude could be fairly brought against the public at large. The benefits conferred by medical discoveries in sanitary matters alone far outweigh in value all the privileges ever granted to the profession by the State. The gratuitous services willingly given to the less wealthy, by members of our calling, greatly exceed those of any other profession.

And as for our friends, the Patrons of Industry, would they but honestly consider these matters, they could not fail to see that the protection afforded by the Ontario Medical Act is far more beneficial to the people than to the medical profession itself. I think the mention of these things ought to secure their appreciation. The medical institutions of Ontario are the envy of other countries, and serve as a model for their imitation. Our graduates are a credit to the Province, wherever they go, and win respect and consideration for us both in the adjoining Republic and in the mother country itself. If nations are powerful and wealthy in proportion to their educational advantages, why not extend instead of seeking to curtail ours, of which we are so justly proud? I may just as well say here that many members of our profession come from the rural districts, and are the sons and brothers of that solid class upon which the very stability of our country with its institutions depends. I am not attempting to

direct any one in what I am saying, but I hope to see many of the old members re-elected. This brings to my remembrance the candidature of my friend, Dr. James Henry, for the Ninth Division. I hope to see him returned. I had the privilege of meeting him in many consultations for twenty-five years, and can say much in his favor in stating that he invariably practised his profession with honor and sincerity. He is both trustworthy and competent, and has faithfully done his duty in the two last Councils. Mr. Editor, I have extended this much further than I intended, but will promise to offend no more.

Yours truly,

JOSEPH CARBERT.

Mono Road, October 11th, 1894.

[This letter too late for last issue. Ed.]

QUACKERY.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—I was greatly surprised and astonished to find the enclosed article in the *Toronto News*, signed by J. Evans, M.D., of Elmwood. Now, sir, how a full fledged M.D. can condescend to such unprofessional conduct is more than I can comprehend. Such conduct, I trust, will not be tolerated, and I sincerely hope that the Medical Council, through Detective Wasson, will make strenuous efforts to check such outrageous abominations. The idea of a medical practitioner who calls himself a physician recommending pink pills for that dread disease—consumption! Too frequently have patients fallen into my hands for treatment after having been misled by such flourishing advertisements in the daily papers when it was too late, all chances for successful treatment having vanished. Therefore, I claim that, when a medical practitioner lends his name to such trash, it is high time that such actions will be punished to the fullest extent of the law of our Medical Council. I hope you will publish the enclosed article to show my medical brethren the absurdity of the article referred to.

Yours very truly,

F. H. KALBFLEISCH.

Book Notices.

Physicians' Visiting List, 1895. Forty-fourth year of publication. Publishers: Lindsay & Blackstone. Price, \$1.00 to \$3.00.

"It is excelled by none in the market."

Local Anesthetics and Cocaine Analgesia. Their use and limitations. By THOMAS H. MANLY, A.M., M.D. Price \$1.50. Publishers, J. H. Chambers & Co., St. Louis.

In the first chapter the author states, that pure anesthetics are rare, as most of them are adulterated and diluted. This is an unfortunate condition that we are glad to say was found not to be the case in this country by the Glasgow Commission. The different modes of local anesthesia are fully considered and explained. The larger part of the volume is devoted to cocaine anesthesia, and its safety considered, we think a little too favorably, as it is found that cocaine, given hypodermically, is a very treacherous remedy. Altogether, the volume is a good one, and contains some very valuable hints. The publishers deserve credit for its neat appearance.

A Manual of Human Physiology. Prepared with special reference to Students of Medicine. By JOSEPH H. RAYMOND, A.M., M.D., Professor of Physiology and Hygiene in the Long Island College Hospital, and Director of Physiology in the Hoagland Laboratory. Price \$1.20 net. 1894. Philadelphia: W. B. Saunders.

This work of three hundred and eighty pages' does not claim to take the place of such a work as Foster's in the hands of the advanced student, but the author, out of his experience of twenty years as a teacher of physiology, has endeavored to meet the wants of the medical student who has time to assimilate only the main facts and principles of this branch of medicine. He has put into concrete and available form all the well-attested facts and theories of his subject, and is well abreast of the times, which means much in these days of rapid advance in the chemistry of physiology. The work contains one hundred and two illustrations, and four full-page colored plates, which are marvels of excellence. There is no more useful work of its kind on the market to-day. The work of the publishers leaves nothing to be desired.

The Care and Feeding of Children. By Dr. S. EMMETT HOLT, Professor of Diseases of Children in the New York Polyclinic. For the use of Nursery Maids and Mothers. 66 pages. Publishers: D. Appleton & Co., New York.

The text follows the catechism plan and is brief rather than *long*. In general, I think it unwise to follow this scheme in preparing books of any kind, owing to the fact that the memory rather than the understanding is called into play. At the same time I am inclined to think that this little book, as it stands, will prove very useful to those for whom it is intended.

The busy physician would do well to see that the mothers in his district are supplied with much of the contents of this book. It would probably save him a good many unnecessary visits.

Fenwick's Dyspepsia of Phthisis. By Dr. W. S. Fenwick. 203 pages. Size, 8vo. Price, 6s. Publisher: H. K. Lewis, 136 Gower St., London, W.C.

The work which Dr. W. Soltau Fenwick has done in the Brompton Hospital should enable him to contribute some useful information, and to collect valuable statistics on the subject of Dyspepsia of Phthisis, which, by the way, is a subject on which very little has been written.

In the chapter on the Pathology of Gastro-Enteritis, he assumes as the probable cause "the chronic absorption of certain toxic substances which are manufactured in the pulmonary cavities, quoting in support of this assumption:

1. The disease occurring only in cases where vomicae have formed.
2. It has an intermittent form of pyrexia, suggestive of septic origin.
3. In cases becoming quiescent the disease subsides.
4. The general affection of other organs by a similar pathological change indicating a general cause.

We think each of these changes and conditions can be more clearly explained in another way, and that the assumption—the septic absorption from the cavities being the cause—is not clearly sustained.

