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## Original Contributions.

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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

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### TROPHIC CHANGES, ARREST OF GROWTH AND INTERSTITIAL ALTERATION OF STRUCTURE CONSECUTIVE TO VIOLENT TRAUMA.

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BY T. H. MANLEY, M.D., NEW YORK.

*Written specially for THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.*

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A GREAT flood of light has been shed on the changes in the tissues, consecutive to the various injuries, by the writings of Arran, Charcot, Cohnheim, Erbs, Duchenne and Raymond. Besides, observations are abundantly recorded in current surgical works of marked, and sometimes permanent, pathologic changes in muscular tissue and other structures after severe local injuries, or diseased processes in the frame-work of the trunk or the extremities.

Many theories have been invoked to explain their *modus operandi*; some alleging that these changes depend on vascular degeneration; others that they ensue through protracted immobilization of the limbs, or local neural changes.

Microscopical Morphology.—It was only, however, with the introduction of the microscope, with experimental pathology and

histo-pathological studies combined with extended clinical observations, that anything approaching an exact knowledge was obtainable; no finer molecular changes in these conditions were possible.

It is self-evident, then, that the surgeon or practitioner *au courant* with the advances of our time must familiarize himself with the finer myopathic, neural and other trophic degenerations depending primarily on trauma.

Fracture, Dislocations, Joint Contusions and Wrenches, *Entorse*.—In no class of traumatisms will this serve a more useful purpose than in that very common class of osseo-arthritis injuries which involve the articulations and shafts of long bones, the prehensile and locomotor organs.

#### CLINICAL FEATURES.

We may occasionally observe after a simple fracture of a limb, when union is very tardy, or when complete, the limb remains, over a long period, defective in strength and motion. The soft parts above and below the point of fracture have lost their firmness, have wasted, are cool and paretic. Again, as an almost invariable concomitant of severe arthritis, traumatic or pathological, when inflammation extends into the over-lying parts, simultaneous with limitation of joint action there is a marked diminution in the rotundity of the limb. It is interesting and highly important to note that in all severe forms of inflammatory lesions of the shafts or joints, as fractures, sprains, dislocations, hip or knee-joint diseases, which necessarily entail fixation or prolonged inaction, in the child, there is an arrest of growth in the affected limb.

Although osseous hyperplasia and epiphyseal regeneration are, in these cases, rapid on the subsidence of inflammation, such activity is not equal to the loss; and shortening on recovery is too obvious to be overlooked by even the casual observer.

#### BEARING ON PROGNOSIS.

A knowledge of the above fact should always be borne in mind, either after a severe injury of the lower limb of a child, on the onset of interstitial, tuberculous inflammation; nor should it be forgotten that no description of dragging or tension of the limb by any description of orthopædic appliance will in any manner act as an aid to compensation in length.

We will sometimes, too, be consulted in cases in which there has

been noted by the parents a lopping over of one hip or a lateral spinal curvature; wherein no lesion of any kind can be detected, though there is a sensible and marked difference in the length of the two lower limbs.

**Upper Extremities.**—Muscular atrophy or arthritic changes, leading to arrest of growth, after injury of the upper extremities are not noted so often as in the lower; and when they do occur, as they are not so obvious as in the lower, are apt to be overlooked, as shortening or moderate asymmetry here is functionally, at least, unimportant. With those not engaged in severe manual labor, though various muscular groups may have undergone limited atrophic changes, little impairment in action follows unless the limb is put on a severe strain. In fact, the defect may occasion no serious inconvenience throughout life and wholly escape detection except on a critical examination.

**Histological Arrangement in the Normal Neuro-muscular Tissues.**—Before we undertake to interpret the significance of post-traumatic mutations in the molecular elements involved, we should have some acquaintance with the morphology and arrangement in the healthy structures.

With a muscle we have a sheath, this divided by septa into fascicules, and these further subdivided in Heiser's tubules invested by sarcolemma, all of which, except the muscular fibrillæ, are designated interstitial substances. Within Krause's membrane only do we come on the true muscle elements, the parenchyma.

The neuro-muscular system comprises, according to Raymond, three distinct divisions: (1) The multipolar cellule in the anterior horn of the spinal cord, the medullary ganglion; (2) The nerve-trunk; and (3) The muscle fibre in which the nerve-fibre is lost. Although these three segments possess very different anatomical arrangements, from a functional point of view, they may be classed together under the generic term of the neuro-muscular system. We are further, in many cases of an obscure origin, forced to look beyond the peripheral nerves; when we may find our deductions much simplified if we divide the nervous system into the central, the conductive and terminal.

## Medicine.

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### THE DIAGNOSIS OF CHRONIC NEPHRITIS.

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BY ARTHUR R. EDWARDS, A.M., M.D.

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CHRONIC nephritis is usually diagnosed with ease when the urine of every patient is systematically or repeatedly examined. The urinary examination must be made from a twenty-four hour specimen, considering the specific gravity, the gross amount of solid excretion, albumin and microscopic morphology, casts, pus, etc. It is justly believed that care in the directions indicated insures correct diagnoses, a supposition in the main accurate and yet subject to various clinical errors. We are, therefore, expected to consider under the subject of diagnosis rather exceptional clinical features.

The amount of urine may decrease in the terminal stage of an interstitial nephritis, or be constantly small when cardiac hypertrophy does not develop, for example in the more parenchymatous types or when in interstitial forms the general nutrition is so low as to preclude the usual myocardial hyperplasia and hypertrophy.

Specific gravity and the total solids may be persistently low, indicating functional inadequacy rather than organic renal disease.

Albumin is found in most cases in which repeated examination is made of the daily quantity passed. It goes without saying that analysis of single specimens is particularly deplorable from the obvious and often vainly emphasized errors incident to such superficial examination. Clinical experience teaches that we often rely with a sense of false security upon signs and symptoms generally regarded as classical or infallible, and hence are subsequently astonished at the pathological lesions revealed at autopsy. This general statement applies specifically to albuminuria in nephritis. I am certain we overlook nephritis of both types in regarding albuminuria as a certain or constant symptom. Nephritis without albuminuria certainly exists, although reference to the subject is very meagre in established and current literature.

A number of cases of nephritis could be cited from personal

experience in which albumin was lacking, and the diagnosis was made from microscopic or from visceral findings. For example, a man exhibited uræmic symptoms and albuminuric retinitis, though the urine was found free from albumin and casts for nearly a year. Nephritis was diagnosed from the retinal and cardio-vascular lesions, and confirmed a year later postmortem. Again, in a patient at the acme of typhoid fever, an anasarca developed for which no causal cardiac asthenia nor marasmus could be assigned. No albumin was demonstrated by various and repeated tests, yet the sediment was literally loaded for three weeks with fatty, epithelial, granular and hyaline casts, indubitable nephritis sine albuminuria. Similiar instances could be multiplied. Spurious albuminuria from pus or blood scarcely enters into consideration of our topic, since the danger of error is presumably recognized.

Casts may be found at intervals when albumin is temporarily absent, when albumin is permanently absent or late in resolving inflammatory processes after chemical tests prove the final absence of albumin. Casts should be searched for even when albumin is absent, although many are too prone to examine the sediment of non-albuminous urine with pre-determined negative results.

