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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.

A. CRESSOR, ASSOCIATE EDITOR

All Communications should be addressed to the Editor, 117 Cowan Avenue, Toronto.

VOL. III.]

TORONTO, JANUARY, 1895.

[No. 6.

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.

DIPHTHERIA: ITS EARLY DIAGNOSIS, ISOLATION AND PROPHYLAXIS.

Now that the above disease is so prevalent in our city, the present seems to be a fitting time to urge upon the Medical Health Department the necessity of paying the strictest attention to the subject. We are quite aware of the fact that the law requires medical men to report cases which come to their notice at once. The Medical Health Officer, on being notified, investigates and takes the ordinary precaution for the safety of the public.

Whether the fault lies at the door of the Department or not we cannot say, but we are confronted with the fact that most lamentable results have followed because of the inefficiency of the system now adopted for the prevention of this dread disease. One will suffice to substantiate our statement. A child who had been attending Lansdowne school was allowed to be removed from the city to a northern town. At what stage we know not, but it was certainly before danger of contagion was over, for now three deaths from the disease are recorded in one family and upwards of forty cases reported in that vicinity, apparently all traceable to the case referred to. That the

necessary isolation was not carried out in that case, is evident to all. The reason we do not know.

We admit that medical men and even medical health officers may find difficulty in making a positive diagnosis early enough to prevent further trouble, but the system now adopted by those in charge of the public health in New York and England commends itself to us as one calculated to reduce the danger to a minimum.

The attending physician at once notifies the Health Department of suspected cases. An inspection is made, the officer inoculating tubes of blood serum which he carries with him. If the Klebs-Loeffler bacilli are present, the colonies grow with such rapidity that they can be separated from other organisms. A simple microscopical examination of the membrane helps materially in the early diagnosis and takes but a short time. It is not entirely to be relied upon, the streptococci and diflococci which may be present giving rise to confusion. In from twelve to twenty hours cultures can be made from the tubes and diagnosis confirmed. All cases are then strictly isolated in a hospital. The Local Government Board in England are now taking the same precautions.

A bacteriological examination should be made in all cases. A positive diagnosis arrived at early would often affect treatment as well as prophylaxis,

for we know that the amount of toxalbumin from which constitutional trouble arises depends upon the extent of the local lesion.

The appointment of a city bacteriologist by the Board of Health is a matter which should at once engage their most serious attention on assuming the responsibility of office for the coming year.

SHOULD THESE THINGS BE?

Some time ago we had a few things to say under the above head as to the prevalence of newspaper advertisements indulged in by would be regular practitioners. Many were the explanations received, and we learned more about the *difficulty* of keeping one's name out of the public prints than we had ever dreamed could exist. We have imagined that there has been less of this kind of advertising since, though one or two have ventured upon it, perhaps in the hope that the ice of financial gain would be sufficient to bear the great responsibility they have assumed.

No doubt there are difficulties to overcome, and we have known of instances where a man's name, etc., has appeared, much against his will. On the other hand, names appear in connection with accidents much more frequently than necessary. Last summer one of our associate editors attended an accident, and when parting with the policeman who had assisted him, he asked that his name be not given to the papers. The man in uniform remarked: "Well, you're a queer one; most of the fellows are particular that it goes in right."

When, however, a despatch comes from a Columbian city announcing wonderful cures by certain men, there is only one construction to put upon it. Nor do all the *cures* come from across the line. Not long since a three-column interview with "Dr. —, who has parlors in — building, at — — — Sts.," appeared in one of our dailies. Perhaps his interviewer was hypnotized, too, when "those kind, brown eyes that yet can look with strange intensity into yours," was written. We have heard of this man's powers before, and when, soon afterward, we learned that he was seeking election to a position of trust, we strove for an expression with which to describe our feelings, for "colossal gull" seemed but a diminutive.

Before this shock was fully recovered from, we received a circular headed, "Dr. Jas. S. —, C—n, Ont.," which sets forth that the issuer thereof is a most learned man in "scientific treatment." It is said that these circulars have been distributed indiscriminately among the laity of the county. Nothing short of the striking of his name from the college register is a sufficient punishment; for, if he is allowed to escape with but an apology, justice may be satisfied, but money that was intended for more honest pockets is probably pouring into his own.

Why do men do these things? Are they drowned financially, and is their self-respect entirely gone? It may be true that by accident a man's name sometimes appears, but the last few cases mentioned will hardly come under the head "accidental" or "natural causes."

THE TEACHING OF ANATOMY.

Prof. Keiler continued his paper on this subject in the *New York Medical Journal* of October 27th last. The first part of this contribution outlines a time-table which, of course, is of interest only to those who are directly engaged in school management. He then goes on to tell of the work covered, first of all, by the junior students. They are required to get up all the bones and joints of the body, and everything about the upper and lower extremities. The second year students take up the head and neck, the trunk, brain, eye and ear, together with the elements of embryology.

The matriculation roll is closed two weeks after the session opens. It would be well if all schools and colleges of medicine would emulate that rule. For if medicine is worth studying at all, it is worth doing well, and it is an impossibility for a man to crowd six months' work into three by entering at Christmas. We are glad that the colleges in Ontario recognize this fact.

The students, having enrolled, are divided into sections—those who will dissect an arm, and those a leg. "No student is allowed to touch a body until he has passed a satisfactory examination (taken fifty per cent.) on the bones of the part he is to dissect." To aid the student in his work, the bone-room is supplied with a set of accurately painted bones, mounted in revolving glass cases.

In addition to this there is a bone *library* from which students may obtain material for home study.

The bone examination over, the student then commences dissecting. A lecture precedes the dissection of each region. As the bodies keep indefinitely, there is no hurry, and it takes till the Christmas holidays for each section to master its respective parts. A written and oral examination follow on the part dissected. After the holidays the sections change parts, the whole class amalgamating to get up the skull-bones, other bones and joints. At the close of the session an examination is held, at which it is necessary to get a term average of sixty per cent, and a final average of fifty per cent., to allow one to pass to the following year.

In the second year the sections take abdomen and thorax in one, and the head and neck in the other, the whole class amalgamating for the study of the brain, eye, ear and embryology. Then follows a long description of the methods of preserving, which are of more interest to the teacher of anatomy than to the general reader, hence we shall not reproduce these.

In the *Journal* of November 3rd, the professor continues his subject, commencing by describing what he considers a well ordered dissecting room. In this he maintains that each table should have a floor space of at least ten by fifteen feet. The light should be got principally from the roof. Anyone who has compared a roof lit room with one that gets its light through side windows, will readily agree with this. He prefers a wooden floor, though he uses asphalt, and has his floor sloping down to a gutter at one side; this seems to us superfluous providing a room is well kept. His tables are of wood.

A method for preparing and mounting dissected specimens is then described. Then, as to dissecting, he says: "I object to the *systematic* method of dissecting, where the student first dissects the muscles, with little or no attention to vessels and nerves, and makes a second dissection of vessels and nerves; and I prefer the *regional* method, and that for the following reasons": (1) There is no need to hurry if the bodies are properly prepared. (2) The systematic method involves a waste of material; and (3) begets a careless habit of dis-

secting. (4) Relations are better studied in the regional method. (5) Regional work, because of the extra labor required, is more likely to leave a lasting impression. (6) The regional method will give the best training to the student surgeon, for he will see the parts as they are as he goes along.

Then as to lectures, the class is divided, and what the professor lectures upon one day, the student dissects the next, while his demonstrator *quizzes* on the work as it is covered. Dissections are not used in the lectures, for the reason that only a few can see, but diagrams drawn upon the board, as required, are depended upon. This method has a double advantage, in that it not only gives a vivid picture, but encourages even the poorest draughtsman in the class to copy the diagrams.

LESSONS OF THE ANDREW CLARK MEMORIAL.

It has been said repeatedly of late, during the prevalent discussion of educational and technical questions, that our countrymen value character more than intellect and learning. This is undoubtedly true, and not true only, but a truth which is acceptable. For after all if the "end of labor be conversation," we must take conversation, in its stricter and yet wider sense, to mean the common life of action between man and man. How far "character" enters into the great achievements of genius were an interesting inquiry which we must at present postpone; there can, however, be no doubt that without certain qualities of character—without ardor, practical ability, and that perception of the relative proportions of things which we call "common sense"—much learning may be gathered in vain.

The mutual relation of help and affection in which Mr. Gladstone and Sir Andrew Clark stood together had not only its private side but also its public interest for us all.

The political leader and the late head of our profession had in common the features of character to which we have referred. Both leaders of unquenchable fire and of great and varied attainments, they were also endowed with an industry, an insight into affairs, a practical ability, and an ascendancy over men no less extraordinary. And,

perhaps, above all, in its influence upon the nation, as we happily still have witness in the survivor of them, there were an inflexible integrity and a lofty ethical purpose, which command our loyalty and admiration, and which inspired to the highest ends those powers which they have exercised in their respective spheres. Technical training and accumulated learning, these are every day more and more necessary, but day by day also we see more and more clearly that the English people are right in remembering that without the qualities of character which we have observed in these great men of our time all other gifts may be unavailing or even mischievous.

Mr Gladstone's speech, at the meeting so generously and so ably presided over by the Duke of Cambridge, was far more than a graceful tribute to a distinguished public man and personal friend. In its subdued passion, its stateliness, and its breadth and force of thought, it was rather a funeral oration. With masterly skill Mr. Gladstone set the great departed physician, as it were, monumentally, before us, upon the eminence of the profession which he represented and adorned. It is not for us at this time to take too complacently to ourselves the generous words in which Mr. Gladstone described the profession of medicine, words which the press has with no less generosity repeated and reinforced; nor, on the other hand, shall we at such a time make any protestations of unworthiness. We are proud and thankful to know that the late leader of our profession was of our house and of our kin; that he was not placed over us from without, but rose from our ranks; that he was moulded by the pressure of our ethical traditions and of our modern activities; that for good or evil he partook of our nature and was inspired by our life. Mr. Gladstone told us that "the position of our profession at the present day has become one of vital and commanding interest to the whole of society." Lord Salisbury recently took occasion to say like things of us; let us remember that if we accept the tribute we must take the responsibility likewise, and in looking upon this image of our lost leader endeavor to live up to the standard which he upheld, and "qui, quasi cursores, vitæ lampada tradunt," to hand on to our successors with radiance undimmed the lamp which has fallen

from the grasp of him who has gone before.—
British Medical Journal.

THE MEDICAL AND SANITARY INSPECTION OF SCHOOLS.

The following article, taken from the *British Medical Journal*, applies to Canada so well that we give it in full:

"The school inspector, as he exists to-day, is beginning to be regarded as more or less responsible for those abuses of teaching which the public has learned to group under the name of 'overpressure.' It cannot be denied that the working of compulsory education has revealed the need of something in the nature of compulsory interference with its methods. But everyone who has given thoughtful study to the subject must have been convinced that evils of both commission and omission attend the educational practices of all schools as at present conducted. The physical and sanitary requirements as well as the mental training of the children of one section of the community are subjected to some amount of Government supervision. But no such official control is exercised in the case of private schools for either sex, whose pupils have needs as great and are subject to the risks of neglect not less serious though they compete for scholarships instead of merely earning a Government grant. In their case the head master or the head mistress practically decides all questions of hygiene as absolutely as he or she determines the course of study. And, though each may strive to do the best according to his or her lights, their knowledge, their training, their ignorance and their whims vary within exceedingly wide limits; while the sanitary laws and the physical needs of childhood remain practically fixed quantities. *Quis custodiet custodes?* Dr. Clement Dukes, in a paper recently read before the College of Preceptors, told that body that the solution of this question would be found in a system of school inspection from the medical and sanitary point of view to be carried out under Government by duly appointed medical men, and to be applied to schools of all kinds throughout the land. He urged that the teachers and the taught would both share in the improvements thus to be initiated; from the infant, who now spends as many hours in a Government grant-earning school as does the child of fourteen, to the teachers, whose mortality in primary schools is no less than 20 per cent., according to the late Sir Edwin Chadwick's tables. Such a proposal, if it can be realized, would doubtless help to bring about many and much-needed reforms, especially in schools for girls.

The great majority of private schools is said not to be averse to such inspection; and, on those who object to it, the certainty of being shown to themselves, or, more effective still, to their neighbors, as others see them, would be likely to act as a stimulating discipline in the direction of improvement. Such a change, however, to be workable must have the support of intelligent public opinion; and thus—indirectly, it may be, but, nevertheless, substantially—the motive-power must come from the parents themselves. If only they can be made to realize the facts as they are, few of them will fail to see the advantages—national, social and pecuniary—of such a plan. Not the least significant argument in its favor might be deduced from the statement of one of Dr. Duke's critics (himself a teacher), who stated that the scheme proposed was totally impracticable, inasmuch as, in relation to such a question, 'the phase of the body is diametrically opposed to the phase of the mind.' True education recognizes no such irreconcilable opposition between the two sides of the dual nature, with both of which it has to deal for the true welfare of the human whole."

EDITORIAL NOTES.

A writ has been issued against Dr. Pyne and the College of Physicians and Surgeons for \$95,000, by Jacob Zielinski, of Toronto, on account of the refusal of the College to register his name as a practising physician.

In reference to Dr. Dowsley's interesting article upon the use of diphtheria antitoxine, it would seem as if from the dosage, the results were not altogether due to the antitoxine. We believe that most of the antitoxine serum used up to the present time has been horse serum, prepared according to the method of Roux, of Paris. Roux hitherto has found it necessary to use, at least, twenty cubic centimetres, and frequently as much as fifty cubic centimetres, to effect a cure.

"What is your vision?" Thank you, ours is sufficiently keen to see through the various circulars sent to a number of physicians in town by the Philadelphia Optical Company. The circular, coming first, seems as if prepared more particularly for the benefit of the public generally, and is arranged with *pretty pictures*, as to How to see it, and How you don't. If looked into with a careful eye it will be observed that the last two leaves are fastened together. Why?

The Medical Faculty of the University of Toronto being desirous of encouraging the study of the history of medicine, have arranged for a course of lectures on "Ancient Medicine and Medicine in the Middle Ages," to be delivered during the present session. The inaugural lecture of the course was delivered by Prof. R. Ramsay Wright, in the University Biological Department, on Tuesday, January 8th. The lectures will be continued every Tuesday evening until March 12th. Prof. Wright, took for his subject, "Mythical Medicine and the Worship of Æsculapius."

British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

NEW WESTMINSTER INSANE ASYLUM SCANDAL.

