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THE

Canadian Medical Review.

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J. FERGUSON, M.D.,
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G. STERLING RYERSON, M.D.,
Oculist and Aurist to Toronto General Hospital.

ALLEN BAINES, M.D.,
Physician to Hospital for Sick Children.

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Original Communications.

Cardiac Weakness in Elderly People.

By DR. J. E. GRAHAM, M.D., M.R.C.P. Lond., Toronto.

IN this short paper I shall limit myself to a discussion of the cardiac weakness and dilatation which result from senile changes or rather from those conditions and influences which affect patients in the latter half of life Balfour has referred to the fact that the heart is one of the organs which under normal conditions is least affected by old age. The liver and kidneys may undergo senile atrophy when the heart may present little change other than a slight increase in the thickness of the wall of the left ventricle.

It must be remembered that the condition of the normal old man, if I may be permitted to use that term, is one of health and not disease. An old man of ninety-two whom I frequently see often, exclaims: "I am astonished that I feel so well, never better in my life."

There are, however, many circumstances in the life of the busy man which, acting upon the heart, produce greater or less dilatation. Among the most frequent of these are depressing mental emotions, which may produce their effects gradually or suddenly.

The man, for instance, who by industry and hard work has built up a large business may, when he reaches the age of fifty or sixty, find

that the course of trade has changed and that his business is gradually slipping away from him. He may for years struggle against fate, during which time depressing mental emotion may first produce an irregularity of the heart which ends in dilatation. The lowered nutrition resulting from imperfect digestion and assimilation at the same time favors the process of weakening the heart muscle.

Instead of this gradual change, or perhaps in addition to it, a sudden and violent emotion of grief or joy may produce a rapid dilatation in one whom myocardium is already in a state of degeneration. I have observed cases in which a business failure has had a most decided effect on the heart, producing irregular action, a weak first sound and some enlargement.

When such patients as I have described over-exert themselves as in running for a street car or in lifting heavy weights, sudden failure may take place, and in some cases death results. Over-exertion may produce the same effect when the myocardium is diseased in other ways, as in fatty degeneration.

The habits of a patient in the latter half of life are the frequent cause of cardiac dilatation. Over-eating and drinking by distending the blood vessels give the heart an extra amount of work which may lead to dilatation and hypertrophy. Over-indulgence in alcoholic beverages by producing arterial disease and thus obstructing the circulation tends to changes in the myocardium. Disease of the coronary arteries and the direct effect of alcohol on the heart muscle fibre favors degeneration.

The amount of alcohol required to produce such changes varies much in different individuals. The quantity per day, which would have no effect whatever on the majority, will have a decidedly bad effect on some individuals. Hereditary predisposition has a very important bearing in this connection. I am of opinion that those whose ancestry have shown a tendency to arterio-sclerosis, and other conditions of general fibrosis should either be total abstainers or very moderate drinkers.

The coronary vessels are sometimes found in an advanced state of sclerosis when the other arteries of the body are fairly healthy. This may occur in patients who do not indulge too freely and is probably the result of hereditary predisposition.

The effect of tobacco in producing heart disease in the latter half of life has been forcibly impressed upon me by cases which I have lately observed. In my opinion very few who have used tobacco freely can continue the habit with impunity long after the age of fifty. I have known many who have given up the indulgence on account of

palpitation which troubled them mostly in the night and interfered with their sleep. I have seen within the last few months three cases of cardiac dilatation which I thought were directly due to the use of tobacco.

It is probable that when individuals who in the early part of their lives have indulged in violent athletic exercises to such an extent as to cause hypertrophy will in their later years have dilatation from the fatty degeneration which so often follows such hypertrophied conditions.

The blood of old people usually shows an increased number of red corpuscles and of hæmoglobin. In some cases, however, owing to disease of other organs or to local hæmorrhage an anæmic condition may be present. The myocardium would be in this way weakened, and dilatation might be produced even by moderate exercise. I shall merely mention some diseases which assist in causing dilatation—Bright's disease, arterio-sclerosis, obesity, acute infectious diseases as typhoid fever and la grippe. The latter has of late years been the primary cause of a large number of cases. Eudo-cardial changes resulting in valvular diseases are also only mentioned.

Clinical History.

A patient whom I had for some years under observation will illustrate one class of cases. He is the manager in an insurance office. He indulged very freely in rich food, drank one or two glasses of beer a day and neglected taking proper exercise. When about fifty-five he came to me complaining of some shortness of breath, smothering sensation and of a feeling of fulness in the region of the heart. I found the pulse tense, and a condition of hyperæmia. The cardiac pulsation was increased in force but there was no bruit. I ordered him occasional doses of calomel with daily saline cathartics; a light diet and moderate exercise were enjoined. He improved very much and I did not see him for some years.

He returned suffering from cough and dyspnœa. I found this time bronchitis and some enlargement of the heart. A distinct bruit was heard during systole at the apex. Rest and special treatment for the bronchitis was first ordered. Afterwards digitalis strychnine and nitro-glycerine were given. He improved very much and is now in fair health although the bruit still persists. In such case over-feeding and the lack of exercise were the principal predisposing causes. The dyspnœa and feeling of fulness may be made more prominent by the onset of a bronchitis or by an attack of acute indigestion. Potain has established the fact that acute indigestion or the passing of a gall stone through the common bile duct may produce dilatation of the right heart.

In the class of cases in which business or other worries produce cardiac weakness the first symptom may be a slight syncope. The patient is usually pale and has an anxious expression. On examination, the heart is more or less irregular in action, a bruit may or may not be found. The first sound may be much weakened and there is some enlargement. The further history will depend on the care which is taken. If the cause can be to a great extent or entirely removed the patient may improve and live many years. Sudden deaths, accounts of which we read of in the newspapers, often overtake these patients as a result of over-exertion.

In another class of cases anæmia is present which may be either primary and pernicious or secondary to some other disease. In my experience this is more frequently found in women. A case of this kind came under my notice not long ago. The patient, a widow of sixty-five years of age, quite anæmic, had a moderately dilated heart with a mitral bruit. She had been advised to take plenty of exercise in the open air. This she had done with the result of increasing the cardiac symptoms of dyspnœa and oppression. Rest in bed, massage and appropriate diet had a decided effect in improving the health of the patient.

In some cases the digestive disturbances are so marked that the physician directs his whole attention to the condition of the stomach and does not consider the cardiac dilatation. The impaired digestion may be largely due to cardiac weakness. Treatment directed to both conditions will be most likely to succeed. In another class pain may be a very prominent symptom. Angina pectoris may exist as a complication. This condition is rarely present without more or less dilatation.

Irregular action of the heart, tachycardia or braycardia, may be prominent symptoms in some cases.

In many cases the symptoms may be few and very slight. An attack of bronchitis may cause the patient to consult a physician when the cardiac condition may be first found out.

A physical examination will reveal greater or less cardiac enlargement and often a mitral bruit. The latter may exist when the left ventricle is moderately dilated. The possibility of the bruit was explained by Balfour and McAllister in two ways, both of which may be correct. Balfour points out the fact that the bruit is sometimes first heard more distinctly in the second intercostal space outside the pulmonary area, and this, he thinks, is due to the fact that the auricular appendix when distended comes in immediate contact with the anterior wall of the chest and that the sound is

conducted through it. I do not know of any method whereby we can determine whether the bruit results from actual disease of the mitral valve, or simply from dilatation.

Treatment : This may be taken up under three heads : Diet, regime and medicine. Elderly people with weak hearts should, if possible, take daily exercise. The character and the amount of the exercise should depend on the nature of the case. If the case is a severe one the patient should remain in bed when massage may be first adopted followed by the Schott movements. Those who can walk about should be advised not to take violent exercise and always to rest when any uncomfortable sensations are experienced in the chest. They should always avoid exercise after a meal. A moderate amount of business sufficient to keep the mind occupied is to be advised and worry should be as far as possible avoided.