Our conceptions have been broadened concerning the significance of hyaline casts, now regarded as occurring in apparently normal urine. The evidence is not yet all in regarding granular and epithelial casts, but they probably always point to some degenerative inflammatory lesion.

As a cardinal diagnostic point with retinitis albuminuria and the urinary findings, we consider the cardio-vascular alterations, which, frequent in the interstitial, are at least inconstant in the parenchymatous types. Heart and arterial changes are by no means invariable, even in contracted kidney. Cardiac hypertrophy may be simple as in primary contracted kidney, or excentric as in other forms of contracted kidney. There may be dilatation without hypertrophy or indeed even atrophy, as observed in a recent case. The circulatory changes may be otherwise explained, *e.g.*, from arterio-sclerosis of different etiology.

As a broad statement, he who invariably examines the urine and heart in every instance rarely fails to diagnose nephritis. This very interdependence of heart and kidney, usually of diagnostic aid, may prove the source of clinical confusion. Thus primary cardiac disease may cause renal congestion, embolism, or even acute or chronic nephritis. Again, alcohol or syphilis may be

a common cause for arterio-sclerosis, myocarditis and nephritis, diseases as subordinate to the causal factor as independent of each other. Finally, the heart lesion, as above enumerated, may be wholly secondary to renal disease.

Simple renal stasis is usually differentiated with ease by considering the sediment, inflammatory insignnia being absent, and by noting the parallelism between the urinary findings and the cardiac activity, whence the diagnostic value of such cardiants as digitalis and strychnia. In terminal stadia with cardiac weakness, extensive hydrops, dyspnœa, rales or a systolic murmur, it may be difficult or impossible to differentiate between myocarditis with renal stasis and renal disease with ultimate cardiac asystole. Gallop-rhythm is more common in the heart of renal disease than in primary cardiac affections.

#### THE DIAGNOSIS OF THE PATHOLOGICAL LESION, THE STAGE OR VARIETY OF CHRONIC NEPHRITIS.

The subject concerns, for illustration, the diagnosis of parenchymatous and interstitial nephritis, primary or secondary contraction, chronic hæmorrhagic nephritis, or an acute exacerbation of chronic nephritis, genuine contraction or arterio-sclerotic atrophy.

Differentiation is often possible by careful, repeated scrutiny of symptomatology, etiology and clinical course, but it is often impracticable, as shown by the constant war rife between pathologists and clinicians regarding types and sub-types of nephritis. Some pathologists diagnose only chronic nephritis. If either side is to be the more trusted in the final judgment, it is rather the clinical view, although the truth lies in the middle ground.

#### THE ETIOLOGICAL DIAGNOSIS.

The causal element concerns the prognosis and treatment equally with the diagnosis. The status of a chronic nephritis, its interpretation and rational efforts at therapeusis must differ with the varying etiology, *e.g.*, nephritis is scarcely the same disease when caused by malaria, pregnancy, tuberculosis, endocarditis or plumbism.

#### DIFFERENTIATION BETWEEN NEPHRITIS AND CONCOMITANT URINARY DISEASE.

Diagnosis may be difficult when nephritis coexists with diabetes mellitus, or impossible when in conjunction with diabetes insipidus.

Another diagnostic difficulty is the coincidence of spurious and genuine albuminuria, *e.g.*, pyelitic pyuria plus nephritis, where, however, differentiation is possible by consideration of the relative amount of albumin and pus cells, according to Goldberg's formula, albuminuria vera exists with albuminuria spuria when more than one part of albumin per mille by Esbach's test is found with 50,000 pus cells in one cubic millimetre of urine.

In pyuria the leucocytes are polynuclear, a form found but seldom, or in small numbers only in uncomplicated nephritis. Cystitis and nephritis need seldom cause confusion. The diagnosis between beginning contraction of the kidney and vesical catarrh may long remain in suspense, but consideration of the specific gravity, such somatic complications as retinitis or cardiac hypertrophy, and washing out the bladder before urinalysis (Thompson) generally clear the diagnosis.

#### IS A PROVEN NEPHRITIS THE SOLE LESION.

Many errors are made in the interpretation of this question, although the observative element, the physical findings in the case, may be absolutely correct. Finding a patient with nephritis, we ask, Where does said nephritis stand? What is its exact dignity? Is the cause hidden? Is it primary? Is it somewhat of an accidental finding? At this point the most delicate refinement is demanded if we would diagnose correctly. Thus, is nephritis with a heart murmur, caused by a more or less latent endocarditis, a deep-seated tuberculosis, an insidious syphilis, or an atypical malaria?

Another difficulty frequently insuperable without several observations of the case, is to decide whether a chronic nephritis may be the cause of a pericarditis, pleuritis or pneumonia found upon first examination, since nephritis, lessening the physiological resistance, is frequently complicated by these highly characteristic secondary, or it may be terminal, infections. Conversely a tubercular pleurisy, a pulmonary tuberculosis or a genuine lobar pneumonia is capable of exciting secondary nephritis. In the two groups of possibilities cited, it is not always easy to separate an acute from a chronic nephritis, and hence the diagnosis with the parallel prognosis, depends solely upon the chronological test, the clinical evolution of the disease. Many can recall from hospital practice cases of skull fracture, miliary tuberculosis, leptomeningitis, cerebral abscess, sepsis and a host of other diseases, which



were falsely diagnosed uræmia, simply because nephritis was also present. Senator has said, doubtless from personal diagnostic errors, that without previous history we can often only diagnose a renal disease and suspect other latent affections.

#### THE DANGER OF MISTAKING URÆMIC SYMPTOMS FOR INDEPENDENT DISEASE.

The subject of uræmia is here impossible. The danger lies in the possible interpretation of isolated uræmic symptoms for diseases in themselves. Thus, the persistent, protracted, irregular hemiplegia of renal inadequacy may simulate uncomplicated migraine. Eye changes, neuralgia, epistaxis, bronchitis, asthma, pneumonia, cardiac symptoms, coma, convulsions, dyspepsia or dysentery may so color the clinical picture that the fundamental pathological condition is forgotten.

As we suspect syphilis in obscure cases of cerebral and other diseases, so repeated logical fallacies, imperfect history, mistakes in physical diagnosis, or what is by far the most humiliating and common error, the neglect of known facts and experience, compel us to think of nephritis or its dreaded issue, uræmia, in every case which is obscure or which may tempt us to rest satisfied with the diagnosis of another seemingly dominant disease.—*Chicago Medical Record.*

W. J. W.

#### A Prophetic Utterance—

The London *Daily News* relates the following story in a notice concerning the honor recently conferred on Sir Joseph Lister: While going round his wards in the Glasgow Royal Infirmary one day, Sir Joseph, then plain Mr. Lister, came to the bedside of a patient whose arm had been severely crushed without the skin having received any injury. Turning to the assembled students, he said, "Gentlemen, I have frequently noticed that when severe injuries are received without the skin being broken, the cases nearly always recover. On the other hand, trouble is always apt to follow, even in trivial injuries, when a wound in the skin is present. How is this? I cannot help thinking that the man who is able to explain this problem will be one who will gain for himself undying fame." The problem was solved by the speaker himself, and the fame has been gained.

## Surgery.

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### CONGENITAL SARCOMA OF THE SKIN.

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IN the "Epitome" of a recent number of the *British Medical Journal* there appears a synopsis of a case reported by E. Neuhaus, in the *Arch. f. Kinderheil*, of congenital sarcoma of the skin.