Within the limits of the old capital of British Columbia, on the gentle declivity of a hill overlooking the Fraser, with the snow-capped summit of Mount Baker on the southern horizon, stands the asylum for the insane, with its hundreds of unfortunate inmates. To the superficial gaze of the passer-by everything seemed to be conducted in the most approved modern fashion, and the treatment of the patients to be regulated in harmony with the latest methods in the treatment of persons afflicted with mental disease. But the revelations brought to the light of day by the late commission appointed by the Provincial Government, have tended to astound the public mind, and to lay bare a condition of things that would have been more timely a hundred years ago than now; and which have resulted in the suspension of the medical superintendent from his official duties. Before the days of Franklin and Pinel, lunatics were treated, or rather mistreated, in a manner the details of which, when related, make the blood run cold; but we console ourselves with reflection that the days of such barbarities are now over never to return.

When Pinel, in 1792, released fifty-three patients at Bicêtre, from the chains in which they were bound, the modern treatment of the insane began, and throughout the civilized world to day these most afflicted of God's creatures are looked upon

as patients, and not as violent criminals or demoniaics possessed with an unclean spirit, an idea which was prevalent amongst the Jews, Persians, Greeks, Romans and eastern nations generally; a belief, too, which extended into the Middle Ages of the Christian dispensation. It was about the time that Pinel introduced his treatment of kindness that a commission, appointed by the British House of Commons to inquire into the condition of lunatics throughout the kingdom, revealed a horrible state of affairs. It was brought out in evidence that when patients were conveyed to the Dublin asylum, they were tied to the back of a cart and made to walk the whole distance. The result was that about one in five lost an arm. The medical treatment at Bethlehem, according to the physician in charge there, was to bleed the patients twice a year; after that they took vomits once a week for a number of weeks, "and then," he significantly adds, "we purge them." After a century, the patients in the asylum at New Westminster, if they have not been subjected so largely to the bleedings, vomitings and the purging, have had extended to them a method of treatment which was harsh and cruel, and consisted principally in mechanical restraint and immersions in cold water till they were nearly suffocated. One of the commissioners stated that he had never seen many of the mechanical contrivances used—one might say daily—to restrain violent patients, except in museums. The list of them, as published in the public newspapers, reminded one of the instruments of torture which the executioners of the Inquisition, are reported to have used on heretical Jews and Moors, in the days of faith, when Ferdinand and Isabella ruled at Aragon.

In suspending the medical superintendent, the Provincial Secretary, Hon. Col. Baker, remarked in his letter that he did not think that gentleman was personally aware of what was going on in the institution under his care, the cruelties having been doubtless perpetrated by the attendants, but nevertheless he was technically responsible, and had to suffer accordingly. When we consider that one patient lost his life by reason of being closed up in a small closet, bound hand and foot, so that he was suffocated, or broke his neck, it is no wonder that the Government thought it was time to act. The condition of things in the asylum was well con-

cealed from the public though grand juries visited the institution regularly twice a year, and found everything apparently all right. Probably this will be another argument in favor of the abolition of this relic of an obsolete civilization, as it is called by many, for as prison and asylum inspectors they are far from being of any practical use. They are simply shown around as so many visitors would be, and everything is arranged beforehand for them to look at, and it is certain the superintendent of a goal or an asylum will take good care to have everything shipshape for the occasion. We may feel assured, however, that in future the Provincial Government will take good care that no more abuses will be permitted in the asylum at New Westminster, and if they have existed so long it was simply because they escaped detection through no fault of theirs.

Prince Edward Island.

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

THE WITNESSES IN THE ROSSIN CASE, OR, PROPERLY SPEAKING IN THE FRANK DEROCHE CASE.

We gave the cross examination of Rossin in the last JOURNAL. We now produce his direct examination by the Attorney-General:

"I got no money for my services from Mrs. McKenzie (wife of Rev. A. A. McKenzie, Presbyterian minister), got nothing from any of these people for my services; did not ask any nor hope for any. I bought some medicine for her and nourishment; spent it all, and a little more, in medicine and nourishment. I did not make one cent out of it. I spent all the money Dickieson gave me; made nothing out of his wife for attending her. As to Sarah McRae, I paid fifteen cents over the money she paid me, for medicine. The lending of money had nothing to do with the treatment. As to Andrew McRae, I paid him the same back. As to David Matheson, made nothing out of him; used the money for practising. As to Eliza Rollins, spent the seventy five cents on medicines; got no profit out of this transaction. I was at James Dickieson's. As to Arthur Dickieson, I expended \$7.50 in seven sponges, at fifty cents apiece, then I got *rectum suspendum*, a

syringe and an atomizer, also some medicines. I made no profit out of him. I spent all that Robert Boyer and his wife gave me; made no profit out of it. I have practised without hire, gain or hope of reward."

The above statements the deponent, Frank Rossin, made upon oath before H. J. Palmer, Esq., Stipendiary Magistrate for Queen's County, as taken and noted by the said magistrate. The article called "rectum suspendum" must be novel as well as interesting, and it is likely he will supply a counter part as a *vaginal suspendum*. That people should be fooled by such flummery is not to be wondered at, as there is nothing people are so ignorant in as their own health. We are not surprised at the evidence of the witnesses, as they have done only what thousands of people have done before in similar cases. Take, for instance, the case of St. John Long, the great impostor, "a painter from Cork, who professed to be able to draw 'morbid matter' from the body. At his trial for manslaughter he was found to be completely ignorant of everything even allied to medicine or surgery, though many noblemen, clergymen and men of distinction came forward to swear to his great medical skill. One of these witnesses swore that he saw Long draw several pounds' weight of a liquid resembling mercury from a patient's brain!"

The witnesses in the Rossin case had among their number a clergyman also, wonderful to relate, a person of excellent education, but he has been a victim of quack-mania for many years. It is a curious fact that quackery and quack secret nostrums are generally said to be aided by clergymen or the property of some would-be benefactor of his species—some person who is willing before he has "shuffled off this mortal coil" to part with the grand secret for a few cents. The most wonderful instances are on record of cures, and men of this class have amassed immense fortunes by deluding the public till they were found out, exposed and forgotten. Dr. Gould has very appropriately said: "The deep-seated grudge and suspicion of the populace for scientific medicine, and the secret love with which it turns towards its magic-mongering humbuggers is evolutionally but a survival of the time when medicine was nothing but magic—an atavistic return to primitive modes of thought and therapeutic superstition—*populus vult decipi*."

The witnesses in this case appear to have acted in concert, and were determined by a spirit of opposition rather than right, to uphold the creature whom they delighted to dub "doctor." There is such a thing as hypnotism and mesmeric influence, and a very ignorant person may obtain that influence over a weak, nervous-minded, hysterical female. We can readily see how gullible husbands are in matters wherein the pleadings of their wives are continually drummed into their ears. Hypnotism, electro-magnetism and mesmerism, we notice, are receiving the attention of the Legislature of Oregon, making it a crime punishable with death. Frank DeRoche had better avoid Oregon. We have no doubt the Legislature of Prince Edward Is and will move a pace onward also, and enact similar laws to protect the unfortunate victims of mesmeric influence. A bird perching on a branch of a tree is attracted by the eye of a snake, is held *spell-bound* until the unfortunate bird falls a *victim* to the snake. If medical men move in this direction their efforts are construed as selfish. The people desire the presence of snakes, and claim that they are able to protect themselves, and look upon the advocacy of medical men as interfering with their rights. Ancient superstition is showing itself in present day cupidity. We must again quote from Dr. Gould's address: "You can buy bottled sunlight, nay, the sun himself; or you have the choice of the blue rays, the yellow rays, bottled galvanism or Faradic electricity, etc. 'Snow' and 'ice' or 'moonlight,' or 'the east wind' are at your command for ten cents a draught. It is not the germs or material particles, but the disease itself—Bright's, catarrh, any that you will. But you can also have the pus from a 'carbuncle,' from Pott's disease, etc.; you can buy 'Brahma' himself, it seems; or, if you are sad, you can, for ten cents, have tears of a young girl in great grief and suffering; the salt of the brain secreted from a gentleman's scalp with the perspiration; a silk handkerchief eaten by a cow and taken from the stomach in a hard ball; during the three years she never had a calf." "Lice, insects, serpents, tarantulus and crickets offered in high potencies to a gullible public." Is it any wonder that Frank DeRoche should have followers, and that they should receive his statements as truth, and blaze it broadcast as evidence of his *great skill*?—men and women who cannot look upon medicine as an *intellectual calling* but

regard it as a *trade* or business! A magazine editor who had never studied the etiology and pathology of *carcinoma* for one minute, endorses the cure of a quack, *Mattei*, who had likewise not a scrap of medical knowledge, and the people have been gulled into spending hundreds of thousands of dollars. But what did Mr. Stead and his Italian count care for science! We cannot conclude this article to show the evidence of the fallacy of the *popular* distrust better than by quoting the words of a competent and unprejudiced observer, viz., the President of Harvard University:

"It is not more than a hundred years ago that medicine claimed to have been a liberal calling, an intellectual pursuit, and even to-day its position as such is very inadequately recognized by the mass of educated men. Now, I venture to say that, as medical education is now given in the best schools, no profession has a better right to claim the title of an educated, intellectual calling, and no men have a better right to demand recognition as intellectual men, as men of trained reasoning faculties, than the physicians themselves. I see in my position at the head of the University, which includes the department of liberal arts and several professional departments, that the *educated* community does not recognize this. And I exhort you, gentlemen, in all your various fields of influence to do your utmost to establish the claim of this great body as a body of highly trained men who use to the best advantage, for the community, the reasoning faculty—the scientific power of the human mind."

Original Communications.

ACTION OF ANTITOXINE IN DIPH- THERIA.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—With your permission, Mr. Editor, I beg to report a few cases of diphtheria coming under my notice recently, which have been treated with small doses of antitoxine, the product of the New York Biological Institute. The preparations were furnished me through the kindness of Dr. Peter H. Bryce.

Case No. 1.—Aged about 22 years; faucial diphtheria; membrane on both sides—larger on

right than left; cervical glands enlarged. This patient has been under treatment for four days with the ordinary remedies for diphtheria, both locally and internally, with but slight improvement and but little diminution of the membrane. On the fourth day of the illness, December 13th, temperature 100.5°; all treatment was discontinued, and there was injected beneath the skin of right abdominal wall, at 9 p.m., 25 min. antitoxine, with strict antiseptic precautions. December 14th, twelve hours after injection of antitoxine, temperature 99.1°; membrane about three-fourths less; patient looks and feels much better. December 15th, about thirty six hours since injection, there is not a trace of membrane to be seen, and fauces are almost normal in appearance; temperature, 99°; enlarged cervical glands disappearing rapidly but still perceptible, and disappeared entirely in twenty-four hours later, followed by normal temperature.

Case No. 2.—Aged about 16 years; fauces highly congested, but no membrane; cervical glands slightly enlarged; patient quarantined for twelve hours to await further development of symptoms, they not being sufficiently defined to make a diagnosis. Twelve hours later cervical glands are noticeably larger on left side, and distinctly so on right; some difficulty in swallowing; temperature, 101.5°; quarantined for another twelve hours, with instructions to rinse the mouth and fauces with antiseptic wash. December 14th, temperature 101°; well-defined membrane on both sides, more marked on right and mucopus on posterior pharynx; difficulty in swallowing; cervical glands markedly enlarged on both sides, and patient feels very ill and apathetic. Injected 25 min. antitoxine on left side of abdomen. December 15th, twenty four hours since injection, temperature 99.5°; fauces and arctus of palate still covered with membrane, but is ill defined, apparently breaking down, while fauces and other parts, where visible, are of a venous and dusky hue. Gave second injection of antitoxine, 25 min. December 16th, temperature 100°; no trace of membrane, but cervical glands still enlarged. December 17th, temperature 99.5°; no appearance of membrane, and just the slightest trace of enlarged glands; some mucus on fauces and tongue foul. For four days temperature remained above normal owing to inflammation of external ear from which she had previously suffered.

Case No. 3.—Aged about 5 years; well-defined membrane covering both tonsils extending to arctus on both sides. The patient had been under treatment for five days, during which time the membrane had but slightly disappeared, only to re-form again in a few hours; temperature, 101° ; laryngeal symptoms present for about four days. Injected 25 min. antitoxine on right side of abdomen. December 14th, twelve hours since injection, appears much brighter and is even cheerful, and rested well all night; only shreds of membrane can be seen; muco-pus in pharynx previously abundant has disappeared entirely; marked decline of laryngeal symptoms. Twenty-four hours after injection fauces are practically normal, without a trace of membrane; temperature, 100° ; some laryngeal symptoms still present, and to prevent further possible invasion, injected second dose of antitoxine, 25 min. December 15th, temperature 99° ; enlarged cervical glands have entirely disappeared, and fauces present a normal appearance. December 16th, temperature normal; slight laryngeal symptoms still present, but disappearing; otherwise quite well.

Case No. 4.—Aged over 50 years. Has had diphtheria for four days and membrane slowly disappeared from local applications and internal remedies, but re-formed on the fifth day by the appearance of two membranes, one on left tonsil and the other close by on anterior arch, accompanied by further enlargement of sub-maxillary and cervical glands. December 13th, temperature $101\frac{2}{3}^{\circ}$. Patient having shown some antipathy to "horse medicine," and expressing herself in favor of continuing in "the good old way," the treatment was continued for another twelve hours, with no abatement in size of membranes. After twelve hours' reflection she became a convert to the "untried," and consented to abandon "the good old way," when 25 min. antitoxine were injected, and all former treatment, except mouth-wash, discontinued. December 15th, twenty-four hours since injection, both membranes have disappeared by about one-half; temperature, 99° . December 16th, temperature normal; no membrane to be seen, but mucous membrane is pale where diphtheria patch had existed; enlarged cervical glands have entirely disappeared.

Case No. 5.—Aged about 15 years. December 13th, there is a well-defined membrane over both fauces, which was only slightly formed yesterday; some difficulty in swallowing; sub-maxillary glands enlarged on both sides; temperature, $100\frac{2}{3}^{\circ}$; injected 25 min. antitoxine on right side of abdomen. December 14th, twelve hours since injection, temperature 100° ; patient says she does not feel so ill, and looks brighter and apparently more cheerful; membrane is considerably less, but has not disappeared. Twenty-two hours after injection there is no membrane, but surface looks pale where membrane had existed and fauces at other parts, and also pharynx looks more normal, but still highly congested—of a livid color. Gave another injection of antitoxine, 25 min., on left side, having some doubt about appearance of throat, lest membrane might reappear on such a livid surface. December 15th, temperature 99° ; no trace of membrane nor pale surface where membrane had existed; fauces are still too much of a venous hue; glands still enlarged, but diminishing. December 16th, temperature $98\frac{4}{5}^{\circ}$; fauces normal; enlarged glands barely perceptible. December 17th, temperature $99\frac{1}{5}^{\circ}$; enlarged glands perceptible. December 18th, temperature normal, fauces likewise; enlarged glands not perceptible, otherwise quite well. She suffered such severe pain in region of injections that she remained awake both nights.