The rules for diet advised by Balfour are excellent. The patient should take three meals a day. Dinner should always be taken in the middle of the day. The food should be of a simple nourishing character. We must always remember that the heart muscle is affected by the general nutrition of the body. The gastric intestinal system should be kept in a healthy condition. A distended stomach may directly influence the action of the heart. Fluids should be taken from a half to an hour before meals, and very little at meal times. Hot water, sipped slowly, by the patient, before rising in the morning, is an excellent habit. Old people with weak hearts should not spring out of bed quickly on awakening. They should wait until the machinery throughout the body is well in motion.

The bowels should be kept regular. I generally prescribe cascara as a laxative.

The remedies which I have found of the most use are potas, iodid, strychnine, digitalis, strophanthus and nitro-glycerine. DaCosta's tablets are often of service.

I often prescribe a mixture of nitro mur. dil. with tr. nux vomica, and give the nitro-glycerine in tablets separately. Digitalis and strophanthus should be given in moderate doses, and nitro-glycerine to unlock the arteries should be given at the same time.

General tonics and medicines to remedy diseased conditions of other parts should not be neglected.

In some cases of irregular action and pain, sedatives are necessary; of these morphia is the most reliable. Chloral and chloroform require to be given with care. Paraldehyde is a reliable hypnotic when there is no pain, but the taste is an objection.

Very much can be done in these various ways to prolong life and to give the patient a certain degree of comfort.

Society Reports.

Toronto Medical Society.

TORONTO MEDICAL SOCIETY meeting was held Feb. 17th, 1898. Present—Drs. Peters, Parsons, J. E. Graham, Machell, McCullough, Russell, Primrose, McMahon, McKenzie, Galloway, Cash (visitor from Manitoba) and Brown.

Dr. Peters presented a bullet, some pieces of bone and some greyish-black detritus (probably carbonate of lead) which he had removed from the femur of a man who had been accidentally shot, the bullet passing clean through the left thigh in front of the femur and passing into the leg and all but through the femur. Although the wound healed up, breaking down took place and a sinus formed which discharged pus. Two operations had been done for the removal of the bullet, but unsuccessfully. A small hole in the femur pointed in the direction the bullet had taken. It was completely encapsuled.

Dr. A. Primrose reported a case of amputation for extensive cellulitis of the leg in a patient who was the victim of chronic Bright's disease. The patient was aged fifty-six. A few weeks before coming under the essayist's care the patient had had several incisions made in a foot in which there was cellulitis. The leg subsequently became enormously swollen, the cellulitis extending up the leg, giving it the appearance of elephantiasis. Under chloroform, five incisions were made by him into the foot and leg. But no improvement followed. Amputation was deemed wise and was done by the method recommended by Steven Smith, through the knee joint. A good recovery followed and the amount of the urine very materially lessened.

Dr. Primrose reported a second case. The patient was a man who had been drawing his urine on account of an enlarged prostate with a catheter having a hard rubber top. The tip becoming broken he cemented it on with shellac. The shellac one day loosened during micturition and on the withdrawal of the catheter the tip was left in the bladder. The patient then suffered greatly from incontinence. A median lithotomy was done and the tip removed. The wound healed kindly.

A third case was then reported by Dr. Primrose. Amputation of the leg for tubercular disease of the tarsus and bones of the leg. The patient was a young man aged twenty-two who had suffered for some

months. Opening and drainage was done but he grew worse. Three was a deposit in each lung. The diseased foot and ankle became so bad, amputation was done two inches above the ankle. The wound healed kindly and the general health improved for a time, but latterly has been growing worse.

Dr. Wilson and Dr. MacMahon briefly discussed the case.

Dr. B. E. McKenzie presented a boy with congenital absence of a portion of third, fourth and fifth ribs, the absent part being that part lying between the mid-axillary line and the sternum on the left side. The fourth and fifth fingers of the left hand were webbed with two phalanges instead of three. The index finger has two phalanges and the middle one. This was the second case of the sort Dr. McKenzie had seen. In the others the deficiency was in the posterior ends of the ribs.

Dr. Primrose, Dr. Carveth, Dr. Peters and Dr. Cameron discussed the case. Dr. Cameron thought the atrophy had probably resulted from pressure of the left hand against that portion of the chest *in utero*.

The Radical Cure of Ingrowing Toe-nail.—This was the title of a paper read by Dr. G. A. Peters.

This disease is more common in young adult life, because with advancing years wisdom gains the ascendency over pride, the tight, narrow-toed boots being cast aside for the broad foot-gear. Sweating of the feet favored the occurrence of the disease. The pressure causes the skin at the side of the toe to overlap the edge of the nail, ulceration follows, with thickening of the skin and the formation of large, unhealthy granulations. The pus which exudes and the decaying epithelium give rise to a fœtid odor, and there is pain and often disability. The condition is often aggravated by the patient's painful attempt to grub out the edge of the offending nail. By wearing proper boots, and by trimming the nail squarely across and leaving it long enough to allow the edges to override the tougher skin at the pulp, much may be done to prevent or alleviate the condition. The essayist then described his method of operating in these cases. He keeps the toe in an antiseptic dressing for several days previous to the operation. He uses a small tourniquet and anæsthetizes with cocaine by introducing a fine hypodermic needle just below where it is proposed to cut through the nail, and a drop injected; then he shoves it in three-eighths of an inch, withdraws it one-eighth of an inch and forces another drop out, and so on while the needle is being withdrawn, a few drops being directed toward the lateral aspect of the toe. This will enable the surgeon to do a painless operation.

Dr. Peters places the heel of the blade on the free margin of the

nail about one eighth of its width from its lateral border. It is made to sink through the nail and its matrix quite down to the bone, the incision extending back almost to the proximal end of the ungual phalanx. The edge of the blade is then turned towards the lateral aspect of the toe, so as to pass under the ingrowing edge of the nail, still hugging the bone. As soon as it is seen that the whole of the unhealthy tissue at the side of the nail is included, another turn is made upwards so as to leave a flap of healthy skin. A few oblique stitches may be inserted to approximate the two edges of the wound. The wound should be treated antiseptically, and rest enjoined for four or five days.

Dr. Powell, Dr. Oakley, Dr. Carveth, Dr. McMahon, Dr. Galloway, took part in the discussion.

The society then adjourned. J.N.E.B.

Western Territorial Association.

A LARGELY attended meeting of the Toronto Western Territorial Division Association (No. 11) was held on the 23rd of February, at 4 p.m., in Broadway Hall. The President having resigned, the chair was taken by Dr. Albert A. Macdonald, the 1st Vice-President. After calling the meeting to order the minutes of the last meeting were read by the secretary and confirmed by the members. A motion of condolence and sympathy with the family of the late Dr. J. H. Burns was passed. Reports of committees were called for. Some discussion of the abuse of hospital charities took place.

The candidates for election to represent the Western Territorial Division (No. 11) were requested to address the meeting. Dr. Macdonald spoke first and gave an outline of his views. He favored a liberal support to the council, a more rigid carrying out of its laws which are good. Reduction of expense by having council meetings every second year; by reducing the allowance of members to the council; by cutting down the expenses of conducting the business of the council, and those in connection with the buildings; by lessening the number of representatives, doing away with those collegiate representatives who, though they hold their places now by statute, do not represent teaching bodies. He referred to the examiners, pointing out where both saving and efficiency in the work might be effected. In closing his remarks he expressed the hope that the election contest would be conducted without acrimony and said that his endeavor would be to do what seemed best for the medical profession.

Dr. Spence followed, explaining why he needed no apology for being a candidate, saying that he was in favor of interprovincial registration and against the Victorian Order of Nurses. That though the result of the counting of the ballots in the last election did not show it, he considered that he had the greatest number of ballots cast for him, that he had the words of reliable men to that effect. He read a lengthy letter from his legal adviser, referring to the subject, the grist of which was that he (Dr. Spence) was advised not to take action in the matter.