Five days after birth the mother noticed the left leg to be thicker than the right. When the babe was five weeks old, a swelling, the size of a hen's egg, was removed from this leg. Two weeks later another tumor appeared over the right clavicle. At two months, numerous tumors, varying in size up to a walnut, were found on the trunk and lower limbs. They were confined to the skin and subcutaneous tissue; two ulcerated. The outer side of the leg was much thickened and infiltrated, and the fibula could be felt through the mass of the tumor. The inguinal and cervical lymphatic glands were enlarged. There was a small nodule on the inner side of the cheek. Examination of the excised nodules showed them to be round celled sarcoma.

At the autopsy a large mass of growth was found on the left leg. There were metastatic deposits in all parts of the body. The primary growth in the leg was connected with the skin and not with the bones; both tibia and fibula were unaltered. The writer has only been able to discover a record of six cases, including his own, of congenital primary sarcoma of the skin.

F. N. G. S.

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### MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

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AT a recent meeting of the above society Dr. Hazen read a paper on "A Case of Congenital Dislocation of Both Knees." The case was that of a female child in whom the heads of the tibiae were dislocated forward, the legs making an acute angle with the thighs, allowing the toes to touch the abdomen. No patella could be found on either side. The parents would not consent to any line of treatment until during the third month when a rudimentary patella was

discovered in the right knee. After reducing the deformities a plaster of Paris bandage was applied. At the time of changing the bandage improvement was noted and passive motion practised. The child is now fourteen months old, large and active, and, with the exception of a slight lateral play of the joint, the knees are normal. It is Dr. Hazen's intention to apply an apparatus with a stop joint at the knee. In the published reports of thirty-five cases, twenty-five were forward dislocations; seventeen were double; in thirteen the patella was absent at birth, and in only two was there a double dislocation in an otherwise perfectly formed infant.

Dr. Stone read a paper on "The Causes and Treatment of Cystitis." Dr. Stone gave as causes, infectious diseases from the urethra or ureters; influence of neighboring organs; organic diseases of the bladder, and chemical irritation. In speaking of the treatment he urged careful examination of cases, and as many of the cases are due to organs outside of the bladder, as the kidneys, prostate and uterus, attention to these would indicate a rational line of treatment. The treatment of diseases of the bladder has been revolutionized since the advent of the cystoscope. Dr. Stone lays stress upon dilatation of the urethra in women and careful distention of the bladder. He rarely sees acute cystitis not due to direct infection, either gonorrhoeal or instrumental. The bladder appears to be peculiarly free from disease of its mucous lining from other causes. In chronic cases he advises distention and irrigation. The chief reason for cystotomy in these cases, unattended by foreign body, is to provide drainage. In acute cases he would insist upon rest and attention to diet; give diluents, possibly alkalis. If there is retention advise irrigation. Sedatives may be required to quiet pain and spasm. In chronic cases treat on general surgical principles. The bladder must be rendered aseptic, drained and carefully distended. Cystoscopy is a very difficult operation in the male.—*Maryland Medical Journal*.

F. N. G. S.

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### Modern Medicine.

"What are you studying so intently?" said Mullins to his friend, Dr. Paresis. "I am trying to ascertain whether a patient of mine can stand a consultation." "That book you are reading treats of his ailment, I suppose." "No, this is Bradstreet's."—*Town Topics*.

## Medical Jurisprudence.

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### THE RELATION OF THE PHYSICIAN TO THE LAW.\*

BY HENRY LEFFMANN, A.M., M.D., PHILADELPHIA.

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MEMBERS of the Students' Medical Association: When asked to lecture before you, I selected this topic because I know it is important, and I hope it will prove interesting. "Every man," says Sir Edward Coke, "should know a little of law," and the comic Blackstone, an amusing sketch that appeared years ago in *Punch*, adds "the less the better." I am inclined to agree with the humorist, in so far that I think it unwise for any but lawyers to attempt to understand the methods of legal practice. When I see any one consulting an "Every One His Own Lawyer," I anticipate disaster. On the other hand, the principles of government and the methods by which laws are made and enforced are the concern of all, and especially of the members of a profession that touches the law through that middle ground known as medical jurisprudence, or forensic medicine.

You are liable to stand in various relations, voluntary and involuntary, to the law and its methods. You may be plaintiff or defendant, prosecutor or prosecuted, ordinary or expert witness, and already in some States, and possibly, before long, in all, you may be jurors. It will be useless for you to resolve that you will keep out of courts. The profession which you have chosen will bring you more or less in contact with legal procedures, often of the gravest character. I do not propose to consider those cases in which you appear as the party to a suit, but only those in which you stand in your professional relations as an agent or actor in some event having legal relations.

At the outset, it may be well to note that the law takes no account of schools or sects in medicine. The schisms in medical organizations are deplorable and real to us, but to the rest of the world they appear as mere prejudices, or they seem born of professional rivalry. In many cases courts have even placed regular

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\* A lecture delivered before the Students' Medical Association of the Woman's Medical College of Pennsylvania, December 5th, 1896.

graduates and uneducated, unregistered practitioners upon the same basis. It will not be worth while, therefore, to express opinions about regular medicine, homœopathy, eclecticism, etc., in court. You will convince no one, and will produce nothing but a smile.

You may appear in court as either an ordinary or an expert witness. In the former you are called merely to testify to some incident or information of which you have knowledge in the same way and to the same extent as a layman. You may see a person run over, or you may have heard some conversation bearing upon some business matter. In such cases you will be sworn or affirmed without inquiry as to your professional education or experience, and you will be allowed to tell only that which you know of your own knowledge. As an expert witness you may go largely outside of these bounds. You may be asked your opinion on certain subjects, and even be allowed to quote from books and journals, though on the latter point courts are becoming more conservative. Before testifying as an expert you will be subjected to some questioning to test your fitness for the duty. This will generally be a brief review of your professional life. Your admission as an expert is within the discretion of the court.

It has been a moot question how far a doctor is liable to duty as an expert without previous agreement to serve, and whether such service entitles to compensation above that of the ordinary witness fee. (The ordinary witness fee, I may observe, is about one dollar per day, and mileage.) The courts are not quite in agreement on this point, and I am sorry to say that the trend seems to be towards regarding expert services as but little entitled to additional compensation. As a matter of abstract law, there can be no doubt that the courts are entitled to the service of any one, for the welfare of the community is above the comfort or convenience of any individual. The power that set "Uriah in the fore-front of the hottest battle" still exists in our modern state, and can command any sacrifice it needs, but in actual practice, witnesses are selected by the attorneys, and the pitfalls of expert testimony are so numerous that it is very rare that experts are called without careful consultation beforehand and the agreement for sufficient compensation.

Whether you appear as an ordinary or expert witness, you are served with a subpoena, that is, an order signed by some legal authority. This is read to you by some person delegated by the

court, and usually commands that "laying aside all business or excuses whatsoever you be and appear in your proper person," etc. A penalty for disobedience is appended, and, as an illustration of the conservatism of the law, I may say that the subpoenas of this country still state the penalty, at one hundred pounds. County courts are limited by the bounds of the State in which they are located. The subpoenas of New Jersey courts have no value in Pennsylvania, or *vice versa*, but the subpoenas of the United States courts, which are issued in the name of the President of the United States, are valid throughout the nation.

