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THE  
Canadian Medical Review.

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Vol. I.]

TORONTO, MARCH, 1895.

[No. 3.

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Original Communications.

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The Care of the Eyes in Newspaper Work.

BY G. STERLING RYERSON, M.D., C.M., L.R.C.S., EDIN.

*Professor of Eye and Ear Diseases in Trinity Medical College, Toronto.*

[Abstract of paper read before the meeting of the Canadian Press Association.]

As far back as the time of Francis I., an imperial patent went forth concerning "the books of the Holy Roman Empire and the commission by royal grace thereto appointed." The patent read: "Seeing that we have heard with displeasure that, to the hindrance of literarie, many printers and publishers use paper that is much too bad and letters that are hard to read, and that this has already been commanded by our predecessors to be changed as a most mischievous thing, which command has up to this day been ill-obeyed: We, therefore, graciously decree, in order to avoid the withdrawal of privilege in respect of any such badly printed book, that every publisher and printer shall henceforth use good paper and readable type."

The complaint made so long ago by royal decree has been constantly reiterated by the oculists. They have had to complain of ever diminishing type, especially in dictionaries and school geography maps. Javal was the first to study the subject scientifically.

The French natural standard type is 0.4 mm. thick and 1.05 mm. in height—corresponding to our brevier.

The following observations with regard to the size, etc., of letters will be found of practical importance :

1. Size of letters. Any type smaller than 1.50 mm. is injurious to the eyes for continuous and prolonged reading. Pica or long primer may be regarded as safe standards.

2. The number of letters one can read in one minute gives an index of legibility. According to Weber one can read 1,464 letters aloud and 1,900 silently, 1.50 mm. in height.

3. The thickness of the letters is important for legibility. None with a down stroke less in thickness than a half millimetre should be allowed.

4. The shape of letters. As we read the upper half of lines the tops of letters should be especially distinct. If one covers the lower half of a line, one reads easily. If, however, the upper half is covered, one can read, but with difficulty.

5. The matter of distance between words is important to legibility. Weber advocates that not more than sixty letters be used in a line four inches long. The intervals between lines should be sufficient to bring the type out in strong relief to the paper.

6. The length of text lines should not exceed four inches. The shorter the line the easier it is to read.

7. The color of the paper is a subject of discussion. Javal recommends yellowish tint. The Hygienic Congress, at Turin, in 1880, advocated yellowish. Weber recommends pale grey, which latter opinion I concur in.

8. Goodness of paper. It should be of uniform thickness, and of such a quality as to prevent type from showing through.

I would strongly recommend the use of a typewriting machine for composing instead of writing by hand. I think also that the noise of the machine stimulates one's ideas, but that may be a fancy. The free bathing of the eyes in cold water in the morning is to be commended. When the eyes are tired it will be found that bathing the closed eyes with a lotion composed of rain water, one pint; whiskey, one teaspoonful, and common salt, one teaspoonful, will relieve symptoms.

As to light: Daylight is preferable, but, of course, cannot be had by writers in running dailies. Gas should be lowered to desks and shaded. Electric light should also be shaded, and is excellent if sufficient in quantity.

Reading lying down imposes an extra strain on the muscles of the eyes. It is particularly injurious to read in railway trains and during

convalescence from sickness. One should not work for more than two hours at writing or reading without a rest. Persistence in reading three or four hours at a time will invariably lead to trouble. Writing is easier on the eyes than reading books, but reading manuscript is very trying. Want of sleep and abuse of tobacco are especially injurious to sight. Excessive use of tobacco sometimes leads to permanent blindness. As to the use of glasses, one may fairly say that among eye-users and students glasses are required earlier than among other classes—at from 35 to 40 years of age.

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### Some Points Regarding the Eruption in a Case of Variola, in Which Vaccinia Ran Concurrently; With Some Remarks on the Pathology.\*

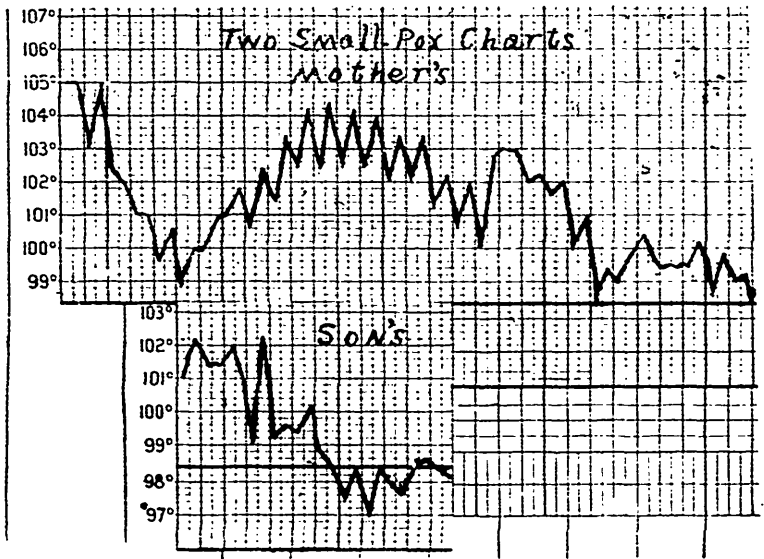
BY JNO. N. E. BROWN, M.B., TORONTO.

Mrs. S——, aged 45, apparent age 55, weight about 155; never needed a doctor for any purpose; mother of three grown sons; had eczema on the backs of her hands and forearms about two years ago, which disappeared after the use of some household remedy. Was exposed to small-pox on November 21st, 1894, having to nurse her son till a trained nurse arrived on the 27th. Reports having been vaccinated when a child. No mark, however, could be seen. On my arrival to attend her son on the 24th, I vaccinated her—seventy-two hours after exposure. She had refused to be vaccinated the day before. On November 30th, nine days after exposure, after two days' silent resistance against successive chills, fever, pains through the body generally, particularly in the dorsal region of the lower ribs, she was obliged to go to bed. At this time the pock on the arm seemed to be taking well. The bi-chloride solution used for her hands during attendance on her son renewed the eczematous condition on the hands and forearms, and it was here, on December 1st, that the eruption first showed itself. The erythematous condition of this region made the diagnosis of the macular stage difficult, but on December 2nd, the fourth day of the disease, the papular condition of this area, with the appearance of a few papules on the breast and forehead, tended to confirm the diagnosis of variola.

On December 4th, the tenth day of the vaccinia sixth of the variola, the arm presented a small irregular scab in the centre of the pock, around which was a pustular ring; outside of this again was a

\* Read at the Toronto Medical Society.

wide red areola ; this areola was surmounted with variola papules. The face at this time was pretty well covered with papules ; some half-dozen were on the under side of the chin, and a few on the front of the legs ; the eczematous area was well covered.



The mother's and son's temperature charts, presented, are attached to each other, so that corresponding days of the disease in the one are in a line with those in the other. The amount of the eruption and its confluence were about the same in each. The tracings are an indication of the rapidity of the onset of the eruption, its continuance, and its subsidence; and also of the severity of the attacks. In passing, it may be seen from the mother's chart that there are four distinct rises in temperature: the primary, in which on the third and fourth days it reached 105; the secondary, which on the fourteenth day reached 104.2; the tertiary, or scaling fever, reaching 100.2; and an exacerbation of the secondary on the twentieth day reaching 103. When the eruption had reached its height it was confluent over the greater part of the face, over the seat of the local eczema, on the dorsum of the feet, the identity of the separate pocks becoming lost in the confluence. I mention this last point, because in another case under observation, at the same time, the identity of the pocks was not lost in the sites of confluence on the backs of the hands and forearms. The

upper portions of the arms and legs and the back were very thickly studded; the breast was less thickly covered; and on the abdomen they were sparse. The soft palate, pharynx, were invaded, and as



Patches of skin, showing pox.

the patient lost her voice it is probable they existed in the larynx, too. They were also to be seen on the palpebral conjunctivae, in the

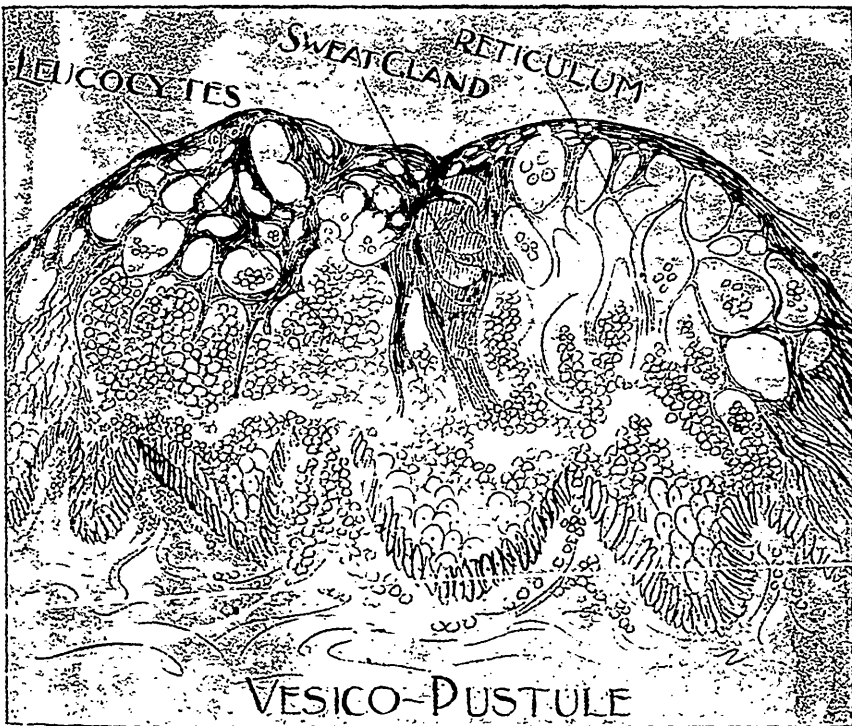
nostrils, and in the external auditory meati. They were abundant on the head.

The exacerbation of the secondary fever on the twentieth day, and lasting four days, was due, I believe, to the absorption of poisons generated in the decomposing skin. As will be seen by the specimens presented (see p. 79), the upper layers of the infected integument tended to be thrown off *en masse*. On the buttocks and sides of the hips and backs of legs large surfaces presented a raw, moist, blistered appearance, with superficial ulceration. Many pocks, too, at this juncture lay in the skin, presenting in their centres a white, pus-like mass, resembling "the core of a small boil." They appeared indolent, no inflammatory action going on around them; the dorsal portion of each hand and forearm, the seat of the eczema, was one huge ulcer, presenting the appearance as of a burn of the second and third degree. While the skin was undergoing this decomposition, the normal musty small-pox odor was completely lost in the almost intolerable and indescribable stench, notwithstanding the free use of antiseptics and deodorant solutions.

The face presented a bloated, unrecognizable appearance, completely covered with a dense, rough, cracked mass of brown scab. These came slowly off, leaving little, if any, pitting. The only places on the body where pitting obtained were where the ulceration occurred. There was none from the portions of the body from which these patches were taken. Only a proportion of the pocks were umbilicated. This condition is shown in the pox in the thick patches presented (see p. 79), which were taken from the soles of the feet about the thirty-eighth day. They had been loose for some days.

*Pathology.*—The first point at which any manifestation of the eruption takes place, is in the lower layers of the rete malpighii, the attack being apparently on the young epithelial cells. The circumscribed congestion, with the dilated capillaries, is the beginning of the struggle. The sign is the macule. Under the peculiar action of the poison the cells of the lower layer of the rete malpighii undergo a necrotic change, the cells swelling up and becoming transformed into irregular opaque masses devoid of nuclei, and intracellular liquefaction occurring in the cells of the upper layer. This forms the papule. As the process continues the vacuoles increase in size by coalescence; they become invaded by lymph; the hard papule softens, its central redness fades, and it becomes transformed into a vesicle, the stroma between the vacuoles forming a reticulum (see diagram, p. 81). Many of the vesicles are umbilicated. This phenomena is said by some to be due to the presence of a hair-

follicle or sweat gland (see diagram). But a vesicle, which does not contain a hair-follicle or sweat gland, may be umbilicated; another explanation is, that the epithelium which proliferates around the edges of the vesicle raises its outer margin, while the centre is held down by the reticulum. That some escape umbilication may be because their reticula in the centre break down early, and the pressure of the accumulated fluid contents keeps its top level. The roof of the vesicle is the stratum corneum, the stratum lucidum, and the upper malpighian layer; the floor, the lower malpighian layers, unless the



virulence of the poison leads to a complete disintegration of the papillary layer, when the corium will be invaded. If this occurs, the consequent ulceration will cause pitting. The breaking down of the reticulum and the invasion of the vesicle by leucocytes are the factors in the formation of the pustule. Its contents disintegrate, its roof becomes rubbed off, and dessication and scabbing follow. Micrococci have been seen in the vessels of the corium, and in the contents of the vesicle; but it has not been shown that these are concerned in the causation of the disease.