Dr. R. B. Orr, the returning officer in the last election, rose and protested against insinuations being made which reflected upon his honor. He pointed out that the ballots which Dr. Spence claimed were postmarked late and so could not be counted, and that as they were returned to the registrar unopened he had no way of knowing who they were for.

Dr. McMahon moved that a committee be appointed by this Association to investigate the whole matter and report upon it.

Dr. Macdonald pointed out that this Association has now no authority to deal with the matter. That the council had allowed (according to the law upon the subject) the thirty days' time to elapse before declaring the place vacant. During that time Dr. Spence or anyone had the right to secure from the County Judge an order for a recount and close scrutiny of the ballots. No one had asked for such proceeding. It was remarked by some of the members that it is easier to make an insinuation than to make a direct charge.

TAPPING THE PERICARDIUM.—Dr. H. A. Hare, discusses, in a scholarly paper, the danger of injury to the heart in the tapping of the pericardium for the relief of pericardial effusion. The conclusion arrived at is that the lethal result of a heart wound largely depends upon the rapidity with which a hemostatic clot is formed in the opening, and that the injury of the heart muscle in itself is rarely the cause of death. Only when the co-ordinating centres are injured or there is profound hæmorrhage into the pericardial sac, which produces cardiac failure by pressure, does death occur, unless the wound is so large as to permit the blood to escape externally or into the thoracic cavity. The opening made by a small aspirating cannula is never large enough to produce hæmorrhage from the ventricle.—*Therap. Gazette.*

Editorials.

Dr. Lloyd Jones' Treatment of Chlorosis.

1. In the cases of ordinary simple chlorosis no very great restrictions need be placed upon the patients. They should keep good hours, they should take underdone meat twice a day, eat rather freely of green vegetables, and take a fair amount of exercise in the open air daily.

In these cases there is but little need for laxatives. If care be not taken this may be carried to too great an extent and harm done the patients. For these simple cases some unirritating form of iron, as small doses in the reduced form. For the headaches small doses of solicylate of soda at the time of the attack, or a little antipyrin.

2. Chlorosis with gastritis is an advance in severity over the above form of the disease. In these cases there is usually pain after eating, especially when meat is taken. There is sometimes vomiting and frequently elevation of temperature.

In such cases rest must be enjoined. The patient should have two pints of milk a day. This may be combined with soda water. In a few days she may take a little underdone meat, at first once, and gradually increase to two and three times a day. No potatoes, very little bread and no stimulants are the conditions of diet.

Some preparation of bismuth is ordered before meals, and continued until the pain ceases and the temperature is normal. If there is much pain a small amount of morphia may be added to the bismuth. As soon as the stomach has become soothed small doses of reduced iron or bipalatinoids should be given. If there is reason to suspect ulcer, the patient should be kept in bed, and it may be necessary to feed by enemata of peptonized milk, adding peptonate of iron. If there be hæmatemesis, ice or iced hazaline may be allowed. When the vomiting subsides, peptonized milk, milk and soda, or meat juice may be ordered, keeping up the peptonate of iron by rectum.

3. Chloro-oligæmia is a severe disease and is best treated by rest in bed with cod-liver oil, maltine, iron, and a generous diet. After a time they may be allowed to take some exercise; and a prolonged holiday does good. It is doubtful if these cases ever get quite well, if the attack is severe and of long standing.

Before regarding the case as cured, the blood should be examined, and a full record made of its several constituents. The test of cure

is that the number of corpuscles, the amount of hæmo-globin, and the specific gravity of the blood are quite normal, and remain so for some time.

As chloro-oligæmia follows ordinary cases of chlorosis, it is of the utmost importance that these latter cases should be thoroughly treated and cured in order to prevent the severer form.

The Doctor's Economics.

IN a recent issue of the *Medical Record*, Dr. Leonard Weber, of the Post Graduate Medical School, has an article on the shrinkage of physicians' incomes.

The first question taken up is the abuse of dispensary and hospital charities. The author is of the opinion that there should only be the dispensaries to supply relief to the destitute poor. But in the larger cities there are many more than the needed number. But the correction of this would be only a very partial remedy for the loss of income by medical men throughout the cities and indeed throughout the entire country.

The next topic taken up is the over-production of medical men. He holds that the increase in the number of doctors has been greater than the increase in population; and that there are now far more practitioners than the public require. This of course must cheapen the value of the services of these, and also lessen the amount of work for such. This brings about a twofold cause of loss. There should be some steps taken to limit the number of medical colleges. There certainly should not be more than one to every million of the population. No new colleges should be granted a charter; and all in existence should be compelled to take out a Government license of high standard. This would call for prior legislation.

Then again all those who study medicine with a view of making a living must bear several things in their mind. First, he must be sure he has the ability, and then he must decide whether he can afford to wait until a practice comes to him. This may be a number of years after the day of graduation. The attempt to live on one's parchment will not be a very happy condition. We know of capable practitioners who have been at work for several years and confess to the fact that they are barely making a living.

The advances in special work has done away with much of the doctor's income. Women are confined by specialists. They go to

the specialist for every ill peculiar to themselves. Without saying a word to the family doctor, the oculist is consulted for the least complaint affecting the eyes. So the ears, skin, nervous diseases, etc. The general practitioner now rarely has any surgery to do. All the surgical work goes to some one who poses with a scalpel in his hand. All this has come to stay. It is more than likely that the income of the general practitioner is reduced as much by the competition of the specialist as by that of his fellow general practitioner.

Another cause for great reduction in the fees of the general practitioner is, the rapid progress made along the lines of preventive medicine. No one objects to the marked improvement that has taken place in this direction. None have done more to promote this improvement than physicians themselves. But while this is true, it must be admitted that every advance along this line tends to lessen the volume of work for medical men.

Victor Horsely a short time ago expressed the opinion that there ought to be a population of 1,200 to every practitioner. We would have a veritable gold mine if this condition of things existed here. There are about 500 or 600 persons in Canada and the States to each doctor. When you add to the doctors the patent medicine men, the druggists, the electrician, the herbalist, the faith-curer, the Christian Scientist, etc., etc., it is safe to say that there is a healer of some kind or other for every 300 persons. It may be said that these do not come into competition with legitimate practice. This is not correct. They do come into competition, and in a very effective way. Thousands and thousands of times a cough mixture is purchased at the nearest druggist for a cold, or Roche's Embrocation for whooping cough, or a salve for a burn, or some nostrum for eczema, or a blood medicine for pimples, or some pill for anæmia, or the person goes to some fakir to be treated by water, or fruit, or meat, or electricity, or the laying on of hands, or the rubbing with oil, or the use of muscle in badly directed massage. But they all count against the honest and educated doctor.

The only remedy that we can see is that fewer should study medicine. There is no need for additions to the ranks of the healing art for years to come. Of the ventures that a young man might betake himself to, one could hardly think of one at the present moment with poorer prospects than medicine.

Some Medical Evils.

We use this heading in the sense of evils in practice and the granting of charity that require urgent attention.

Take the case of a patient who has an attack of capillary bronchitis running over several weeks. He goes to some general hospital and pays $2 80 a week. For this sum he receives a bed, nursing, food, medicine and physician. The latter, of course, is on the staff; and is required to attend this patient free of charge. The hospital, of course, could not feed and nurse a patient for $2.80 a week, but the Government grant of about $2.10 a week makes the total up to $4.90, an account for which the hospital can carry out the arrangement. By this means the hospitals gain and the doctors lose. These patients should not be admitted for free medical attendance. The Government grant and the services of a doctor should only be allowed in the case of the destitute poor, who are sent in to the hospital under a certificate of some kind putting forth this poverty and inability to pay. No grant or free attendance should be the rule when the patient pays his own way in a hospital, even though it be the small sum of $2.80 per week.