Case No. 6.—Aged about 13 years. The course, duration and treatment of this case being practically identical with No. 5, may be considered its counterpart, as the notes made are almost identical.

One injection of 25 min. of antitoxine for each child was used on three children exposed to diphtheria in the same house. They did not contract the disease, but their immunity does not enable one to draw any definite conclusions.

The mouth wash referred to, and which was used in all of the cases related, was composed of soda and borax, each 30 grains; carbolic acid, 15 min.; glycerine, 4 ounces to a pint. It was prescribed chiefly to free the mouth of mucus, and wash away particles of broken down membrane. It might be well to state that while the above were well-defined cases of diphtheria, they were not of a severe type, at least they had not become so up-

to the time of giving antitoxine, hence my reason for giving smaller doses of antitoxine than the larger ones sometimes recommended. The mouth wash was continued for four days after the temperature of the throat and glands became normal.

CHOREA.*

BY CLARENCE J. H. CHIPMAN, B.A., M.D.,

House Surgeon County Carleton General Protestant Hospital, Secretary of the Medical Society of Ottawa.

Though recognized by Paracelsus and studied since the sixteenth century, chorea is one of those affections which is still surrounded with a good deal of obscurity, especially as regards its pathology; and various theories regarding its causation, which have been advanced from time to time, have been assailed, and if not abandoned have not been conclusively established.

As it is largely a developmental disease, the cases occurring in general hospitals, where there are not special wards for children, are comparatively infrequent. In the records of the County Carleton General Protestant Hospital, I find only some ten cases in as many years, nine occurring in females and one in a male aged 15. The ages of the females were, respectively, 14, 15, 14, 19, 47, 23, 21, 12, 12.

1. *Derivation*—Chorea (*χορεία*, a dance). The disease is traced to the pandemic dancing mania, which made its first appearance after the disappearance of the plague in the second half of the fourteenth century, near the Rhine. In 1375 it was called St. John's dance. It was first called after St. Vitus, at Strasburg, from those afflicted being sent to the chapel of the saint of that name, at Zabern. The name was subsequently extended to sporadic cases of spasmodic movements of the body, and Sydenham was among the first to describe the disease fully.

Schaeffer proposed to change the name from chorea to morbid irritability or muscular unrest. This proposition was not received with favor by the profession, and as no name based on the pathological anatomy of the affection has yet been made out, the old term is still found the most satisfactory.

Definition.—We understand by chorea a neurosis of which the seat may sometimes be the brain alone, sometimes the entire nervous system, characterized by incessant, inco-ordinate twitching or jerks of groups of muscles, which sometimes are spontaneous in origin, and sometimes are excited by voluntary impulse, which occur almost exclusively in the waking state, and are accompanied by a more or less developed psychical disturbance.

Etiology.—Chorea is mainly a disease of the time of bodily development. Of 531 cases collected from the Hospital for Children in Paris, See found it occur at the sixth year, 11 times; from the sixth to the eleventh, 94 times; the eleventh to the fifteenth, 57 times; the fifteenth to twenty-first, 17 times; the twenty-first to the sixtieth, 12 times. In fifty-two cases of Steiner's, four were under six years of age; forty-six, six to eleven; and six, eleven to fourteen.

In the cases from Guy's Hospital, collected by Pye-Smith: From the second to the fifth year, 5 cases; the sixth to the tenth, 62 cases; the eleventh to the fifteenth, 44 cases; the sixteenth to the twentieth, 19 cases; the twenty-first to the twenty-sixth, 5 cases; in the thirty-eighth, 1 case.

The result of Dr. Stephen McKenzie's investigation of 439 cases shows that between the sixth and fifteenth year most cases occur in 77.46 per cent. The preponderance of females over males is very marked. In See's cases, 393 females to 138 males. In McKenzie's, 3 to 1.

Disorders of the sexual function in the female appear to be a causative element—disorders connected with menstruation, sanguification and pregnancy. Barnes collected 58 cases, of which 56 were in pregnant women, and 2 in women in child-bed. Wenzel observed that it occurred oftenest in primiparæ, and in the second three months of pregnancy. Of McKenzie's cases occurring in pregnancy, 5 recovered, 1 died and 1 was lost sight of; several aborted, and 1 died after premature labor had been induced.

The relation between chorea and rheumatism has long been noticed. Of 108 cases at Guy's Hospital in 1846, 14 had rheumatic fever and heart disease preceding the chorea; and in 1856, at the same hospital, out of 209 cases there were only 15 in which rheumatism had not preceded. See and Rogers out of 128 cases, found 61 had

*A paper read before the Medical Society of Ottawa.

rheumatism. McKenzie found rheumatism with distinct joint-affection present in 26 per cent., and about half that number had had vague rheumatic symptoms.

Of other diseases antecedent to the choreic affection scarlet fever was found by McKenzie to occur in 29 per cent. : measles next, and anæmia in about 20 per cent. In a certain number of cases rheumatism appeared for the first time during the choreic attack in patients who had never had rheumatism before. McKenzie found organic heart disease in 50 per cent., and functional disorder in 14 per cent.

Osler (who, by the way, has just published a monograph on chorea) found that 15 per cent. of cases showed antecedent rheumatism, but in only 7.10 per cent. was the rheumatism immediately associated with the chorea.

The conclusions of Sturges, based on 177 cases, considered chorea and rheumatism as different manifestations of the same morbid condition ; but this, he says, is true only in early life.

In a paper read before the last International Medical Congress, Sir Dyce Duckworth considered chorea as a variety of rheumatism, and claimed that it was impossible to distinguish, either during life or after death, any difference between the endocarditis due to rheumatism and that which is supposed to be due to chorea.

The various causes assigned for the production of chorea, such as shock, mental overwork or physical emotion, he went on to say, could only produce the disease in those who had inherited rheumatism, and as the manifestations of rheumatism were now very properly recognized when occurring in other parts of the body besides the joints, so he concluded that chorea might be considered as a variety of rheumatism specially affecting the brain.

Pathology and Morbid Anatomy.—In 84 cases collected by Sée 29 had evidence of heart affection. Ogle found similar indications in 13 out of 96 cases ; Pye-Smith in all of 11 cases ; Dickinson in 17 out of 22.

With regard to the changes in the nervous system hyperæmia of both the brain and spinal cord have been found, dilatation of the smaller vessels, and in chronic cases, sclerotic changes in the course of the vessels. The parts of the brain

most constantly affected lay between the base and the floor of the lateral ventricles in the track of the middle cerebral arteries, the substantia perforata, the corpora striata, and the beginning of the sylvian fissures.

The embolic theory of Hughlings Jackson and others, though attractive and reasonable, especially in view of the number of cases presenting heart lesions, is not upheld by recent investigations. Dickinson, who contributed a valuable paper on the pathology and microscopic appearances *post mortem*, in 1876, says: "In none of the instances described were decolorized fibrin, detached clots or signs of impaction detected, and the erraticism of embolic accident was wanting. The constancy, indeed, with which the changes repeated themselves in certain positions, and the equality with which they affected both sides of the body, are," he says, "conclusive objections to this hypothesis."

Of late years there has been a tendency to ascribe the disease to a microbe, the choreic movements being considered as reflexes provoked by microbic infection, the movements, moreover, being looked on as a means of destroying the micro-organisms, and getting rid of the products of their secretion. Dr. Henry J. Berkeley, of Johns Hopkins University, has lately published a monograph in this connection.

Treatment.—The treatment of acute chorea is generally very satisfactory as regards results ; and though a great variety of remedies have been used from time to time there are certain drugs that have held their own throughout. These are bromides, chloral hydrate, Fowler's solution of arsenic, and preparations of iron.

In cases where the choreic movements have lasted for some time and are very marked, and the patient is perhaps reduced by insufficient nourishment and loss of sleep, we may commence with the bromide of potassium in combination with chloral, or with the bromides of sodium and ammonium, in 10 grain doses, until the patient has had a fair amount of sleep and the movements have been partly controlled. We may then commence with, Liq. Fowler. in 3 drop doses, gradually increasing every three or four days until we get up to 12 or 15 minims, or even more.

In children from 12 to 15 years of age, who have

previously enjoyed fair health, or in whom the disease has succeeded to one of the eruptive fevers, we may commence the arsenic at once and keep it up until the movements have pretty well subsided, subsequently giving an iron preparation until the cure is complete.

Of the other remedies employed with greater or less benefit, the following may be mentioned:—

Ardeber reports 13 cases treated by antipyrine; the drug was given in doses of 45 grains per diem, and cure is said to have resulted on the average in 10 days. Moncorvo, of Rio, also reports favorably on the use of antipyrine. He gave as much as 90 grains per diem. Von Reiss has given 1-70 grain eserine sulph. twice daily with good effect. Bastian treated a protracted case which had lasted over 8 months, by prolonged sleep. This was brought about by the administration of a chloral and bromide draught every time the patient, a girl of 20, awakened, only leaving time for food to be given. In 14 days there was an improvement, and cure in a month after. Before this he had treated 8 other patients in the same way, using chloral alone.

Jeffries reported 10 cases in infants in which he had used sulfonal in doses of 2 to 5 grains, 3 times daily. In the first 5, chorea was present for the first time. Cure was effected in 3 weeks. In 2, arsenic had given no relief. The 5 other cases were subjects of former attacks; 3 of these were cured in a month; the other 2 were not benefited.

Alt found chloralamide of great benefit. In 1 case, a boy of 11 was cured in 5 days—15 grains 3 times daily. Another case of a girl, under arsenic 14 weeks, was cured in 8 days. Dresch has used salicylate of soda with benefit. Of other remedies we may mention cannabis indica sulphate and oxide of zinc, belladonna, cimicifuga and galvanism.

Recent treatises and researches on the subject have not materially increased our knowledge of this disease. While British and continental authorities lay a good deal of stress on the intimate relation between chorea and rheumatism, writers on this side of the Atlantic do not attach the same importance to the connection.

Osler has lately, I believe, collected a large number of statistics in connection with chorea, and does not place much faith in the relation between that disease and rheumatism, and the experience of many practitioners is rather in his favor.

The fact of the more general prevalence of

rheumatism in Great Britain, especially among the poorer classes, as compared with its infrequency on this continent, may, in a measure, account for this diversity of opinion. Much, however, remains yet to be made out regarding the pathology of this interesting disease.

The following is a condensed report of some cases occurring in the practice of the County Carleton General Protestant Hospital.

Case 1.—A.S., aged 15, female; admitted under Dr. Powell. History: Former attack, four years ago, due to fright; in hospital 7 months; remained well for 2 months; then again in hospital for 3 months. Second attack said to be brought on by severe punishment.

Present condition: Anæmic; no history of rheumatism or scarlet fever; no cardiac bruit; movements confined to right side; is able to feed herself.

Treatment: Liq. Fowler, in gradually increasing doses, followed by tr. fer. mur. and nourishing food. Discharged cured in 32 days.

Case 2.—E.G., aged 14; female, under Drs. Wright and Rogers. History: Recent attack of acute articular rheumatism, affecting a number of joints, had been living with farmers in the country.

Condition on admission: Emaciated, anæmic and had bed-sores; mitral systolic bruit at apex of heart; movements general and very marked delirium; frequent pulse; elevated temperature; movements at outset during sleep; intercurrent attack of rheumatism affecting one hand and wrist on tenth day, gradually subsiding in 3 days. Movements pretty well controlled by eighteenth day. Improvement steady up to forty-ninth day. Second intercurrent attack of rheumatism lasting 6 days; subsequent improvement and cure.

Treatment: Bromides, salicylates, arsenic, iron and cod liver oil.

Case 3.—Chronic chorea in a woman aged 47, under Dr. Kidd. History: Married; 5 children; labors natural; no rheumatism, shock or injury; no cardiac lesion; came on 12 years ago, but has been growing worse.

Condition on admission: Somewhat anæmic; movements general; quiet during sleep; exaggerated when she is noticed; cannot feed herself.

Treatment: Rest, nutritious diet. Liq. Fowler, during the day, chloral and bromides at night. This treatment kept up 3 weeks, then put on tinct-

cimicifuga ʒss. ter. die., increased to ʒi. Under the latter remedy she seemed to improve somewhat, being able to feed and dress herself and move about pretty well. Discharged after 67 days' treatment.

Case 4.—Chorea, with pregnancy about 6 months, under Drs. Wright and Rogers; primipara, aged 22. History: About fourth month, movements commenced in left arm, and gradually became general; no history of rheumatism; no cardiac affection.

Condition on admission: Highly emotional, motions general and very marked.

Treatment: Bromides; induction of premature labor on ninth day; delivery of dead fœtus; discharged cured on seventeenth day.

Case 5.—Chorea, with pregnancy between fourth and fifth month, under Drs. Wright and Rogers. History: Aged 23; 1 child living, aged 2 years; no rheumatism, shock or injury; very weak and anæmic; badly nourished; movements appeared about a month before admission; movements chiefly facial at outset, but rapidly became general; mental condition feeble; great prostration.

Treatment: Bromides, arsenic and tonic; movements soon controlled, but general condition did not improve; mental condition, one of dementia; labor induced after 3 weeks; dead fœtus removed; death on fifty-first day from asthenia.

Case 6.—I.M., aged 12; female; admitted under Dr. Powell. History: Attack commenced about a month before admission; rheumatic pains in legs and feet first complained of.

Condition on admission: Well nourished, but somewhat anæmic; no cardiac lesion; movements general; unable to feed herself.

Treatment: Liq. Fowler, ℥ii. ter. die., gradually increased up to ℥x. ter. die., and then reduced; cured in five weeks.

NOTES OF FOUR CONSECUTIVE CASES OF RECENT INTUBATION OF THE LARYNX IN DIPHTHERIA.

BY ALFRED J. HORSEY, M.D., M.R.C.S. ENG.,
L.R.C.P. EDIN.,

Oculist and Aurist to the County of Carleton Hospital, Ottawa.

The recent antitoxine serum treatment of diphtheria having brought intubation of the larynx more prominently into notice, because of an extended field of application, and since Roux has

declared it with the serum injections to be the most favorable treatment, some brief notes of the following cases, in only one of which serum was used, may not be unworthy of record.

In none of them was a bacteriological culture or diagnostic test made, which, in our present unsettled knowledge, and the frequent failure to find either Lœffler's bacillus or streptococci or staphylococci in well-defined clinical and even fatal cases, should not take from the value of the cases, which, with one exception, were well defined clinically.