Your duty as an expert may arise either from services rendered in a professional capacity to the victim of some accident, crime, or disease, or it may be merely as an adviser upon some phase of a case. I prefer to consider the first condition in more detail.

You may, for example, be called to a patient suffering from symptoms which turn out to be due to criminal poisoning, and terminate fatally. Either through your own or another's statements, the case goes before the authorities and the legal machinery is put in motion. In most cases, the first person to investigate is the coroner, who inquires as to the cause of death. Massachusetts has medical examiners who take the place of this official. In this inquiry you must be just as guarded as to your statements as if you were in the most dignified court. Your testimony will probably be taken down, the coroner's inquest is in public, and statements made without proper thought or care may return to plague you.

The law does not expect impossibilities. You must not be afraid to acknowledge the limitations of your information. Coroners often want experts to be positive, to give definite opinions so that a definite verdict may be rendered, but this cannot always be done. When a suspicion of poisoning has arisen, the inquest usually awaits the results of an analysis, and I may, in passing, say that I think it is a mistake for one in general practice to undertake to make such analysis. Supposing that a verdict implicating some person has been rendered, the accused is held either in bail or without, in accordance with the degree of suspected crime, and the next move in the case is indictment. This is the specific charge, and is inquired into by the grand jury, which is a secret tribunal before which only one witness is examined at a time, and which makes known nothing but its decision. If it finds sufficient facts to justify an official inquiry it returns a true bill,

if not it ignores it and the matter ends. A true bill is returned to court and a trial follows. I may say here that the coroner and grand jury have the same power to compel attendance that the courts possess.

The work of the coroner and grand jury is usually one-sided, that is, the accused person has little chance of fighting the evidence. The grand jury, indeed, does not hear the defence at all, and the coroner uses his discretion as to allowing opportunity to question witnesses.

It is at the formal trial that the lines are strictly drawn and the doctor is put upon the test of merit and ability. I pass over without special allusion the many annoyances and inconveniences of courts. The Law's delay is proverbial, and there seems to be no remedy for it. Your first experiences in court will both interest and exasperate you. You will certainly be interested in observing the workings of a system which is the growth of centuries. The lawyers tell us that the law is the accumulated wisdom of a thousand years. In the criminal jurisprudence of this country, the most humane in the world, there are many features which represent centuries of struggle or of very slow evolution. Many features which seem odd to you are really the exponents of principles for which blood has been shed on many a battlefield, and for which many a martyr has blackened at the stake. Our system is substantially that of England, but the jurisprudence of continental Europe, often much extolled by Americans who do not understand it, represents harsher principles.

You may be exasperated by attention to what may seem to you unimportant details or diversion of the inquiries into unnecessary channels, but you must always bear in mind that there are technical methods in the law which are not comprehended by those not of it.

Before you give your testimony you are sworn or affirmed. Though your choice of being affirmed is not often objected to, yet it is not a matter of mere preference, and a witness can be deprived of the right to affirm, if he or she has no conscientious scruples against taking an oath. Since you always appear, at least nominally, as a witness for one side, you are first questioned by that side, in what is called the direct examination, which is somewhat restricted in range. In important cases the legal sparring, which is so entertaining to the spectators and so carefully reported by the newspapers, begins almost at once, and the opposing counsel

may rise and cheek your answering, with the remark, "I object," or, "Don't answer that question." Both attorneys will then turn to the judge and occasionally the matter will be argued at length. Your part is only to remain passive. Let me ask you not to be hasty to answer. Give the opposing attorney every opportunity to interpose objections, because the admission or rejection of questions is purely a matter of law with which you have no concern. Try to be plain in your language. This is not always easy. One gets accustomed to the technical language of science, and it becomes plainer and easier than every-day words. Lawyers themselves, though often complaining about the pedantry of doctors, do not hesitate to use highly technical words and phrases, to talk about, for instance, *res gestæ* and *corpus delicti*. It is well, however, to make an effort to say "bleeding" instead of "hæmorrhage," "spitting" instead of "expectoration," "vomiting" instead of "emesis," "inflammation of stomach" instead of "gastritis," "corrosive sublimate" instead of "mercuric chloride."

It is a delicate matter to caution you not to exceed the bounds of fact in your direct evidence. I assume, of course, without hesitation that you will desire only to state that which you think true, but lawyers are experts in making the worse appear the better part, and they often lead a witness into broad and untenable statements, the insufficiency of which may be shown later to the confusion of the expert. That there are in this country experts who are reckless in their statements, and who pervert facts and principles for the sake of large fees, is only too true; and these men have unfortunately been regarded as representative of the whole profession. Hence the frequent dislike which courts show towards experts, and the latitude which they permit to attorneys in questioning.

I would advise that you make no effort to set bounds to the personal acts of attorneys, nor to resent insinuations as to honesty or ability. It is far better to answer each question coolly and clearly, and leave to the attorneys representing the side for which you are called to put a stop to the procedure. They are much better equipped than you to fight on this line, and a capable lawyer will do it at the proper time. Do not appeal to the judge as to whether you shall or shall not answer a question.

I have remarked that the law does not expect you to perform impossibilities, and, therefore, you are not expected to remember in minute detail the observations of a post-mortem or analysis, or other professional work. You are allowed to consult



notes, but they must be original memoranda made at the time of the observation or soon thereafter. I do not know that the law has fixed the limit of time; each case will be judged by itself, but the practice of not admitting copies of memoranda is well settled.

It will be opportune here to discuss some of the practical details concerning post-mortem, or any scientific inquiry that you may make for the legal authorities. I do not intend, of course, to say anything about the technique of those operations but the business and professional matters in point. You will be interested in knowing how you are to secure your pay for services. All officers are not privileged to authorize expenditures, and you may be left without compensation for much labor if you are not careful. In many counties, the county commissioners alone are authorized to incur expenses outside of specific appropriations, but in other cases the district attorney, or prosecutor of pleas, as he is often called, has similar power. The coroner often has an item in his appropriation bill which provides a sum for expert work. It will be well to inquire for yourself and get a contract in writing in the form of a letter or order directing you to do the work and specifying your compensation. As a rule, I have had but little loss in official fees, but I was once cheated in one county in this State, even my mileage and witness fees having been collected by a court officer and pocketed.

Avoid making autopsies at night. It is not possible to do justice to the work under such conditions. Take full notes in technical language of all points brought out in the course of the work and keep these as the original memoranda for use in court. Enter in these notes only facts, leaving inferences from the facts to be discussed later. Thus, if you enter, "mucous lining of stomach highly inflamed with extravasations of venous blood," do not add, "probably irritant poisoning." You will be asked in due time to describe the condition of the stomach, which, after referring to your notes, you will give in simple language so that court and jury will comprehend it, and then you may be asked, "What does this condition indicate?"

If specimens are to be taken for analysis or exhibition in court they must be so kept that there may be no dispute as to their identity. There must be no "solution of continuity" in the transfer of specimen. It must not be left at the laboratory of the chemist or pathologist in his absence. Important specimens should be sealed. I find that many persons think that sealing means

merely to daub melted wax over various parts of the package, and let it harden in irregular lumps; but proper sealing involves the imprinting of some distinct design on the wax, so that if the seal be broken it cannot be restored. It is best always to take dated receipts for packages delivered. These receipts are original memoranda, and often of value in fixing the history of a package.