Another abuse is the dispensary one. In a city the size of Toronto it is very difficult, if not impossible, to guard against fraud. A patient comes to the dispensary department of an hospital. Who is to determine whether such a person can pay or not? The physician on duty for the day cannot do it. We know as a fact that young men and women earning fair weekly pay go to such places for treatment. We know that the families of tradesmen, shopkeepers, civil servants, also frequent these dispensaries. Here we have a gross injustice to the physicians.

But not satisfied with these evils, doctors have created another for themselves. They are tumbling over each other's necks to secure the appointment of physician to this, that or the other lodge. These lodges take good care to have two or more doctors in each lodge. The object of this is to keep up competition, and make the one who secures the position live up to his duties as they understand them; and also to have the material always on hand for an election. By the shades of Hippocrates, Galen, Sydenham, Harvey, Baerhaave and many others, when is the abomination to cease! When will medical men have courage enough to do what they know to be right, and cease cutting their own throats by these foolish practices. Let them only think for a moment and see that the doctors who do best are

those who never do any club practice. Have they not learned by this time these very lodge patients despise them for doing a club practice; in their hearts have no confidence in the lodge doctor.

We verily believe that the monster curse on the medical profession to-day is this one of lodge practice. It has done more to lower the standard of medical dignity, break down medical ethics, cheapen the calling and cause jealousies and heartburnings among medical men than all the other conditions of practice put together.

We can recall the names of many physicians who have given up lodge practice and who assure us that their income did not suffer, but rather increased. If physicians would only look at this abuse in the proper way, it would not last long. Why should doctors attend for a dollar a year men who are in receipt of a weekly stipend, and paying off or owning a house? Why should doctors sell their independence for the miserable remuneration they are paid? Why should they allow themselves to be pitted against each other in unseemly annual elections? Why should they cater to the whims of the lodge-room and the more ignorant and talkative members in these lodges? Surely, surely, this whole thing is wrong. Take a doctor with five lodges with a membership of 365. This would yield a revenue of only $1 a day to the doctor; without the lodge he can easily make up this amount by other means. For this it is quite safe to say he renders services for double the amount. In addition, he puts himself in a menial position in the sight of the members.

There can be no objection to any physician acting as examiner to a society; but with this his connection should cease. On no account is it wise to become the salaried doctor at so much a head, and subject to all kinds of abuse and misrepresentation, with the liability of being voted out at the earliest opportunity. Then just think of one doctor lying in wait for the annual election in order to get even with another doctor who secured the appointment the year before!

Some doctors think that the lodges bring them the family practice. This is not true. For one family gained by them they lose several. No physician ever yet built up a family practice on the strength of the lodges. F.

ONTARIO MEDICAL LIBRARY ASSOCIATION.—Are you a member? This Association formed by the efforts of a few active workers in the cause of medical education, and built up by the subscriptions of stock, donations of money, books and journals, has now reached a state of usefulness and efficiency. Situated in a central place (The Medical Council Buildings) corner of Bay and Richmond Streets, it is easily

accessible. Members of the medical profession, non-residents of the city, are admitted free, and have the privilege of securing books for reference on application to the librarian. City physicians may become members of the Association by subscribing stock, three shares of $5.00 each being the minimum payment, which may be spread over five years. The annual subscription is $2.00 in addition to the above. The saving and advantage to those who wish to study special cases is great. Stock may be secured by addressing Dr. W. J. Greig, Hon Treas., 131 Sherbourne Street. A. A. M.

MASTOID ABSCESS AND ANTISTREPTOCOCCUS SERUM.—Dr. G. L. Kerr Pringle, in *British Medical Journal* for January 15th, 1898, records a case of mastoid abscess where trephinny and other means of treatment failed to effect a recovery. The patient was to all appearance growing worse. At this stage of the case 10 c.cm. antistreptococcus serum were injected. On the day following 5 c.cm. were again given; and three days later 5 c.cm. more. In five days his temperature became normal and remained so. The suppurative chills and elevated temperature had lasted for one month; and in spite of every care and the free opening made into the mastoid abscess, the case did not improve until the serum was injected. The paralysis, optic neuritis, and fœtid pus disappeared after the administration of the serum.

IMMEDIATE REDUCTION OF ANGULAR CURVATURE.—Mr. J. Jackson Clarke, of London, in *British Medical Journal* February 12, remarks that he adopted Calot's method of forced reduction in one case. At the end of six weeks the plaster was removed, when it was found that most of the curvature had returned. The spine was again straightened and one month later most of the curvature had again returned. The apparatus was reapplied for two weeks. The treatment of the case was then carried on by a Chancers splint. Mr. Clarke is of the opinion that his results would have been as good with this splint from the commencement. He is also of the opinion that no farther cases should be treated by immediate reduction, till the effects have been fully watched in those that have already been subjected to this line of treatment. [We think this is sound advice.—ED. REVIEW.]

PNEUMONIA, ITS TREATMENT AND PREVENTION.—Dr. Beverly Robinson, in *Medical Record* of February 19th, 1898, holds strongly to the view that pneumonia is contagious. For this reason the patient should be isolated to as great an extent as possible, and all unnecessary visits by friends prohibited. The infection may be spread by the

breath when in too close contact with the patient, as friends are apt to be, or by the agency of dried sputum. As to treatment he recommends about 68° or 70° F. with plenty of fresh air, nourishing diet, and judicious use of tonics, and something to ease the fever and cough. His mainstay, however, on the treatment of the disease, is the inhalation of steam medicated with beechwood creasote. He dissolves a drachm in an ounce of alcohol and of this puts a teaspoonful in a pint or so of hot water in a croup kettle. Fever, cough and duration are all lessened by this agent.

Post Partum Hæmorrhage.—Dr. Martin W. Curran, in *Medical Record* for February 12th, strongly urges compression of the aorta in post partum hæmorrhage. He claims that it has not had a fair trial. He calls attention to the fact that a number of good authors mention it as a temporary expedient, but the writer thinks they do not recommend it with sufficient force to bring it into use. The aorta can readily be compressed just above the umbelicus. It will not do any harm to the aorta to maintain the pressure. The sympathetic nerves and ganglia should not be subjected to too long pressure. This can be avoided by moving the position of the hand upwards or downwards. While this pressure is being maintained by the left hand, the uterus should be gently compressed, and contraction induced by the right hand. Instead of this plan of treatment being a last resort, it should be the first in marked cases.

Bacillus Typhosus in Soil.—The method of growth of the typhoid fever germ is a very important question. In the *British Medical Journal* for January 8th, 1898, we notice that Dr. John Robertson, Medical Health Officer for Sheffield, makes a very interesting statement. In conjunction with Dr. Maitland Gibson, a thorough examination of the soil of a district where typhoid fever had abounded, was carried out. No germs could be found in the soil; but by inoculation of the soil with the germ, and pouring on it organic matter the germs cultivated readily. These researches show that the typhoid fever bacillus is capable of growing very rapidly in some soils. They also show that the organism can survive from one season to the next, over the winter months. In one series of soils the germs lived for a period of twelve months, and responded to the test of culture. The germs are destroyed by abundant sunlight. The germs can rise through soil to the extent of eighteen inches, or even go down in the soil to a depth of three inches. They do not seem able to extend laterally. In order that the germs may grow in the soil they must receive organic matter on which they feed.