Case 1.—W. A., aged 27 months, on whose tonsils small, symmetrical colonies or semi-membranous patches were first discovered on December 9th; the throat having been examined, not because of complaints, but on account of two cases of mild diphtheria in adults in the house, and since the occurrence of the case I am reporting, by marked diphtheria in a brother aged 6 years. Alarming symptoms setting in on the evening of the 10th, Dr. H. P. Wright, who was in attendance, kindly called on me to see the case with a view to intubation, as the breathing had become difficult and audible with retraction of chest-walls, the voice suppressed and cough croupy. Intubation was at once advised, but deferred, to allow of a trial of a change of medical treatment, viz., sublimation of calomel under a tent, with instructions to summon me if it were not successful.

At 6 o'clock the next morning, December 11th, I was called, and found symptoms generally much more unfavorable, and relief from impending suffocation urgent, so at once inserted a tube (O'Dwyer's) with immediate and marked relief, which was maintained during the day and following night, for thirty-one hours, when the tube was removed, as indication for further retention having to a great degree ceased. Medical treatment, which was not of a specific nature, was continued without interruption during the retention of the tube; liquid and semi-solid food was swallowed without inconvenience. So little trouble did the tube give that it was difficult to believe that a heavy, metal, hollow cylinder, 1¾ in. in length by ¼ in. in diameter, occupied the larynx beneath the epiglottis.

Nothing noteworthy occurred during the ensuing week, at the end of which time convalescence was fairly begun, and at present fully completed.

Case 2.—One of doubtful diphtheria. On Christmas eve, Dr. Chipman requested me to see Dorce T., aged 2 years, who had been ill a week with a sore throat, no membrane being visible in the fauces, though they were red, swollen and catarrhal. A mirror examination of larynx was not made. Early in the evening she had become croupy with great difficulty in breathing; nostrils occluded by secretions; recession of the chest-walls; fluttering pulse, and commencing cyanosis.

She was intubated with immediate relief to her impending asphyxia, which relief continued during the night and following day, when the tube was removed. Respiration was not nearly so good as with it, and grew so bad at night that serious thoughts were entertained of reinserting it, but it was not done.

The ordinary treatment in such cases was continued until three days later, when the patient died of capillary bronchitis.

Case 3.—First seen December 26th, through the kindness of Dr. Kidd. Burton C., aged 30 months; had been ill a week; tonsils and pillars of fauces covered with membrane undoubtedly diphtheritic; glands of neck somewhat swollen.

Though his respirations were difficult and rapid, it was thought that indications were not sufficiently marked for intubation, but his symptoms growing worse it was resorted to the following day, December 27th, with decided relief to his breathing, and improvement in his condition generally, as shown by the pulse and facial expression.

December 28th: Rests quietly; little coughing; slight epistaxis; takes food readily; temperature 102°, tending upwards.

December 29th: Condition much the same as yesterday, excepting a further rise in temperature.

December 30th: Died at 3 a.m., of diphtheritic toxæmia. The treatment, both local and general, was not of a special nature. Tube removed *post mortem* in the ordinary manner, having remained in the larynx forty hours. Apart from relief to distressing symptoms, life had apparently been prolonged many hours, increasing his chances of recovery.

Case 4.—Seen in consultation with Drs. Sir James Grant, McDougall and Powell. Allan G., aged 33 mos.; ill with catarrhal symptoms about a week. On December 30th respiration and phon-

ation became impaired. When first seen by me, on December 31st, the fauces were red, tonsils swollen, with diphtheritic-looking patches on each of their posterior surfaces, which in a few hours extended forwards over them to the pillars. The post pharynx was occupied by thick, tenacious, yellow mucus, and the cloacæ by a like secretion. Cough was difficult and laryngeal.

At 11 a.m., growing worse, beginning cyanosis; intubation with immediate relief; passed a quiet day; temperature, respiration and pulse more favorable.

At midnight 7 min. of Dr. Roux's antitoxine were injected. Had a quiet night, slept and took nourishment well, though vomited frequently.

January 1st, at 11 a.m., breathing was so much improved that it was thought that the tube should be removed, which was done; but growing worse it was reinserted at 4 p.m., which again quickly brought relief.

January 1st, 11 p.m., condition critical; heart showing signs of failure. A cardiac tonic was prescribed. Antitoxine injection, 4 min., was given.

January 2nd, temperature, which had never been high, became normal, and the case presented a favorable aspect for recovery.

January 2nd, 11.30 a.m., tube removed; respiration not so smooth, free or easy as with it; cough and voice harsh. These conditions gradually lessened, and a good night was passed.

January 3rd, temperature 98.4°, respiration 20, pulse 120. From this date he continued to convalesce till the present, when he is considered out of danger.

Careful charts in this and two other of the cases reported were made, which have not been quoted in detail, for the sake of brevity.

The part played by the antitoxine serum in the last case is not easy to estimate. But that of intubation, which this paper is more particularly intended to show, was in all the cases, without doubt, highly valuable.

The merits of intubation in this country are too little practically known, and it undoubtedly would be employed more frequently if the simplicity of its application and immediate benefits were more practically understood. Even when employed in cases which may terminate fatally from other

causes than asphyxia, viz., the toxic accumulation of ptomaines in the blood, the immediate relief of embarrassed respiration and imperfect oxygenation of the blood, with its increasingly depressing influences, fully repays its application.

Comparisons between it and tracheotomy, either as operations or results, are scarcely permissible. They are widely differing means of treatment.

One is a simple, speedy, painless, bloodless procedure, requiring no anæsthetic, void of danger, which can be at once undone, and, if necessary, reapplied.

The other is a serious, repulsive, bloody operation, postponed as long as possible, which cannot be undone, and is often provocative of extending trouble.

One requires no special after-care; the other, constant and skilful attendance in clearing the tubes, and special conditions of atmosphere as to heat and moisture.

In children under three years all is in favor of intubation, a recovery below this age being rare.

It was not my intention to say anything generally ever so briefly on the subject, as the literature of it is sufficiently extensive, but to bring directly under notice these recent cases, and trust a few observations may not be thought out of place.

Ottawa, Jan. 7th, 1895.

Meetings of Medical Societies.

COUNTY OF KENT MEDICAL SOCIETY.

The second meeting of this society took place on Wednesday, Jan. 9th, 1895, at the "Garner," Chatham.

The following officers were elected for 1895:

President—Dr. Rutherford, Chatham.

Vice-President—Dr. Galbraith, Dresden.

Secretary-Treasurer—Dr. D. Marr, Ridgetown.

The Executive Committee on rules and regulations brought in their report, which, with some slight amendments, was adopted.

Then followed the reading of the papers of the day. The first was "A Case of Puerperal Septicæmia with Remarks," by Dr. G. T. McKeough, of Chatham. The second was "Pneumonia, with Some of its Peculiarities," by Dr. John Stalker, Ridgetown. Both were well received and evoked

a hearty and profitable discussion among the members.

The members enrolled at this meeting were Drs. McKeough, Langford, Duncan, Holmes, Hall, Galbraith, Bullis, Charters, Stewart, Tye, Murphy, Stalker, Backus, Macgregor, Marr, Storey, Rutherford.

The number present was twenty-three. When we consider the society is as yet in embryo, the above points to one of the best medical societies in the Province. All those who wish to become members will please forward their names and the annual subscription fee of one dollar to the Secretary.

CANADIAN MEDICAL ASSOCIATION.

To that large part of the medical public interested in the Canadian Medical Association, it will be gratifying to learn that the meeting in 1895 promises to be the best yet, and after St. John, in '94, that is saying a good deal. We have heard that from all parts of the Dominion the secretary has received letters expressing the intention of the writer to be present at the Kingston meeting.

Owing to the difficulty found last year in covering the work of the programme in the allotted time, it has been thought well to devote three days to the meeting, and August 28th, 29th and 30th have been selected as the most suitable dates.

Correspondence.

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

DIPHTHERIA.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—Permit me to cite a case of diphtheria which seemed to resist every other treatment but that of papoid.

Patient: Female, aged sixteen, took a chill and felt a soreness in the throat on Wednesday, Dec. 12th. Parents thought it was only a cold, and paid very little attention to it; but on Thursday she became very feverish and a little delirious. I saw her Friday evening. Tongue was deeply coated; temperature, 104.5°; pulse, 140; respiration, 26. On examining the throat there was a

distinct membrane, which, on removing, left a bleeding surface. The throat was greatly swollen: suspected diphtheria, and had the patient isolated. Gave her a cold sponge, calomel and soda; antifebrin, 2 grs., with brandy, every hour, till she had taken three doses, after which the fever fell to 102°; pulse, 120; respiration, 22. Swabbed the throat with bichloride, 1 in 10. Left her a gargle of ferri perchl., glycerine and pot. chlor. The above was also to be taken internally. Had ice applied externally to the throat.

Saturday, a.m. — Patient had been delirious during the night; was more rational; bowels had moved three times. Temperature, 102.5°; pulse, 115; respiration, 22. Swelling in throat had diminished, but the membrane was increasing. Used a spray of hydrogen peroxide, and gave her an inhalation of eucalyptus and thyme, using Dr. Coulter's vaporizer. Told nurse to apply the ice-bag to the head if she became delirious that night.

Sunday—Temperature, 102.5°; pulse, 120, and thready; respiration, 20. Patient complained of the throat being so sore that she could hardly swallow. She had been a little delirious in the night, but on applying the ice-bag and giving her a sponge bath she had a good sleep. Membrane had not diminished any on persevering in the above treatment; it then was determined to use papoid. Ordered stimulants, and sprayed the throat with cocaine, 1 per cent. solution. Her menses had come on in the night; had a little iodoform dusted on the napkins.

Monday—Temperature, 102.5°; pulse, 128; respiration, 24. Membrane had extended downwards. Complained of pain in the region of the heart; had a mustard leaf applied. By using papoid removed a dense piece of membrane about $\frac{3}{4}$ of an inch square, afterwards using a 1 per cent. solution of cocaine. Increased stimulants.

Tuesday—Temperature, 100°; pulse, 112; respiration, 20. Nurse had used the papoid every five hours.

Wednesday—Temperature, 99°; pulse, 110; respiration 20.

Thursday—Temperature, 98 $\frac{2}{3}$ °; pulse, 70; respiration, 18.

Friday—Patient sat up in bed, and from then has got along splendidly.

I might say I sent for antitoxine at the first, but was unable to get any.

Yours truly,

S. H. LARGE.

Clarksburg, Dec. 24th, 1894.

DEATH CERTIFICATE.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—The enclosed clipping is from a Toronto daily:

"NEW DEATH REGULATIONS.

"A deputation from the Ontario Undertakers' Association, with Mr. W. R. Callaway, of the C.P.R., and Mr. P. J. Slatter, of the G.T.R., conferred Tuesday with a special committee of the Ontario Board of Health, composed of Drs. Bryce, Covernton and Cassidy, on the subject of the transportation and disposal of the dead. The result was that Dr. Bryce formulated a report embodying various reforms, which will be submitted to the Board of Health, and afterwards, it is hoped, come into effect as an order-in-council.

"The effect of the proposals will be to do away wholly with the present system of burying a body on the certificate of an *ordinary practitioner*. No corpse will be eligible for burial, or for transportation by railway unless accompanied by a certificate of death from the Medical Health Officer of the municipality or the district.

"These measures will entail some inconvenience at times, no doubt, but it is thought that they will provide additional safeguards for the community at large. At the present time in Western Ontario deaths from 'abscess in the throat' are too frequent, for instance, and if new regulations come into effect it will be the duty of the Medical Health Officer to investigate all suspicious certificates and find out whether the death be due to diphtheria or some other contagious disease.

"It is thought that at the present time many bodies are being given public burial and transportation on trains contrary to the law *re* contagious diseases, owing to the *dishonesty of family doctors*.

"In the country districts where possibly no health boards exist, it is proposed to obviate inconvenience by empowering the official in the nearest adjoining municipality to issue certificates."

"Dishonesty of family doctors" is a very strong term, and coming from one who so lately permitted the removal of diphtheritic children from Mount Pleasant Cemetery, is certainly uncalled for.

Who are medical health officers, anyway, that they, and they alone, are deemed worthy of signing death certificates?

In a city like Toronto or Hamilton, where they have not only scholars but gentlemen occupying the office of Medical Health Officer, such unlimited power, though unnecessary, is not likely to be abused. It is totally different, however, in small villages and townships, where the cheapest and least experienced doctor is appointed to that position, and in the event of the above regulations becoming law, would take a keen delight in giving a certificate of the cause of death at variance with the diagnosis of the attending physician.

If the doctors do not soon make a stand it will only be a question of time before the *ordinary physician* will be prohibited by our masters, the Provincial Board of Health, from even attending those sick from contagious disease. If we are unfit to certify the cause of death from any disease, we are certainly unworthy to minister at the bedside. I would like to have the opinion of other practitioners, and respectfully call the attention of the Legislative Committee to the latest fad of the Provincial Board of Health.

Yours respectfully,

ORDINARY PHYSICIAN.

Wentworth County.

Book Notices.

The Principles of Surgery and Surgical Pathology.

General rules governing operations and the application of dressings. By Dr. HERMANN TILLMANN, Professor in the University of Leipzig. Translated from the third German edition by JOHN ROGERS, M.D., New York, and BENJAMIN TILTON, M.D., New York. Edited by LEWIS A. STIMSON, M.D., Professor of Surgery in the University of the City of New York, Medical Department. With 440 illustrations. New York: D. Appleton & Co., publishers.

Oftentimes we hear the expression, "but he is so young," meaning thereby that the man spoken of is lacking in experience, and the grey-haired individual will, because of his "years of experience," get the case that would otherwise have gone elsewhere. Now this may be right, providing the elderly man has a scientific foundation and has, early in life, cultivated the power of observation,

and has had the ambition to be progressive; then his experience will be of unlimited value and is something not to be despised, but rather to be coveted, by his younger brother. If, on the other hand, the elderly man got his training "the best way he could," which means no training at all, and has never learned to observe things as they are, I think the young graduate, with the training of the present day, is better fitted to cope with disease as he finds it.

In the various standard works on surgery there appears to have been a desire to classify, at the expense of every other virtue, and, in consequence, there has long been a feeling that our student-body is lacking in the means, so far as text-books are concerned, by which he may obtain a thoroughly scientific foundation upon which to build his superstructure—surgery.

In Tillmann's work this lack is largely overcome.