He divides the dyspepsia preceding phthisis into two varieties, the "Atonic" and the "Irri-

table," and deals very clearly and thoroughly with both varieties.

The section on treatment is exceptionally good. Another chapter is devoted to a variety called the Initial Dyspepsia, and another to the "Terminal" variety. The work is well written, and contains some carefully-prepared statistics, with numerous quotations, which show a great amount of work and care in the preparation of this volume. The publisher, H. K. Lewis, of Gower Street, is a sufficient guarantee of its excellence in this department.

Syllabus of Lectures on Human Embryology. An Introduction to the Study of Obstetrics and Gynaecology. For Medical Students and Practitioners. With a Glossary of Embryological Terms. By WALTER PORTER MANTON, M.D., Professor of Clinical Gynaecology and Lecturer on Obstetrics in the Detroit College of Medicine; Fellow of the Royal Microscopical Society, of the British Zoological Society, American Microscopical Society, etc., etc. Illustrated with Seventy (70) Outline Drawings and Photo-Engravings. 12mo, Cloth, 126 pages, interleaved for adding notes and other illustrations, \$1.25 net. Philadelphia: The F. A. Davis Co., Publishers, 1,914 and 1,916 Cherry Street.

This little work opens with a brief description of what is meant by embryology. It then gives the methods by which the species are propagated. A few pages are devoted to a brief *resumé* of the anatomy of the generative organs, male and female. The spermatozoon and the ovum then come in for a share of the description.

Section IV. takes up the general development of the embryo, giving a brief but systematic and useful account of the processes of development.

Section V. deals with the maternal side of the study, describing the changes that take place in the uterus itself.

A long section on the development of special organs and parts follows. This is profusely illustrated by outline drawings, so that the student, when he has studied the part, may fill in the names to the drawing, and thus impress what he has learned more deeply upon his memory.

In the last section we are told of the apparatus needed, the reagents required, and the material to be used, with the way to obtain it, together with a brief description of the methods to be adopted for the permanent mounting of our specimens.

This useful little guide for the student has in the back a glossary of some of the words and terms used in embryology. This is almost an essential to any book for a beginner, and we are glad to see that the author has adopted it.

Practical Ureanalysis and Urinary Diagnosis. A Manual for the use of Physicians, Surgeons and Students. By CHARLES W. PURDY, M.D., Queen's University; F. R. C. P. S., Kingston; Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms and Treatment." With numerous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 360 pages, in extra cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1,914 and 1,916 Cherry Street.

This work of value and merit its author has very ably divided into two parts.

Part I. takes up in a methodical and concise manner the "Analysis of Urine," generally discussing up to date the composition of urine in detail. The most recent methods of examining and estimating all substances found in normal and abnormal urine are thoroughly gone into. The accompanying processes with best methods of manipulation are simplified as far as possible to insure practical utility. All forms of urinary sediments and casts are fully discussed in their pathological bearings with respect to their diagnostic significance.

Part II. takes up that important branch of clinical medicine, "Urinary Diagnosis," and deals with the diseases of the kidney and genito-urinary tract in a comprehensive and systematic way. All anatomical, physical and chemical facts confronting the physician while diagnosing are scientifically arranged, particular attention being devoted to all pathological bearings and inferences.

Those interested in the "Examination of Urine for Life Insurance" will find many valuable hints embodied in the appendix, a close observance of which, in many cases, may prevent injustice to companies and applicants for policies.

The work from beginning to end is one that can scarcely fail to recommend itself to student and physician alike, containing in accordance with our

present knowledge all that is known of the urine in health and disease.

A Dictionary of Medicine. Including General Pathology, General Therapeutics, Hygiene, and the Diseases of Women and Children. By various writers. Edited by RICHARD QUAIN, Bart., M.D., Lond., L.L.D., Edin., F.R.S., President of General Medical Council, etc., assisted by FREDERICK THOMAS ROBERTS, M.D., Lond., B.Sc., F.R.C.P., and J. MITCHELL BRUCE, M.A., Abdn., M.D., Lond., F.R.C.P. With an American Appendix, by SAMUEL TREAT ARMSTRONG, M.D., Ph.D., Visiting Physician to the Harlem, Willard Parker and Riverside Hospitals, New York, etc. New Edition, revised and enlarged. Vol. I.: Abdomen—Lysis. Publishers: D. Appleton & Co., New York.

This is a busy world; the practitioner finds much to occupy his time; life is often a burden. The physician comes in at even after a hard day's work; he is weary and worn, and fain would lie down to rest his aching head. But no; he recalls the anguished pillow of some sufferer he has just left—someone for whom it seems little can be done; he feels that his first duty is to his patient, and he turns to the most recent medical work on the subject, in the hope that some ray of enlightenment may beam in upon his mind in order that he may be the better able to lessen the suffering of the patient he has so recently visited.

In former times we used to hear of the *Boys' Own* and the *Girls' Own*, and of late the female world has been enlightened by the production of the *Woman's Book*, to which women may turn "for practical information and helpful suggestion" touching all subjects of interest to their sex.

In the new edition of *Quain's Dictionary of Medicine*, we have, indeed, the *Physician's Book*. It is full of information, written in a readable, yet concise form; so interesting is it that, when a person has finished one article, he feels that he is losing something if he is unable to turn to another and continue.

In the old edition great care had been taken in the selection of good men to contribute the various articles. When one looks over the additional list of contributors and sees the names of such men as Marrant Baker, Radcliffe Crocker,

James Goodhart, Robert Maguire, Sidney Martin, John J. Pringle, Bland Sutton, Frederick Treves, Sir William Turner, and many others, it is hardly necessary to say that the book has lost nothing in its revision.

The work is a systematic treatise as well as a dictionary; and while most of the articles are upon medical subjects, some conditions are described that fall more properly under the care of the surgeon. This detracts nothing from the value of the book.

The growth of medical literature during the past decade has been something enormous, and the busy man finds it necessary, in order to keep abreast of the times, to have the current literature of the day boiled down to reasonable length. In the new edition of Quain's Dictionary, he will find this object most admirably fulfilled.