## Clinical Notes.

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### Short Notes on Three Cases of Poisoning.\*

BY DR. B. SPENCER, TORONTO.

**Poisoning by Asphalt.**—On September 7th, 1892, two children of Mrs. G—, aged 2 and 4 respectively, swallowed some asphalt which they had collected from Yonge Street, then in the process of being paved with asphalt. When first seen, at 9 p.m., they had been purging and vomiting for a considerable time. Some of the vomited matter examined contained lumps of a black substance, having the appearance and smell of coal tar. The pulse was small and rapid, 150 and 160 in the elder and younger respectively. Pupils dilated. Faces pale. No cyanosis. Children showed a decided inclination to sleep. A tablespoonful of castor oil was administered to each of them; heat applied by hot bottles, and small doses of brandy and water given frequently. A good recovery followed, although the children exhibited some muscular weakness for a few days subsequently. Professor Ellis tells me that the crude asphalt is mixed with heavy oils, the refuse of the refinery of coal oil; and that the symptoms of poisoning in this case were probably due to these, rather than to the asphalt itself.

**Poisoning by Tinct. of Iodine.**—On the night of June 6th, 1893, W. E—, a strong young man about 30 years of age, took by mistake, for tinct. of rhubarb, about one ounce of tinct. of iodine. He became aware, by the burning of the mouth and fauces, that he had made a mistake, and ran bareheaded to my house in great alarm, carrying the bottle in his hand. Apomorphia, gr.  $\frac{1}{10}$ , was at once injected, and a couple of handfuls of flour stirred into a tumblerful of warm water was given by the mouth. In about one minute the most violent emesis occurred, the vomited matter being of the well-known blue color of the starch and iodine reaction. More starch and water was administered. The vomiting, which continued for nearly an hour, left him in a very exhausted condition, so that he had to be conveyed home in a cab. Heat was applied to his extremities and a sinapism to the epigastric region. Next day, although very weak and confined to bed, he showed no bad symptoms, was able to take light food, and the day after was quite well.

**Poisoning by Sugar of Lead.**—On the night of December 18th, 1894, Mrs. L—, a woman of about 50 years of age, drank, by

\* Read at Meeting of the Toronto Clinical Society.

mistake, a cupful of water in which her daughter had dissolved 5 cts. worth or about three teaspoonsful of sugar of lead, intending to use it as an application for chapped hands. When first seen she had vomited freely, her husband having on the first alarm given her a tumblerful of mustard and hot water. Patient had no pain, was lying on the sofa, pulse about 80, pupils normal. There were some Epsom salts in the house, and an ounce of this dissolved in half a tumblerful of water was given at once. Dr. Britton, who had also been summoned, arriving with a stomach tube, lavage was thoroughly carried out, a quart of warm water being introduced. This was repeated three times, so as to wash away any particles of the salt which might chance to adhere to the lining membrane of the stomach and until the returning fluid was perfectly clear. The patient was then carried upstairs to bed, hot bottles applied to the arm-pits and feet, and  $\frac{1}{4}$  gr. morphia given hypodermically.

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### Hysteria in a Child.\*

BY D. CAMPBELL MEYERS M.D., M.R.C.S., ENG., L.R.C.P., LOND—.

*Neurologist to St. Michael's Hospital.*

THE history of the case is as follows: G. A—, aged '9; father, strong and healthy; mother, very emotional. No consumption in family. Two brothers and one sister all healthy. The child's previous health has been good, except that she suffered from headache for four or five years. This ceased last year and has not troubled her since. Her present illness began on Wednesday last, August 16th, when she knelt on a needle, the point of which went into right knee over the upper part of the patella. She withdrew it herself, not making any fuss about it. Immediately after the accident the leg became stiff, and patient walked only with considerable difficulty. Physical examination showed the prick of a pin over right patella, but no further lesion about joint. The leg was stiffly extended, and the foot in the position of talipes equinovarus. Believing the knee joint to be uninjured, I bent the leg across my knee, experiencing in doing so considerable resistance at first, but when bent the joint was freely movable. Immediately, however, on relaxing the limb, it returned to its former rigid position. There was no disturbance of sensibility, nor was there any pain in the joint. The mother tells me that she paid but little attention to the child at first, but on examining the

\*Read at the meeting of Toronto Clinical Society, February 13th.

limb when the patient was asleep she still found it rigidly extended, at which she became alarmed and sent for me.

As to treatment the child was brought to my office, where a few sparks from a static machine drawn from the knee joint terrified her very much, and she walked away quite well, and has since remained so.

This case affords one or two interesting points. First, the fact that the spasm persisted during sleep, which is a clear proof of its nature. Simulation is thought by many to make up a large portion of the symptoms of hysteria, a supposition which is shown to be erroneous by a closer study of the disease. There is further a tendency to-day to say of such a case it is only hysteria—she could do differently if she liked, etc.; but I believe a more careful consideration of such cases would lead to a different conclusion, and to a marked improvement in the treatment of this disease, which, although functional, presents in some of its aspects very great difficulties in its cure. My experience in hysteria has been that many of the symptoms which are apparently assumed are unavoidable to the patient, and quite beyond her control, and that if she were to attempt voluntarily to assume some of these symptoms it would be utterly impossible for her to maintain the simulation for the periods of time during which these symptoms persist. In many cases of hysteria, particularly those in which there is an affection of motility, there is, I believe, a lack of co-ordination, partial or complete, between the sensory and motor centres in the brain, which impedes the conduction of voluntary motor impulses, producing on one hand, if I might use the term, a psychical ataxia, which accompanies a paralysis, or, on the other, allowing an unrestrained action of the motor centre, with a spasm as the result. In regard to the trouble in this case, it would, I think, be reasonable to assume a derangement of the circulation in the leg centre in the Rolandic area of the left hemisphere, this being, in the case under consideration, a more probable explanation than a change of nutrition in the cells of the part. The connection between the impression caused by the accident and the resulting spasm is very interesting. Naturally this impression would be conveyed by the sensory centre in the brain to the motor centre for the leg, but here, instead of a reflex following in the usual manner, the result has been a vasa motor disturbance with spasm of the muscles of the leg as a consequence. The absence of any disturbance of the sensibility of the leg, and the fact that the arm was unaffected, are also interesting points in the case.

## Notes on a Case of Arrested Tuberculosis—Death from Rupture of Aortic Aneurysm.

BY DR. GARRATT, TORONTO.

IN October, 1891, S. W——, a photographer, aged 30, of slight figure and fair complexion, consulted me in regard to a cough, and an urethral discharge of long standing. At that time the patient seemed unusually emaciated, his chest was very narrow and his general appearance led me to suspect tuberculosis.

On examining his chest no positive signs of phthisis could be made out, but a slight systolic murmur was heard. Cod liver oil and iron were prescribed. A few weeks later the patient complained of night sweats, which I thought might be attributed to the gonorrhœa. These soon ceased, and in January, 1892, the patient said he felt all right.

S. W—— was next seen in November, 1894. He was again suffering from gonorrhœa, but said it was a slight attack and that he felt in very good general health. His chest was not examined.

On January 15th, 1895, I was summoned in haste and found the patient lying on the floor dead. His friends said he was apparently well a moment before he fell, and was walking about the room. Coroner Powell was notified and ordered a *post-mortem* examination, which was conducted by Dr. Powell and myself. On opening the thorax the heart was seen to occupy a middle position, and to extend to within an inch and a-half of right and left nipples. The pericardium contained a pint of clots. The heart itself was not enlarged. After removing the heart with the arch and a part of the descending aorta, and a considerable search, a rupture was found in a small aortic aneurysmal dilatation. Both lungs were adherent at their apices, and in each were found the lesions of healed phthisis, demonstrating to us, in an interesting way, the cause of the cough and night sweats of three years ago.

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VALERIANATE OF AMYL.—In 2 ½-grain capsules every half hour up to five or six doses it is valuable for restraining the pain of nephritic colic and relieving the cystitis, though it has no influence on the calculus.—*Blanc.*

### A Peculiar Case of Diphtheria.\*

BY J. T. FOTHERINGHAM, M.B., TORONTO.

MR. PRESIDENT AND GENTLEMEN,—The case which I am about to detail cost me so much trouble in diagnosis, and gave me so vivid a knowledge of the difficulty that besets the recognition of the malignancy of a certain typical septic throat cases, that I venture to lay it before you in the hope of eliciting a helpful discussion. I was called in on Tuesday evening, December 11th, 1894, to see two children who had been for five days ill with what a homœopath of the town had pronounced diphtheria. The laxity of his isolation and the mildness of the illness made the parents suspect his diagnosis. They called in another homœopath, who gave them the following letter to send to the Medical Health Officer, with a view to lifting the embargo upon the house :

“SIR,—Yesterday, 11th, I was called to see the children of H. T. R., reported as suffering from diphtheria. I certify that after a careful examination I was unable to find any trace or symptoms of that disease—that this very slight sickness is due to follicular tonsillitis, to which they are subject. In the throat of the elder child there was considerable exudation, the child himself being without fever and increased pulse or temperature. In the case of the second child a few prominent follicles were the only indication of any trouble whatever. Both sleep all night without disturbance, have good appetites, and enjoy and indulge in energetic, or, better, boisterous play.”

After satisfying myself that there was no one else in attendance, the first attendant having told the parents that the children did not need any further treatment, I went to see them. I found both in bed, 9 p.m., temperature normal, pulse slightly rapid nervous and irregular, pupils slightly dilated. They had been pronounced by the two homœopaths to have had each the same kind of throat, of much the same grade of severity, and the description of the *status quo* given in the above letter by the consultant homœopath is a very accurate one on the whole, except that in the case of the elder one there were some irregular, discrete patches on each tonsil which could be rubbed off. Wednesday they were up, as indeed they had been at intervals during the whole five days. On Thursday the younger one was still running about, convalescing rapidly, which he continued to do until he completely recovered in two or three days. The elder had a temperature of 99.2-5, and pulse 100. There was extreme constipation, and the

\* Read before the Toronto Clinical Society, February meeting.

patient was evidently sickening. Glandular enlargement in neck moderate. I ordered him to bed again. On the 14th, the eighth day after beginning of illness, I found him with a temperature of 99 and pulse 108. There was rather well-marked laryngeal stenosis. At 1 p.m. the pulse was 120 and temperature 100.2-5 F. The patches on the tonsils were no longer discrete, but pretty well covering them. I took a smear to the laboratory of Mr. J. J. MacKenzie, of the Provincial Board of Health, who reports as follows :

LABORATORY OF PROVINCIAL BOARD OF HEALTH,  
TORONTO, JANUARY 5TH, 1895.

*To Dr. J. T. Fotheringham :*

MY DEAR DOCTOR,—In reference to the suspected exudate which I examined for you on December 14th and 15th, my notes are as follows :

December 14th.—Microscopic examination of fresh exudate.—A very large number of different kinds of bacteria were found. Some of these were suspiciously like the Klebs-Loeffler Bacillus, but on account of the other forms present no certain diagnosis could be made by the microscope alone.

December 15th.—Result of Cultures.—All the cultures showed the presence of the diphtheria bacillus in almost pure culture. The only other micro-organism present was a small micrococcus. I regret that I have been unable to test the virulence of this bacillus.

I remain, yours truly,

JOHN J. MACKENZIE.

I saw in a cover glass preparation from the smear four kinds of germs, hundreds of spirillæ, many streptococci, a diplococcus in large numbers, and a suspicious-looking but not typical bacillus. I intended to have had here to-night a guinea pig inoculated from the cultures made from this smear, to show the last stages of diphtheritic paralysis, but Mr. MacKenzie found that his cultures were all dead, so that I am unable to show the virulence of this throat in this way. The subsequent history of the case was as follows :

On the 18th albumen was found in the urine, which remained for at least a week in traces. On the fourth day after the onset of the laryngeal symptoms, after treatment with calomel fumigation—ten grains every two hours—the laryngeal symptoms were quite gone, and the voice quite clear and strong again. By the 20th, the fourteenth day after the first onset, I found the appetite restored and the strength good. The throat wall seemed red, especially the posterior pharyngeal wall. On the 27th there was an abscess which threatened strongly about the middle of the sterno-mastoid muscle, below the parotid

gland, and quite away from the glands usually involved in direct invasion of the tonsil. I fancy it owed its origin more to the laryngeal attack than to the tonsillar condition. That abscess, after threatening for some time, became very dark, brawny and hard, but underwent resolution greatly to my surprise, with very light poulticing and the application of the red iodide of mercury ointment diluted. In connection with the case, which I think was not a typical case of diphtheria, I might point out that it seems to me to be a straight case of mixed infection, at any rate in the elder boy. After recovery had almost taken place, the diphtheria germ got the upper hand of the others, and true diphtheria developed in the throat, which was in its earliest stages much less malignant than it turned out to be subsequently.