The contents are divided into three sections, the first of which deals with the general principles governing surgical operations. Chapter I. fairly bristles with information—a useful and practical nature—information that the student usually has to pick up for himself. In detail, the indications and contra-indications for operation are described, together with a description of asepsis and antiseptics, methods of sterilization, etc., the preparation of the operating room, of the table, of the operator and assistants, and of the patient. This part of the sketch is particularly well illustrated, and, among other things, diagrams of protectives for the parts not to be operated upon are given. When one sees the possibilities along this line, he laments that Toronto hospitals are not more progressive. If one were upon a ship and it persistently went around in the same circle, while other ships were making progress even in the face of great difficulty, I think he would hold an interview with the man at the wheel. And what is true of ships may be true of hospitals.

Chapter II. takes up the alleviation of pain during an operation. This subject is dealt with in a masterly and scientific manner; the careful reader will profit much by a perusal thereof. Besides discussing the comparative merits of chloroform and ether, a brief sketch of the other anesthetics at present known is given. Chapter III. deals with the prevention of the loss of blood during an

operation. In Chapter IV. one will find how to perform an aseptic operation, together with the after-treatment of the patient. This is a point too often neglected by text-book writers, one simply repeating what someone else has said, whether there be sense in it or not. The accidents that may happen during or after an operation are fully considered, together with suitable lines of treatment. Then Chapter V. tells of the different ways of dividing tissues, and gives a full account of the many instruments that may be used. Space does not permit me to go more fully into detail, else I would outline the chapters up to No. X., which deals with the interesting subject of plastic operations.

Section 2, which considers methods of applying surgical dressings, opens with a chapter on aseptic and antiseptic dressings, giving methods for their preparation. Chapter II. explains other dressings, such as plasters, ointments, etc. Then a chapter follows on bandaging. In Chapter IV. the bed of the patient is considered, and the various immobilization appliances and dressings come in for a share of description. Chapter V. describes the application of immobilizing dressings made of materials which gradually harden.

The third section is devoted to Surgical Pathology and Therapy, and consists of five chapters containing over 550 pages, covering *Inflammation and Injuries; Injuries and Surgical Diseases of the Soft Parts; Injuries and Surgical Diseases of Bone; Injuries and Diseases of Joints; Tumors*. In the last chapter, after classifying tumors according to Conheim, and discussing the etiology, a careful description of the clinical features, diagnosis and treatment of them is given.

I have tried to be just to this book, but I can't. This may be said, however, that if one has looked everywhere else for some information unsuccessfully, and will turn to the pages of Tillmann's, I think he will have his labor rewarded by finding not only a mention of the subject wanted, but a scientific handling of it as well. I would prophesy for the book a large patronage, and feel certain that it will find favor in its present form not only to equal but to excel that granted it in the original.

D. Appleton & Co. are the publishers, and they are to be congratulated upon having placed the work upon the market in its highly attractive style.

Laboratory Guide for the Bacteriologist. By LANGDON FROTHINGHAM, M.D.V., Assistant in Bacteriology and Veterinary Science, Sheffield Scientific School, Yale University. Illustrated, 1895. Price 75 cents, subject to usual trade discount. Philadelphia: W. B. Saunders, 925 Walnut Street.

It contains, concisely arranged, the best-known technical methods of staining, preparing, mounting, etc., of specimens for laboratory use. It is a valuable aid to speedy work in the laboratory.

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PAMPHLETS RECEIVED.

Tuberculosis in the Ano-rectal Region. By THOMAS H. MANLEY, M.D. Reprint from *Medical Brief*.

Surgical Treatment of Tumors of the Neck. By THOMAS H. MANLEY, M.D. Reprint from *Medical Brief*.

Surgical Therapy of Rectal Cancer. By THOMAS H. MANLEY, M.D. Reprint from *Merk's Bulletin*, February, 1893.

Intestinal Anastomosis. With the report of a case. By FREDERICK HOLME WIGGIN, M.D. Reprint from *N. Y. Medical Journal*, December 1, 1894.

Contusion of the Abdomen, with Rupture of the Thoracic Duct. By THOMAS H. MANLEY, M.D. Reprint from *Medical News*, November 3, 1894.

Cystic Goitre with Cases in Practice. By A. BRITTON DEYNARD, M.D., New York. Reprint from *Medical and Surgical Reporter*, June 24th, 1893.

The Droitwich Brine Baths as Therapeutic Agents in Various Diseases. By W. H. TOMLINS, L.R.C.P. Lond., M.R.C.S. Eng. London: H. K. Lewis, 136 Gower St., W.C.

Rest in Bed as a Resource in the Treatment of Chronic Non-suppurative Catarrh of the Middle Ear. By A. BRITTON DEYNARD, M.D., New York. Reprint from *Post-Graduate*.

The Pathology, Symptomatology and Treatment of Hemorrhoids, Simple and Complicated. By THOMAS H. MANLEY, M.D. Reprint from *St. Louis Medical Review*, October 7, 1893.

AN EPITOME OF CURRENT MEDICAL LITERATURE.

MEDICINE.

The Value of Sugar and the Effect of Smoking on Muscular Work.—As the result of a series of experimental researches in the Physiological Institute, Turin, as to the value of sugar and the effect of smoking on muscular work, Vaughan Harley (*Journal of Physics*) has come to the following conclusions: (1) The periods of digestion, as well as the kinds of food taken, have a marked influence on voluntary muscular energy. (2) Irrespective of the influence of food, there is a periodical diurnal rise and fall in the power of performing muscular work. (3) More work can be done after than before mid-day. (4) The minimum amount of muscular power is in the morning about 9 a.m., the maximum about 3 in the afternoon. (5) Regular muscular exercise not only increases the size and power of the muscles, but has the effect of markedly delaying the approach of fatigue. (6) The amount of work performed on a diet of sugar alone is almost equal to that obtained on a full diet, fatigue, however, setting in sooner. (7) In fasting, large quantities of sugar (500 g.) can increase the power of doing muscular work, during thirty voluntary contractions, from 26 to 33 per cent., while the total gain in a day's work may be 61 to 76 per cent., the time before fatigue sets in being also lengthened. (8) The effect of sugar is so great that, when added to a small meal, it can increase the muscular power during thirty contractions from 9 to 12 per cent., while the total increase in work may be from 6 to 39 per cent., the approach of fatigue being at the same time retarded. (9) When added to a large mixed meal, sugar can increase the muscular power of thirty contractions 2 to 7 per cent., the increase in total work being 8 to 16 per cent., and a marked increase in the resistance to fatigue is shown. (10) Two hundred and fifty grammes of sugar taken in addition to a full diet increases the day's work; the work accomplished during thirty voluntary muscular contractions shows a gain of from 6 to 28 per cent., the total day's work giving an in-

crease of power 9 to 36 per cent., and the time before fatigue sets in being lengthened. (11) Moderate smoking, although it may have a slight influence in diminishing the power of doing voluntary muscular work, neither stops the morning rise nor, when done early in the evening, hinders the evening fall. (12) Sugar taken early in the evening is capable of obliterating the diurnal fall in muscular power that occurs at this time, and increases the resistance to fatigue.—*Brit. Med. Jour.*

Treatment of the Exanthemata.—Armstrong, in the *Medical Magazine* for August, 1894, thus concludes a study of this subject:

1. That antiseptic inunctions does not exert any specific power over infectious diseases.
2. That it has but little, if any, power in preventing the spread of infection.
3. That cases treated thus are more subject to complications.—*Therapeutic Gazette.*

A Case of Congenital Hydrocele of the Neck, Cured by Drainage and Compression.—C. I., aged 3, was a healthy, intelligent-looking male child, living in the country. Dr. Davis, of West Hartlepool (in whose practice the case occurred) attended the mother at the birth of this child, and then noticed a swelling about the size of a walnut in the lower part of the neck, in a vertical line with the ear. The mother reported that the swelling had gradually and uniformly increased in size to the present time, and that she had never been able to let the child run about with the other children for fear of injuring the tumor. These other children were all healthy and free from deformity. When first seen, in November (three months before the operation), the cyst had become inflamed after a slight blow, and threatened to suppurate; this inflammation, however, subsided under hot applications. On February 22nd, the cyst appeared as a soft, white fluctuating swelling, translucent and pearly, owing to the thinness of its walls over the posterior half, having no veins apparent running over it, and becoming alternately tense and soft during crying or coughing. It extended from the sternal end of the left clavicle in front to the middle line behind, and quite filled up the sulcus between the neck and the shoulder, looking like a swimming collar, and

overhanging the clavicle in front. Having carefully cleansed the scalp and surrounding parts, and the child having been chloroformed, a trocar carrying a cannula was put in at the posterior and thinner part. About eight ounces of dark, greenish-brown, highly albuminous fluid, looking like bile-stained urine, escaped, with little or no force, the child breathing tranquilly at the time. A small incision, sufficient to allow entrance to the little finger, was made in the position of puncture, and through this the cavity was explored. The sterno-mastoid muscle in the front wall of the cyst felt thin and atrophied; the carotid artery lying by the trachea, and the subclavian passing over the soft lung, were felt quite hard and clear, and apparently having no covering, but lying free in the cyst. No constriction or obstacle was felt to prevent the finger following the arteries downwards behind the sternum to the arch of the aorta, which was felt pulsating vigorously, and, as far as one could tell by the feel, quite bare. At this stage the child showed signs of shock, turning pale and respiration ceasing. After two efforts at artificial respiration, natural breathing was resumed. No further attempt at exploration was made, but a second small incision in the cyst wall, about two inches in front of the former one and one inch behind the posterior border of the sterno mastoid, was made. A piece of thin drainage tubing, passed in at one hole and out at the other, was found to be too rigid, crumpling up the thin wall between. A seton, consisting of five or six strands of fishing gut, was therefore put in and the ends tied together. A good pad of absorbent gauze was bandaged firmly over the site of the collapsed cyst. The wound was dressed on alternate days up to March 7th (thirteen days after the operation). At the earlier dressings a considerable quantity of blood-stained serum escaped and soaked the dressings, but the openings drained well, and not more than three-quarters of an ounce was ever found pent up. At the later dressings the character of the discharge became altered to a muco-purulent fluid, owing, no doubt, to sepsis, and from March 7th the temperature began running up at night, and the child suffered somewhat in general health. The seton cut out, and the wound continued to discharge more or less freely till March 29th (five weeks after operation), when it had healed, and

there was no appearance of any swelling or recurrence. The child rapidly regained its health.—
GEO. DICKINSON, in *British Medical Journal*.

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The Effect of Creasote upon the Virulence of the Tubercle-Bacillus.—At the recent meeting of the British Medical Association, Fyffe read a paper detailing the results of an investigation undertaken with a view to determine whether the administration of creasote in the treatment of pulmonary tuberculosis is attended by a restraining influence upon the growth of the tubercle bacillus, or by an improvement in the digestion, together with a better assimilation of food. The conclusions arrived at are summed up as follows: In cases in which creasote was given simply by inhalation, in addition to such drugs as cod liver oil and the hypophosphites, no effect upon the virulence of the disease was noted. In cases in which the drug was administered by the mouth in doses ranging from two to twelve minims, three times a day, the diminution of the virulence was slight when the smaller doses were given, but when the larger amounts were reached, there was an extremely marked diminution in virulence. In the case of guinea-pigs that received injections of tuberculous sputum into the legs and were subsequently placed in a chamber in which creasote was heated until the air was saturated with the vapor, it appeared that the animal lived longer than the untreated ones. Creasote injected under the skin of tuberculous guinea-pigs had a remarkably restraining effect upon the morbid process, provided the disease were not too far advanced. —*Medical News*.

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Diuretin. Panowski (*Zeitsch. f. klin. Med.*) has investigated the action of diuretin with the view of determining whether the renal activity was intensified, or whether the vasomotor system became affected. Fifty cases were submitted to most careful investigation, with the following results: A tonic action is exerted on the cardiac muscle, the area of cardiac dullness diminishing even before any improvement of the œdema has become noticeable. In this respect it resembles caffeine, but cannot compete with digitalis. In the vessels a considerable increase of pressure is noticeable, and is regarded by the author as attri-

butable to a stimulation of the nerve centre. The diuresis is very marked, but, in the author's opinion, is the result of the increased pressure in the vasomotor system. He recommends it as a diuretic in valvular lesions after digitalis has failed, when the effects of diuretin may be surprising. Of greater importance is its action in affections of the cardiac muscle, where he had seen remarkable results after digitalis, camphor and caffeine had given no relief. In renal affections the good effects were not so marked, but diuretin is held by the author to be preferable to digitalis when there is slowness of the pulse as a forerunner of uræmia. In the other œdematous conditions it is not to be recommended. The drug is best given in powders of fifteen grains, four to six times daily, or can be given in solution, when the effects will be first noticeable between the second and sixth day.—*Edinburgh Med. Journal.*

Cardiac Failure in Influenza.—The extreme nervous prostration and vascular congestion of tissues which obtain in severe cases of influenza conduce to the gravest feature of the disease—failure of the action of the heart. The congestion, however, is really the result of the nerve affection, for, the sympathetic system being as much involved in the prostration wave as the cerebro-spinal, there is to a greater or less extent paralysis of the vaso-constrictor fibres which maintain the tonicity of the arterioles; and undue dilatation of vessels, as a matter of course, means vascular congestion of tissues. For this reason, hæmorrhage from various mucous membranes, effusions into serous cavities, sudden and profuse diarrhœa, apoplexy or meningitis, congestion passing into inflammation of organs, may occur during the course of the disease; while the ordinary symptoms of uncomplicated attacks, sweating, pink eye, headache, etc., may also be traced to the same cause. That cardiac failure and sometimes fatal syncope, sudden or gradual, should tend to occur under such conditions is not to be wondered at. Manifestly this failure may arise from two causes which may operate separately or in combination. The heart itself may be the prime factor at fault. Its own muscle, its ganglia, or its vagal centres may so suffer from the wave of nerve prostration as to cause impairment of its function. Or,

secondly, the unusual fall in the blood pressure which is the necessary result of the general vascular dilatation, the great loss of weight of the column of blood against which the systole of the heart is directed, may be such that the heart, accustomed as it is to feel a given resistance to its energy, relieved of this sense, runs riot, beats against insufficient resistance, exhausts itself, and tends to stop in diastole. Digitalis and its active principles must be used with caution. The sudden increase of blood pressure caused by vaso-constriction would, in many cases of inherent heart weakness, be certainly fraught with danger to the individual. But the important question arises as to whether the action of digitalis upon the heart is not the mere consequence of the increased blood pressure against which its work is directed. It is a well-known physiological fact that in cases of syncope, due to loss of blood, the injection of a neutral fluid into the main arterial system will cause the flaccid heart to recommence its pulsations, simply mechanically, by giving the heart a heavier column to beat against. The experiments of Brunton and of Schmiedeberg show that digitalin tends to paralyze voluntary muscle. Be that as it may, its primary action on the unstripped muscular fibres concerned in vaso-constriction is certainly of anything but a paralyzing nature. Its action on the heart muscle, which can neither be considered voluntary nor involuntary, is another matter. Further, my contention is borne out by the very precautions given as to the use of digitalis: "Its administration is to be stopped on the appearance of a tendency to faint, and the patient must not be permitted to rise, especially not to rise to make water, lest fatal syncope occur." Such advice would be unnecessary if the heart muscle were really strengthened; if, however, the increased blood pressure caused by the action of digitalis on the arterioles be the true cause of the heart's efforts, any increase of this, such as would occur on the individual suddenly assuming the upright posture, would be liable to throw too great a strain upon the heart, and result in syncope, in cases where there was some inherent weakness of that organ. Certainly digitalis is a most valuable remedy in the conditions which obtain in influenza; given in the stage where there is much vascular congestion of tissue, it must

of necessity help to ward off further complications by its action on the vaso-constrictor mechanism; but, at the same time, it must be remembered that, in so doing, there is increased strain thrown upon the heart, and the patient must be kept as quiet as possible and in the recumbent posture, the more so if there be reason to suspect that there be inherent heart weakness. Where there are signs of heart failure, it must be given with caution; it is good, inasmuch as it causes vaso-constriction and by the rise in the blood pressure steadies the action of the heart; it is bad, inasmuch as it tends to throw too much strain upon it and renders the patient liable to the occurrence of syncope.—J. M. CAW, M.D., *British Medical Journal*.