In perusing the various articles, however, the *Insular idea* is apparent; and though occasionally a French or German author may be referred to, the work of the men on the "little heap of muck" is that to which most attention is paid. Bland Sutton, in his article on Entozoa, does refer to some of Prof. Osler's work, but references to American and Canadian literature are few and far between. By a perusal of some Canadian literature Dr. Mott could have materially increased the value of his article on Pernicious Anæmia.

It will be impossible for me to go into the detail of the work, but in passing I may mention a few of the articles.

Sidney Martin's contribution on Albuminuria is very well written, and is full of information. The articles on Diseases of the Anus and Disorders of Defecation have been re-written by Treves. J. J. Pringle, of the Middlesex, has written an article on Depilatories, in which he gives careful directions for the carrying out of the treatment. This is one of the characteristics of Pringle's teaching, and is one of the reasons for his success as a dermatologist. Robert Maguire has contributed a classical article on Diphtheria. I am glad that he advocates the local application of bichloride of mercury in the treatment; coming from so good an authority, it will have a tendency to convert non-believers as to its utility. Manson has given us an exhaustive account of the *Filaria Sanguinis Hominis*. Instructive articles on Heredity and Immunity are

contributed by Sir William Turner and Sidney Martin respectively.

It is astonishing how successfully the danger of repetition in a book of this kind has been guarded against in the volume before us.

There are some things that, in such a scientific work, one would hardly expect to find, namely, long articles under the headings Dropsy, Ascites, etc. Dropsy is no more a disease than pain is a disease; then why not simply define fully what is meant by such terms, and describe them under the diseases in which they occur? This is a small matter, however, and when compared with the great value of the book as a whole sinks into insignificance.

There are a great many more illustrations than in the old edition, and Vol. I. numbers 1,261 pages.

The work is published in two volumes, bound in half morocco, and will make a handsome addition to a man's library.

D. Appleton & Co. are the publishers. This name gives a strong enough recommendation as to the style of publication.

AN EPITOME OF CURRENT MEDICAL LITERATURE.

MEDICINE.

General Paralysis.—Sacki (*Münch. med. Woch.*) discusses this disease as it occurs about puberty. There are only some seventeen of such cases exactly recorded. The author relates a case in a girl, aged 15, who had developed well both physically and mentally up to 2½ years before coming under observation. At that time she became forgetful, inattentive, irritable, and suffered from slight headache. Some months ago she had an attack in which she lost her speech, consciousness being maintained. Two months later there was another similar attack, and since then her speech remained affected. Menstruation had not appeared. When she was first seen her pupils were irregular and did not react to light. There was no tremor. The gait was straddling and the knee jerks exaggerated. There was no paresis. The speech was characteristic, and the writing

uncertain and shady, letters and words being omitted. The memory was defective, and she could only calculate simple figures slowly. Iodide of potassium and mercurial inunction were tried without effect. Congenital mental weakness could be excluded. In an adult the case would certainly be classed as general paralysis. The absence of pressure symptoms were against chronic hydrocephalus or cerebral tumor. There were no local symptoms pointing to tumor. The diagnosis from cerebral syphilis (late hereditary syphilis) is not so easy, but here the disease began with mental weakness. Perhaps congenital syphilis formed here an etiological basis for paralytic dementia. The disease in children corresponds to the demented form of adults. Large ideas are rarely seen, depressed mental conditions at times. The disease lasts longer than in adults. It begins about 13 to 15 years, with the development of puberty. Physical development is nearly always interfered with, and menstruation does not appear. Mental and bodily overstrain, excesses, etc., do not play any part here. The two factors are heredity and syphilis, but it must be remembered in regard to syphilis that the number of cases on record is small.—*British Medical Journal*.

The Properties of a True Antipyretic.—

B. W. Richardson (*Asclepiad*) says the substance to be used medicinally for the purpose of reducing temperature must have three qualities: (1) it must be antiseptic; (2) it must be volatile; (3) it must have the slightest solubility in blood. If it be not antiseptic, it is negative in its action as a suppressor of heat. If it be not volatile it accumulates in the blood and tissues, acts then as a foreign body toxic in its nature, and itself causes secondary symptoms which are mischievous and unnecessary, taxing active eliminative organs, like the kidneys, to an undue degree. If it be very soluble in the blood and in the fluids of the tissues, it is the more objectionable on account of its fixation and slow elimination. The value of *ammonia* as a medicine rests largely on its possession of the three qualities that have been enumerated. It is a splendid antiseptic and it is volatile, but it is too soluble and too powerful a solvent. Given in sufficient doses to check the animal fire, it dissolves the red corpuscles, prevents the free

absorption of oxygen from that effect, and by its presence in the blood also tends to prevent oxidation. *Chloroform* is a splendid antiseptic; it is volatile, and, feebly soluble in blood, it does not produce any fixed toxic symptoms, nor tax the eliminative organs, unless it be pushed to anæsthesia. The author has used it for over forty years as an antipyretic, and with much satisfaction, but the difficulties of its correct administration have stood much in the way. *Hydrate of chloral* is more manageable. It is an antiseptic; it turns into chloroform and sodium formate in the body, so that it is both volatile and eliminative, and, unless it is pushed too far, it is not toxic. In his first observations made on it, immediately after Liebreich's discovery of its narcotic effects, Richardson discovered its remarkable power of reducing animal temperature, and pointed out that when it kills by a large dose the mode of death is by reduction of the body temperature. Since then he has employed it regularly as an antipyretic, and the results he has witnessed from its use surpass all others. "It is without doubt," concludes the author, "when correctly administered, an admirable remedy for pyrexia, and in enteric fever it is, I believe, the best."—*British Medical Journal*.