The clinical evidence seems to me to prove this, for the gross appearance of the throat changed entirely from that of an apparently simple follicular tonsillitis to that of a true diphtheria.

W. H. Welch, of Johns Hopkins, in his report of the American Committee at the International Congress of Hygiene, held in Budapest last year, gave some very interesting analyses of a bacteriological study of 6,000 cases in New York and Boston. He had reports on many cases of atypical diphtheria—some without membrane, the *diphtheria sine diphtherâ*, some apparently only *angina catarrhalis* or *tonsillitis follicularis*—in all of which bacilli of diphtheria were found. In fourteen families with forty-eight children, where isolation was poorly carried out, or not at all, he found bacilli in 50 per cent. of the children which had no diphtheria, and 40 per cent. of these subsequently developed it. He found in another series of cases, where good isolation was kept up, 10 per cent. showed bacilli without the development of the disease. In the study of 330 persons who had had no contact with diphtheria, he found bacilli in only eight. Out of the eight, two developed the disease. These figures seemed to me to be interesting as bearing somewhat on the possibility of the contagiousness of throats that, to the best of our knowledge and belief, clinically, apart from the bacteriological examination, we would be apt to pronounce simple, or merely septic throats of a rather severe grade, without duly appreciating their contagious character.

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THE SUICIDE SEASON.—According to the statistics of suicide in London for the twenty years from 1865 to 1884, analyzed by Dr. Ogle, the favorite month for self-destruction is June, with 1,022 per 10,000 suicides, while December has but 697, the lowest figures of the entire year.—*Medical Record*.

## Society Reports.

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### Toronto Medical Society.

(FEBRUARY 8TH, 1895.)

*President, DR. PETERS, in the chair.*

**Lateral Curvature of the Spine.**—Dr. B. E. MCKENZIE showed a young girl suffering from lateral curvature of the spine, no treatment having as yet been employed. He proposed employing what he termed the developmental form of treatment, by first insisting on the patient's assuming a proper position; and then, by suitable gymnastics, of training the muscles to become habituated to the correct position.

**Dysmenorrhœa and Sterility.**—Dr. G. GORDON read a paper on "Dysmenorrhœa and Sterility." He pointed out that these conditions were often associated. Sterility increased with civilization. It might be the result of some obstruction to the activity of the delicate movements necessary to bring the male and female elements into contact, or to incidents afterwards. It might be classified as primary and secondary, depending on whether the woman had borne children or not. Its cause might be anæmia, syphilis, tuberculosis; or it might be the result of some local inflammatory condition of the uterus or tubes, accompanied by leucorrhœa, etc., or of malposition of the organ. The doctor then read from his case-book the history and treatment of several cases.

**A New Treatment of Syphilitic Iritis.**—Dr. H. BURNHAM read a paper with this title. He gave the history of an extremely bad case of this disease, adhesions in both eyes being very marked. In the left eye there was conjunctival and ciliary injection; lymph dots on the posterior surface of the cornea; posterior synechiæ; lymph in the pupillary area; vision,—perception of light. In the right eye the cornea and aqueous were slightly affected; posterior almost synechiæ, very marked, forming one ray of adhesion.

The patient had been under mercury and the iodide, with atropia locally. This treatment had been carried on for some months with no improvement. Dr. Burnham supplemented this treatment by giving pilocarpine at intervals, in doses from a quarter to an eighth of a grain, with extremely beneficial results, the patient having return of full vision in the left eye and one half vision in the right, the adhesions almost completely disappearing. He hoped, by pushing the treatment still further, to see the adhesions disappear completely. He had had like favorable results in other cases. He had related



this experience with pilocarpine that his confreres might be induced to try it. He would like to know if it would have a similar effect on other syphilitic lesions.

Dr. REEVE said that from analogy he would suppose pilocarpine would be useful in other specific conditions. Its value was well known in otitis interna.

Dr. ATHERTON asked if the pilocarpine alone would not have effected a cure.

Dr. BURNHAN replied that he did not know, but that he would try it in the next suitable case he had.

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(FEBRUARY 14TH, 1895.)

*President, DR. PETERS, in the chair.*

**“Some Points in Connection with the Eruption in a Case of Variola, with Some Remarks on the Pathology,”** was the title of a paper read by Dr. J. N. E. Brown. Patches of skin (with photographs) were shown which had been removed *en masse* from the patient, with the pocks *in situ*.

**Sarcoma of the Kidney.**—Dr. PETERS presented a large sarcoma of the kidney he had removed from a child. The tumor had been noticed for some four months, and was accompanied by hæmaturia. The position it occupied was explained, and the diagnosis from splenic tumor was pointed out; also its relation to the colon. The steps in the operation were given. The doctor stated that, in closing the abdomen, he had followed the practice of merely using the first part of a surgeon's knot in tying the silk-worm gut. The child, being exceedingly restless, these gave way, allowing the intestines to extrude. To add to this misfortune the child contracted diphtheria. Notwithstanding these reverses the patient was improving.

Dr. PRIMROSE pointed out a similarity in this tumor with one existing in a child he had made frozen sections of, viz., the smallness of the blood vessels and the pedicle.

Dr. WILLIAMS asked if there was hypertrophy of the other kidney. He gave the history of a similar case in which the *post-mortem* showed the other kidney to be hypertrophied. In that case there was no hæmaturia. A marked feature was the great emaciation. The tumor was soft, so that fluctuation could be made out. There were no enlarged glands. He asked if there was not likelihood of recurrence in these cases.

Dr. OLDRIJHT, in referring to the diphtheritic attack in Dr. Peters'

patient, reported briefly the history of two cases, in one of which he had used antitoxine with benefit.

Dr. MCPHEDRAN pointed out a feature in the diagnosis of splenic tumor from renal. The tendency of renal tumors is to lie in a transverse line from the costal margins; splenic, in a line perpendicular to it.

Dr. PETERS' replying, said he did not ascertain whether the other kidney was hypertrophied. Regarding recurrence he thought sarcomata were less liable to recur in the kidney than in other parts of the body, on account of the encapsulation, and because the lymphatics running to distant parts were not numerous.

**Renal Calculus.**—Dr. PETERS presented a renal calculus sent him by Dr. Langrill, of Ohsweken. It was about one-half the size of the adult kidney, rough and irregular, with stalitic growths. It had been got *post-mortem*, not having caused symptoms during life. He said the smaller renal calculi, on account of their mobility, were more liable to cause pain and obstruction. The specimen curiously was almost entirely phosphatic.

**Recurrent Alveolar Sarcoma.**—Dr. McDONALD presented a specimen of a recurrent alveolar sarcoma of the arm removed from a boy aged six. Its location was near the insertion of the deltoid. The first growth was removed about two years previously with little difficulty, as it was completely encapsulated. He also presented a microscopic specimen of the original tumor.

**Cancer.**—Dr. OLDRIGHT, sen., presented some cancerous glands, including the submaxillary, he had removed recently, assisted by Drs. Barnhart and King, from a woman aged fifty. The tumor was first noticed about six months before. The internal carotid was involved and required ligation. The patient did well for a couple of weeks, but died from an intercurrent attack of pleuro-pneumonia.

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## Toronto Clinical Society.

(FEBRUARY MEETING.)

*President, DR. RYERSON, in the chair.*

**Diphtheria.**—Dr. FOTHERINGHAM read a paper dealing with the subject of diphtheria and a peculiar case in practice. (See page 86.)

In the discussion which followed, Dr. GRAHAM said he was under the impression that there were certain cases in which one could not make a diagnosis without an examination by the microscope and an examination of cultures. He instanced a case: A child, aged five, had died of diphtheria, which had been contracted at school. The young

lady who nursed the child during the first twenty-four hours of its illness, in about a week developed follicular tonsillitis of a peculiar kind. There was slight enlargement of the neck, and a piece of exudation about the size of a ten-cent piece on one of the tonsils. Although a throat specialist pronounced it not diphtheria and the patient recovered in two days, yet, although a microscopic examination was not made, it was probably diphtheria, because of the exposure, the distinct membrane, and its position on the lower part of the tonsil. Dr. Graham said he considered that the membrane in all cases taken to the Isolation Hospital should be examined microscopically and cultures made. He believed that was now being done.

Dr. SPENCER reported having a child, aged eight, who contracted diphtheria, a well-marked patch presenting on the throat. It was sent to the hospital at once. Sleeping in the same bed was a boy aged three, whom he saw in twenty-four hours with a patch of diphtheritic membrane on each tonsil. He was sent to the hospital. In forty-eight hours the first child was dead, and the boy had developed a scarlet rash from head to foot, showing that it was a case of mixed infection.

Dr. ATHERTON reported having sent a patient to an isolation hospital once with scarlet fever, who while there developed diphtheria, and immediately on his return home was attacked by measles. He (Dr. A.) believed scarlet fever and diphtheria were closely allied. He had seen the two in one house, one member having one followed by another member having the other. Within a fortnight he had seen a boy with scarlet fever with a diphtheritic throat. He had seen a diphtheria patient with a scarlet rash and a strawberry tongue.

Dr. CASSIDY said he had submitted two smears from a child with severe tonsillitis; he did not think it was a case of tonsillitis from the clinical history. He endeavored to rub away the mucous from the follicles. One side seemed suspicious, as there was an abrasion of the epithelial surface. He took a smear to Dr. MacKenzie, who said he could get nothing except the streptococci and the diplococcus of pneumonia. He was not satisfied and took another one the next day, and the report was the same. That child was very ill for a week. He was very depressed, and some of the symptoms were peculiar. There were two other cases in the same family; the second was very severe.

Regarding isolation hospitals, serious complaints were made in Paris of Roux's hospital, that the children were not isolated, that if they did not have scarlet fever or diphtheria when they went there they had it before they came away. From personal observation of our

own, he might say that he was present when Dr. Sheard treated three cases with the antitoxine. On those occasions he had a chance of going through the hospital and seeing what could be seen. The cases of diphtheria were in one ward; they were all isolated from the other cases. It was well appointed. The children seemed to be carefully attended to. He did not know if there were any other cases of diphtheria. The gentleman in attendance did not state whether a bacteriological examination had been made in every case; but a bacteriological examination was made in every case treated with the antitoxine. He agreed with Dr. Graham that it would be wise if every case sent in were so examined, and also every case treated in private practice. A great deal of discredit had been thrown on the medical profession because of differences of diagnoses in these cases, just because bacteriological examinations had not been made.

**Membranous Croup or Diphtheria.**—Dr. HARRINGTON reported an interesting case, inviting the still unsettled question as to the unity of these affections.

**Purulent Peritonitis in a Child.**—Dr. E. E. KING said the case was one of general purulent peritonitis in a child. Its age was five; previous health always good; saw the patient on November 22nd, in the afternoon. The child was suffering very great pain in the abdomen, and there was great distention. Had been given two doses of senna tea, and two of castor oil on the previous afternoon and night. On the day previous the child had eaten very freely of grapes, having eaten the skins of some of them. She had probably consumed as much as three large bunches. The temperature at this time was 100°; the tongue was dry and coated, and the pulse 120. A small dose of calomel and an enema were ordered. The temperature was lowered, and a considerable amount of diaphoresis was produced. The purgative was not effectual as desired. The tympanites increased, and he ordered doses of Epsom salts, which caused one motion. This treatment was continued. Opium had to be given on Wednesday night to relieve the intense suffering. On Thursday the distention had still more increased. The liver dulness was gone. Dr. A. H. Wright was called in and agreed that it was a case of purulent peritonitis, and that the prognosis was very grave. He could not advise operation. It was decided to give the child doses of morphine to relieve it from pain, which was very severe. Dr. King suggested paracentesis. A puncture was made, the vapor had a very strong fecal odor, which confirmed the diagnosis. The child could take no nourishment. On Friday, the 26th, she was no worse. On Saturday the abdomen was still more swollen. The lower two-thirds was dull, the upper resonant. On Sunday,

the 28th, Dr. Atherton saw her; he examined her very carefully; he could not say that any operation was justifiable. On the 29th and 30th there were slight bowel movements. On Thursday night they passed a hypodermic needle into the abdomen. It became filled with fœcal pus. They decided to make an abdominal opening and drain the abdomen as freely as possible. They withdrew about a pint of fluid, inserted a drainage tube and applied simple dressing. The discharge was very free until Sunday, when the tube was forced out and not put back. On the night of the 4th the bowel opened through the wound. A large amount of fœcal matter passed, possibly some pus, but he could not say. The child could not take liquid or solid food, and she died on the 9th. The case lasted from the 22nd of October till the 9th of November—seven days. On doing section they found the lower part of the abdomen filled with pus; the small intestines seemed natural in appearance. The pus passed from the right side right down into the pelvis, as high on the left side as the spleen. The smaller intestines were crowded up and apparently separated as if there was a partition separating the lower part of the abdomen from the upper. An opening was found in the descending colon as if it had been really due to a puncture. But below the ileo-cœcal valve one and a half inches were two ragged openings, one about three-quarters of an inch by an inch; the second about three-quarters of an inch by a quarter inch. The appendix was bound down and had a perforation at the very tip, and also at the tip was a small concretion. He was inclined to think that the trouble arose in the appendix, and the abscess there most likely burst into the large gut. The peculiar points were the long existence of so extensive a trouble, and the long continuance of elevated temperature.