ANTISTREPTOCOCCUS SERUM IN PUERPERAL SEPTICÆMIA.—Dr. J. M. Campbell, in *British Medical Journal* 29th January, 1898, reports a case of septicæmia following abortion. The temperature became elevated on Septemper 26th. On October 3rd it was 103° F. and pulse 120. Under chloroform she was curetted and an intra-uterine douche of 1 5000 bichloride given. There were two rigors and temperature rose to 104.6° F. and pulse 135. Bichloride was used regularly. At 9 p.m. of October 6th she was given 10 c.cm. antistreptococcus serum with strict antiseptic precautions. The patient passed a good night; and next morning the temperature was 100.2°F. and pulse 118. By 4 p.m. the temperature was 99.2 and pulse 104. On October 8th the temperature was 99.8° F. and pulse 104. On October 9th temperature was 99° F. and pulse 80. In the evening of the same day the temperature was 97.8° F. and pulse 78. From this point the recovery was steady and uninterrupted, the temperature and pulse keeping normal.

CANCER OF THE BREAST.—Mr. A. M. Shield recently read a paper at the Royal Medical and Chirurgical Society, of London, on the immunity from cancer of the breast after operation. He contended that early and complete operations afforded a very marked freedom from disease. During the discussion Jonathan Hutchinson expressed himself as strongly in favor of the operative cure of cancer. He laid great stress on the value of early operation. This he thought of greater moment than the extensiveness of the operation. He was of the opinion that cancer is of the nature of an inflammatory disease and purely local at first. Of course, he contended that the local origin and the constitutional tendency must not be confounded. The cancer might be removed by operation; but the tendency still remained, and a recurrence might take place. He was of the opinion that when several years elapsed before the return of the disease, it was really an example of fresh occurrence. He knew of two cases where there had been freedom for over twenty years, where a microscopic examination showed the cases to be malignant. Mr. F. W. Nunn expressed the opinion that there were rapid cases where the lymphatic system became early infected. In these cases no operation would prove adequate. He was in favor of early operation. Mr. Howard Marsh favored early operations. He said the parts most affected were the breast, the skin, the fascia, and the glands in the axilla. He thought the muscle was very rarely affected. He had seen some bad results follow the Halsted method; and that it was not necessary to attack the muscles. He removed as much skin as possible, and the

breast, all the fascia over the muscles and the glands in the axilla. He thought that it was not possible to decide through the skin whether the glands in the axilla were infected or not in the early condition. Mr. A. E. Barker favored early free operations. For twelve years he had removed breast, skin, fascia, and axillary glands.

ANTISEPTICS IN EYE SURGERY.—In the meeting of the Section on Ophthalmology at the British Medical Association, Dr. Noyes, of New York, introduced the discussion on the subject of antiseptics in ocular surgery.—*British Medical Journal*, January 8th, 1898. The first point to attend to is that the patient is given a bath. His face and head are made thoroughly clean. The eyebrows and eyelashes are cleansed with plenty warm water and soap. The conjunctival sac is then well washed out with simple boric solution. This must be done with care, so as to remove all the mucous coagula. It is then customary to put the eye up in a bandage for twenty four hours to ascertain the amount of secretion. If there be a secretion, the operation may properly be postponed. After these preparations have been attended to the skin is well washed with bichloride, 1 in 3,000. The next step is the preparation of the instruments. These are put into boiling water for five or ten minutes, and immersed in carbolic acid. This is ample for culling instruments, as needles and knives. In the case of forceps and scissors, greater care is required, especially at the points and crevices. The instruments are thoroughly wiped with absorbent cotton wool. The hands of the operator should be cleansed by thorough washing with warm water and soap. After this the fingers and nails are scrubbed with a nail brush with soap and powdered borax. This removes all fatty matter. After the operation, the eye is washed out with a 2 per cent. solution boric acid, or a normal saline solution. In cataract operations the anterior chamber is not flushed out. The solutions of cocaine or atropine that may be required are freshly made and sterile. The eye is dressed with a pad of absorbent cotton wool that has been flushed with bichloride 1 in 3,000. Over this there is the requisite bandage. Much importance was attached to the good effects of moist dressings. These favor the escape of secretions, and thus lessen the risk of septic trouble. Always inspect the eye in twenty-four hours. Should there be any tendency to suppuration, moist hot dressings must be continuously applied until the mischief is under control. The greatest care should be given to the condition of the lachrymal sac. If this be unhealthy or contain pus, it must be treated and rendered perfectly

antiseptic. Drs. Randolph, of Baltimore, Buller, of Montreal, Jackson, of Philadelphia, Fryer, of Kansas City, Rivers, of Denver, Mittendorf, of New York, Ryerson, of Toronto, Wurdenmann, of Milwaukee, Kipp, of Newark, Calhoun, of Atlanta, Williams, of Boston, Alt, of St. Louis, Baker, of Cleveland, Proudfoot, of Montreal, Howe, of Buffalo, Spalding, of Portland, and Nettleship, of London, the president of the section, took part in the discussion and agreed with the above teachings.

Book Notices.

Sexual Neurasthenia: Its Hygiene, Causes, Symptoms and Treatment. By GEORGE M. BEARD, A.M., M.D., and A. D. ROCKWELL, A.M., M.D. Fifth edition. New York: E. B. Treat & Co. 1898.

The work before us deals in a most comprehensive manner with the condition under discussion. The sexual side of disease and morbid processes must not be overlooked. Mercier regards this as playing a large *role* in the causation of insanity, and Lloyd Jones in the chlorosis of women. The book by Beard and Rockwell take the same in the field of the neuroses. With this view most will agree. The book is a good one on the subject, and should be read for the light it throws upon the study of neurasthenia in general.

Diseases of the Heart, with Special Reference to Prognosis and Treatment. By SIR WILLIAM H. BROADBENT, Bart., M.D., F.R.S., F.R.C.P., etc., and JOHN F. H. BROADBENT, M.A., M.D., M.R.C.P. New York: William Wood & Co. Toronto: The Publishers' Syndicate, 88 Yonge Street.

To those who know Dr. Broadbent by reputation this book will be welcome; to those who are not familiar with his teachings on the heart and pulse we strongly recommend this work. It is indeed a pleasure to read such a production. After a persual of such a treatise one should no longer plead ignorance of the principles that govern diagnosis, prognosis and treatment. The language is particularly clear and direct. There is an entire absence of that doubting style, too often met with in medical works. Dr. Broadbent has something to say as the result of his great experience and careful study, and he is not afraid to say it. It is really refreshing to read the work.

Correspondence.

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

An Answer to Dr. Burrows' Letter.

To the Editor of the CANADIAN MEDICAL REVIEW:

DEAR SIR,—I noticed in your correspondence columns of last month a letter from Dr. Burrows, in which there are statements which should not be allowed to pass unanswered. I shall, therefore, endeavor to put him right, especially as to facts. As to the former part of his letter, dealing with the Ontario Public School system, I have no reason to quarrel with his opinion. I think with him, that beyond the common school, education should become largely self-supporting. I do not believe the State has any reasonable right to flood the country with "decayed school teachers" any more than to fill the country with "decayed" lawyers, ministers, architects, or doctors at the public expense. But it is the latter part of his letter to which I wish to take exception. This is taken up by a fusilade of complaints against the Medical Council, principally sins of omission.

Now, Dr. Burrows is like a great many other critics of the Medical Council. He seems either ignorant or forgetful of the fact that the Medical Council is not supreme, even in questions pertaining to the medical profession, that it is under the control of, and must conform to, the will of the Provincial Legislature, and that it was not created merely to advance the interests of the medical profession, only in so far as its enactments might run parallel to the interests of the people. Although his remarks are anything but clear, he evidently accuses the Council for not elevating the standard of examinations for the purpose of making entrance to the profession more difficult. That is true, and I am pleased to say there is only one man in the Council who has expressed himself as being desirous of elevating the standard for that purpose. But in the interests of the profession and also of the public, the Council during the session of 1895, in view of the increased facilities for obtaining a preliminary education, raised the standard of matriculation to one year's course in arts or its equivalent; and what took place. The Hon. G. W Ross said to the Council, if you do not rescind that enactment at your next session, I will introduce a Bill now that will do it for you. So there was nothing left but submission to the higher power, and the By-law was rescinded.