I hope, if you have anything to do with the taking of specimens for analysis in a case of poisoning, that you will make every effort to keep the various organs separated. Do not put pieces of the liver and kidney in the same jar with the stomach and its contents. This destroys one of the most important links of evidence, namely, the proof that the poison had been absorbed into the system before death. How can poison be assumed to have entered the liver before death, if the piece sent for analysis has been lying for hours in the same jar with the stomach contents? Yet I have known an eminent pathologist, now deceased, to put specimens together in this way. Do not put specimens into old tomato-cans, beer bottles or old anatomical jars (I am speaking now of actual cases within my experience), but use, if possible, new jars.

The use of preservatives is a matter that often requires attention. It is best to avoid these, for they complicate the case. If it be necessary to use them, the material selected, *e.g.*, alcohol, should be from one lot, which should be mixed, and a sample, placed in a clean bottle, transmitted with the specimens, that the analyst may examine the preservative itself and be satisfied that it is free from the substance which has been found in the preserved specimens.

In selecting and preparing specimens, it must not be forgotten that microscopic examination is often needed, and the organs must not be rendered unsuitable for this purpose. The frequent use of embalming fluid makes it advisable that you should ascertain if any has been employed, and obtain, if possible, a sample.

When the direct examination has been finished, you are turned over to the tender mercies of the opposing counsel, and then begins what is called the cross-examination. This often justifies its title. It takes a wide range, and is often very skilful. Do not attempt to resent or restrain the attorney. The more a truth is talked about the more it becomes apparent. Shrewd attorneys are careful in examining expert witnesses. You will often be asked puzzling questions, to which a simple answer "Yes." or "No" is demanded. In such cases, answer as seems nearest right, and then request permission to explain your understanding of the question.

Your duties to the legal authorities are, however, not merely as witnesses. It is your duty to report to the proper officer any case in which you have good reason to believe that a crime has been committed.

An interesting question is in regard to privileged communications—that is, communications which are confidential to the extent that you cannot be asked to repeat them in court. Unfortunately, the law in regard to these is not uniform or entirely settled. In some States, communications between the patient and physician, as far as relates to the disease, are privileged, and the physician is not even allowed to divulge them in court. In other States, there is no definite legislation. In all cases, these questions are matters for the court to determine.

Another important feature of your public functions is your relation to the sanitary authorities. In this you may be, with little labor or annoyance, of great aid. The early reporting of contagious diseases greatly assists in the restriction of them. Here, again, you are not expected to perform impossibilities. Boards of Health know that immediate diagnosis is by no means always possible, and it is just as desirable that a non-contagious disease should not be reported as that a contagious one should be. You are allowed a reasonable time, and I advise you to cultivate amicable relations with the sanitary authorities and their agents, and you will often be able to get their assistance in your diagnosis and to carry on this part of your duties without friction. You must not forget that the collection of correct statistics of disease and mortality is a most important aid in hygienic progress.

In reporting causes of death, try to give the actual disease, not merely some incident of it. Avoid such vague terms as dropsy, heart failure, intestinal hæmorrhage, convulsions, etc.

The law does not require a physician to guarantee a cure, nor even to render the highest skill known to the profession. Strictly speaking, you are at liberty to refuse to attend any patient. Practically, it will be well to exercise great caution in this regard.

These, then, are some of the principles that I suggest for your guidance in your relation to the public, and especially to the law. You will be scattered over a wide area and will practise under different social systems and different methods of jurisprudence; but I think that what I have said will have some application in all cases, and I hope that the advice I have given will, if followed, inure to your own comfort and exalt the dignity of our profession.

W. A. Y.

## Mental Diseases.

### GYNÆCOLOGY AMONG THE INSANE.

UTERINE disease or displacement is often a very important factor in the causation of mental derangement among women. Indeed it is clearly recognized by gynæcologists that many of the vague complaints which fall short of insanity, yet partake very strongly of the nature of fixed delusions, often seem to be corrected by some operation in the reproductive tract, between which and the complaint in question there appears to be no possible connection.

Lombroso, moreover, remarks in his "Female Offender" that "Female lunatics in general surpass their male prototypes in all sexual aberrations and tendencies, and, after long years of observation, I am disposed to agree with Hergt, who affirmed that two-thirds of female lunatics suffer from maladies of the reproductive organs, which by increasing reflex action and impairing physical activity bring on convulsions and produce abnormal sensations which are transformed into illusions, hallucinations, delirium and obscene impulses."

In a similar manner Maudsley also refers more than once in his works to the sympathetic action upon the brain, caused by affections of the uterus and its appendages, and mentions cases of marked melancholia which were promptly cured by timely attention to a displacement.

In view of these well recognized facts, steps are being taken in a few asylums for the insane to systematically examine the female patients in whom such disorders may be suspected, and where such exist to resort to conventional forms of treatment. At the London Asylum for the Insane some excellent work has been done in this direction during the past two years, and in the Inspector's report upon the Lunatic and Idiotic Asylums of the Province of Ontario for 1896, one will find a very interesting paper upon the work done there by Dr. A. T. Hobbs, the Assistant Physician. In this paper, as well as in a brilliant article just published in the *American Journal of Obstetrics*, Dr. Hobbs describes his work in detail.

In his examination of a large number of female patients the cases of endometritis were found to be most numerous; then followed in order, subinvolution, lacerated cervix, lacerated perineum and retroflexion. Of twenty-seven cases operated on, two have recovered and thirteen are improving, and five have died.

But of the latter, only four could be in any way connected with the operation, the remainder having died of disease foreign to that which necessitated the operation.

It would perhaps be premature at this early stage to make any criticism upon the excellent work which Dr. Hobbs has begun. Dr. Robert Barnes, referring to a patient who had been cured of mental trouble by a pelvic operation, remarked: "If the present case had got into an asylum she would have remained there, for it is a great fault of the organization of our asylums that there is no provision for the examination of such cases." E. H. S.

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### Classification of Epilepsy.

Dr. Frederick Peterson, President of the Board of Managers of the Craig Colony of Epileptics, has the following to say in his third annual report regarding the classification of this disease:

"So little is known of the etiology and pathology of epilepsy that it is not possible, in the light of present knowledge, to make a satisfactory classification of its forms. The terms grand mal, petit mal, psychic and Jacksonian are largely symptomatic designations, and bear little relation to causative factors. A classification based strictly on etiology is not possible, but none will deny that such a classification would be more scientific and valuable. The classification here offered is not held to be perfect or even satisfactory, but is used as a working basis for future improvement: 1. Genito-Neuropathic; 2. Post-Paralytic; 3. Traumatic; 4. Hystero-Epilepsy; 5. Hereditary; 6. Imbecilic; 7. Acquired; 8. Senile." E. H. S.

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### A Quarterly Bulletin.

Dr. C. K. Clarke, Superintendent of Kingston Asylum, in referring to a quarterly published by the officers of the asylums in the State of New York, makes a very timely suggestion in his annual report, that a similar periodical be established by the medical officers of the Provincial asylums. The benefit of such a publication would be very great, not only to those engaged in the treatment of the insane, but also to the profession at large, and would serve to keep them in touch with the scientific work done in some of the asylums. The printing could be done, as in the State of New York, at one of the institutions at a very slight cost. It is to be hoped that some decided step will be taken upon Dr. Clarke's very apt suggestion. E. H. S.