Nasal Feeding in Cases of Painful Deglutition.—Mr. Butlin, in his Clinical Lecture recently reported, suggests the use of a No. 9 black bulbous catheter for feeding immediately after excision of the tongue, passing the catheter by the mouth. This prompts me to ask for a consideration of nasal feeding in all painful affections of the mouth and palate. By this method in cases of acute tonsillitis, in a few seconds half a pint of strained egg, milk, or other strained liquid food can be given without any effort of the patient; a soft oiled "silk" gum elastic No. 6 catheter (a Belfast linen acts admirably) is pushed gently along the floor of the nose and down the pharynx. A funnel is then fixed to the end of the tube and the fluid food poured into it, passes behind the painful parts without causing any distress. I have often adopted this method with the best results in children and adults. May it not be equally useful after excision of the tongue?—H. S. RENSHAW, M.D., *British Med. Journal*.

Mechanism of Death under the Influence of Cocaine.—Maurel, of Toulouse, recently presented to the Paris Academy of Medicine (*Sem. Med.*) a report embodying the results of some experiments on the toxic properties of cocaine. They showed that under the influence of that alkaloid the leucocytes undergo changes; they become spherical, rigid, increase in size, and no longer adhere to the walls of the vessels. On the other hand, as the capillaries contract under the influence of cocaine, thromboses and embol-

isms, particularly pulmonary embolisms, capable of causing fatal accidents may be produced. These changes in the leucocytes are seen even after small doses of cocaine, of a strength of one in ten; this explains the serious accidents which sometimes follow the administration of concentrated solutions of cocaine even in small doses. Pulmonary embolism being the accident more particularly to be feared in cocaine poisoning, it was *a priori* probable that intra-arterial injections made in the direction of an unimportant viscus would be much less dangerous than intravenous injections. Maurel's experiments have shown that this hypothesis rests on a solid foundation; he was able to make injections of 5 grammes to centigrammes of cocaine per kilo. of body weight into the femoral artery of a rabbit without causing death. Maurel does not wish to be understood as teaching that the toxic action of cocaine is confined to its effect on the leucocytes: on the contrary, he thinks that it produces several other effects, in the front rank of which must be placed contraction of the small vessels.—*British Medical Journal*.

Case of Chlorosis Treated by Red Marrow Tabloids.—The success in a case of progressive pernicious anæmia treated by Dr. Fraser with red bone marrow (raw) encouraged me to employ the same substance in the shape of tabloids in allied disorders. I quote a case which will illustrate the results I have gained. B. H., a young lady, aged 18, first came under treatment on July 10th, 1894, complaining of amenorrhœa, dyspnœa, palpitation, constipation, œdema of ankles and loss of flesh. I ordered her ℞ liq. ferri ℥ x, liq. arsenicalis ℥ i j, aq. ad ʒ j, t. d. s., and an aloin compound tabloid every other morning. By August 2nd, 1894, the above treatment had caused but little improvement. She was still suffering from severe cephalalgia, nausea, and faintness on rising in the morning; weakness, anorexia; pallor of face and lips was marked. She was still habitually constipated, highly nervous, and the menses never more than a "show." The pulse was small, quick and sometimes irregular. There was a venous hum over the great veins and a systolic *bruit* at base. The red cells numbered 2,800,000 per c.cm. The hemoglobin was 40 per cent., many of the corpuscles were irregular in

shape, not many blood plaques were seen. On August 30th, 1894, after taking four red marrow "tabloids" a day the subjective symptoms and abnormal cardiac *bruit* had almost disappeared, she looked brighter, appetite was fair, there was no œdema of ankles, the bowels were regular, the menses almost normal. The red corpuscles numbered 3,200,000 per c.cm., very few irregularly shaped hæmocytes were seen. The hæmoglobin was 70 per cent., and the blood plaques more numerous. The above case justifies me in recommending these agents (tabloids) in the following conditions: anæmia; oligæmia from loss of blood (wounds, hæmorrhoids, hæmoptysis, hæmatemesis, etc.); anæmia following acute diseases (typhoid, etc.); tropical anæmia (parasitic or malarial); anæmia of toxic origin: leukæmia or lieno-leukæmia (acute or chronic); and progressive pernicious anæmia.—CHARLES FORBES, M.D., in *British Med. Journal*.

Cure of General Peritonitis by Medical Treatment.—L. Revilloid (*Revue Médicale de la Suisse Romande*) gives details of six grave cases of peritonitis in order to show that recourse need not necessarily be had to surgery in its treatment. Whilst not denying that surgery has its applications in this disease, he insists strongly that there is a danger at the present time of underrating the value of purely medical treatment. The first four cases were instances of peritonitis of intestinal origin; the fifth case was a tuberculous one of acute onset, becoming chronic, with ascites and caseous masses; the sixth was a case of peritonitis following after scarlet fever. All were very severe cases, especially the last. The author wishes to note in particular the diagnostic and prognostic value of the quantity of urea eliminated, a quantity which reaches the highest figures when the disease is at its most acute stage, and the patient on peremptory diet. This hyperformation of urea indicates the intestinal origin of the peritonitis, and the intensity of the inflammatory process, and signifies, also, that the organism is defending itself by setting in action the depurative function of the liver, which retains and destroys septic and phlogogenic substances in their passage. The therapeutic measures usually adopted were as follows: Either total abstention from all alimenta-

tion by the mouth, or water given by spoonfuls when tolerated. This could be continued several days. Leeches, two or three in number, were applied at first to the most sensitive parts of the abdomen, and were sustained in their action by Neapolitan ointment, thin poultices, soothing fomentations, whose warmth favors the action of the phagocytes: lastly, by calomel in small doses. In some cases, instead of the Neapolitan ointment, an ichthyol pomade composed of soft soap and ichthyol, equal parts, was applied in a thin layer, except at the most painful spots, where small fly blisters were placed. Internally Rivière's potion was given: a glass of iced water, containing 10 to 20 drops of laudanum, taken in spoonfuls at intervals varying with the distress. If this was vomited, a small enema of tepid water with 10 drops of laudanum was substituted. Revilloid, as a result of his experience with these remedies, thinks that no case is so severe as to be despaired of.—*British Med. Journal*.

The Treatment to be Employed in Accidents Due to Electricity.—At a recent meeting of the *Académie de Médecine*, a report of which appears in the *Journal des Praticiens* for December 8th, a paper was read on the treatment of such accidents, in which the following methods were recommended in order to establish respiration: 1. Rhythmical traction of the tongue. This treatment consists in opening the patient's mouth (if the teeth are locked, forcing them open), and then seizing the anterior part of the tongue firmly between the fingers of the right hand, covered with a piece of linen cloth in order to prevent slipping, and making strong and repeated rhythmical tractions, each followed by relaxation, imitating the rhythmical movements of respiration, twenty times at least to the minute. The lingual tractions should be practised without delay and persistently for half an hour, an hour, or longer. 2. Artificial respiration. This treatment consists in putting the patient on his back, with the shoulders slightly raised, the mouth open, and the tongue well disengaged. The arms should be seized as high as the elbows and pressed rather firmly on the walls of the chest, then separated and carried above the head, describing a circle: afterward they are brought to their first position on the chest.

These movements should be repeated about twenty times a minute, and continued until natural respiration is established. It is advisable to begin always with traction on the tongue, applying at the same time, if it is possible, artificial respiration. On the other hand, it is equally advisable to try to revive the circulation by applying friction to the surface of the body, by striking the body with the hands or with wet napkins, by throwing cold water on the patient from time to time, and by making him inhale ammonia or the fumes of vinegar. — *N. Y. Medical Journal*.

Seborrheic Eczema in Children.—Feulard (*British Medical Journal*) observes that attention must be given in the first place to the diet, which should be limited to milk, with the addition, in older children, of eggs. In the local treatment the first step is the removal of crusts, which may be effected by using warm coal tar lotions, preceded, if necessary, by poultices. After the crusts have been removed he uses gauze compresses soaked in a solution of resorcin (6 in 1000). These are kept constantly applied to the scalp by day, and are applied frequently to the face. By night an ointment is used, consisting of one part of balsam of Peru to thirty parts of vaseline. Later he uses fine starch powder, or a powder consisting of equal parts of starch and carbonate of bismuth. Recovery is rapid if the instructions as to diet are strictly observed and the dressings used with regularity. — *Maryland Medical Journal*.

Treatment of Fracture of the Clavicle by Suture. — Routier (*Rev. d'Orthopédie*) is strongly in favor of suturing in certain cases of fracture of the leg, with the aim either of facilitating reduction which cannot be effected by ordinary means, or of maintaining reduction when it would be otherwise impossible or difficult to keep the fragments in good position. In cases of simple fracture of the clavicle, on the other hand, he would in general trust to bandaging, as a slight deformity, due to a moderate deposit of callus, would be less objectionable than the scar left after the application of the suture. The author would not hesitate, however, to treat fracture of the clavicle by an open operation in any case in which there might be a risk of much subsequent swelling

and serious deformity; and, also, whenever it might be found impossible by ordinary means to overcome such displacement as would not only be unsightly, but also influence very seriously the innervation of the upper extremity. Exposure of the seat of fracture under such circumstances would enable the surgeon to place the broken surfaces in apposition, the application of a suture not being necessary unless it be found difficult to keep the fragments in place. A case is reported of fractured clavicle with extreme deformity due to over-riding of the fragments in a female patient, aged twenty-two, which was successfully treated by exposure of the seat of injury, removal of a detached fragment of bone, and suturing of the two main fragments of the broken clavicle. Three weeks after the operation there was perfect union. The linear cicatrix was small and hardly perceptible, the shoulders were symmetrical, and the patient seemed to be free from the least trace of deformity. — *British Medical Journal*.

The Tetanus Bacillus.—Vincenzi (*Rif. Med.*) has made the following contribution to our knowledge of this subject: Starting from four cultures of the bacillus from distinct sources, he happened to get certain specimens which grew well aërobically. These appeared to be identical, both to the naked eye and in respect to their virulence, with the specimens of the bacillus grown in absence of air, and are the first recorded instances in which an observer has succeeded in growing the bacillus of tetanus save in a medium almost free from oxygen. The author proceeds to describe at some length the morphological characteristics of these bacilli, which closely resemble those already known. The establishment of the possibility that the tetanus bacillus is capable of growth in presence of the air helps to explain its presence and development in earth, where it is usually found in nature, and obviates the necessity for any elaborate theory to account for this apparent anomaly. — Grixoni gives the following provisional conclusions from a research which he has not as yet had an opportunity of completing: (1) The tetanus bacillus can be obtained direct from earth by aërobic cultivation. (2) Under these conditions it produces no toxin and is not pathogenic. It requires virulence, however, as soon as it is

returned to a medium free from oxygen. (3) The methods which have seemed to show that the bacillus multiplies anaerobically in the earth, and is therefore toxic, are not trustworthy, and the conclusions drawn from them are incorrect. (4) A negative result of the inoculation with earth does not allow one either to affirm or deny the presence of tetanus bacilli. (5) An association with other special microbes is always, according to the author's finding, necessary in order that the bacillus may acquire the power of growing aerobically. A mixed infection is not a frequent accident, but a constant necessity. Probably the most frequent auxiliary bacillus is the *B. coli communis*. (6) The case with which tetanus supervenes on inoculation with infected fæces probably depends on the constant presence in them of the above-mentioned microbe. For the facts on which these conclusions are based the reader must refer to the complete paper.—*British Medical Journal*.

Acute and Chronic Urticaria.—Dr. R. Abrahams advocates the use of hydrochlorate of pilocarpine. For a child one year old, the dose is from one-twentieth to an eighth of a grain in distilled water every evening at bedtime. For a child from two to three years old, the dose is from one-fifteenth to one-sixth of a grain. By administering the alkaloid gradually, feeling one's way as it were, no untoward action should be anticipated.—*Medical Record, N. Y.*

The Persistence of Diphtheria Bacilli in the Fauces.—The instance of the persistence of pathologically active diphtheria bacilli in the fauces of a boy, who suffered from tonsillitis in May last, related by Professor Schäfer in another column, is of interest from whatever point of view it may be looked at. It has already been recorded that such bacilli may persist in the fauces for six or seven weeks after the false membrane has disappeared, but this is the first instance reported of the persistence over a period of at least seven and a half months. If these bacilli have been present continuously one of two alternatives must be accepted: either the protection afforded by the attack of diphtheria in this case lasted longer than is usually believed, or the bacilli, though still pathogenic for guinea-pigs, were less virulent than

at the commencement of this period. This second supposition, however, is negatived by the fact—if fact it was—that this boy is looked upon as being the focus from which two other boys became infected. It should be noted, however, that this boy and the one secondarily infected slept in the same dormitory, and it is of course quite within the range of possibility that the presence of active bacilli in the mouth of the boy who had previously been the subject of the disease may really have been due to the presence of the diphtheria bacilli in the second case, which occurred in a boy in the same dormitory. This, however, is purely a matter of speculation; the interesting fact remains that these diphtheria bacilli were in the fauces of an apparently healthy boy seven and a half months after an attack of diphtheria.—*British Medical Journal*.

SURGERY.