Piperazine in Nephritic Colic.—Of late authors have written much extolling the value of piperazine in certain conditions. Dr. John McKinlock contributes an article to the *New York Medical Journal* showing the efficacy of piperazine in renal colic. The results are certainly well made, but the great cost of this drug will be an objection to its too constant use. The deductions from its use are as follows:

1. Piperazine dissolves concretions not only of uric acid but also of phosphates, etc., in consequence of its power of disintegrating the mucus or albuminoid-cementing material which binds them together.

2. Piperazine relieves renal colic and other local pain associated with the formation of concretions in the urinary tract, owing to its power of dissolving the sharp edges of calculi and giving them a slippery character.

3. As a consequence of the effect indicated above, piperazine determines the evacuation of "stones" from the kidneys, ureters or bladder,

very soon after administration and before time has elapsed for complete solution.

4. Piperazine is not only superior as a solvent of uric acid and urates to all previous remedies, but also is free from their disadvantages.

5. Piperazine does not render the urine alkaline and so favor the deposition of phosphates.

6. Being free from caustic or irritant action, piperazine has been used successfully and without any ill effects for the irrigation of the bladder in the treatment of vesical stone—*Maryland Medical Journal*.

Rheumatic Conjunctivitis.—Was called to see Mrs. J. and found intense inflammation of the right conjunctiva with radiating pains through the head; ordered:

℞ Sodii borat. gr. x
 Extr. opii. aq. gr. j
 Aquæ camphoræ f ʒ ij
 Aqua f ʒ j.—M.

Sig. A few drops in the eye three times a day.

I also gave internally small doses of the sulphate of morphia to quiet the pain. The above not proving very effective, I ordered in its place:

℞ Zinci sulphat. gr. j
 Atropiæ sulphat. gr. j
 Aquæ rosæ. f ʒ iv.—M.

Sig.—A few drops in the eye three times a day.

Suspecting a rheumatic element present in the disease, I added to the treatment colchicin, gr. $\frac{1}{15}$, every three hours, and during the treatment the patient improved rapidly. As soon as some nausea was produced by the colchicin I diminished the dose to gr. $\frac{1}{60}$, every three hours. I had treated the same patient three months before for acute articular rheumatism.—A. L. HODGSON, M.D., *Maryland Medical Journal*.

Simple Cure for Hiccough.—So many accounts of death from hiccoughs have appeared and so numerous have been the remedies suggested that it seems almost futile to add another, but this account by a writer in the *Medical and Surgical Reporter* is worth trying for its simplicity. He says:

"I was just about to send a cure for hiccoughs to the New York man whose case had been puzzling

the doctors, when I heard that he had been cured by laughing heartily at a colored man's description of what seemed to the patient a most ridiculous cure," said a Pittsburg physician. "You hear of numerous cures for hiccoughs, such as holding your fingers in your ears and having someone give you a drink of water, holding one's breath for a period, etc., but I doubt if any will stand the test as well as a practical cure, which for twenty years has never failed me once in all the hundreds of cases I have tried it. It may seem just as ridiculous as the cure proposed by the colored man in New York—so ridiculous that many will not think it worth while to try; it may be, nevertheless, a sure cure.

"All you have to do is to lie down; stretch your head back as far as possible; open your mouth widely; then hold two fingers above the head, well back, so that you have to strain the eyes to see them; gaze intently upon them and take long, full breaths. In a short time you will be relieved of that troublesome hiccough.

"Now I have tried that cure on all sorts of cases, from the simple form to the chronic, and it works well with all. I remember it was given to a man on the way to New York to consult a specialist on his case—one of six months' standing—and it cured him in a few minutes. He turned around and said: 'What do you charge for that?' 'Nothing,' was the reply, 'except that you publish it to sufferers.'"—*Maryland Medical Journal*.

SURGERY.

The Operative Treatment of Gastric Ulcer.—Küster (*Centralbl. f. Chirurgie*) reports a case of successful operative interference for profuse and repeated bleeding from an ulcer of the stomach. The patient, a woman, aged 21, after over-exertion in lifting a heavy body in 1889, suffered much from abdominal pain and vomiting, and subsequently lost flesh. In 1891 she was treated for dilatation of the stomach and floating kidney on the right side. Nephrorrhaphy was performed but gave only temporary relief. In October, 1892, there occurred severe and frequently repeated attacks of bleeding from the stomach, by which the patient was much pulled down. In August, 1893, laparotomy was practised

and the stomach exposed. After this organ, which was much dilated, had been opened, a large and deep ulcer with undermined edges, at the bottom of which a cherry-stone could be seen, was found on the posterior wall near the pylorus. The surface of this ulcer, which adhered very closely to the pancreas, was then burnt with the thermocautery, and, as the opening into the duodenum was so small that it could not be found, gastro-jejunosomy was performed, the opening between the stomach and intestine being about $2\frac{1}{2}$ inches in width. The patient made a good recovery, and when last seen was able to work and take her usual food. There had been no return of the bleeding. The author draws the following conclusions from this case: (1) The hæmorrhage from a gastric ulcer may be arrested by a single application of the actual cautery; (2) that in cases of gastric ulcer situated near the pylorus, gastro-enterostomy is preferable to pyloroplasty, as the latter will not prevent the bad results of cicatricial contraction and stenosis; (3) that a wide anastomotic opening between the stomach and intestine, so far from being disadvantageous, will ensure the patient against the risks of subsequent constriction along the line of sutures.—*British Medical Journal*.

Excision of the Bladder for Epithelioma.