In face of the above facts, we still find Dr. Burrows asking the question, "What is our Medical Council doing?" and answers, "simply nothing."

Then he turns his attention to the Board of Examiners, asking us to compare it with that of fifteen or twenty years ago, and asserting that the *personnel* is not as high as it was formerly. Well, that is merely a matter of opinion, and he is entitled to his, but when he accuses these gentlemen of being "arrant frauds," he is stepping beyond the bounds of reasonable and justifiable language. It is a most disgraceful and uncalled for libel on these gentlemen. Where is the notoriously bad trickery (that the accusation implies) of which they have been guilty? What have they done to merit such hard names and extravagant language?

These examiners (I am now speaking of the Ontario Board) do not "get together"—"and fill their individual pockets with fees from the new comers." They are legitimately appointed by the Medical Council and paid for their services according to what the Council considers a reasonable tariff, and if Dr. Burrows had to undergo a scrutiny from their search-lights, he would feel like applying some other term than "arrant frauds" to their examinations. Again, he says "the weakness of our Medical Council is college control." This is an old story, in my opinion a veritable bugbear, a hobgoblin without existence, I mean the control part. Do you think it at all reasonable to suppose these eight college representatives can run away with the remaining twenty-two members, sway their better judgment, and induce them to become traitors to the best interests of their constituents? It bears the impress of sheer nonsense on the face of it, and is such. Had the college men possession of the influence thus attributed to them, the extra fifth year of the curriculum would have never had existence, as the majority or all are decidedly opposed to it. There is no doubt some of the most able of the members are college representatives, and it is quite a compliment to their ability to say they are able to exert such influence, but I am certain they do not exercise any such undue influence, and seem to be as interested in the general welfare of the profession as any other party in the Council.

This one thing I know, that were all the college representatives excluded from the Council it would be very seriously handicapped on educational questions.

Lastly, if interprovincial registration has not made any advance, the fault does not remain with the Council. They have discussed it several times, I believe, and have done all they can to the present

time in the matter, but is it reasonable to expect that they can induce the other provinces to agree so long as some, like British Columbia and Manitoba, think it to be in their interest to remain as they are? In 1896 the Council delegated a committee to meet that of the Dominion Medical Association and confer as to the best means to bring about the desired consummation of Dominion registration. Similar committees met last year, and I presume advanced the desired object a step, judging from the report issued by Dr. Roddick, of Montreal.

I fear I have already taken up too much of your valuable space, and will desist from alluding to many other points in the letter that might be noticed. I think it is well for physicians to exchange ideas and give their views on questions of interest to the profession, but while doing so we need not so enconomize the truth, make such malignant accusations against respectable men, or use such unwarrantable and extravagant language. Apologizing for so much space,

I remain, yours faithfully,

WM. GRAHAM.

29 Grosvenor Street, Toronto, March 2nd, 1898.

P.S.—Since writing the above, my attention has been called to an editorial in the *New York Medical Journal*, March 5th, headed "A Gloomy View of Medicine in Canada." It contains copious extracts from this letter of Dr. Burrows', with comments thereon. The Journal expresses the hope that the picture is overdrawn, and that medical matters here are not quite so bad as portrayed. I can assure the Journal and its readers that the picture is entirely overdrawn, and that the only gloomy side to medicine here is the overcrowding of the profession, for which our Medical Council is not responsible, and which is a condition common, even in a greater degree, to all or most European and American countries.

From the fact that Dr. B.'s letter has reached such a wide field, and commented on by such an important Journal, it shows the necessity not to overdraw and exaggerate or circulate false impressions. It is also a justification for the existence of the above letter.

A CORRECTION.—In the last issue there appeared a personal that Dr. Shaw had removed from Ottawa. This was incorrect, and we are pleased to know that the doctor has taken out plans for the erection of a residence on Somerset Street.

Obituary.

Dr. John Cronyn.

DR. JOHN CRONYN, of Buffalo, died at his home Friday evening, February 11, aged 72 years. He was stricken with paralysis on Monday night previous to his death, and though he rallied once or twice during the week, fatal symptoms supervened two days before his death and he gradually sank, becoming unconscious a few hours before his death. He died surrounded by his family and medical attendants.

Dr. Cronyn was born December 15, 1825, at Black Rock, a suburb of Cork, Ireland, He received his preliminary education in a school at Cork, under the supervision of his father and after he came to America was placed in charge of private tutors in Knox's College, Toronto. He came to this country in 1837 in company with his widowed mother, five brothers and one sister, and located at Toronto. In a few years he began the study of medicine, which he pursued in the University of Toronto, and passed his examinations for the degree of M.D. in 1850. In 1859, Dr. Cronyn came to Buffalo and established himself at the corner of Church and Pearl streets. He rapidly gained an active professional practice and soon was appointed first as surgeon and next as physician in-chief of the medical staff of the Buffalo Hospital Sisters of Charity, which latter office he held until his death. The medical department of Niagara University was established in 1883 largely if not principally through his instrumentality, and in that college he held the chair of principles and practice of medicine, and was President of the Medical Faculty from the foundation of the school until his end. In 1888, Niagara University conferred upon him the degree of Ph.D., and in 1893 that of LL.D.

Dr. Cronyn was President of the New York State Medical Association (1888), twice President of the Medical Society of the County of Erie (1875-1876), twice President of the Buffalo Medical and Surgical Association (1876-1883) and an honorary member of the Ontario Medical Association.

Dr. Cronyn was a literal student of medicine, well versed in professional lore, easy and ready in debate, an excellent teacher and a courteous gentleman. He acquired a very large practice, . . often called long distances as a consultant and justly achieved a wide fame as a family physician.—*Buffalo Medical Journal.*

Dr. Edward Seguin.

DR. EDWARD CONSTANT SEGUIN, of New York, died at his home, No. 47 West Fiftieth street, Saturday, February 19, 1898, in the fifty-fifth year of his age. He was born at Paris in 1843, was the only child of Dr. Edward O. Seguin. He graduated from the College of Physicians and Surgeons in New York in 1864. Meanwhile, he had served in the medical department of the army, first as hospital dresser, then medical cadet, and finally as assistant surgeon U. S. volunteers.

Dr. Seguin became one of the most distinguished specialists in diseases of the nervous system, and has written many scientific papers pertaining to that department of medicine. He was one of the founders of the American Neurological Association and of the New York Neurological Society; and these, with the New York Pathological Society, received most of his attention. He was also a member of several other American and European medical societies.

Dr. Seguin was a man of affable manners, an ornament to the profession, and he will be sadly missed by his professional colleagues and friends.—*Buffalo Medical Journal.*

Jules Emile Pean.

JULES EMILE PEAN, the eminent surgeon, died from an attack of infectious pneumonia, in Paris, January 30th. M. Pean, who was born at Chateaudun (Eure-et-Loire), November 29, 1830, practised surgery continuously in Paris for more than forty-five years. In 1865 he was appointed surgeon of the Central bureau. Two years later he joined the staff of the Lourcine, where he remained five years, going then to St. Antoine and finally to St. Louis, where he remained until 1892. He became famous for his success in the field of ovariotomy. In 1887 he was elected a member of the Academy of Medicine. Three years later he received the decoration of the Legion of Honor, and in 1893 he was made a commander.—*Medical Herald.*

Selections.

Surgical Hints.

WHEN you operate for appendicitis be sure that the patient's bladder is empty, and if the incision must be a low one, explore well by sight and touch so that an accidental vesical injury may be avoided.

In clean, granulating wounds, a dry dressing will diminish discharge and stimulate cicatrization; but if there are sloughing areas or patches, or if the granulations are not perfectly red and clean, a wet or an oily dressing is to be preferred.