Treatment of Herpes and Folliculitis Vulvæ.—In the *Journal des Maladies Cutanées et Syphilitiques*, Lutaud prescribes the following:

In beginning herpes of the vulva one of the following formulæ:

1. R Resorcin 2.
Cocain. muriat. 1?
Spirit vin. 100.
2. R Acid. carbol. 25.
Cocain. muriat. 1.
Spirit. vin. 100.

Compresses moistened in these solutions are laid upon the vulva and covered with impervious paper; they are changed three or four times a day

Mostly, however, one sees the herpes fully developed, when this salve will be more appropriate

- R Borac. porphyr. 1.
Glycerole d'Anidon 10.
Tinct. myrrh., gtt. 10.

After which a powder of:

- Bismuth subnitrat. 4.
Calomel 1.

should be dusted over them.

When the crusts have been removed,—

- Pulv. lycopod. 10.
Tannin
Bismuth subnitrat., of each . . . 20.

will be efficient.

When the folliculitis does not yield to simple remedies, then sitz baths or full baths of bran and starch are recommended, the vulva being washed morning and evening with hot soapsuds and powdered with

Acid tannic pulv. 2.
Bismuth subnit. 1.
Amyl. 50.

In obstinate cases, painting the surface with 5 per cent. cupric sulphate once a week and washing off with strong salt solution. Pustules should be opened when they appear.—*Ex.*

Herpes Facialis.—Howard G., thirteen years of age, presented himself at the University Skin Dispensary with an eruption upon the nose and upper lip composed of several groups of pin head-sized vesicles seated upon an inflammatory base. These groups of vesicles had appeared three days previously, their appearance being preceded by considerable heat and burning. In the course of another day or two the vesicles became confluent, their contents became purulent, and dried into thick yellow crusts. The treatment consisted in the application of a boric acid lotion several times a day. Herpes is to be distinguished from acute vesicular eczema, for which it might be mistaken, by the circumscribed character of the patches of vesicles, their slight tendency to spontaneous rupture, their localization about the mouth, and, finally, the absence of itching.—M. B. HARTZELL, M.D., in *Archives of Pediatrics*.

Psoriasis.—Frank P., aged 10, a patient at the Skin Dispensary of the University Hospital, had over the trunk and upper extremities numerous dime-sized, discrete, circular lesions, brownish-red in color, covered with thick silvery white scales which, upon removal, left a bright red surface dotted with minute bleeding points. On the lower extremities below the knees, chiefly on the outer side of the legs, were similar lesions the size of the palm. In the scalp were numerous dime to dollar-sized patches thickly covered with scales. Beyond slight itching the patient suffered no inconvenience from the eruption which had existed for upwards of a year. The treatment was both local and constitutional; externally, an ointment of resorcin,

one dram to the ounce, was to be applied once daily together with frequent warm baths; internally, two minims of Fowler's solution was to be taken thrice daily, the dose to be gradually increased. In a week decided improvement was visible; there was less hyperæmia and diminished scaling. At the end of six weeks the eruption had almost disappeared and the patient ceased his visits to the dispensary. The diagnosis of psoriasis, as a rule, presents no difficulties; the silvery-white, perfectly dry scales are altogether characteristic. Upon the scalp it may be confounded with seborrhœa, but the absence of inflammatory reddening and the greasy character of the scales in the latter affection will serve to distinguish it from the former. So far as the removal of the eruption is concerned, treatment is satisfactory, but relapses are almost sure to occur sooner or later.—M. B. HARTZELL, M.D., in *Archives of Pediatrics*.

Strangulated Hernia, Operation, Recovery.—W. G., aged four years, born in Philadelphia, was admitted to the Children's Hospital on the 18th of April, suffering from a strangulated hernia. Previous to that time he had been a healthy child, except for a mild attack of measles. His mother was certain that he had never been ruptured before, she had never observed any swelling in the groin when bathing him. She dated his trouble from the sixteenth, when he wedged himself between the seat and arms of a chair and had to be extricated forcibly. On the seventeenth the patient's bowels were constipated, he passed very little urine, complained of severe pain in the abdomen, and began to vomit. These symptoms continued the next day, when the matter vomited became sour smelling and bilious in character. On admission to the hospital at 1 p. m., there was marked swelling in the left inguinal region over the middle of Poupert's ligament. Attempts at taxis and the application of ice being of no avail, the patient was etherized, and an incision made over the tumor by transfixing the skin pinched up between the fingers with a long, straight bistoury. The dissection was continued until the sac and structures of the spermatic cord were exposed, the upper margins of the external and internal rings nicked with a herniotome, and the strangulated portion of the gut (which was small) released and

returned into the abdominal cavity. The peculiarity in the case was the absence of anything like a thick sac. The protrusion having been so recent, the hernia had only started down in the course of the cor., the outer and inner rings being distinctly recognizable and separated from each other about three-quarters of an inch. The wound was closed with buried sutures, and a drainage tube inserted at the lower end. There was a moderate rise of temperature after the operation, reaching 102.5° the next morn'g. Somewhat less than a pint of urine was voided during the night. On the second day a mild orchitis ensued, with some inflammation of the lymphatic constituents of the spermatic cord, marked by a broad red line in the tissues of the scrotum. This persisted for several days, subsiding under the use of lead water and laudanum. On the evening of the second day the fever was slight and the drainage tube was removed entirely. The use of the catheter was required for a few days. Convalescence was rapid. The patient was discharged on the 29th of May, wearing a truss. When last seen six months after the operation, he had experienced no further trouble.—
CHAS. F. JUDSON, M.D., in *Archives of Pediatrics*.

A Case of Charcot's Joint Disease, with Perforating Ulcer of the Foot in a Tabetic Patient.—A quarryman, aged 48, single, was admitted to infirmary in the spring of 1894, and transferred to me by Mr. Greig Smith, under whom he was first admitted as a surgical case. He was a thick-set, strong, healthy-looking man, with a good family history, and no record of ill health excepting that twenty-eight years ago he had two attacks of gonorrhœa. He had been in the habit of drinking a gallon of beer a day. Five years ago he met with an accident, in which his left heel was crushed between two stones. Some dead bone was removed, and after this the wound healed up, leaving a cavity. Three months before admission he first noticed a swelling of the right knee, which was not painful till three weeks had elapsed, and then darting pains shot up and down for a few inches above and below the knee, and became so severe that he applied for admission. Two months before he noticed the swollen knee he had been working in water, having to lie upon the affected side for most of the day. After resting

these pains passed off, and he says the feeling is now more one of weakness than pain, with occasional shooting pain limited to the knee. The pain appears to have been controlled by phenazone upon one occasion. The right knee-joint is full of fluid, and feels somewhat hotter than the other. The joint is movable in all directions, including lateral movements, and rather flail-like. He says the knee-joint "goes out" when he attempts to walk. The knee jerk is absent on the affected limb, and difficult to get, even with Jendrassik's method, and then only slightly marked on the left. In the early part of June a small black slough formed on the sole of the left foot (the patient had been in bed night and day for some weeks). The slough was removed by poulticing, leaving a small ulcer which shows no inclination to heal. The epidermis is thick on the soles of both feet. The pupils are a little unequal, rather dilated; the right does not act to light at all, and the left only very slightly. They both act to accommodation. Neither pupil dilates on painful stimulation of the skin of the neck. Upon one occasion since admission this patient was faint and giddy, and nauseated; and although he did not vomit, could not take any food for forty-eight hours. Buzzard has noticed that gastric crises are frequent when this articular lesion is present. He found them present twelve times in twenty-six cases. When Charcot's disease of the knee-joint occurs in tabes, it is nearly always an early accompaniment, and although in this case many of the symptoms are absent, I think those I have mentioned justify me in considering it a case of early tabes dorsalis.—
HENRY WALDO, M.D., in *British Medical Journal*.

Scarlatiniform Rash: Periarthritis.—Rocaz (*Arch. Clin. de Bordeaux*) records the case of a child, aged one year, who was brought to hospital suffering from a rash resembling that of scarlatina, and pharyngitis and tonsillitis. There was a high temperature. The face was pale, and the child appeared very ill. Two days later the eruption had completely disappeared, but the inflammation of the throat persisted. Two days later, again, the throat had got well, but the fever persisted. After two days more the eruption reappeared, and lasted three days. The fever still persisted, and a fortnight after the commencement of the illness both

the elbows were found swollen, red, hot and painful. After a week, distinct fluctuation was obtained on both sides in the neighborhood of the olecranon. Incisions were made, giving exit to pus, which contained streptococci in large numbers. The abscesses did not communicate with the joints. From the time of the operation the patient made a rapid recovery. Rocaz expresses the opinion that the rash was due, not to scarlet fever, but to septicæmia, and that the whole illness, including the affection in the neighborhood of the joints, was due to the infection by streptococci, the primary lesion being the angina, which afforded a point of entrance for the streptococci.—*British Medical Journal*.

MIDWIFERY.

Urethral Incontinence of Urine.—Schultze (*Centralbl. f. Gynäk.*) uses this term to imply incontinence of urine due to insufficiency of the muscular apparatus which closes the bladder. A patient, aged 45, had borne a child twenty years before, and ever since had been unable to hold her water. Her health was much reduced. The urine contained pus, there was no evidence of renal disease. She had undergone various operative procedures. The meatus was lacerated, exposing a third of an inch of the urethral mucous membrane. Behind the meatus was a fistulous orifice, and from it ran upwards a long cicatrix with evidences of former sutures. The patient's health was first improved by appropriate treatment, then in July, 1892, the meatus, fistula, scar, and the neck of the bladder, immediately above the beginning of the urethra, were slit up and the edges of the incision thus made were vivified and sixteen silkworm gut sutures applied. A catheter was retained. After nine days the sutures were removed, as well as the catheter. The wound had united by first intention throughout, and the patient could hold her water perfectly. Schultze, with less success owing to the impatience of the patient, endeavored afterwards to increase the retaining power of the bladder, which was small, on account of the long duration of the incontinence of urine. However, she continues able to control the passage of urine though micturition is frequent.—*British Med. Jour.*

Cæsarean Section Performed by Mistake.—Loviot (*Répert. Univ. d'Obstét. et de Gynéc.*), early this year examined, with the patient's consent, a wet nurse, suspected of being pregnant. He recognized pregnancy at the third month. A few months later he heard that his patient did not believe that she was pregnant, and that she had been admitted into a hospital, where an operation was performed. A live infant was discovered. On making inquiries, Loviot found that abdominal section had really been undertaken. The surgeon, and also the obstetrician of the hospital, gave evidence as to the patient's statement that in her capacity of wet nurse she had not menstruated, and could not be pregnant. Relying too readily on the patient's assertions, an operation was performed, with the result as above stated.—*British Medical Journal*.

Rupture of Uterus and Vagina.—Dohrn (*Centralbl. f. Gynäk*) relates how a woman, aged forty-one, in her eleventh labor, was driven in a sledge over eighteen miles to Königsberg last December. The presentation was transverse, and the uterus had been ruptured during an attempt at turning. The child was extracted, but not the placenta. She arrived in an exhausted condition, anæmic, and with distended abdomen. The funis hung out of the vulva, whence blood trickled rather freely. The vulva was at once cleansed by washing with a 5 per cent. solution of carbolic acid. A 1 in 1,000 solution of sublimate was used to swab the vagina, which was afterwards irrigated with boracic acid lotion. Then, on exploration, a large rent was found in the cervix, extending into the left vaginal fornix. In the rent were coils of intestine, and the placenta, which was extracted. After reduction of the bowel, over six yards of iodoform gauze three inches wide were passed into the vagina. A binder was firmly fastened round the abdomen. The patient at once began to recover. On the sixth day the tampon was removed. A little lochial secretion had trickled through it, but it was free from smell. On the fourth week the patient had an attack of pneumonia, from which she recovered. The uterus became fixed and dextroverted. According to Merz seven out of fifteen cases of ruptured uterus treated by the tampon recovered.—*British Medical Journal*.

Pelvic Hæmatocele.—Condamin (*Lyon Medical*) believes that extrauterine pregnancy is almost the sole cause of pelvic hæmatocele. The rupture of a tubal gestation cyst is far from invariably accompanied by the "cataclysms" and uncontrollable hæmorrhage in which many authorities believe. Many such accidents have no symptoms, others give rise to small hæmatocèles, and only a few involve free loss of blood. Hæmorrhages consecutive to ruptured tubal cysts in the first months of pregnancy cease spontaneously; operative measures are contraindicated at first, excepting when the rupture occurs after the fourth month, which Condamin believes is exceptional. The surgeon must wait till the collection of blood has become well encysted, and the anæmic patient stronger. The best operation then is vaginal puncture and incision, with or without removal of decessed appendages. Abdominal section should be rejected in the majority of cases as more serious and less efficacious, as involving prolonged treatment, and as inducing grave complications in the future. Condamin describes three cases where the vaginal treatment was successfully employed. In one a piece of placenta, in two the fœtus was removed with the clots; in all, more or less of the involved appendage was removed.—*British Medical Journal*.

Personals.

Dr. W. P. Caven has resumed practice at 70 Gerrard Street East.

On Friday, January 25th, the wife of J. A. Creaser, M.D. (Associate Editor *ONTARIO MEDICAL JOURNAL*), of a son.

Dr. Couzens, of Ottawa, has been appointed medical director of the People's Life Insurance Company, *viz* Dr. W. Beattie Nesbitt, B.A., M.D., L.C.S. Lond.

D. G. G. Rowe has been elected alderman for No. 6 Ward in this city by a handsome majority. The doctor is one of the most popular members of the profession in West Toronto.

Dr. James M. McCallum, Professor of Therapeutics in Toronto University, has resumed practice, at 13 Bloor Street West, after spending nine months in England at the Moorefields Eye and the Central London Throat hospitals.

We learn that Dr. J. A. Austin, of Brampton, who recently returned from England, has decided to practise in Mexico.

Dr. Clarence L. Starr, of the Steuben Sanitarium, Hornellsville, N.Y., paid a flying visit to Toronto during the holidays.

Obituary.

SIR JOHN S. D. THOMPSON.

Until within five or six months of present illness Sir John S. D. Thompson (aged 50 years) enjoyed good health, and had the appearance of having a robust and vigorous constitution. During the past few years two small renal calculi were voided, which at the time caused considerable pain and suffering, but, in both instances, the recovery was rapid and not followed by serious consequences. During the last session of Parliament he occasionally complained of a sense of drowsiness, associated with slight swelling in his feet and legs. These indications were mentioned by Sir John to some members of his Cabinet, the whole being passed over as of no particular moment. After the session Sir John passed some weeks in the Muskoka District in order to take rest after the arduous duties of his official position.