—Weir (*Med. Rec.*) reports a case of external resection of the bladder walls for epithelioma. Patient was a man, aged 55, who had suffered in the course of eighteen months from several recurrent attacks of hæmaturia. About ten months before he came under the author's notice, two tumors had been removed from the bladder by suprapubic cystotomy. On examination, there was found in the abdominal wall, just above the symphysis, in the cicatrix of the previous operation and at its upper part, a tumor the size of a walnut, elevated above the surrounding skin and reddened on its surface, with an indurated area about two inches in diameter surrounding its base. A cystoscopic examination revealed a tumor on the postero-superior wall of the bladder. There were some enlarged glands in each groin. After the bladder had been elevated by a rectal bag and distended by six ounces of Thiersch's solution two curved vertical incisions were made in the abdom-

inal wall above the symphysis. These enclosed the growth, which was readily separated from the muscle, and was found eventually to be attached to the summit of the bladder. The peritoneum was then peeled off from the posterior wall of the bladder down to the prostate, and on each side as far as the seminal vesicles. The whole exposed portion of the bladder was excised, including a papillomatous growth in its centre as large as a walnut, as well as the growth rising out from the summit of the bladder. The section of the bladder walls passed at least from one-half to three-quarters of an inch beyond the growths in every direction. The bladder was sc. without difficulty from the bottom with interrupted catgut sutures, which were purposely passed through all its coats, and, in one or two places on its summit, with silkworm gut, introduced only through the muscular coat for additional support. A small opening was left towards the pubes, through which was passed a double rubber-tube drain. The wound in the abdominal wall was packed with iodoform gauze and its upper end united by silkworm-gut sutures. Sterilized dressings were applied. The patient did well after the operation, the wound being quite healed at the end of the eighth week, when he was able to hold his water for three or four hours. The capacity of the bladder was from four to five ounces. About two weeks after the first operation the glands in each groin were extirpated. Reference is made to another case in which the author performed a similar operation for removal of an epitheliomatous growth from the posterior wall of the bladder. The patient did well for a time, but was attacked by fatal erysipelas, and died seven weeks after the operation.—*British Medical Journal*.

MIDWIFERY.

Perforation of Uterus by Curette; Pro-lapse of Intestine: Recovery after Operation.—Alberti, of Potsdam (*Centralbl. f. Gynäk.*), states that a practitioner used the curette after retention of fœtid membranes in abortion. The patient, aged 32, had borne five children. In drawing down what he thought was relics of decidua he found that it was a coil of intestine. He applied the tampon around the gut, and sent

the patient in a hospital. Alberti, three hours after the perforation had occurred, performed abdominal section. There was a rent about an inch long in the right cornu uteri. A coil of small intestine filled the rent, was held tight by the os internum, whence it had to be liberated by a hernia knife. The strangulated intestine was over six and a half inches long, distended, hyperæmic, and very dark at the line of constriction. The uterus was very soft, and exceedingly thin around the perforation. It was closed with four Lembert sutures. The patient made a good recovery. Four weeks later, free metrorrhagia set in, and the curette was used again. Six weeks afterwards it was once more employed, and iodine applied. This occurred at the end of 1892. The patient is now in good health; she has not conceived since her illness.—*British Medical Journal*.

Hæmorrhage in Pregnancy.—Cases are by no means rare where slight hæmorrhage, or something resembling menstrual flux, occurs at the time for the regular catamenial period for the first two months of pregnancy, and in some cases extends during the entire period. This condition does not necessarily indicate placenta prævia, for where that exists Playfair says the hæmorrhage rarely begins before the end of the sixth month, and sometimes not till labor has commenced. Depaul, in seventy cases, says in one case only the hæmorrhage occurred before the sixth month; in seven from six to seven months; in twelve from seven to eight months; in twenty-six from eight to nine months; and in twenty-four at term or near. A month before actual labor is not unusual for slight pains, resembling labor pains, to occur at regular intervals, even with the slight appearance of blood. Of course, in these cases the strictest rest should be enjoined, and, if necessary, some remedy used to check the pain.—*N. Y. Med. Times*.

TONIC MIXTURE:

R. Wine of kola.....	
Wine of cinchona.....	
Wine of gentian.....	
Wine of colomba.....	āā 250 grms
Fowler's solution.....	10 drops
Tincture nux vomica.....	5 drops

A claretglassful after each meal.

Medical and Surgical Reporter.

Personals.

Dr. Gordon, of Vancouver, B.C., has removed to Toronto.

Dr. G. H. Bowen, of Seeley's Bay, has gone to Gananoque.

Dr. W. J. Christie, of Brockville, has removed to Seeley's Bay.

Dr. Garnier, of Lucknow, has been paying a visit to Western Algoma.

Dr. H. J. Hamilton, formerly of Woodhill, is about to locate in this city.

Dr. J. P. Waddy has left Rosseau and located at 187 St. Patrick Street, Toronto.

Dr. J. H. Austin, of Brampton, has returned from England, after a prolonged stay.

Dr. T. R. R. Berry has removed from Providence Bay, Manitoulin Island, to Little Current.

Surgeon-General Bergin has been in Toronto during the past week, inspecting the new Drill Shed.

Dr. Gerald O'Reilly, brother of Dr. C. O'Reilly, of the Toronto General Hospital, has removed to Detroit.

Dr. Beemer, of London Asylum, takes charge of the Mimico Asylum and has removed to the latter institution.

With pleasure we announce that Dr. Montague, M.P., has quite recovered from his recent very severe illness.

Dr. W. H. Scott, one of the graduates of this year, has commenced practice at 30 St. Mary's Street, Toronto.

Dr. D. A. Kidd has removed from French River and taken up his abode in the City of Physicians—Toronto—32 Carlton Street.

Dr. Murphy, of the Mimico Asylum, has been transferred to Brockville to fill the position of superintendent of that institution.

Rumor has it, and we believe speaks truly, that Dr. W. H. B. Aikins has retired from editorship of the *Dominion Medical Monthly*.

Dr. W. C. Millard, late of Newmarket, has removed to the more salubrious climate of British Columbia and has started practice at Comox.

Charles Carter, M.D., has removed to French River.

Dr. Buchan, who for years was the representative from Toronto University to the Medical Council, has been removed from Kingston Asylum to take charge of London Asylum.

Obituary.

DR. R. W. HILLARY.

Landmarks, human as well as natural, exist throughout all our fair Province, and one by one they are gathered in, leaving a gap hard for the neighborhood, and often a large county, to fill. Such a one was the subject of our sketch. On Sunday morning, October 21st, Dr. Hillary closed his earthly career almost suddenly by reason of a cerebral hemorrhage. As a professional man his opinion was solicited far and wide; and had it not been for his innate modesty and retiring disposition, his name certainly would have been a star of much greater magnitude. As a citizen he was respected by all, serving in the Town Council, although repeatedly refusing the chief magistrate's chair of his chosen abode.