When deciding which anæsthetic you will use in a given case do not lose sight of the fact that there are other methods of painless operating than by chloroform or other narcosis. Many major surgical operations may be performed with the aid of local anæsthetics, which avoid post-operative shock as well as certain unwelcome pulmonary or renal complications.

When acute sepsis threatens the life of a patient remember that it is your first duty to get rid of the infecting focus, even if in accomplishing this end you must sacrifice important structures. If it is your honest opinion that your patient's life is in danger, act promptly. "Operation a success; patient dead," is an old reproach to surgery; but not so grave a one as: "Patient dead; operation might have saved him."

When changing surgical wound dressings it is best to avoid, as far as possible, the handling of the soiled materials. Do as much as you can with the help of the dressing forceps, and keep your fingers unsoiled by the pus or other discharges. This precaution is a wise one, not only for your own sake, but for the sake of the next patient who may require your services.

Operations about the nose and mouth are much more comfortably performed if the patient's head is allowed to hang in the hyperextended position over the end of the table. The sight for an onlooker is a rather horrifying one because the blood runs over the patient's eyes and forehead and over his head, making indeed a gory spectacle, but no blood will enter the larynx and little, if any, will be swallowed, so that the annoying post-operative nausea, with the vomiting of large quantities of blood, is in great measure avoided.

—*International Journal of Surgery.*

ACUTE CORYZA.—The following application will be found useful in acute coryza:

℞ Chloral ..... gr. viij.
Castor-oil ..... ℥ss.

M. Smear over the nasal mucous membrane after preliminary cleansing of the surface.—*Practitioner.*

FOR INHALATION IN CATARRH OF THE UPPER AIR-PASSAGES.—Kafemann recommends as extremely effective the following combination:

℞ Menthol ..... 4.
Eucalyptol 2.5
Turpinol ..... 2.
Essence of pine ..... 1.

M. A few drops of this liquid are poured into a bottle, which is warmed over an alcohol flame. Balsamic vapors immediately fill the bottle and these the patient inhales through a tube.—*Journal of the American Medical Association.*

PROPHYLAXIS OF CHAPPED HANDS.—After washing the hands with non-irritating soap, rub in the following lotion and allow it to dry on the hands. It is especially recommended to physicians and surgeons:

℞ Alcohol ..... 80 grams.
Glycerin ..... 35 grams.
Rose-water ..... 30 grams.
Salol ..... 2 grams.
Tincture of musk ..... 2 drops.

—*Journal of the American Medical Association.*

THE PREVENTION OF HEREDITARY SYPHILIS.—Pinard, cited in the *Revue mensuelle des maladies de l'enfance* for December, 1897, advises that mercury and potassium iodide be given to the mother during the whole course of gestation, according to one of the following formulas:

1. ℞ Mercury biniodide ..... 3 grains.
Potassium iodide ..... 150 "
Syrup ..... 9,000 "

M. A tablespoonful to be taken twice a day, after eating.

2. ℞ Mercury biniodide ..... 3 grains.
Potassium iodide ..... 150 "
Mint water ..... 600 "
Distilled water ..... 5,500 "

M. Dose the same.—*New York Medical Journal.*

A POWDER FOR VAGINAL DRESSINGS.—The *Journal de médecine de Paris* for February 6th attributed the following formula to Lucas-Championnière:

R Iodoform, Powdered benzoin, Powdered cinchona, Magnesium carbonate saturated with oil of eucalyptus,	equal parts.
M.	—*N. Y. Med. Jour.*

CANCER OF RECTUM.—Keene says that cancer of the rectum, which, until about ten years ago, was almost inoperable, has now taken its place among the formal and justifiable operations of modern surgery, so that as much as twelve inches of the rectum have been resected by Kraske's method. The mortality has been reduced 20 per cent., and permanent cure of such a formerly fatal disease has been attained in over one-third of the cases which recovered.—*Northwestern Lancet.*

THE PASSING OF THE FAMILY DOCTOR.—The London *Lancet* has lately expressed its regret at the signs of the wasting prestige and influence of the medical profession. That looks as if the embarrassments that beset physicians in New York were operating in London also. There seems to be some reason to anticipate a time when New York families will contract with a syndicate of physicians, comprising a complete set of the necessary specialists, for the supervision of the family health at a fixed annual price.—*Harper's Weekly.*

HEART DISEASE.—Don't feel called upon to give digitalis as soon as you hear a murmur over the heart. Study and treat the patient, not the murmur. Don't conclude that every murmur indicates disease of the heart. Don't forget that the pulse and general appearance of the patient often tell more than ausculation. Don't neglect to note the character of the pulse when you feel it. Possibly you may look at the tongue to satisfy the patient; feel the pulse to instruct yourself. Don't think every systolic murmur at the apex indicates mitral regurgitation; every systolic murmur at the aortic interspace, aortic stenosis. The former may be trivial; the latter may be due to atheroma of the arch of the aorta. Don't say every sudden death is due to heart disease. Don't forget that the most serious diseases of the heart may occasion no murmur. A bad muscle is worse than a leaky valve. Don't examine the heart through heavy clothing. Don't give positive opinions after one examination.—*Philadelphia Medical Journal.*

TONSILLITIS.—Acute tonsillitis can be relieved in a few minutes, and cured in a few days by the local application of muriate tincture of iron, diluted fifty per cent. with water. For children dilute further with water, about half the strength of the above, or two parts water to one of tincture of iron. Apply with a mop two, three, seldom four, times in the twenty-four hours. Very seldom will it require to be used more than two days, Many patients need some tonic in addition, as the system is usually debilitated by absorbing fecal matter, constipation being a feature of the complication. In fact, Nature is making an effort to rid herself of poisonous matter through the general system, and the tonsils suffer.—*Med. Summary.*

TREATMENT OF ARTICULAR RHEUMATISM.—M. L. Galliard, although not believing that the ideal medication has been discovered, has studied fifteen cases of various kinds of rheumatism. Salophen failed in chronic polyarticular rheumatism, there was one success and one partial failure. In the subacute variety there was no result Of nine cases of acute disease the results in three were good, three fairly good, and three moderate. In none was there an excellent result such as is found under some conditions, with sodium salicylate. He concludes that it is in the acute variety that the good effects of the drug are manifested. It can relieve pain, reduce swelling, abolish the fever and prevent visceral manifestations. It should be administered at the outset in daily amount of ninety grains taken in six doses in starch wafers. It is always well borne; there is no malaise, nausea, vertigo or ringing in the ears. It increases diaphoresis. There have been no marvelous results. In equal dose it is a little less rapidly efficacious than sodium salicylate.—*La Presse Medicale.—American Journal of the Medical Sciences.*

RESULTS FROM THE USE OF ANTI-DIPHTHERIC SERUM IN 157 CASES. —(Meyer, *Archiv Deutsch. fur Klin. Med.*) Of these 85 were injected on the fourth day or later. A positive bacteriologic diagnosis was made in all cases. The effects upon the membrane were peculiar. In all cases that recovered it disappeared not later than 5.6 days after the injection; the average duration being only 4.6 days; the period was shorter in those cases that were injected earlier in the course of the disease. The same thing was true of the stenotic symptoms and the fever. In several cases an alveolar or scarlatiniform erythema developed, particularly in patients that had been treated by repeated injections. Myer takes the stand that the serum has not a curative action, but prevents the further injurious effects of the disease, thereby

enabling nature to cure the lesions already produced. He is, therefore, of the opinion that repeated injections are useless and sometimes injurious; and, for nearly a year, he has contented himself with a single injection of 1,000 units. In a number of cases, repeated examination of the throat after discharge from the hospital, showed persistence of the diphtheria bacilli. In some cases they were found after eight months, and in one after one and a half years. The total number of deaths was 20 (13.1 per cent). Of these, the majority had been admitted on the fifth day of the disease or later, and one-half occurred during the first three days in the hospital. The previous mortality had been 33.3 per cent. Formerly it had been necessary to perform tracheotomy in 60 per cent. of the cases, after the introduction of the serum treatment in only 30 per cent., and the results in the smaller number were considerably better. Meyer expresses himself as convinced of the efficiency of the serum treatment.—*Phil. Med. Jour.*