In Toronto Dr. Ross made a careful examination, and pointed out the condition under which Sir John was laboring at the time. On his return to Ottawa, the family physician, Dr. H. P. Wright, was absent, and Sir James Grant was then, for the first time, consulted. Both feet and legs were moderately dropsical as far as the knees, associated with slightly colored urine, of high specific gravity, carrying a considerable percentage of both albumen and urea, associated with well defined epithelial and hyaline casts. A consultation was subsequently held by Drs. Roddick, Wright and Grant, in which there was a perfect agreement as to the serious character of the case. The indications of cardio vascular changes, such as one would almost anticipate, were not marked. The whole condition pointed to parenchymatous nephritis, the result most likely of cold contracted while attending to political duties during the winter season without either sufficient rest or outdoor exercise, so necessary during the official life of our public men.

Miscellaneous.

THE DIET OF EPILEPTICS.—The influence of diet upon epilepsy is a matter of peculiar importance in the treatment of the disease. In a certain sense epilepsy is always reflex. The starting-point of a fit must be looked on as an extrinsic irritation, and in many cases it arises from indigestion. Errors in diet, however, probably influence epilepsy in other ways than this. The portion of food which is absorbed may be injurious, besides that which, remaining undigested, acts as an irritant, and there is a good deal of clinical experience in favor of supplying a minimum quantity of meat in cases of this sort, not on account of it producing indigestion, for it is often digested quite well, but because of its imagined effect in increasing the "irritability" of nervous structures—a somewhat hypothetical property, but one based on the same sort of rough observation as is the well-recognized relation between corn and skittishness in horses. The interest of this subject has led us to make inquiries as to the food given to the patients at the epileptic colony at Chalfont St. Peter, and, by the

courtesy of the secretary, we have been furnished with the daily dietary for a fortnight. Breakfast was on each day the same, consisting of oatmeal porridge, with new milk or sugar, tea and bread and butter. Dinner consisted of roast or boiled or hashed beef or mutton, with cabbages and potatoes, followed by a rice, sago, tapioca, suet or jam-roll pudding. Tea was accompanied with bread and butter or dripping, or sometimes golden syrup or currant cake. Supper generally included some pudding, with milk and bread, varied occasionally with soup instead of pudding. On Fridays fish was given instead of meat. It must be noted that all the inmates are men. At the present time they are nearly all engaged in outdoor work for a considerable number of hours a day, which probably enables them to assimilate without difficulty a somewhat freer diet than would be possible in other conditions; and it is not improbable that the improved nutrition, due to the combination of active work with a dietary better than could be digested in a sedentary life, may be a not unimportant factor in relieving the disease.—*British Medical Journal.*

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M. Sig: Apply to chapped surfaces at night, after they have been washed with soap and warm water and thoroughly dried.

A second application is rarely required. This remedy is equally efficacious in the treatment of fissured, bleeding and sore lips. — *Guillard's Medical Journal.*

THE DIPHThERIA SERUM THERAPY. — It seems that Professor Behring's particular method of anti-toxine treatment is meeting with some lively opposition in Germany. At a meeting of the *Berliner medicinische Gesellschaft*, held on November 28th, Dr. Hansenmann made remarks, the report of which fills nearly four columns of the *Deutsche Medizinisch-Zeitung*, in which he denied the curative power of the serum, its prophylactic action, and its freedom from danger. He denied also that true diphtheria,

the diphtheria of Bretonneau, depended on the Löffler bacillus. — *N. Y. Medical Journal.*

THE INFECTIOUSNESS OF WHOOPING-COUGH. — At a recent meeting of the *Congrès de médecine interne*, held at Lyons, a report of which appeared in the *Journal de clinique et de thérapeutique infantiles*, for November 22nd, M. Weill stated that twenty-nine children suffering with whooping cough had been placed in a ward in one of the hospitals with 123 others, and not one of the latter had taken the disease. Twenty days had been the minimum time of their stay in the ward. All children over seven years of age had been left out of account, also those who remained in bed while in the hospital, leaving only those who were likely to take the disease, but no infection had resulted. While M. Weill thought that no positive conclusion could be reached from these facts, yet, he said, if whooping-cough was infectious in the city and not in the hospital, it was because different conditions existed. The most striking feature in this case was that the children who had been received at the hospital were in the last stages of the

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disease; in the city, on the contrary, contact with children suffering with whooping-cough occurred in the beginning, at a time when a diagnosis could not be made. This fact, he thought, should lead to new researches. M. Moussous, of Bordeaux, stated that his service among those with whooping-cough was isolated, although it was evident that there had often been contact with other patients; nevertheless, he had never observed any infection. This, he thought, corroborated M. Weill's researches.—*N. Y. Medical Journal*.

THE MEDICAL STUDENT POPULATION.—An American contemporary announces that "England has but 552 medical students; there are 8,000 in Germany (*sic*) universities, but the United States has 13,000. We could loan England a few thousand, and have plenty to spare." Figures are generally a strong point with our American cousins, but it is difficult to imagine whence the above inspiration has been drawn. A study of the records of the General Medical Council would have shown that the number of students registered as having commenced their curriculum this year

in England alone amounts to 980. In 1893 the number of freshmen in the medical schools of England, Scotland and Ireland was 1,747, and by adding up the entries of the last four years it is clear that at present there must be over 7,000 students in the medical schools of the United Kingdom. So that we have ourselves a good many students to "loan," and as with us they have to undergo a five years' curriculum, they might be tempted by the briefer period of study in the great Republic of the West.—*British Medical Journal*.

WHAT ABOUT EXPECTORANTS?—January is here. No mistake about that. Coughs and colds are here also. Are you going to dose your patient with syrups? But modern therapeutists tell us there are no expectorants, so what shall we do? Give antikamnia and codeine. This combination acts as a sedative in both acute and chronic affections of the lungs. It promptly relieves the pain, and in the vast majority of cases, decreases and often entirely arrests the cough. This combination is prepared in the form of "Antikamnia and Codeine Tablets," each containing $4\frac{1}{4}$ grs. of antikamnia and $\frac{1}{4}$ gr. of codeine.

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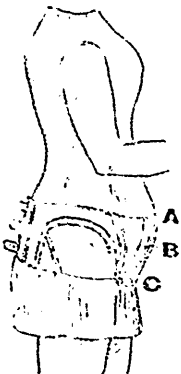
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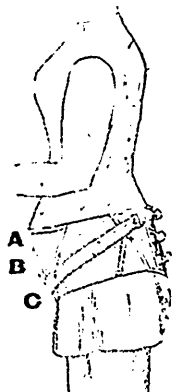
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THE LIMITS OF PROFESSIONAL DUTY. — A medical man often finds it difficult to keep his relations with his patients within the strict limits of professional duty. From courtesy and kindly feeling doctors are apt to do many things which have but small connection with the treatment of disease: and it must be confessed that people often show their appreciation of their doctors by trying to use them as handymen for all sorts of strange purposes. Without the exercise of most careful discrimination nurses are exposed to the same temptation and the same difficulty, and this in an even aggravated form, for whereas a doctor is his own master, and can withdraw if he sees danger, a nurse is often the servant of an institution, and may be placed in a very awkward position if sent to undertake duties which are not truly professional. This was well illustrated in a case which occurred at the North London Police-court. A man was summoned for assaulting his wife, and it appeared that among other causes of difference between them was the continued presence of a certain young man in the house. This said young man turned out to be an attendant sent by a nurs-

ing institution, the defendant being a dipsomaniac. It was alleged, however, that this "respectably dressed young man" was not sent to look after the patient, but to protect the wife (?) an arrangement which did not have a soothing influence on the dipsomaniac. The magistrate thought this about the coolest arrangement he had ever heard of. Here, he said, was an institution that sent young gentlemen to look after wives—quite sufficient justification for all that happened: and probably most people will agree that the work given him lay somewhat outside the scope of ordinary professional duty, even for a male nurse.—*British Medical Journal.*

A GOOD EVAPORATING LOTION :

- R Ammonii chloridi ʒ i.
- Sp. rectificati ʒ ii.
- Sp. ætheris ʒ i.
- Acid. acetic ʒ iiss.
- Aq. destill. q. s. ad. ʒ xii.
- Solve et M.

To be applied on lint in severe sprains, etc.—
Ex.

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Trained Nurses for General Nursing, or Masseuses for Massage, can be obtained on application. Also a * Masseur for the administration of Massage to men.

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DIARRHŒA OF DENTITION.—In the *Ciencias Medicas, de Barcelona*, in the treatment of the diarrhœa of dentition, the following preparation is found of use:

℞ Subnitrate of bismuth. 4 gms ($\frac{5}{8}$ j).
 Lime water. 8 " ($\frac{5}{8}$ jj).
 Fennel water 100 " ($\frac{5}{8}$ iijss).
 Syr. orange peel. 20 " ($\frac{5}{8}$ v.)
 One teaspoonful every three hours.

—*Med. and Surg. Reporter.*

Physicians in many parts of the world, especially those who do not view their own work through magnifying glasses, complain of a great scarcity of patients. This is particularly true of Great Britain.—*Ex.*

FOR OZÆNA :

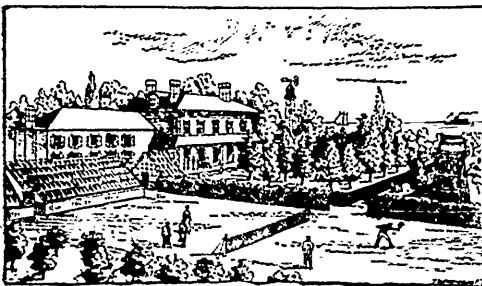
℞ Acidi carbonici gr. xxx.
 Resorcin (crys.) gr. xlv.
 Glycerini $\frac{5}{8}$ iss.
 Aquæ q. s. ad. $\frac{5}{8}$ xii. M.

To be used as a spray.—*Ex.*

A LEGAL ASPECT OF TRANSFUSION.—The civil tribunal of the *Seine* has given judgment in a case which seems to us to be of interest to the medical profession. A Mr. L., who was seriously ill, underwent the operation for transfusion of blood, which was performed by Dr. X., with all the necessary precautions. M., a gardener in Mr. L.'s service, supplied the blood most voluntarily, and the patient recovered. A short time afterwards the blood-giver became ill. He attributed his condition to his having furnished the blood, and demanded compensation. Experts were named, but while they were investigating the affair, M. died, and the autopsy which they performed revealed the fact that he had succumbed to cancer of the stomach. The experts, who were Messrs Laugier, Delens and Vibert, declared that the loss of blood during the operation could not have been the cause of the cancer. They also were of opinion, though this does not seem to us by any means a certainty, that the cancer did not exist when the transfusion took place. The tribunal consequently non-suited the widow of M., and relieved L. of all consequences of the action. So

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

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OAKVILLE.

far so good. From a scientific point of view it now remains to be seen how L. will fare in the future in so far as regards the development of cancer.—*Union Medicale.*

CHRONIC ALCOHOLISM :

- R. Tinct. capsici 1 ounce.
- Tinct. zingiberis 1 ounce.
- Tinct. valerianæ ammon. 2 ounces.
- Celerina 2 ounces.

M. Sig.—Teaspoonful in teacupful of hot tea three or four times daily.—*St. Louis Clinique.*

At this season of the year, when radical and sudden thermal changes are the rule, it becomes of vital interest to the busy practitioner to have in compact, ready form, such approved medicaments as meet the analgesic and antithermic requirements of the bulk of his patients. As pertinent we call attention to the following combination tablets: "Antikamnia and Codeine," each containing 4 3/4 grs. antikamnia and 1/4 gr. codeine; "Antikamnia and Quinine," each containing 2 1/2 grs. antikamnia

and 2 1/2 grs. quinine; "Antikamnia and Salol," each containing 2 1/2 grs. antikamnia and 2 1/2 grs. salol; and "Antikamnia, Quinine and Salol," each containing 2 grs. antikamnia, 2 grs. quinine and 1 gr. salol. These, together with the well-known "Antikamnia Tablets," of varied sizes, and "Antikamnia Powdered," constitute indispensable factors in the armamentarium of the physician, and are more than ordinarily indicated in present climatic conditions.

DANGERS OF ANTITOXINE.—Dr. J. Lindsay Porteous reports that there may be dangers from the use of antitoxine in the treatment of diphtheria. He used it in the case of a male, two injections being made, and both were attended by extensive purpura—around the seat of injection—which disappeared in the course of a few days. Later, however, a most aggravating urticaria developed and the patient suffered intensely. Upon reporting this accident to the manufacturers, they took the number of the phial containing the substance, traced it to a certain horse, and an order was given to have the animal turned out immedi-

THE ACID CURE.

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

TESTIMONIALS.

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

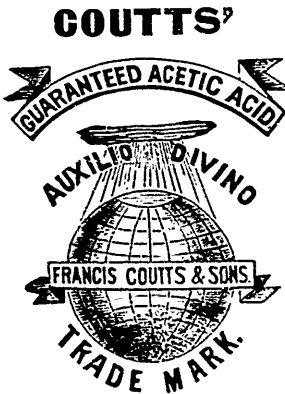
"I have used your 'Guaranteed Acetic Acid' in my own case, which is one of the forms of Asthma, and in several chronic forms of disease in my patients, and I feel justified in urging upon the medical profession an extended trial of its effects. I consider that it acts in some specific manner, as the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

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

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

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

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



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ately. The character and physical condition of the animals used will require the most careful attention, since all the animals so far used are more or less subject to peculiar diseases, and the horse is especially subject to glanders. Thus, we can readily see how new diseases might be spread throughout the country. In Paris, for example, all of the old, worn-out car-horses have been offered at a nominal figure to the Pasteur Institute for the purpose of manufacturing the anti-diphtheritic serum. Now, while it would scarcely be wise to insist that these animals should be thorough-breds, it is most imperative that their selection should be in the hands of competent persons, and for that reason the source of supply must be an important factor in estimating the results.—*Am. Therapist.*

FRECKLES.—Shoemaker recommends in the *Medical Week* the following:

R Perchloride of mercury gr. iv-xvj.
Distilled witch-hazel water . .
Glycerineāā f ̄ jss.
Rectified alcohol f ̄ ij.

F. S. A. Rub this solution on the freckled areas morning and evening, varying the percentage of corrosive sublimate according to individual susceptibility.

The following solution is much less irritating and easier to manipulate:

R Hydrochlorate of cocaine gr. x.
Boric acid ̄ ii.
Rectified alcohol f ̄ iv.

F. S. A.—Apply to the affected parts a small compress steeped in this solution.

Lastly, good results are sometimes observed from the application of the following ointment:

R Oleate of copper gr. v to ̄ j.
Lanoline ̄ ss.
Vaseline ̄ ss.

Mix.—For external use.

The proportion of oleate of copper must be adapted to the circumstances of each individual case.

The treatment must be suspended as soon as the skin presents signs of marked irritation, which is then allayed by the application of zinc ointment.

—*Gaillard's Medical Journal.*

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

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