## Public Health and Hygiene.

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### REPORT ON DISINFECTION BY THE DRY VAPORS OF FORMOL.

BY J. J. CASSIDY, M.D.,  
Member of the Provincial Board of Health.

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*To the Chairman and Members of the Provincial Board of Health :*

GENTLEMEN,—Being interested, as a member of this Board, in the application of the vapors of formaldehyde to practical disinfection, and not finding, in my reading, any satisfactory solution of the question, I wrote to Dr. Bosc, of Montpellier (February 20th, 1897), asking him for the required information. Dr. Bosc, I may say, is a member of the medical faculty of Montpellier, France, and a well-known writer on scientific medicine. I did not receive an immediate reply; but the reason for the delay will appear in Dr. Bosc's letter, which is as follows :

“ 20. RUE ARGENTERIE,

“ MONTPELLIER, April 10, 1897.

“ SIR,—At the time your letter reached me I was engaged in inventing a method which makes disinfection by formol very practical, and have therefore delayed sending you a reply.

“ Formol in the gaseous state is an absolutely sure disinfectant, but it is necessary that the 40 per cent. solution of formic aldehyde be changed into perfectly dry vapors, which are thrown into the rooms to be disinfected. At the present time the formogenic lamp, which produces only a small quantity of the vapors, is no longer used.

“ The formogenic autoclave of Trillat was a great improvement. It gives out vapors freely, but they are not perfectly dry, and the apparatus has several disadvantages, to which I have referred in my last publication.

“ The apparatus which I have just had constructed, and which I have used at a rigorous experimentation, produces an abundance of dry vapors without the aid of heat, and instantaneously. My builder has already made apparatus, after different models, which

are used in the disinfection either of large buildings—such as hospitals, barracks, etc.—or apartments. This apparatus makes disinfection very cheap.

“ You will find information on the subject in an essay which I send you by the same mail. If you desire more precise information, I shall deem it a pleasure to furnish it.

“ Receive, sir, the assurance of my most perfect consideration.

“ F. J. BOSC.”

J. J. Cassidy, M.D.

I shall now give you a translation of a part of a report made by Dr. Bosc, showing the practical and effective character of disinfection by the means of formic aldehyde :

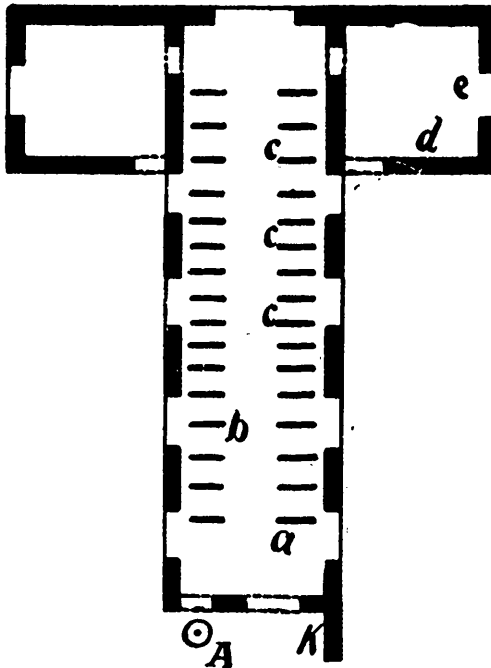
“ EXPERIMENTS IN DISINFECTION WITH VAPORS OF FORMALDEHYDE BY THE MEANS OF MR. TRILLAT'S APPARATUS. By Dr. F. J. BOSC, Member of the Medical Faculty of Montpellier. Report addressed to the Hospital Commission of Montpellier.

“ Experiments in practical disinfection with vapors of formaldehyde were made in one of the pavilions for contagious diseases of the Saint Eloi Suburban Hospital, Montpellier. The locality to be disinfected consisted of a large ward of ogive shape, communicating with which were two small annexes. The large ward measured 17 metres in width at the base and 15 metres in length; each of the annexes measured 5 metres in length by 3.45 metres in width and 3.90 metres in height. The total measurement was 737.550 cubic metres. The apparatus for generating formol vapors was placed in position by Mr. Trillat and myself in a little outside room at A (see diagram), near the rooms which were to be disinfected. It was started at 9 a.m. and the pressure rapidly increased to four atmospheres. The dry vapors were allowed to escape into the large ward through a copper tube of small diameter, which traversed a glass door. The vapors escaped freely and the saturation of the large ward and the annexes was obtained about 10 a.m. The apparatus continued to work till noon. It was then stopped, and we found in the autoclave two litres of formaldehyde. We had used four litres of the solution.

“ Before starting the apparatus, the outside openings of the wards were closed in the ordinary way, except some places where the openings were too large; these were stuffed.

“ Besides, we placed in the three wards little pieces of linen, about two centimetres square, previously sterilized and then sown with young and virulent cultures of the following micro-organisms : (1) *Staphylococcus aureus*; (2) bacillus coli communis; (3) Klebs Loeffler bacillus; (4) bacillus of glanders; (5) spores of bacillus anthracis; (6) bacillus pyocyanicus; (7) chicken cholera bacillus; (8) spores of young aspergillus; (9) spores of trichophyton.

“ We scattered on the floor at *a, b, c*, under the beds and the curtains different specimens of each of these organisms. We also



arranged them along a bandage running from floor to ceiling. Pieces of linen, sown with micro-organisms, were put away in the drawer of a table of the annex at *d* and at *e*; under clothes heaped together in the large ward; in the pocket of a coat in the centre of a mattress which was not broken up, and under another mattress which was folded on itself. We also placed, at different spots in the large ward, dust collected from the laboratory of pathological anatomy; earth taken in front of the pavilion for contagious diseases; sputa of tubercular patients, microscopically-verified,



dried on linen, mixed with sterilized sand, or spread out in the wet state and forming a layer from one to two millimetres in depth.

"Some of these specimens were dry, others almost dry, and others moist. Of the latter, some were contained in open test tubes, others were not. Spores of aspergillus were left in an uncorked flask, and we also exposed an old, dried culture of aspergillus on carrot as well as a culture of trichophyton on gelose. The disengagement of the vapors lasted from 9.30 a.m. till noon, or two and a half hours. The apparatus being stopped, we allowed the disinfectant gas to operate until next day (14th March) at 9 a.m., that is to say, for twenty-four hours. The wards at that time still smelled strongly of formol. At 5 p.m., that is to say, after about six hours' exposure, we withdrew some samples by entering the ward in such a manner as to allow the smallest possible amount of outside air to penetrate into it; we then placed in large-mouthed sterilized flasks, with sterilized forceps, several little pieces of linen. We withdrew some more at 9 a.m. next day."

Without enumerating the details, the results of these experiments are thus given by Dr. Bosc:

"(1) The dry vapors of formaldehyde, at saturation, destroy, at the end of five hours of activity, pathogenic germs on DRY pieces of linen well exposed to these vapors.

"(2) Specimens ALMOST DRY were also destroyed under the same conditions.

"(3) These germs were destroyed in every part of the ward into which the vapors were thrown, as well as the adjoining annexes, in spite of their large size (737 cubic metres).