Dr. ATHERTON said that when he saw the case there was not warrant for an operation.

**Cancer of the Oesophagus.**—Dr. CASSIDY reported a case of some six months' duration, the principal symptoms being difficulty in swallowing, pain behind the ensiform cartilage, cough and hoarseness, emaciation, increasing debility, and considerable mental disturbance. There was no nausea or vomiting at any time. The patient died from apoplexy, not from inanition or pneumonia, as might have been expected. The only medicine that gave any relief was morphine.

Dr. BAINES said—If there was any growth in the oesophagus, would it not be uncommon if there was not some hoarseness simply from pressure on the nerves? It was known that if we had an aneurism of the transverse portion of the aorta, there would be hoarseness, because of the proximity of the recurrent laryngeal. Perhaps the same thing would occur from pressure on the pneumo-gastric.

Dr. FOTHERINGHAM said he thought the aphonia was due to laryngeal paralysis. One would be more apt to have pneumo-gastric pressure symptoms from affections of the œsophagus than one would from aneurism.

**A Case of Hysteria in a Child** was the next paper read by Dr. MEYERS. (See page 83.)

**Three Cases of Poisoning in Practice**, by Dr. SPENCER, followed. (See page 82.)

**Displacement of the Liver.**—Dr. GRAHAM read the notes of a case of displacement of the liver, sent to him by a medical friend, who had seen the report of a similar case he had reported at the last meeting.

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### Simcoe District Medical Society.

*President, DR. HOWLAND, in the chair.*

THE twelfth regular meeting of this society was held in Orillia on February 13th. The following members were present: Drs. Howland and Ross, of Huntsville; Dr. Hanly, of Waubauskene; Drs. Ross, Smith and Ardagh, of Barrie; Drs. Alex. Harvie, J. N. Harvie, A. E. Ardagh, Ainslie Ardagh, McLean, Herriman and Shaw, of Orillia; and Dr. Raikes, of Midland.

**Appendicitis.**—Dr. Ross, of Huntsville, read a carefully prepared paper on the subject, with a history of his own case.

**Surgical Treatment of Injuries of the Abdominal Viscrea** was the subject of an address by Dr. POWELL, of Toronto.

**Cancer.**—Dr. W. A. Ross, of Barrie, read a paper on "Cancer," in which he discussed the question of operative treatment, and illustrated his conclusions by histories of instructive cases.

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UP-TO-DATE MEDICAL ADVERTISING.—Visitors to Paris will be familiar with the advertisements with which the walls of the *châlets de nécessité* and such-like useful structures are liberally supplied. From a perusal of these they learn that certain diseases can be cured by Dr. X. (dr. Speaks english, *sic*) in a surprisingly short time and with the greatest ease. But it has been reserved for the present year to show us the length to which such effrontery can go. On the drop-curtain of a certain theatre there may now be read, between two other advertisements relating to beer and pincés-nez, the following: "Docteur-Médecin Spécialiste, vingt-cinq années de pratique, de midi à neuf heures du soir." Then follows the address.—*Lancet*.

## Editorials.

### Longevity in Canada.

THE statement is recently made that no fewer than 196 persons were reported, during 1894, in the column of death notices in the *London Times* as being over 90; 89 were men who lived jointly 8,222 years, and 107 were women whose ages amounted to 9,917 years. These figures would seem to mean that people in good circumstances live long. The sexes seem nearly balanced, though more women lived longer than men.

A comparison with Canadian statistics, as shown in the census of 1891, is favorable to Canada. It seems that, in spite of the opinion held by many old country people that our dry climate is not favorable to long life, a large proportion of our population reach very advanced ages. In Ontario, for instance, the figures are:

AGES.	80-84.	85-89.	90-94.	95 and over.
Men.....	4,825	1,745	552	158
Women.....	4,352	1,817	533	151
Totals.....	9,177	3,562	1,085	309

In Quebec:

AGES.	80-84.	85-89.	90-94.	95 and over.
Men.....	3,342	1,298	430	132
Women.....	3,102	1,362	484	133
Totals.....	6,444	2,660	914	265

These figures contradict the popular idea that the "habitants" are longer lived than their Anglo-Saxon brethren, also, that the women live longer than the men. The ratio of longevity is about the same in proportion to the population. In fact their lives are rather shorter, because fewer of them reach the eighty line, whereas they are more numerous than men in general in middle and early life. Heredity has something to do with long life. We have in mind a family in which the great grandfather reached the patriarchal age of 99 and 9 months, the grandfather 94, the father 92. Of the father's four

brothers, three died at 80 and upwards. It would seem, also, that the saying of Arbuthnot, that "the instances of longevity are found among the abstemious," is not quite correct. The British Medical Association's Collective Investigation Committee's statement, to wit: Of those who lived more than 80 years 15 per cent. were total abstainers, 10 per cent. heavy drinkers, 74 per cent. moderate drinkers. Of those who lived more than 90 years 15 per cent. were total abstainers, 9 per cent. were hard and 75 per cent. moderate drinkers.

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### Defects in Operative Surgery as Taught and Practised at the Present Time.

RECENTLY Dr. Alex. J. C. Skene, of Brooklyn, read a paper upon the above subject before the County of King's Medical Society. His paper is a valuable one, and throws out many suggestions for the guidance of those who would desire to perform operations. The author owns up to having learned much of what is in the paper from his own mistakes.

He calls attention to the slowness with which many operations are performed. Slow operating is generally imperfect. The slower an operation is performed the greater the risk of bruising and injury to the tissues. Most persons in fair health can take care of a reasonable amount of handling to their exposed tissues, but there is a limit; and the less the better.

Then, again, anæsthetics are more or less injurious, and the longer they are given the worse. When anæsthesia is unduly prolonged, very severe damage is done to the health; and, in some cases, the convalescence is very slow. The late Frank H. Hamilton had two sons in the American army, and told them that if wounded he hoped they would be brave enough to submit to the needed treatment without anæsthetics.

Slow operating is bad in another way. The longer the tissues are exposed to the air the less liable are they to unite by immediate union. Further, there is increased risk of sepsis.

With the introduction of antiseptics too many surgeons contented themselves in battling against germs and sepsis, and lost sight of other important essentials. It is not quite correct to base statistics wholly upon the death-rate. The condition of health after major operations must be carefully taken into account. Anæsthetics have had a tendency to make surgeons operate too slowly. Long ill health is often the result of this. The author ventures the opinion that the



introduction of anæsthetics and antiseptics have done much to retard, if not to actually injure, the art of operating. He thinks, as a consequence of these, there is much imperfect surgery.

Apart altogether from antiseptics, a strong plea is raised for thorough cleanliness in all operations. Instruments, hands, sponges, patient, assistants, all should be thoroughly clean. Everything that can be sterilized should be so treated. For the hands the writer recommends washing well with soft soap in running water, and then immersing them in a 5 per cent. solution of carbolic acid with 20 per cent. of glycerine. The glycerine protects the skin from the caustic action of the acid without interfering with its germicidal power.

A word of caution is uttered against striking out into new operations with the hope of gaining renown or benefiting humanity. This tendency to do new operations and to modify old ones has been carried too far. Then, again, the surgeon should not attempt to cover too much ground; if he does, he is almost certain to fall behind in his details. Operations are now so numerous that life is not long enough to become perfect in them all.

The want of manual dexterity is a great defect in the surgeon. No one should attempt to operate upon a human being who has not acquired a certain facility in the handling of instruments. In every medical college there should be some means of teaching this manual dexterity. Dissections, as too often performed, simply teach anatomy.

Finally, surgeons should be evolved. The work should begin with the minor operations and gradually go up to the major ones; but far too frequently the very opposite is the case. The ladder should be carefully ascended. To begin at the top and go down is pretty sure to lead to failure.

In the discussion which followed the reading of the paper, Drs. J. S. Wright, Ernest Palmer, A. T. Bristow, W. B. Chase and J. M. Van Cott—all well-known surgeons—agreed almost entirely with the points brought out in the paper. One of the speakers remarked: "What he has said seems conclusive." Dr. J. S. Wright was particularly strong in his denunciation of slow operative surgery.

### Wanted—A Medical Practice.

THE crowding of young men into the profession and the consequent plethora of medical men is making itself severely felt these hard times. "Wanted—a medical practice" is becoming a common advertisement in our papers, with but little response. One doctor to every 900 inhabitants of this Province is an abnormal proportion—greater than that of the lawyers, for instance, who are as 1 to 1,100. What are the causes? Over-education is the main one. Plough-boys and mechanics aspire to higher things, and get them; so that poor doctors take the place of good mechanics. The teaching of anatomy and physiology in the public schools is not without its influence in directing boys' minds to medical subjects. The tendency of the times to leave the land and to run to cities is another factor. It is said that overcrowding and poor remuneration will work a cure. There does not appear to be any immediate prospect of such a desirable end. There are medical men in this city who are not earning \$2.00 a day—mechanic's wages—yet they pour in. In view of the pressure, other outlets must be found. We ask attention to one which is practically a new field for Canadians—the medical services of the Army and Navy. The pay is fairly good—beginning at £250 and allowances—and the life a pleasant and easy one. To enter the service men must be under twenty-eight, be possessed of an English qualification, and pass a special examination. Particulars may be obtained by addressing the Director-General of the Medical Department of the Army, 18 Victoria Street, London, S.W., or the Medical Director of the Royal Navy, 31 Northumberland Avenue, London. Canadians have been particularly successful in the combatant ranks of the services. Why should they not also succeed in the medical branches?

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### Nephroptosis.

THE medical journals now contain numerous cases of successful nephrorrhaphies. Dr. Edebouls (*American Journal of Obstetrics*) reports operations on fifty patients since February 8th, 1890, one death. In only two of the cases has he found a return of movement in the kidney. W. W. Stewart, M.D., of Columbus, Ga., gives quite a long article in the *Medical Record*, February 9th, 1895. He quotes extensively to show that women are very much more prone to the condition than men, and that women who have borne children are more liable to have the kidneys loosened than those who have

not. The right kidney is much oftener displaced than the left. He follows the classification of Tuffin, into painful nephroptosis, where there is inability to make prolonged exertion without pain, which is referred to the bladder, urethra, labia majora and inner side of thigh and knee; dyspeptic nephroptosis when the symptoms are those of chronic dyspepsia; neurasthenic nephroptosis less common than the others. The manifestations are profound hysteria, hypochondriasis and melancholia. After giving a few hints on diagnosis he says that the treatment is surgical. The stitching of the kidney to the muscles of the back, and mechanical the fitting of a bandage and pad, he thinks that this is the safest and most satisfactory method, and that if sufficient accuracy is employed the result will be good. It is a relief to find someone who does not advise the knife and sutures for all these cases. Many cases of movable kidney are under observation where the symptoms are not urgent, and the patients seem quite well as far as any symptoms referable to the kidney are concerned.

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PEPTO-MANGAN IN ANÆMIA.—Dr. Hugo Summa, St. Louis (*New York Medical Journal*, February 9th), claims excellent results from the administration of Gude's pepto-mongan in all forms of anæmia. There was no bad after-effects. The dose varied from  $\bar{z}$ i. to  $\bar{z}$ iv. in sherry or milk, an hour after meals. There was no constipation. There was always a rapid improvement in the condition of the patients, and marked increase in the number of red blood corpuscles.

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ANTITOXINE TREATMENT OF DIPHTHERIA.—Dr. Louis Fischer, of New York (*New York Post Graduate*, February, 1895), in a discussion on the antitoxine treatment of diphtheria, remarked that as a young child might have as much diphtheria as an older one, he would begin treatment by disregarding age, and give five cubic centimetres; or, if very malignant, to begin with ten cubic centimetres. He stated that the mortality of the disease under this method of treatment had been reduced in Berlin to ten per cent., whereas it formerly was, in the same city, under the same conditions, about forty per cent.

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PEPTO-MANGAN IN ANÆMIA OF TUBERCULOSIS.—Dr. Karl von Ruck, Asheville (*New England Medical Monthly*, February), contends that one of the main ways to oppose the growth of the germ is to maintain the quality of the blood. A person with a proper quality of blood will not contract the disease. The germs when they enter the

system are destroyed. In the anæmia of tuberculosis he found that pepto-mangan was very useful. It is palatable to take, and has a marked power to increase the number of red corpuscles and their coloring matter. The remedy is well borne by the stomach. It does not cause constipation. The appetite is increased in most cases. Several of the patients gained in six weeks from 1,000,000 to nearly 2,000,000 red corpuscles.