Robert William Hillary, M.D., was born on October 31st, 1832, in Dublin; educated in Trinity College, Dublin, and in High School, Navan. In 1849 he began the study of medicine under Sir Geo. Owens, M.D., of Dublin; came to Canada in 1856, was licensed by the Government of Upper Canada Medical Board in 1857, and immediately began practice at Laskey, King Township. He remained there one year, and removed to Spring Hill (King Station), and one year later removed to Aurora, where he had enjoyed for the last thirty three years a very extensive practice. In 1872, on the restoration of Trinity Medical College, he was one of the first to join, and took his degrees from there. Dr. Hillary was a member of the English Church, a Conservative in politics, and a member of the Masonic brotherhood. He was married on January 2nd, 1861, to Annie, daughter of the late Colonel Fry, of Aurora, formerly of Boyle, Ireland. The doctor was for twenty-five years surgeon for the 12th Battalion, and retired lately, to be succeeded

by his son, R. M. Hillary, M.D. He served as President of the Ontario Medical Association, was a member of the Medical Council of College of Physicians and Surgeons of Ontario, Coroner for County of York, and repeatedly filled the Master's chair in the Masonic Order, and was also a member of the A.O.U.W. Along with his skill as a physician there was always prominent his kindness of heart, which endeared him to even the children, while many a poor home recalls the ministration of more than medicines. His children were Madame de Chadenedes, now of Lucerne, Switzerland; Dr. R. M. Hillary, who had lately been associated with him in his practice here; Harry, now in Denver, Col.; Mrs. Martin Macleod, of Pincher Creek, Alberta; Norman, assistant accountant, Traders' Bank, Toronto; Miss Nan, nurse at Children's Hospital, Ottawa, and Lindsay, who, with his widow, mourn his departure.

DR. E. A. MCGANNON.

Dr. E. A. McGannon died in Victoria Hospital, Montreal, on November 10th, not having recovered from the shock attending the serious operation performed on him. He was born near Prescott forty-one years ago; was educated at Ottawa College and at St. Therese, near Montreal. He learned the drug business with Fetherstone, of Ottawa, and was for a time head druggist of Kerry, Watson & Co., Montreal. He entered on the study of medicine at McGill in 1877, and graduated in 1881. For two years he was on ocean vessels as surgeon; first on the Allan Line and afterwards on the Dominion Line. He then located in Lowell, Mass., where he practised his profession until 1885, when he went to Brockville and built up a large practice. He has been Grand Trunk surgeon there ever since. Last year he was elected Vice-President of the Railway Surgeons' Association of North America, and was also a member of the Railway Academy of Surgeons. In 1892, he married Miss Walsh, daughter of Major Walsh, of this town. There are no children. The doctor was prominent in sporting circles, taking a great interest in horses. His loss is deeply regretted by a large circle of friends here. In politics he was a staunch Conservative, and in religion belonged to the Roman Catholic Church.

Miscellaneous.

LODGE PHYSICIANS.—In Los Angeles many doctors are called lodge physicians. It is said that there are scores of physicians to lodges having a membership of seventy-five, insuring from \$75 to \$225 a year to the medical man. High-class fees, eh?

On looking over the field, says the Southern California *Practitioner*, we find the following classes who occupy these places. They are:

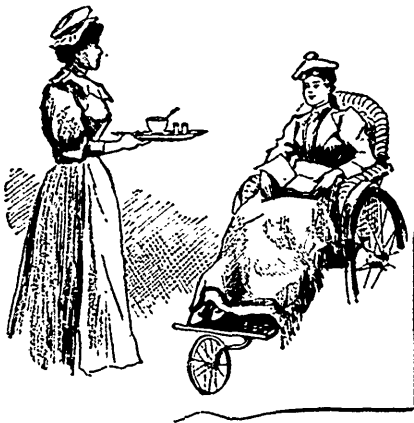
Regulars, who do so to keep the homœopaths from getting these places. Homœopaths, who do so to keep the regulars from getting these places. Eclectics, ditto. Well-to-do physicians who, by their constitutional bent, are compelled to employ any and all means to catch the almighty dollar. Physicians who are not well-to-do, who are actuated by the same motives. Doctors who think they must do so to keep their practice. And, lastly, young doctors who think that they can build up a practice quicker by such means than by any other.

Now, why need anyone hesitate to become

a lodge physician? What are the objections? First, because—to quote the language of one of the brightest of these doctors—"It is a d—d shame to render professional services for such fees." Second, to quote another contracted physician: "It is unfair to my professional brethren; but if I don't do it, someone else will." Third, it fosters superficial and tardy work. If called to see a full-pay and a contract patient at the same time, the former will get the more prompt and better attention. Low pay begets poor service. Fourth, it is a position obtained and held by political wire-pulling. Fifth, it is degrading to the occupant. He is employed, not on account of his ability, but for his cheapness.

Of all these classes the young practitioner has the best excuse for accepting such positions. It were better for him to "work the Church," for he will then not only reap his reward here, but stand some show of being converted and get a reward hereafter!

Things are getting pretty hot among the doctors. New York is not the only place where "things are at sixes and sevens."—*Medical Examiner*.



AS A FOOD

and Stimulant in Wasting Diseases and in the Later Stages of Consumption

WYETH'S LIQUID MALT EXTRACT

IS PARTICULARLY USEFUL.

It has that liveliness and freshness of taste, which continues it grateful to the feelings of the patient, so that it does not pall on the appetite, and is ever taken with a sense of satisfaction.

AS AN AID TO DIGESTION

Dr. C., of Ottawa, writes: "It is an excellent assistant to digestion and an important nutritive tonic."

Dr. D., of Chatham, writes: "It is a most valuable aid and stimulant to the digestive processes."