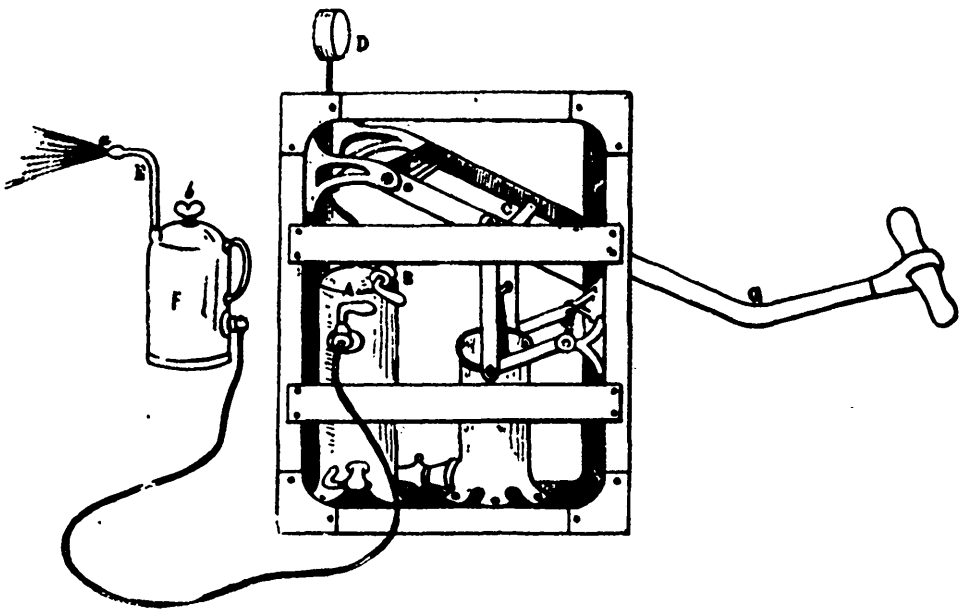
"(4) The spores of pathogenic germs were destroyed as thoroughly as the microbes, when dry, and even when covered to a certain extent. The dust of the wards and their walls was disinfected, and in outside dust from the laboratory or the ground only the spores of bacillus subtilis and bacillus mesentericus survived, which makes no difference from the standpoint of practical disinfection.

"(5) Points in direct contact with the vapors of formol were disinfected. When contact was difficult, the result was more doubtful; thus of two specimens placed in a coat pocket, whose flap was turned down, one (staphylococcus) was killed, while the other (bacillus coli) resisted and yielded a feeble culture on the fifth day. The staphylococcus put under a heap of clothes resisted, as did also anthrax put into the centre of an unbroken mattress. Wool taken

from the centre of the latter gave cultures of streptococci. On the contrary, the sample placed in a mattress, simply folded on itself, was destroyed.

"(6) The *wet* samples were destroyed under the same conditions as the dry or those almost dry, where they were exposed on every side to the vapors of formol. When put in test-tubes, open at one end, some of the specimens were killed, others resisted.

"(7) The bacillus tuberculosis was killed in dry sputum, in sputum triturated with sterilized sand and dried, and even recent wet sputa, spread on squares of linen, in layers of from one to one and a half millimetres, were disinfected.



"(8) These facts lead me to the conclusion that, in order that disinfection should be effective, the vapors of formol must come in contact as freely as possible with all points of the object. Folds of cloth or objects which are heaped together, should be avoided; linen or garments should be spread out on the ground or hung on lines. The pockets of garments should be turned inside out, and the contents of mattresses should be removed and spread out. After the disinfection, air should be admitted to the room, and it may be entered with safety in a quarter of an hour, the windows remaining open. After two days of ventilation no odor will be left, even when the room is shut up."

"(9) I should add that the vapors did not spoil any of the objects, of any nature or any color, which were placed in the ward, and that the entire performance seemed to me easy, of short duration, and demanding very little overseeing."

March 11, 1897, in the amphitheatre of the Montpellier Medical School, Dr. Bosc read a paper on "disinfection by dry vapors of formol, with exhibition of a new machine for practical disinfection by means of air or dry gases saturated with formol without the use of heat." I shall not give you his paper in full, but a description of the machine invented by him and some of his concluding remarks. Dr. Bosc said :

"The work of the apparatus, which is exhibited in the accompanying drawing, is very simple; so much so, indeed, that it can be operated by any person. The taps A and B being closed, the pump is worked by the lever C until the manoscope D marks three kilogrammes of pressure, which is indicated by a large red dash. The tap A is then opened, and instantly a large jet of vapor escapes by the orifice *a* of the tube E, the end of which has been pushed into the keyhole of the room to be disinfected.

"Previous to starting the pump, the solution, which generates the vapor, is poured into the recipient F, through the opening *b*, which is then carefully closed. An assistant continues to pump gently, so as to keep up a pressure of two kilogrammes.

"To make the bactericidal action of formol more energetic, and at the same time permit of a more rapid change of formol into dry vapors, I have made a mixture to which the name of compound-formaline has been given. Besides, to make matters easy for persons who wish to perform disinfection for themselves, I have thought it would be useful to put in a flask the exact quantity of the solution necessary, after my researches, to saturate with vapor an ordinary room of about sixty cubic metres, and I found that this operation could be done in from fifteen to twenty minutes.

"The use of the apparatus is therefore very easy, since all there is to do is to pour the contents of a flask into the saturator, F, close the tap A, pump so as to raise a pressure of three kilogrammes by the manoscope, then open the tap A, continuing by gentle strokes of the pump to keep the pressure at 2.

"The whole of the compound-formaline passes in the state of vapor, without any possibility of polymerisation, and by using this solution one may be sure of experiencing no difficulty on the part

of the machine. From the standpoint of disinfection I have made a full series of experiments which show that the vapors of compound-formaline exercised a bactericidal action superior to pure formol.

"Besides, the apparatus can be set to work immediately, and its application to disinfection can be made in any place owing to the easy transportation of the apparatus, and because no heating is required.

"It appears to me that the dry vapors of formic aldehyde, at saturation, which are diffusible, penetrating, free from danger, rapid and sure in operation, really appear to be the best disinfectant known. As they can be applied to all kinds of objects without risk of injury, and at a small expense, through my apparatus, you will agree with me that I have obtained the result I have been looking for; that is to say, to provide a sure process of disinfection accessible to everybody, and by that means to make the struggle against infection more active and efficacious, and in a large measure to place the preventive treatment of infectious diseases on an assured basis.

"We should particularly devote ourselves to struggle against the current infectious diseases—typhoid fever, diphtheria, scarlatina, erysipelas, measles and small-pox; they ought to engage our attention more than cholera and the plague, for the former strike their victims every day in an underhand manner by disseminated but repeated blows, and the total mortality from them is just as frightful as that resulting from epidemics which make a great noise. Besides, disinfection is exercised against these diseases more surely because it is done in limited centres, and because by acting with energy we can prevent the propagation of a disease.

"At the present time we ought to endeavor to prevent the march of tuberculosis. A prolonged action of the vapors of formol will kill the bacilli tuberculosis. The hygienist will therefore have in his possession a ready means which will enable him to insist on the disinfection of rooms and houses inhabited by tubercular patients or persons who are suspected of having that disease. Besides, it is not merely a question of considering the disinfection of apartments; it is also well to make sure of the disinfection of large buildings inhabited by a considerable number of persons, such as barracks, colleges, hospitals, prisons, etc., and you will remember that it is more important to disinfect clothing and personal property than the bare walls. These considerations are applicable also to the disinfection of lazarettos. In the total disinfection of a ship

it would be advantageous to employ, instead of air pressure, carbonic acid gas, which, owing to its high specific gravity, reaches every corner of the vessel.