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CONSUMPTION.—Dr. Smock (*American Practitioner*, January 26th) remarks that, in his opinion, the germ theory of this disease is a complete explanation of its history and method of spread. He thinks that, if the illness was acute and the deaths sudden, instead of slow, the public would take urgent steps to control the disease. But as it is very chronic, the efforts made to arrest its spread are feeble. The poor blood and weak constitutions of some families are the main factors in heredity. Good food, plenty sunlight and fresh air are the great means of controlling the disease. He holds strongly that pulmonary consumption is an infectious disease, but the soil must be suitable or the germs will not grow. The heredity of the disease is nothing else than the inheritance of such a state of body as favors the growth of the germ. All sputum should be destroyed.

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HYSTERECTOMY—INSANITY.—(*British Medical Journal*, January 19th, 1895), Macpherson Lawrie, medical gynæcologist to the Weymouth Sanitarium for Diseases of Women, reports two cases of insanity following hysterectomy. In the first case the woman was aged 40 years. The tumor was large. The stump was transfixed, and fastened in the lower angle of the wound. From the operation a good recovery was made, she resumed her former duties in two months. Acute mania developed nine months after operation, and she died in four weeks. The second case was that of a patient aged 66, where total extirpation was done for cancer. She made a good recovery, but developed mania some weeks afterwards. This lasted about three months, and was followed by complete and lasting recovery. It is important that all such cases should be recorded.

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TYPHOID FEVER FROM OYSTERS.—Sir William Broadbent (*British Medical Journal*, January 12th) records six cases, and alludes to others where the evidence seemed to be quite clear that the patients had contracted the typhoid fever from eating oysters. In one case the patient had been recently confined. The milk and water allowed

her had been boiled. She had partaken of raw oysters, and ten days after had symptoms of typhoid. In another case two young men had some oysters after leaving the theatre. In ten days they were both taken ill. In both the symptoms were very severe and both died. In another case father and daughter were taken ill in a locality where no typhoid existed. A fortnight before the attack they had oysters twice in London. The oysters had been infected by water, ice, or the dishes in which they were kept or served.

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GOLD PREPARATIONS.—Dr. A. H. Ohmann-Dumesnil, St. Louis (*New York Medical Journal*, February 2nd), speaks highly of some of the gold salts in cutaneous diseases. The most active salt of gold is the bromide, and particularly so upon the nervous system. The action of gold is essentially that of an alterative. It is not cumulative. When toxic doses are administered it causes excitement, often amounting to active delirium. There may be an excessive flow of saliva. It has strong tonic effects on the nervous system, and acts as an aphrodisiac. In acne and subacute eczema, arsenauro is invaluable. In chronic eczema and later manifestations of syphilis, mercauro is almost a specific. The employment of bromide of gold increases the activity of both arsenic and mercury, so that much smaller doses of these drugs suffice when given along with it. The doses of arsenauro and mercauro vary from ten to twenty drops, or even more in bad cases.

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PRIMARY TUBERCULOSIS OF THE URINARY ORGANS.—Dr. F. S. Watson, of Boston (*Boston Medical and Surgical Journal*, Feb. 7th), remarks, in dealing at length with tubercular diseases of the urinary organs, that blood in the urine is often the first sign. Pus is not so frequently the first sign, but is often coincident with the blood. With regard to the pus, the writer calls attention to the fact that it is generally of a dirty grey color, and rarely has the foul odor that is met with in other cases of chronic cystitis. Painful and frequent urination are early symptoms. Another feature is that the symptoms may remit, and the patient be lulled in the belief of a recovery. Then again, in these cases, the ordinary medicinal measures utterly fail, and the bladder condition is greatly aggravated by local treatment, as washing it out, or the passage of instruments. There are rarely chills or sweats in these cases. The above features render a diagnosis of tuberculosis highly probable. Search ought to be made by means of the cystoscope, and for bacilli.

THE HYPNOTIC STATE IN INEBRIETY.—Dr. T. D. Crothers, of Hartford (*Cincinnati Lancet-Clinic*, February 9th), gives an instance of a man who made a bargain when in this condition, and who afterwards had no remembrance of what he had done. The author states that the trance or hypnotic condition is very common among inebriates. Their mind is the victim of every influence from without and within. They do not remember their acts. In this condition many acts of violence may be committed. There is an absence of purpose or motive in these cases, and no reason can be advanced for their actions. These cases are like the automatic acts of the epileptic and insane. In some cases the persons act quite rationally at the time, do whatever may be undertaken in the most deliberate manner, go home and have a good sleep, and not know the first thing about their actions on awakening.

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THE LOCAL TREATMENT OF GONORRHOEA.—Dr. J. Henry C. Simes, of Philadelphia (*Medical News*, February 2nd), argues strongly against the present tendency to discard local treatment in gonorrhœa, and trust to drugs given by the mouth. He claims that drugs given in this way act only locally after all by being excreted by the kidneys. He holds that the local treatment is not more liable to cause complications than the internal treatment, when proper care is exercised. Then again he holds that the effort to abandon the local treatment is at variance with sound pathology, as the disease is a local one the same as gonorrhœal ophthalmia. The writer contends that in his experience complications have been quite frequent in cases treated internally. When the urethra is inflamed it should be treated with great care. Nothing should be done to increase irritation, but on the other hand to allay it. With this precaution, the local treatment yields best results.

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VASO-CONSTRICTORS IN HEART-DISEASE.—Dr. R. W. Wilcox, New York (*Medical Review*, Feb. 6th), after reviewing the different vaso-constrictors, concludes that ergotole is the best. In cardiac disease, with pulse of low tension and passive congestion, the effect of ergot is to contract the arterioles. If the heart is rapid, it can be slowed by strophanthus or spartein. If the heart is too slow, it can be stimulated by coffee, or, better, cactus. To contract the arterioles to a degree that the heart can overcome, the dose of the ergot must be regulated to the strength of the heart. If there be venous congestion, renal congestion, dyspnoea, cyanosis and pulmonary œdema, five to twenty minims of ergotole hypodermically with one-half to two grains

sparteïn sulphatic, also hypodermically, will relieve as if by magic. If the case be one of under-compensation, the oral administration of from five to thirty minims, three times a day, will be required. Strophanthus, coffeine, sparteïn and cactus will be employed as needed to regulate effects.

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ABDOMINAL SARCOMA TREATED BY ERYSIPELAS TOXINS.—Dr. H. Mynter, of Buffalo (*Med. Record*, February 9th), describes the case of a child with abdominal tumor. Under chloroform, the abdomen was opened on July 22nd, and a tumor found that did not admit of removal. There was considerable chocolate-colored fluid. The bleeding was profuse. The abdomen had to be tamponed with iodoform gauze. The writer obtained from Dr. Roswell Park a supply of filtered toxins of erysipelas. He injected every day at the upper end of the femur one grain of the toxin. During this treatment there was a profuse discharge of the above fluid, and masses of necrotic tissue the size of oysters. When the exploratory operation was over, the child was thought to be in a dying condition. By October 4th the drainage had been removed, the patient was in excellent health, and the fistulous wound granulating. Dr. F. J. Thornberry made a microscopical examination, and gives it as his opinion that the tumor was sarcomatous.

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UTERINE ENUCLEATION.—Dr. George L. Engleman, writing from St. Augustine, Fla., to the *New York Medical Record*, under date January 29th, 1895, deplors the attempt made to revive the "enucleation of the uterus," or "extirpation without ligature" or pressure forceps. He characterizes the method as useless, needlessly dangerous, and antiquated; and the claims for priority for the operation he says, "make us feel as if we had just awakened from a Rip-Van-Winkle sleep." His references show that this operation dates back to the early days of ovariotomy, when ligature clamp, etc., were not understood as they are now. We are reminded that no large vessel enters the uterus deeply; both uterine and ovarian arteries ramify freely and penetrate the organ in numerous small branches; hence, we can work in safety if we keep within the outer layer of uterine tissue or close to its surface. And we are also reminded that this operation was successfully performed and minutely described fourscore years ago, but then it was called extirpation. He very pertinently asks why this operation? Why risk possible hæmorrhage when a harmless ligature or pressure forceps will ensure safety? Nothing is gained; the operation is less rapid, less complete,

and less safe than modern extirpation. In the pithy end to his letter he says: "Let us not dim the bright lustre of American surgery by a return to the primitive methods of 1800, and by representing as the height of perfection the absence of the ligature, which was then but a necessary result of an imperfect technique." His history of vaginal hysterectomy is worthy of perusal by those interested in the subject.

THYROIDECTOMY IN THE TREATMENT OF GOITRE.—Dr. John B. Roberts, of Philadelphia (*Times and Register*, February 9th, 1895), contends that the enlarged thyroid gland can be easily enucleated. For this reason he thinks thyroidectomy need not be needlessly delayed. Two months is a fair time to give the usual remedies. In cases of marked dyspnoea, or hoarseness from compression of the recurrent nerve, the author would feel strongly disposed to operate. The benefit to be gained from parenchymatous injections are not sufficiently good, and the dangers are too great to induce one to try this method of treatment. Tapping and opening cysts may be resorted to, but they are liable to refill. Electrolysis has not been sufficiently certain to render it an attractive method. Division of the thyroid isthmus, ligating the thyroid arteries to arrest growth, are nearly as severe operations as the removal of the diseased gland, or portions of it. The total extirpation of the gland is not warranted. The diseased portions only ought to be removed. The most disfiguring or compressing portion of the gland should be removed. Portions of the lobe should be left to carry on the work of the gland. A small portion of the gland or a small accessory gland is sufficient to avert myxœdema. The total removal of the gland may be supplemented by the transplantation of a portion of thyroid gland from a lower animal; but until there is more evidence upon this matter it is better to leave some of the gland behind when doing the operation. Though the portion left may appear to be diseased, it will perform sufficient duty to ward off the bad effects of complete removal.

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### Items.

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DR. T. D. LEITH has removed from Dromore to Sudbury Hospital.

IN November of last year the number of physicians in Germany was, according to an official return, 22,287.

THE fifth international congress of Otology will be held at Florence during the week commencing September 23rd.

FORTY-FOUR deaths from small-pox in Chicago in January out of 193 cases.



THERE are 2,427 medical students attending lectures at the Vienna University this session.

THE publisher of the *British Medical Journal* has improved the quality of the paper of the foreign edition. This will add greatly to its popularity on this continent.

THE Spanish Government has sanctioned the use of six official languages for the Ninth International Congress of Hygiene, to be held at Madrid in 1897. They are Spanish, Portuguese, French, Italian, English and German.

THE fifteenth annual meeting of the Ontario Medical Association, the secretary, Dr. J. N. E. Brown, writes us, to be held June 5th and 6th next in Toronto, under the presidency of Dr. R. W. Bruce Smith, of Hamilton, promises to be one of exceptional interest. It is to be hoped that the profession from all parts of the province will make it a point to attend and take part. Papers are invited.

MESSRS. FREDERICK STEARNS & CO., of Detroit, have established a \$600 fellowship in the University of Michigan, to be known as the Stearns Fellowship of Pharmaceutical Chemistry and Pharmacology. The object is to afford opportunity to graduates of pharmacy for original work. During the coming year the work of the candidate will be under the immediate supervision of Dr. A. B. Prescott, dean of the department of pharmacy.

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## Book Notices.

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*Mental Diseases.* A Synopsis of Twelve Lectures delivered at the Hospital for the Insane, Toronto, to the graduating medical classes. By DANIEL CLARK, M.D., Medical Superintendent, Extra Mural Professor of Medical Psychology in the University of Toronto, etc., etc.

It is not always well to judge the merits of a book by its size. This is a small book ; but it is full of useful information. It cannot fail to be of great service to the senior medical student. It could also be read with much pleasure and profit by the busy practitioner. The field of mental diseases is well arranged in this little volume : the advice of treatment excellent. The clinical features of the various types of insanity are well stated. The work is well up to date in its pathology. We congratulate the author on the success he has attained in the direction of authorship. William Briggs, the well-known publisher, has done his share in a very attractive manner.

*The Transactions of the New York Academy of Medicine.* Vol. IX. Second Series. 1993.

There are twenty papers in the present volume, and it would certainly be no easy matter to select any similar number of papers and produce a volume of equal merit. Each contributor seems to have done his very best to make his share of the work worthy of the Academy. Every phase of medical and surgical learning is ably handled by this learned body, and what appears in this volume is of the utmost value to everyone who wishes to keep himself up to date. We strongly recommend this volume of medical and surgical essays to our readers. Tuberculosis, vertigo, incubation, the tonsils, appendicitis, pneumonia, prostatectomy, the kidneys, hydrotherapy, ether in the urine, examination of the urine, endometritis, salpingitis, otitic brain diseases, etc., etc., are among the subjects discussed. The discussions, in many cases, are as valuable as the papers.