For Mothers Nursing, Physicians will find

WYETH'S LIQUID MALT EXTRACT

WILL GREATLY HELP THEM

The large amount of nutritious matter renders it the most desirable preparation for Nursing Women. In the usual dose of a wineglassful three or four times daily, it excites a copious flow of milk, and supplies strength to meet the great drain upon the system experienced during lactation, nourishing the infant and sustaining the mother at the same time.

SOLD EVERYWHERE, 40c. PER BOTTLE; \$4.00 PER DOZEN.

Mrs. Pickering, of Brantford, Ont., manufactures an excellent abdominal support. Any surgeon requiring one made to order, so as to ensure a perfect fit, could not do better than communicate with her.

OFF-HAND ADVICE.—Parlor advice is unsatisfactory to all concerned. The physician may be paying a social visit or about leaving a patient when some person casually asks what is good for this or that ailment, or demands advice as to what will prevent this or that disorder, and expects a categorical answer. Happy is he who can answer such a questio. without hurting his reputation. If medicine were such a simple science and remedies could be suggested with such little effort in course of a social visit or in passing, then the healing art could be reduced to a catechism with questions and answers so arranged in a large book that everyone could find the proper answer, and the practice of medicine, which requires so much skill and judgment, would cease. But as long as no two persons are alike and the human frame is not put together on the plan of a watch or sewing machine, so long will physicians be unable to tell

in passing what will cure or prevent an ailment that has been going on for months or years. It is hard to teach the laity the gravity of such questions, and the conclusion of the whole matter in the mind of the thoughtless is that physicians know little more of such subjects than others and that the practice of medicine is a failure.—*Maryland Medical Journal.*

SANMETTO IN GENITO-URINARY DISEASES.—Ira D. Hopkins, M.D., writes: "I can say that during a thirty-four years' practice of medicine I have not found a remedy that equals Sanmetto in the treatment of all genito-urinary diseases of men and women. I have used over fifty bottles of Sanmetto."

EXCORIATIONS IN CHILDREN. In the *Progrès Medical*, No. 16, 1894, the following is also recommended:

- R Carbolic acid (grs. xlv) 3.0
- Powdered boric acid (ʒiv) 15.0
- Powdered alum (ʒiv) 15.0
- Precipitated carb. chalk. (ʒivss) 150.0
- Starch (ʒviiij) 250.0

—*Medical and Surgical Reporter.*

SOMATOSE

A new Meat Extract in powder form, tasteless, and very concentrated. Specially suited for Invalids.

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C. E. Postley, M.D., writes: "I desire to thank you for samples of the drug, often but poorly imitated, made by your firm and known as 'Antikamnia.' The adoption of the monogram on the new tablets, and the recall of all the old stock from the market, will prove of benefit to you and the many physicians who may hereafter desire to afford relief by its use."

RATIONAL DIETETICS.—In no branch of the healing art is there a greater divergency in the views of medical men than on the question of dietetics. All shades of opinion are represented, from the silence of the nihilistic school, which left everything to the choice of the patient or his relatives, or the routine practice of the older generation of physicians, who rarely went beyond the administration of water, soups and gruels, to the accurate estimation of the qualities of albumen, carbohydrates, fats, salt and water required in the dietary. This is not surprising, for the aim of dietetics is to determine the correct proportion in which the different food substances must

be admixed and introduced into the organism in order to make good the materials consumed in the tissue changes, and to indicate in each case the nature and amount of the nutriment necessary for this purpose. And it is difficult to fulfil this aim even in the case of healthy persons on account of the complicated character of the conditions present here. It is still more difficult when we have to deal with a diseased person, especially one suffering from fever, where the indication is to make good the increased consumption of material or where it is desirable to produce a more rapid formation of blood, so as to enhance the energy of the tissue changes and thereby stimulate the activity of the organic functions. The selection of food substances is not a matter of indifference here; it demands the closest consideration and is so much the more important since the nutrition is impaired not only by the presence of the disease, but by the fact that the stomach is usually affected. Inasmuch as gastric digestion is less active than in the normal state and intestinal absorption is distributed, it follows that food administered to persons with fever,

The Latest and Best....

HAPPY RELIEF ABDOMINAL SUPPORTER

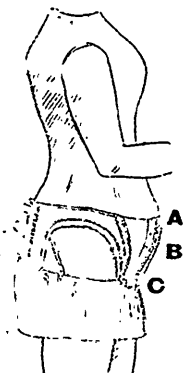
24 SPADINA AVE.,
TORONTO, April 7th, 1894.

I have used *Mrs. Pickering's Happy Relief Abdominal Supporter* in my practice, and have found it to give entire satisfaction. A patient who had suffered for many years from an enormous hernia, being almost disabled thereby, has found the most complete relief from its use, and is now able to perform her household duties. She had tried other supporters, without the slightest benefit.

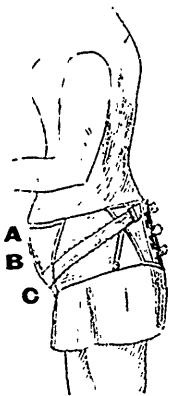
C. McKENNA, M.D.

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

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gastric or intestinal troubles should be readily digestible. They should not distend the alimentary canal or act as useless ballast, but should be so constituted that a minimum quantity possesses a maximum of nutritive value. Albumens, fats, carbohydrates and salts must be mixed in such proportions that their administration is followed equally by heat production, formation of fatty tissue and albuminous compensation, and that the blood and muscular system remain in a good condition.