Diagnostic and Therapeutic Value of Lumbar Puncture.—Monti *(Medical Press and Circular)* reaches the following conclusions as a result of his study of this subject: (1) Tapping, as a diagnostic or therapeutic adjunct, is quite worthless according to his own experiments: but it must be borne in mind that other investigators have discovered in the cerebro-spinal fluid proof positive of the tuberculous bacillus, as well as cultivation in other animals, to justify his assertion that it is constantly present. His own opinion is that a negative result does not destroy a positive clinical diagnosis. (2) In acute cases of meningitis cerebro-spinalis, the cerebral fluid does not contain morbid products which, if applied to animals, as Heubner has shown, may serve to verify clinical observation. (3) When the acute stage has been passed, and hydrocephalus is present, no diagnostic assistance can be obtained from the examination of the fluid. (4) As a therapeutic agent it is equally inefficacious in meningitis cerebro-spinalis and meningitis tuberculosa. The author qualifies this by saying that individual cases do improve when operated on early and often, and large quantities abstracted. He recollects one in private practice of two months' standing that improved after each tapping, but ultimately died after three days' illness. (5) The writer states that his experiments are not sufficiently large in meningitis, chronic hydrocephalus, or chronic hydrocephalus in connection with tumors, to justify a critical record of their worth. (6) Further experiments are necessary to determine the quantity of fluid to be abstracted, the interval of time that should elapse between the operations, and how far the therapeutical value, if any, can be demonstrated.—*Medicine.*

ANÆMIA.—Dr. R. C. M. Page, of New York, in a brief paper with this title, said that he had learned that in very many obstinate cases, especially in women, the area of splenic dulness would be found decidedly enlarged, and that the best results in such cases of anæmia were secured by the internal administration of iron, arsenic and potassium iodide, together with the external application of iodine ointment over the spleen.—*Medical Review of Reviews.*

SOMATOSE.—Richard Drews, of Hamburg (*Centralbl. f. inn. Med.* January 22nd, 1898), again returns to the subject of the action of somatose upon the lactating mammary gland. His more recent investigations in seventy-five cases have confirmed his views based on twenty-five previous cases. In addition, the author has received reports from others of forty-five cases. Somatose has no action upon cases in which the mammary gland is deficient or incapable of secreting. It is contra-indicated also in diseases such as tuberculosis, in which suckling should be avoided. The administration of somatose in suitable cases produced in a few days an abundant secretion of milk. In nearly all the cases remedies and measures supposed to act as galactogogues had been used without effect. In nearly all cases of deficient mammary secretion the patients complained of headache, pains in the back and in the breasts, loss of appetite, etc. When the somatose restored the secretion, these pains disappeared. When the deficient secretion was due to febrile processes the author always waited a few days before giving somatose, and then a prompt result was obtained. One teaspoonful, consisting of twelve to sixteen g., was given three times a day in milk, cocoa, etc. Recently the author has used iron somatose in anæmic states, also with good results. The use of somatose was mostly begun early, and in cases where prematurely born infants could not be suckled owing to a deficiency of milk, it was given during the last few months of pregnancy. These results have also been confirmed by other observers. The author would explain the effects of somatose not by any improvement of the general condition but by a direct stimulating action on the gland tissue itself. —*British Medical Journal.*

DR. W. E. HAMILL has removed to larger and more commodious offices, at 88 Yonge Street, where in future The Canadian Medical Practice Office will be conducted. The doctor at present has some unusually inviting practices for sale, which we commend to the attention of intending purchasers.

Miscellaneous.

SANMETTO IN INCONTINENCE OF URINE.—I used Sanmetto in a case of a lady forty years of age who could not contain her urine more than one hour for years. She had been under treatment before, without any remarkable result. I put her on teaspoonful doses of Sanmetto four times daily, and her improvement was very marked, and she is now practically cured. I desire to keep Sanmetto on hand, as there is nothing better to fill its place in such cases.

Milwaukee, Wis. FRED A. GOEDECKE, M.D.

THE NEW EDITORS OF THE BRITISH MEDICAL JOURNAL.—Dr. Dawson Williams, for many years Assistant Editor of the *British Medical Journal*, has very properly been advanced to the position of Editor, and Mr. Charles Louis Taylor, long associated with the late Mr. Hart and the *Journal*, is made Assistant. These promotions are not only in the line of "civil service reform," but are eminently wise and fitting. We may be certain the *Journal* will preserve its prestige, and gain even higher and larger fields of professional usefulness under these distinguished scientific and literary leaders.—*Ex.*

THE PROFESSOR.—Anyone can become a professor of any subject, providing he has the proper amount of influence. If no vacancy exists a new chair is created for his benefit. It does not matter whether he can teach or not; that is a minor consideration. All he needs to do is to compile a text-book, tell the students to buy it and require daily recitations from this book. A book is very easily compiled; buy a few German and French books, translate them, or ask others to run over two or three late English or American books, get plenty of illustrations, change a word here and there, and the book is complete. If the publisher owns a medical journal, favorable reviews and plenty of advertising finishes the job, and the title of professor helps to sell the compound.—*The Journal.*

PHYSICIANS WHO "BREAK UP TYPHOID."—We distinctly refer to no special instances, but from complaints from many parts of the country it is evident that some thoughtless and unscrupulous practitioners are either authorizing or permitting their patients or their patients' friends to report the absurd rumor that "Dr. Soandso can break up typhoid—why can't you?" Then the poor doctor who

cannot do the impossible has to attempt some explanation of his inability, in doing which it becomes difficult to avoid some slur upon the honor and of the ability of the other fellow to do it. The upbraider of course believes the advertiser and distrusts the one who does not brag. As every one knows, it is at present quite as impossible to abort the disease as it is to stop the rise of the ocean-tide, and a physician only harms himself in the long run who thus seeks to gain a silly and tricky advantage of his fellows by allowing the report to run. It is perhaps useless to argue with such a person that his way of doing is contrary to honor and truth. But it may not be useless to point out to him that the method is not good policy. It doesn't pay to gain the secret contempt of one's fellow-workers. —*Philadelphia Medical Journal.*

THE Lofoten Islands, and their principal product, is the title of a handsomely-printed and illustrated brochure issued by Messrs. Parke, Davis & Co., of Detroit. It gives the details of the capture of codfish and the manufacture of cod-liver oil, and is full of interesting information on the subject. It will be furnished by the publishers on publication.

ANXIOUS TO PLEASE.—"Is there no balm in Gilead?" cried the preacher. The druggist in the front pew moved uneasily and rubbed his eyes. "All out of it at present," he murmured, gently; "but I can give you something just as good." Afterward he slept more peacefully.—*Puck.*

PETROLEUM EMULSION.—Although the medical properties of petroleum have been known since a very early date, yet it is only within a few years that the remedy has been prominently brought to the attention of the profession. There can be no question whatever but that petroleum is an oil which is digested and absorbed like any of the fatty foods. The oil is emulsified by the pancreatic juices and absorbed by the lacteals. The Angier Chemical Co. put petroleum on the market in the form of an emulsion because they believe that as the process of emulsifying thoroughly breaks up the oil into minute particles it thus predigests it and puts it in a condition so that it can be absorbed at once. The Angier Chemical Co. emulsion has combined with it the well-known hypophosphites. Each ounce of the emulsion contains 33⅓ per cent. of purified petroleum and twelve grains of the combined salts of lime and soda. In consumption, bronchitis, and in all the various diseases of the pulmonary tract, experience shows this preparation to be of great use.