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*Diseases of the Ear: A Text-book for Practitioners and Students of Medicine.* By EDWARD B. DENCH. PH.B., M.D., Professor of Diseases of the Ear in the Bellevue Hospital Medical College, Aural Surgeon New York Eye and Ear Infirmary, etc., etc., with eight colored plates and one hundred and fifty-two illustrations in the text. New York: D. Appleton & Co., 1894. Canadian Agency, Toronto: N. G. Morang, 63 Yonge Street.

The author, in the preparation of this work, has aimed to adapt it to the needs both of the general practitioner and the special surgeon. In detailing the various operative and manipulative procedures he has given full and clear instructions, and he has not forgotten nor failed to emphasize the importance of a thorough functional examination in all cases, as so many diseases of the ear are often only local manifestations of systemic conditions. The work is divided into five sections. The first deals with the anatomy and physiology of the ear; the second with diseases of the conducting apparatus; the third with the surgery of the conducting apparatus; the fourth with diseases of the perceptive mechanism; and the fifth with complicating aural affections. Due credit is given to the older teachers where their work has been touched on, and all modern methods of technique are duly and fully considered. This volume, of 650 pages, will be widely sought after, and will rank equal with Politzer's well-known text-book on the same subject.

## Correspondence

The Editors are not responsible for any views expressed by correspondents.

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*To the Editor of the CANADIAN MEDICAL REVIEW.*

SIR,—During the Medical Council Elections, and the discussions which preceded them—while really important issues were pending—it did not appear proper to step aside to notice certain strictures which were somewhat pharisaically levelled at our methods of attack on the late Council, the nature of the agencies we employed, and the style and animus of our letters, both in the public and in the professional press. Except in the more limited arena of the Council Chamber that contest is now, for the time being, happily over, and we are able to heartily felicitate ourselves, both on its tangible results, and on the very emphatic manner in which the medical electorate has, at the polls, endorsed our claims. It seems, therefore, but right that we should proceed, without further delay, to answer the more obtrusive and more colorable of these animadversions. Will you, then, sir, kindly afford me space in the CANADIAN MEDICAL REVIEW to justify the course pursued by myself and my associates in this matter? And should your further indulgence warrant me in so doing, I may extend my correspondence in your journal to a second, or even to a third letter, reaffirming the aims and reasonable aspirations of the Defence Association, and the mode in which we trust these may ultimately be reached, and inviting further accessions to our ranks, so that we may, if possible, go into the next electoral contest with an enrolled membership of eighteen hundred, or even two thousand.

Our use of the public press for the ventilation of our ideas has been severely commented on, and “ill advised,” “unnecessary,” “without precedent,” “unseemly,” “unprofessional,” are among the mildest of the terms applied to our action in this respect. Most persons, of course, understand that epithets are not arguments, and that the use of such terms of reproach by corporations, smarting under a sense of exposure, or by their satellites, is the strongest possible evidence of the effectiveness of the means made use of to reach the evil. “*It is the galled jade that wins.*” Still, there are some members of the college who have been led to condemn our employment of the daily press, without taking the trouble to examine into the validity or the emptiness of the objection suggested to them. Let me ask these to consider for a moment what force, if any, lies in the cry.

Though not by way of excusing that which needs no excuse, I may remind them and you, sir, that until a few months ago, when you

generously opened to our correspondence the journal then under your control, we were absolutely cut off from all access to the profession as a whole, except through the columns of the public press. I might also illustrate the pharisaical nature of this cry, raised originally by one of the university medical journals, by reminding you that during the past two or three years our newspapers have been largely occupied with a wordy and a very acrimonious controversy between the medical faculties of rival universities. Is it not an amusing instance of poor human inconsistency, that venerable medical school deans and exalted university medical professors can scratch one another's faces *ad libitum* in the public press, using towards each other and their respective institutions naughtier words, by far, than any to be found in our correspondence—and that rival cliques in the medical faculty of our provincial university can freely thus appeal to public sympathy, without, in any degree, violating the proprieties, as interpreted by these high-toned guardians of professional and journalistic ethics, and yet an obscure country practitioner cannot venture to call a spade a spade, in the daily journals, or to set forth, therein, truthfully and in moderate language, the wrongs of an entire profession, without arousing their virtuous indignation? Truly, in this case, "what is sauce for the goose" is not regarded as being "sauce for the gander!"

In fact, the claim that all matters pertaining to the profession should be discussed exclusively in the professional press—though reasonable enough within certain well-defined limits—is simply absurd in the extended sense in which our opponents seek to apply it. Were we, like the members of other learned professions, controlled only by our own lawfully elected representatives, an appeal for reforms, or for the prompt rectification of wrong-doing on the part of our executive, should be made, in the first instance, to our Council itself, and, failing in that, should be carried to the medical electorate by whose will the Council exists. But we are not thus self-governed. Heretofore, our representatives have formed only a minority of the body which assumes to legislate for us. That body by thirty years of unchecked and unquestioned autocracy had become irresponsible and self-seeking, and defiant and recklessly extravagant. It had, indeed, drifted into a condition of aggressive hostility towards us as a profession. It would, under these circumstances, have been a childish proceeding to carry our prayer for relief either to a Council that was inimical to our contentions and would not grant us relief, or to a profession which was powerless to help itself. Obviously, our only avenue to redress lay through the Legislature. Accordingly, we prepared and presented to

that body a Bill, asking, mainly, for an addition of five elected members to the Council, so that we might have a controlling voice in the management of our own affairs. So ill-informed were the members of the House, three years ago, on matters of vital moment to the profession, that our opponents found it an easy matter to hoodwink the Government and to mislead the Legislature, and to thus secure the unceremonious rejection of our amendments to the Medical Act. Our defeat on that occasion taught us two important lessons: First, the need of concerted action on the part of medical men, which led to the formation of the Defence Association; and secondly, the absolute necessity of reaching the Government and the members of the House through the press, which is the great organ of public opinion. The result in both cases has fully justified our expectations. In view of the better instructed and more watchful public and legislative opinion, which now obtains, thanks to the aid lent to us by the public press, our opponents would not venture to attempt to repeat the exploits of 1891 and 1892. We not only thus justify our use of the Toronto dailies, but we know that had we not had the good sense to resort to them, we should, to-day, be just where we were four years ago. And our opponents also know it. In fact, the very vehemence with which they upbraid us with our action in this connection is at once an evidence of their wholesome respect for public if not for professional opinion, and an ample justification of the course pursued; and, although we are quite content to gladly and gratefully accept, in future, the CANADIAN MEDICAL REVIEW as a perfectly independent and unobstructed avenue of access to the medical profession itself, we recognize the fact that not even through its columns, however freely they may be open to us, can we reach the public and the Legislature, so as to mould and instruct the body of opinion to which we foresee that we shall in all probability have eventually to appeal. This can only be done through the laic journals of the day. Until we achieve our final aim we shall, therefore, certainly continue, whenever the occasion arises, to diligently employ the powerful agency which has so greatly helped us in the past. Our interests as a profession are largely identical with those of the public, while, in many important respects, those of the medical schools are opposed to both. We propose to keep the public well informed on matters pertaining to medical legislation, and to take the Government and the members of the House always and unreservedly into our confidence. The reforms we are seeking, while vital to the well-being of the profession, will in no sense prove detrimental to the public service or to the interests of the community, and we intend to ask the Legislature for nothing which

we cannot show should justly be ours. Such being the case, we are not to be frightened like children by bugbears, or deterred from pursuing the even tenor of our way by the ridiculous vaporings of an effete pathy, or the idle threats of money-making corporations, or the 'prentice essays of aspiring political parties, or the pharisaical strictures of university journals.

Yours etc.,

JOHN H. SANGSTER.

Port Perry, Feb. 11th, 1895.

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## Obituary.

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### Dr. Vernon Halliday.

THE sad death of Dr. Vernon Halliday, November 26th, in New York, has caused widespread regret among a large circle of relatives and friends, both in Montreal and other places where the promising young physician is known.

Vernon St. Clair Halliday was a son of Dr. Halliday, of Peterboro', Ont., and entered the McGill Medical School in 1888, graduating well up in the class of '92. Throughout his college career the deceased gentleman was most popular with his fellow-students and his professors, and he was looked upon by the latter, as a most promising man. "He was one of the best students we ever had," said one member of the faculty yesterday. "He was, I might say, designed by nature for a general practitioner, was most attentive to his duty, and particularly clever in the practical portion of his work."

Dr. Halliday was attending a private patient, a child, in New York, down with diphtheria, when he contracted the infection. He was ill for some two weeks at the Willard Parker Hospital, New York city, and was evidently progressing most favorably under the new anti-toxine treatment when he succumbed to heart-failure. The young doctor was but 24 years of age, possessed of the most prepossessing manners and appearance, and left McGill with the conviction implanted in the minds of those who had come in contact with him that his prospects were of the brightest.

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### Dr. George D. Morton.

DR. MORTON died at his residence 563 Church Street, on Sunday, February 17th, at the age of 73. He was born in County Wicklow, Ireland, whence he emigrated to Canada in 1848, at the age of 26. He at first settled in the village of Holland Landing, at that time one

of the most prosperous distributing centres north of Toronto, where he took up the practice of the late Dr. Ardagh, who was removing to Barrie. In 1856 he removed to Bradford, where he resided until September, 1881. During this period his practice was very extensive, and he accumulated a considerable amount of wealth.

For many years the doctor occupied the positions of reeve of Bradford, trustee of the High School, member of the Simcoe County Council, and County Coroner.

In September, 1881, feeling the need of rest, the deceased gentleman retired from practice and removed to Toronto, where, during his fourteen years of residence, he made numerous friends, and by his death closed the career of a man of honor and integrity.

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### Dr. Alfred Loomis.

DR. ALFRED LOOMIS, of New York, died at his home, No. 19 West Thirty-fourth Street, on Wednesday morning, January 23rd, 1895, aged 64 years. A singular fact is often observed in death among medical men, that the cause may be directly or indirectly attributed to diseases of which they have made a specialty. This was true in the case of Dr. Loomis. Pneumonia, from which he died, was a specialty in which he was considered a most efficient consultant. He was born in Bennington, Vt., and in 1853 received his degree as doctor of medicine from the College of Physicians and Surgeons. He spent two years as assistant physician on Ward's and Blackwell's islands, after which he established himself, in 1855, in the general practice of medicine in the City of New York. He cultivated the field of internal medicine early in his professional career and soon became authority on diseases of the chest. He has been physician to Bellevue Hospital and Mt. Sinai Hospital, and for many years was consulting physician to Charity Hospital, on Blackwell's Island. He was professor of medicine in the University of the City of New York for over thirty years. He served for two terms as president of the New York Academy of Medicine, and has been president of the New York Pathological Society and the Medical Society of the State of New York. He was a liberal contributor to the medical literature of the day, some of his larger works being "Lessons in Physical Diagnosis;" "Diseases of the Respiratory Organs, Heart and Kidneys;" "Lectures on Fevers;" "Diseases of Old Age;" and "A Text-book of Practical Medicine."

## Selections.

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### Teaching and Thinking.

#### THE TWO FUNCTIONS OF A MEDICAL SCHOOL.

[Abstract of an address delivered at the opening of the new building of the Medical Faculty, McGill College, by William Osler, M.D., F.R.C.P., Lond.]

MANY things have been urged against our nineteenth century civilization—that political enfranchisement only ends in anarchy, that the widespread unrest in matters spiritual leads only to unbelief, and that the best commentary on our boasted enlightenment is the picture of Europe in arms and the nations everywhere gnarring at each other's heels. Of the practical progress in one direction, however, there can be no doubt; no one can dispute, viz., the enormous increase in the comfort of each individual life. Collectively the human race, or portions of it at any rate, may have in the past enjoyed periods of greater repose, and longer intervals of freedom from strife and anxiety; but the day has never been when the unit has been of such value, when the man, and the man alone, has been so much the measure, when the individual as a living organism has seemed so sacred, when the obligations to regard his rights have seemed so imperative. But these changes are as naught in comparison with the remarkable increase in his physical well-being. The bitter cry of Isaiah that with the multiplication of the nations their joys had not been increased, still echoes in our ears. The sorrows and troubles of men, it is true, may not have been materially diminished, but bodily pain and suffering, though not abolished, have been assuaged as never before, and the share of each in the *Weltschmerz* has been enormously lessened.

Sorrows and griefs are companions sure sooner or later to join us on our pilgrimage, and we have become perhaps more sensitive to them, and perhaps less amenable to the old-time remedies of the physicians of the soul; but the pains and woes of the body, to which we doctors minister, are decreasing at an extraordinary rate, and in a way that makes one fairly gasp in hopeful anticipation.