The diseased organism must be strengthened in all its parts; the muscles must not be allowed to become pale and thin, the blood watery or deficient in corpuscles and coloring matter, the bones poor in lime salts, and there must not be too great a loss of fatty tissue. To accomplish this object the introduction of readily digestible albuminous food is requisite, and in sufficient quantity to meet the increased consumption of albumens, especially present in fevers, for numerous experiments have uniformly led to the result that more albumen is used up in febrile conditions. Inasmuch as a far larger quantity of products of nitro-

genous decomposition is excreted than the amount of nitrogen in the food, this decomposition must take place at the expense of the organism as soon as the original supply of albumen circulating in the blood has been used up. While in the diseased organism the albumen of the organs undergoes decomposition, in the healthy organism this applies only to the albumen taken in the food. We must, therefore, administer to our patients as much albumen as they are able to digest; in that way it is possible to preserve the albumen of the body, for although there is, on the whole, a greater nitrogenous excretion, less of this nitrogenous waste is derived from the organism. Efforts have been made to attain this object by the administration of preparations of meat peptones, which represent food products in which the albuminous elements of meat (which represents our most concentrated albuminous aliment, containing five times as much albumen as milk) are present in a soluble and readily digestible form. As, however, the meat peptones previously in the market have many disadvantages, attention is directed here to a new meat preparation named

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somatose, which is devoid of the objectionable features of the meat peptones, and seems destined to occupy a high place in dietetics: and for this reason it is desirable that the laity should also be acquainted with its character and manner of employment.

Somatose is a yellowish, odorless, granular powder, readily soluble in aqueous fluids which contain all the nutritive elements of meat in a predigested form, thus differing from the meat broths formerly in use, which, whether prepared from fresh meat or meat extracts, represent only the savory but not the valuable nutrient constituents of meat. Hence the so called strong beef broths, which are still regarded as nutrients, although anything but nourishing and unable to produce a gain in flesh, should be entirely discarded. On the other hand, somatose constitutes a food for the weakened organism which is capable of producing a real strengthening effect, since it is really absorbed without taxing the digestive organs, exerts a direct action on the formation of blood, and at once takes part in nutrition. Aside from this undoubted advantage of somatose over meat

broths, it is superior to peptones especially, because it can be dissolved in milk, cocoa, gruels, bouillon, according to the patients' preference, does not provoke repugnance, as is so frequently observed in the administration of peptones. It is relished by the most fastidious patients, and need not be discontinued like badly-tasting peptone preparations.

This point is of supreme importance, for any interruption in the supply of albuminous food not only arrests any further increase of nutrition, but produces a marked retrogression, neutralizing the favorable results so laboriously obtained and postponing a complete cure to an indefinite period. From what has just been said the laity will appreciate the great value of a food product like somatose, which needs never to be discontinued in all cases where it is necessary to rapidly replace tissues which have undergone degeneration from fever or other severe disturbances; for the more promptly that this restoration occurs the more rapid will be the course of the curative process. There are other facts, however, that will speak in favor of this new meat preparation. Somatose

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consists chiefly of albumoses, and contains only an extremely small amount of true peptone, and, as has been determined by comparative analysis, it far surpasses all competing products in its percentage of albumoses.

This is important, for the value of a rational meat preparation depends not in the least upon its high percentage of pure peptones, but upon the presence of considerable quantities of digested albumen or albumoses. The albumoses are much more soluble and absorbable than native meat albumen, and are of greater value for purpose of nutrition than the final product of digestion, peptone, since they have a higher nutritive capacity than meat, while that of the peptones is only equivalent to the latter. A pure peptone preparation would therefore seem to be indicated only in cases where the digestive organs are completely unable to perform their function, while an albumoses preparation, such as somatose, is preferable in all cases where it is necessary to improve the nutrition, to produce a gain in flesh, and to give the digestive organs some work to do, even if it be very light. To save these organs

even from a small amount of work does not appear to be justifiable in the vast majority of cases, for they always require some stimulation for the exercise of their function in order that complete relaxation may not occur. It is also of especial importance to know the extent to which an animal food product is absorbed and its influence upon the stomach and intestines. In this direction, also, somatose has proved far superior to peptone preparations, since it does not irritate the stomach and intestinal tract and does not produce diarrhoea, which is so frequently observed during the use of peptones. We must, therefore, regard somatose as an admirable nutrient and restorative in all conditions where irritation of the digestive tract must be avoided, and where a digestible and readily-absorbed food is required.

This proposition will prove of especial value in all acute febrile diseases, in the acute digestive disorders which are so frequently attended with fever, although it is no less indicated in many other affections, especially anæmia, chlorosis, certain nervous troubles, etc., since disturbances of digestion are usually present in these cases. It

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is well known that an animal diet is badly tolerated, especially by anæmic persons, although on account of its high percentage of albumens it is essential for a cure, and that peptone preparations are particularly repugnant to them. For these patients, somatose is the most useful food; for although they cannot dispense with iron—that specific in chlorosis—the efforts to increase the quantity of iron in the blood are materially assisted by the simultaneous administration of somatose, because this also has a favorable action upon the blood, increases the energy of the tissue changes and the activity of the organic functions, and shortens the healing process. Elderly and debilitated persons who are unable to masticate their food properly, and therefore cannot digest and assimilate meat and other solid foods, will find somatose (cooked in grits, rice, tapioca or dissolved in wine, cocoa, bouillon) superior in nourishing power to any other dietetic preparation.

Finally it must be emphasized in particular that somatose is of great service in the artificial feeding of infants, and inasmuch as it contains in abundance the nutritive salts of meat, so essential for

the formation of the bones, the teeth and other structures, especially the phosphates of lime, it promotes the growth of the bony and cellular tissue; its use enables us to avoid overloading the child's stomach with indigestible foods, and in this way prevents many of the digestive disorders from which artificially-fed infants so frequently suffer.

For all these reasons we have considered it as urgently demanded to call the attention of the general public to this concentrated, artificially-digested food product of undoubted nutritive value, which stands unsurpassed as regards its assimilability and its prompt restorative effect in case of debility. Another reason which has induced us to discuss this preparation has been the fact that the lay public, owing to their lack of knowledge respecting the composition and properties of food substances, are apt to select improper foods for the sick, preparing them usually in the old-fashioned way, and without consideration to the patient's condition and his power of digestion.

—DR. ALBERT BOSSE, in *Schleswig-Holsteinische Hausfrauen, Zeitung*.

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