In his "Grammar of Assent," in a notable passage on Suffering, John Henry Newman asks, "Who can weigh and measure the aggregate of pain which this one generation has endured, and will endure, from birth to death? Then add to this all the pain which has fallen and will fall upon our race through centuries past and to come." But take the other view of it—think of the Nemesis which has overtaken pain during the past fifty years! Anæsthetics and antiseptic surgery



have almost manacled the demon, and since their introduction the aggregate of pain which has been prevented far outweighs in civilized communities that which has been suffered. Even the curse of travail has been lifted from the soul of woman.

'Tis no idle challenge which we physicians throw out to the world when we claim that our mission is of the highest and of the noblest kind, not alone in curing disease but in educating the people in the laws of health, and in preventing the spread of plagues and pestilences; nor can it be gainsaid that of late years our record as a body has been more encouraging in its practical results than those of the other learned professions. Not that we all live up to the highest ideals, far from it—we are only men. But we have ideals, which means much, and they are realizable, which means more. Of course there are Gehazis among us who serve for shekels, whose ears hear only the lowing of the oxen and the jingling of the guineas, but these are exceptions, and the rank and file labor earnestly for your good, and self-sacrificing devotion to your interests animates our best work.

The processes of disease are so complex that it is excessively difficult to search out the laws which control them, and although we have seen a complete revolution in our ideas, what has been accomplished by the new school of medicine is only an earnest of what the future has in store. The three great advances of the century have been a knowledge of the mode of controlling epidemic diseases, the introduction of anesthetics, and the adoption of antiseptic methods in surgery. Beside them all others sink into insignificance, as these three contribute so enormously to the personal comfort of the individual. The study of the causes of so-called infectious disorders has led directly to the discovery of the methods for their control, for example, such a scourge as typhoid fever becomes almost unknown in the presence of perfect drainage and an uncontaminated water-supply. The outlook, too, for specific methods of treatment in these affections is most hopeful. The public must not be discouraged by a few, or even by many failures. The thinkers who are doing the work for you are on the right path, and it is no vain fancy that before the twentieth century is very old there may be effective vaccines against many of the contagious diseases.

But a shrewd old fellow remarked to me the other day, "Yes, many diseases are less frequent, others have disappeared, but new ones are always cropping up, and I notice that with it all there is not only no decrease, but a very great increase in the number of doctors."

The total abolition of the infectious group we cannot expect, and for many years to come there will remain hosts of bodily ills, even

among preventable maladies, to occupy our labors; but there are two reasons which explain the relative numerical increase in the profession in spite of the great decrease in the number of certain diseases. The development of specialties has given employment to many extra men who now do much of the work of the old family practitioner, and again people employ doctors more frequently, and so give occupation to many more than formerly.

It cannot be denied that we have learned more rapidly how to prevent than how to cure diseases, but with a definite outline of our ignorance we no longer live now in a fool's paradise, and fondly imagine that in all cases we control the issues of life and death with our pills and potions. It took the profession many generations to learn that fevers ran their course, influenced very little, if at all, by drugs, and the £60 which old Dover complained were spent in medicine in a case of ordinary fever about the middle of the last century is now better expended on a trained nurse, with infinitely less risk, and with infinitely greater comfort to the patient. Of the difficulties inherent in the art, not one is so serious as this which relates to the cure of disease by drugs.

One of the chief reasons for this uncertainty is the increasing variability in the manifestations of any one disease. As no two faces, so no two cases are alike in all respects, and unfortunately it is not only the disease itself which is so varied, but the subjects themselves have peculiarities which modify its action.

With the diminished reliance upon drugs, there has been a return with profit to the older measures of diet, exercise, baths, and frictions, the remedies with which the Bythenian Asclepiades doctored the Romans so successfully in the first century. Though used less frequently, medicines are now given with infinitely greater skill; we know better their indications and contradictions, and we may safely say (reversing the proportion of fifty years ago) that for one damaged by dosing, one hundred are saved.

The physician needs a clear head and a kind heart; his work is arduous and complex, requiring the exercise of the very highest faculties of the mind, while constantly appealing to the emotions and finer feelings. At no time has his influence been more potent, at no time has he been so powerful a factor for good; and as it is one of the highest possible duties of a great University to fit men for this calling, so it will be your highest mission, students of medicine, to carry on the never-ending warfare against disease and death, better equipped, abler men than your predecessors, but animated with their spirit and sustained by their hopes, "for the hope of every creature is the banner that we bear."

The other function of a University is to think. Teaching current knowledge in all departments, teaching the steps by which the *status præsens* has been reached, and teaching how to teach, form the routine work of the various college faculties, which may be done in a perfunctory manner by men who have never gone deeply enough into their subjects to know that really thinking about them is in any way important. What I mean by the thinking function of a University, is that duty which the professional corps owes to enlarge the boundaries of human knowledge. Work of this sort makes a University great, and alone enables it to exercise a wide influence on the minds of men.

One of the chief difficulties in the way of advanced work is the stress of routine class and laboratory duties, which often saps the energies of men capable of higher things. There are two essential provisions—first, to give the professors plenty of assistance, so that they will not be worn out with teaching; and, second, to give encouragement to graduates and others to carry on researches under their direction. With a system of fellowships and research scholarships, a University may have a body of able young men, who on the outposts of knowledge are exploring, surveying, defining and correcting. Their work is the outward and visible sign that a University is thinking. Surrounded by a group of bright young minds well trained in advanced methods, not only is the professor himself stimulated to do his best work, but he has to keep far afield, and to know what is stirring in every part of his own domain.—*Montreal Medical Journal*.

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The following are taken from the *Medical Record*, February 16th :

DYSMENORRHOEA.—

R. Fl. ext. viburnum prunifolium,  
 Fl. ext. Jamaica dogwood . . . . . āā 2 gm.  
 Syrup . . . . . 50 gm.  
 Water . . . . . 140 gm.

Dessertspoonful every two hours.—*Cocq.*

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IMPOTENCY FROM EXCESS.—

R. Ext. damianæ fluid . . . . . ʒj.  
 Ext. canthar fluid . . . . . ℥ viij.

S.: Teaspoonful at bedtime.

## Miscellaneous.

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It is claimed by physicians who regularly prescribe Maltine with Cod Liver Oil that it produces less regurgitation, and at the same time possesses greater reconstructive power than any other cod liver oil preparation, Maltine and oil being properly proportioned, and the base of the preparation, Maltine, being superior to any excipient employed for such a purpose. Dr. Wm. F. Waugh highly recommends Malto-Yerbine in laryngeal cough.—*N. Y. Medical Times.*

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**BLAUD PILL CAPSULES.**—We have much pleasure in announcing that Messrs. Duncan, Flockhart & Co., of Edinburgh, have established a Canadian depot for their Blaud Pill Capsules, which are esteemed by the profession, world over, as the finest product in this field of pharmacy. These capsules can now be ordered through any druggist, who either have them in stock or can procure them at a few hours' notice from the wholesale houses, or direct from agent (Mr. R. L. Gibson). "D., F. & Co." capsules are so prepared that they retain indefinitely the full efficacy of fresh Blaud Pills, and do not become hard or insoluble by keeping.

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**KOLAVIN.**—Careful experiments were undertaken by F. Stearns & Co. with an object in view to produce a preparation that should contain undiminished the same active constituents possessed by the fresh (undried) nuts. As a result of their investigations they offer a new preparation, "Kolavin." It is in the form of a delicious wine, each tablespoonful dose of which represents thirty grains of the fresh (undried) Kola nut. Careful clinical work with "Kolavin" will demonstrate its great value as a tonic stimulant. Samples and literature will be forwarded physicians who, desiring to test this new preparation, will make application.

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**THE SANITARIAN** will continue in the future, as it has been hitherto, devoted to the promotion of the art and science of sanitation, mentally and physically, in all their relations; by the investigation, presentation and discussion of all subjects in this large domain, as related to personal and household hygiene, domicile, soil and climate, food and drink, mental and physical culture, habit and exercise, occupation, vital statistics, sanitary organizations and laws—in short, everything promotive of or in conflict with health, with the purpose of rendering

sanitation a popular theme of study and universally practical. The *Sanitarian* will continue in its present form, 96 pages text, monthly; two volumes yearly. The volumes begin January and July. Subscriptions at any time. Terms:—\$4.00 a year, in advance; 35 cents a number; sample copies, 20 cents—ten two-cent postage stamps.

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NUCLEIN—CAUTION.—(*The Medical Age*, February 11th.)—Now that this new remedy seems to have established itself as a therapeutic agent of no little merit, it becomes necessary to call the attention of the profession to the fact that there are a number of products marketed under this title that do not at all coincide with the demands for a Nuclein. It must be remembered that Nuclein requires to be constantly and persistently employed in doses of fifty to a hundred minims daily of a one-per-cent. solution; and that this must be continued for weeks, months, and perhaps even years. Again, there are purported solutions of Nuclein which, upon chemical test, afford a neutral or alkaline reaction, and likewise are strongly alcoholic. True Nuclein, however, is an acid solution, and when brought into the presence of alcohol is instantaneously destroyed. Nuclein can in no way be compared with such substances as morphine or atropine when employed hypodermatically. Tablets of these alkaloids for subcutaneous use are essential products, but they are rarely used more than once or twice for any case, or at most not employed continuously for more than a few days; are dissolved in small quantities of water, and injected in strong solution for immediate effect; yet with all due precaution these alkaloids sometimes induce abscesses, even when the syringe employed is given a great deal of care. Nuclein, as already remarked, must be employed constantly and persistently in large doses for long periods, and this too in cases where the inherent resistance to infective toxins is at a minimum. It is evident, therefore, that this therapeutic agent cannot be employed in the form of a hypodermatic tablet without becoming dangerous to the patient and inimical to the standing of the drug itself. To employ Nuclein, then, it is demanded that the solution be examined and tested, first, for its chemical reaction, and second, for the presence of an alcoholic constituent; next, that it be employed by means of a hypodermatic syringe especially reserved for such purpose, and that is constantly subjected to most rigid antiseptics. The Nuclein manufactured by Parke, Davis & Co. is prepared according to the formula of Professor Vaughan, of Michigan University, and will stand the necessary tests.

THE  
Canadian Medical Review.

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VOL. I.]

TORONTO, MARCH 19, 1895.

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The Patrons' Medical Bill.

WE subjoin a letter from Dr. Ryerson, M.P.P., which deals with this most important bill, which is now before the Legislature. It is hardly possible to conceive that any Government could give its countenance to a bill so fraught with danger to the public, and which constitutes such a violation of the rights of the profession, yet were no protest to be entered amendments to the existing Act might be passed which would be prejudicial to all, and which might be very difficult to remove. We would urge upon every member of the profession to exert himself by protesting, through the representative of his constituency, or directly on the Government, against a measure which is so contrary to the interests of the public and the profession. The subject is of such paramount importance that we deemed it advisable to issue this special number dealing with it alone, and we bespeak a careful perusal of Dr. Ryerson's letter, which ably discusses the salient points of the proposed amendments to the Medical Acts:

60 COLLEGE STREET,

TORONTO, *March 19th*, 1895.

*To the President, Council and Members of the College of Physicians and Surgeons of Ontario :*

GENTLEMEN,—I beg leave to call your earnest attention to a bill to amend the Medical Act which has been introduced in the Ontario Legislature by Mr. Haycock, leader of the Patrons of Industry in that Assembly. I am induced to take this unusual course because of the extreme gravity of the situation, and because the introduction, by laymen, of an amending Act is entirely without precedent, and deserving of the closest scrutiny by the profession whose rights are seriously threatened. The Medical Act, which has been built up for the protection of the public, is threatened with destruction. The bill, if it should come into force, means practically free trade in medicine. It means a retrogression to a state compared with which the condition of the profession, prior to 1850, was order itself. It means that the competition and pressure of to-day will, if this bill becomes law, be redoubled. A calling which has at all times required much self sacrifice on the part of its practitioners, will cease to return an income for the time and labor expended.

Excessive competition is as little in the interest of the public as it is in that of the profession. Indeed, it may fairly be said that the Medical Acts have been framed not for the creation of a close corporation of the profession, but for the protection of the public from the extortions and overcharges of charlatans and empirics, and to guarantee to the people that the men who are licensed to practise medicine are competent to perform their work.

Those who are entitled to registration under this bill. (§) Subject to the provisions of section 24 of the Ontario Medical Act, every person who—

(a) Holds a diploma from any chartered university in the Dominion of Canada, or in Great Britain or Ireland, granting to such person a degree as bachelor of medicine or doctor of medicine, or any similar degree, and who

(b) Has attended the full course of lectures and complied with the requirements of the curriculum of any duly incorporated medical school or college in the Dominion of Canada, or of any such school or college in the United Kingdom of Great Britain and Ireland, which has been approved by the Lieutenant-Governor in Council, and who

(c) Holds a certificate from the Board of Medical Education, hereinafter mentioned, of having passed the examination and complied with the regulations prescribed by the said board,

Shall be entitled, upon payment of a fee of \$5 to the Registrar of the College of Physicians and Surgeons of Ontario, to be registered under the Ontario Medical Act. (Rev. Stat., c. 148.)

The bill is essentially a destructive one. Sections 16, 17, 18, 20, 23, 25, 26, 27, 30, 31, 33, 34, 35, 36, 37, 38 of the Revised Statutes, 1887; sections 1, 3, 4, 5, 6, 7, 8 of the Act of 1891 and section 6 of the Act of 1893 are repealed. Sections 13, 22, 40, 32, 45 and 48 are amended. In fact, there is but little left of the old Acts, that of 1891 being repealed except the last section, which very inoffensively says that the Registrar shall keep the Register correctly, and the unimportant second section. The general tenor of the proposed legislation is to take from the Medical Council the powers which it now possesses, to fix the subjects for examination, and to hold examinations and to hand them over to the Government under the Department of Education. It also proposes to take all fees paid for examination and fund them with the Provincial Treasurer. The chief source of income left to the College is the annual fee of one dollar (instead of two). It is proposed to make this annual amount collectable in default of payment by the Registrar in the Division Courts. As it would cost at least five dollars on the average to collect, this is a polite way of cutting the Council's throat. In short, it is attempted to take all real power of examination out of the hands of the profession as represented by the Council. The board of examiners is to be called (if this precious bill becomes law) the Board of Medical Education, and is to consist of three members of the Council, one representative of each medical school, two homœopaths and two members to be appointed by the Government. The chairman and secretary of this board are to be appointed by the Government. All papers are to be approved by the Government—not the Education Department, but the Lieutenant-Governor in Council; that is, the whole Cabinet. Was there ever a more ridiculous proposal? The Board of Education is to decide upon the subjects in which candidates shall be examined and the fees they are to pay for such examination. The fee for registration is to be five dollars. Persons who possessed a qualification prior to 1870, and who are now entitled to register without examination, will by this Act be deprived of that right. The mode of fixing the tariff of professional fees in the territorial divisions is materially changed. The bill proposes that the Lieutenant-Governor in Council, *i.e.*, the



Cabinet, shall be the arbiter as to what is or is not a reasonable charge to be made for professional services. The local tariff, while proposed by the Divisional Association, is no longer to be submitted to the Council. It is presumed that the Cabinet knows more about what a fair charge may be than the men who are in practice. Could folly go further? Fancy medical men fixing the scale of fees for the legal profession. Would it not be equally absurd?

The power of erasure is taken from the Council. In fact, it is really difficult to discover what is left for the Council to do. A body without functions or income is not likely to survive for long. Perhaps this may be the real intent of the bill. Fraudulent advertising, habitual drunkenness, transmission of contagion or infection, violation of the Public Health Act, neglecting to register births and deaths, giving false or blank certificates of the cause of death, conviction in any action for damages for any injury caused, negligence, ignorance or want of skill, are all and each to be grounds upon conviction of which a practitioner is to have his name erased from the register. The case is to be tried by a judge who is vested with discretionary powers. But the relator or complainant is not necessarily a medical man. Anyone can lay a charge before a magistrate. A man may thus be struck off the register for failing to register a birth if the trial judge so decrees. A man may be subjected to constant annoyance by malicious persons who choose to make charges of violation of the Public Health or Registration of Births, Marriages and Deaths Acts. The time of limitation of action for negligence or malpractice is extended from *one* to *two* years.

The last section of this remarkable bill cannot be done justice to by any pen save that of the gentleman responsible for its introduction. Sub-section 3 refers to the penalty for practising without registration and for falsely pretending. The effect of this sixteenth section, if it becomes law, I leave to my fellow-practitioners to imagine and describe. Efforts will be made to place a copy of the bill in its entirety in the hands of every medical man in Ontario. Here is the section as it appears in Mr. Haycock's bill

"16.—(1) Any person, being a woman, who, within six months after the coming into force of this Act, produces before any local board of health a certificate signed by the head of the municipality or by two justices of the peace that she is a person of good character, and who proves by evidence taken on oath before such board that she has successfully performed the office of midwife in at least ten cases of confinement before the passing of this Act, shall be entitled, upon payment of a fee of \$1 to the treasurer of the municipi-

pality, to a license, under the hand of the chairman of the board, to practise midwifery in the municipality for two years from the date of such license, and the said board may at the expiration renew such license upon the production of similar evidence of good character."

(2) Any similar license may also be granted to any person, being a woman, who after the passing of this Act applies to the local board of health of any municipality therefor, upon producing a certificate signed by the head of the municipality or by two justices of the peace that she is a person of good character, and proving by evidence taken on oath before such local board and by the certificates of duly registered medical practitioners that she has attended at least ten cases of confinement under the directions and instruction of a duly qualified medical practitioner.

(3) Every person duly licensed under this section shall be exempt from the provisions of sections 45 and 48 of the Ontario Medical Act.

Could professional outcasts and exiles seize a more favorable opportunity to wreak vengeance upon an honorable body? At a time when a set of men whose ignorance is only equalled by their lack of fidelity to the principles they were elected to support, at such a time the enemies of order inspire these men to attack our vested interests, to destroy our time-honored rights. It is for you to say if you will endure these wrongs. If you approve this iniquitous bill, do nothing. If you do not approve, write to the representative of your constituency in the Legislative Assembly to oppose it. Combination must be met by combination. If the Patrons of Industry would destroy the present Medical Act, we must fight for our rights and the public welfare. This matter is urgent and brooks no delay. Organize. Call your Territorial Associations together. Petition the Legislature that the bill do not pass.

G. STERLING RYERSON.

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### Important Notice.

To keep pace with the large and steadily-increasing demand for their "Blaud Pill Capsules" on this side the Atlantic, Messrs. DUNCAN, FLOCKHART & CO. have found it necessary to establish a CANADIAN AGENCY, particulars of which will be found on second page of cover. These Capsules hold place in the esteem of the Profession corresponding with that attaching to the Chloroform of this world-famous firm. They are of GUARANTEED STRENGTH, and perfectly soluble, and will never oxidize or harden.

# Materia Medica and Therapeutics.

## PHTHISIS AND ITS TREATMENT.

PHTHISIS is pre-eminently a wasting disease, and by exalting failing nutrition, cod liver oil being little more than a given food, a great advance was made in therapeutics. It has been found, however, that the oil does not in many cases meet the indications; for not only is nourishment needed, but the digestive power is so reduced that but little use is made of the food taken. Hence a demand both for nutritious material and also for something which will aid food suitable for assimilation. The clinical starting-point in the history of the greater number of cases of phthisis is malnutrition, and when that is guarded against much is accomplished.

After a full trial of the different oils and extracts of malt preparations in both hospital and private practice, I find Maltine most applicable to the largest number of patients, and superior to any remedy of its class. Theoretically we would expect this preparation, which has become PRACTICALLY OFFICIAL, to be of great value in chronic conditions of waste and malnutrition, especially as exemplified in phthisis. Being rich in *diastase*, *albuminoids* and *phosphates*, according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve and muscle producer.

In practice this hypothesis is sustained. A female patient in St. Luke's Hospital, aged 35, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite and night sweats, was put upon Maltine. Within a few weeks her weight was increased to 121 pounds, she ate well, no night sweats, and the evidences of local disease were much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis, rapidly losing health and strength. His was the remarkable gain of 10 lbs. from six weeks' use of Maltine.

Seven pounds increase in as many weeks is the record of a third patient, a lady of 41 years, who had no other medication than the Maltine. In these and other cases the increase in strength and mental vigor was in proportion to the gain in weight.

These instances are sufficient for illustration, and are *duplicated many times in the experience of physicians everywhere*. There is a universal reluctance always to testify to results from medicinal preparations, but when, as in this case, the composition is fully known, and the profession invited to investigate the manner of preparing it, there is no reason why the remedy should not receive general approbation, provided it be worthy.—*Quarterly Epitome of Practical Medicine and Surgery*.

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**Maltine** with COD LIVER OIL

Endorsed by the  
Medical Profession  
throughout the World.

## STOMACH AND INTESTINAL AILMENTS.

THE universal adoption of LACTOPEPTINE by the Medical Profession affords indisputable evidence that its therapeutic value has been fully established in treatment of all stomach and intestinal ailments.

The distinctive characteristic of this preparation is that it precisely represents in composition the natural secretions of the healthful stomach, and therefore (where indicated) perfects the assimilation of food in a manner identical with that secured by action of the natural secretions (where these are *not* lacking).

We quote a few "Opinions" from the Medical Press :

"A glance at the formula of Lactopeptine must convince the most sceptical of the valuable results which must follow its administration."—*Retrospect of Medicine and Surgery*.

"We have submitted Lactopeptine to full trial, and confidently recommend it."—*British Medical Journal*.

"Such a formula is a desideratum, considering that Pepsin has disappointed so many practitioners."—*Medical Press and Circular* (London, Eng.)

"A preparation that can be relied upon as unvarying, and exhibits a combination of the essential agents of digestion."—*Courier of Medicine* (St. Louis).

"Has completely gained the confidence of the profession, and is more largely employed than any other combination ever introduced."—*Medical Journal* (Baltimore).

"No physician who has tried it fairly in practice, or who has taken it in a severe attack of dyspepsia, will ever be without it. It is a certainty."—*Louisville Medical News*.

"As a digestive, it comes nearer the gastric juice than anything we have ever used. Lactopeptine is one of the indispensables in the *materia medica* of the active practitioner."—*Southern Clinic* (Richmond, Va.)

"In dyspepsia, occasioned by an insufficient supply of gastric juice, it has always relieved the distressing symptoms. In the diarrhoea of infants, occasioned by undigested food, much benefit is derived from the use of this remedy alone."—*Toledo Medical and Surgical Journal*.

"There are few preparations given to the profession during recent years that have been so highly praised as Lactopeptine. It has been found a most reliable agent in the treatment of impaired digestion, gastric irritability, and diarrhoea."—*Canada Medical Record* (Montreal, Canada).

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# LACTOPEPTINE

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"A perfect simulation of ALL the gastric juices."—PROF. ATTFIELD.

Supplied in Powder, Tablet and Elixir form.

## CREOSOTE AS AN ANTI-TUBERCULAR REMEDY.

SINCE the introduction of Creosote as an anti-tubercular remedy, the drug has come to be recognized as a most valuable and efficient medicinal agent in this class of diseases. The most serious drawbacks and obstacles to its more extended administration have been, *first*, its extremely pungent and disagreeable taste; *second*, its tendency to disturb digestion. The Arlington Chemical Company has succeeded in combining Creosote with Liquid Peptonoids in such a manner as to produce a preparation which offers the most palatable method of administering Creosote. The extreme pungency and sharp stinging taste is almost entirely abolished in this preparation. The toleration of Creosote by the stomach is guaranteed by its combination with Liquid Peptonoids, which, by reason of its peptogenic action, assists in the assimilation and retention of the drug. Liquid Peptonoids with Creosote is a preparation whereby the therapeutical effects of Creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. It is indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form. In the gastro-intestinal diseases of children, it also supplies both the food and the remedy.

**Liquid Peptonoids**  
with  
**Creosote.**

Beef, Milk and Gluten Peptones with Creosote in Sherry Wine combines in an exceedingly palatable form the antiseptic and anti-tubercular properties of Creosote with the nutrient and reconstituent virtues of Liquid Peptonoids. It constitutes an eligible method of administering Creosote in combination with an efficient tissue-builder.

## IMPROVED MODE OF ADMINISTERING BLAUD'S PILLS.

WE have much pleasure in reproducing the following testimony to the efficacy of Messrs. DUNCAN, FLOCKHART & Co.'s "Blaud Pill Capsules:" "The administration of nauseous as well as unstable drugs in the form of flexible and soluble Gelatine Capsules has found favor with many, and a well-known firm like Messrs. Duncan, Flockhart & Co. is sure to devote great care to the preparation of medicaments of this kind. An illustration of this is afforded in the case of the Blaud Pill Capsule, which, of course, should contain, as far as is possible, the iron in the proto or ferrous condition. On examining a capsule made by this firm, and said to contain the equivalent of three pills, we found that of the total amount of iron present 92 per cent. was in the form of proto-carbonate."—*London Lancet.*

**Blaud's Pill**  
**Capsules.**

We guarantee our Capsules to be equal respectively in ferrous Carbonate to 1, 2 and 3 freshly-prepared Blaud Pills, and that they neither oxidize nor harden.—D. F. & Co.