"These vapors can also be used in the disinfection of silk-worm nurseries and in veterinary hygiene, which comes very close to preventive medicine in man."

From what has been just read, you will doubtless conclude with me that a distinct advance has been made in preventive medicine, and that Dr. Bosc is to be congratulated, especially on the useful invention he has placed at the service of the sanitarian. I hope that this Board will take an early opportunity of corresponding with Dr. Bosc and obtaining all necessary information about his disinfecting apparatus, so as to be in a position to advise the officers of local Boards who may wish to use it.

### MONTHLY REPORT OF CONTAGIOUS DISEASE IN ONTARIO FOR MARCH, 1897.

PREPARED BY P. H. BRYCE, M.A., M.D., DEPUTY REGISTRAR-GENERAL.

|                                   |           | Total Reported. | Per cent. of Whole Reported. |
|-----------------------------------|-----------|-----------------|------------------------------|
| Total population of Province..... | 2,233,117 | 1,351,222       | 60                           |
| " Municipalities .....            | 745       | 444             | 60                           |
| " Cities.....                     | 13        | 10              | 77                           |
| " Towns and Villages .....        | 236       | 123             | 52                           |
| " Townships .....                 | 496       | 315             | 63                           |

| VARIOUS DISEASES REPORTED. |               |          |                         |             |                         |             |                         |             |                         |
|----------------------------|---------------|----------|-------------------------|-------------|-------------------------|-------------|-------------------------|-------------|-------------------------|
| Municipality.              | Pop. Reported | Typhoid. |                         | Diphtheria. |                         | Scarlatina. |                         | Tub'erculis |                         |
|                            |               | Cases.   | Rate per 1000 per Annum | Cases.      | Rate per 1000 per Annum | Cases.      | Rate per 1000 per Annum | Cases.      | Rate per 1000 per Annum |
| Cities .....               | 358,161       | 3        | .1                      | 23          | .7                      | 16          | .5                      | 75          | 2.5                     |
| Towns and Villages         | 254,927       | 1        | .05                     | 14          | .6                      | 4           | .2                      | 25          | 1.1                     |
| Townships .....            | 738,134       | 2        | .03                     | 18          | .3                      | 6           | .09                     | 58          | .9                      |
| Total Pop. Reported        | 1,351,222     | 6        | .05                     | 55          | .4                      | 26          | .2                      | 156         | 1.3                     |

P. H. B.

## Proceedings of Societies.

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### TRANSACTIONS OF THE CANADIAN MEDICAL ASSOCIATION—TWENTY-NINTH ANNUAL MEETING.

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THE members of the Canadian Medical Association who were present at the meeting in Montreal last August, will be delighted to learn that the "Transactions" are now in book form and ready for distribution.

When taking up a volume like this, the most natural thing to do is to look for the names of the Publishing Committee, and we find Drs. A. D. Blackader and A. de Martigny, of Montreal, and A. H. Wright and A. A. Macdonald, of Toronto, together with the Treasurer, Dr. H. B. Small, of Ottawa, and the Secretary, Dr. F. N. G. Starr, of Toronto. To Dr. Blackader's untiring efforts, we are told, the production is largely due. All the addresses and papers read at the meeting appear, and at the back of the book there is a synopsis of the discussions and of the other business.

At page 187 we find a full report of the Committee on Inter-provincial Registration. This in itself makes the volume worth possessing, for it appears to be the first time that anything like a satisfactory basis of agreement has been arrived at. Considering the fact that but a few years ago it was prophesied that the Association would die an unnatural death from debt and inanition, it is gratifying to find this volume of nearly two hundred pages upon our table. We have learned, too, in a note from the General Secretary, that there is but a small deficit, and that it is intended to meet this by the sale of a few extra copies at one dollar each to medical men who were not present.

We hope, now that the Association is in such a flourishing condition, that each year our study will be brightened by a copy of the "Transactions."

F. N. G. S.

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### ONTARIO MEDICAL ASSOCIATION.

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THE following is a list of papers promised for the approaching meeting of the Ontario Medical Association: Discussion of "The Present Status of the Radical Cure of Hernia," led by G. A.

Bingham, Toronto; "Serum Therapy in Medicine," led by J. L. Davison, Toronto; "Albuminuria of Pregnancy," led by R. W. Garratt, Kingston, followed by C. Gordon, Toronto.

"The Clinical Value of Inflation of the Stomach," H. L. Elsner, Syracuse, N.Y.; "The Treatment of Ulcers," Seneca D. Powell, New York City; "Nervo-motor Dyspepsia," H. J. Hamilton, Toronto; "Treatment of Eclampsia," W. J. Wilson, Toronto; report of case, J. W. S. McCullough. Alliston; "Injury to the Spinal Cord," report of cases, G. A. Peters, Toronto; "Remarks on Modern Therapeutics," J. T. Fotheringham, Toronto; "Streptomycosis," J. C. O. Hastings, Toronto; "A Case of Gangrene of the Rectum," L. Teskey, Toronto; "Two Unnamed Diseases," James Samson, Windsor; paper, B. E. McKenzie and H. P. H. Galloway; "A Severe Case of Gonorrhœa in Irido-cystitis," G. H. Purnham, Toronto; "Report of a Case in Midwifery," J. Arthur Williams, Ingersoll; "Pain, and Some of its Aspects," D. C. Meyers, Toronto; paper, A. Hanks, Blenheim; "The Cottage Sanitarium Treatment of Pulmonary Phtisis," N. A. Powell, Toronto; "Should the Medical Profession of Ontario be Self-Governed?" J. W. McLaughlin, Bowmanville; "Abscess of the Lung," report of case, J. S. Hart, Toronto; "A Plea for Radical Operation for Hernia Among the Insane," A. T. Hobbs, London; "The Value of Aseptic Methods in the Treatment of Pus Cavities," A. Primrose, Toronto; "Tuberculosis of the Liver," R. W. Whiteman, Shakespeare; "Pneumonic Infection," H. B. Anderson, Toronto; "Leucocytosis," H. W. Parsons, Toronto; "My Experience with Gall-Stones," J. F. W. Ross, Toronto; "Pathological Card Specimens," W. Oldright, Toronto; "Experiences with the Schott Treatment of Heart Disease," H. Walker, Toronto. J. N. E. B.

#### Meeting of American Medical Publishers' Association.

The fourth annual meeting of the American Medical Publishers' Association will be held in Philadelphia, on Monday, May 31st, 1897 (the day preceding the meeting of the American Medical Association). Editors and publishers, as well as everyone interested in medical journalism, are cordially invited to attend, and participate in the deliberations. Several very excellent papers are already assured, but more are desired. In order to secure a place on the programme, contributors should send titles of their papers at once to the Secretary.

CHAS. WOOD FASSETT, St. Joseph, Mo.

# The Canadian Journal of Medicine and Surgery

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

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VOL. I.

TORONTO, MAY, 1897.

NO. 5.

## Editorials.

### DIETETICS IN MEDICINE.

THE teaching of correct methods of cooking food, though nothing really new may be advanced, is certainly commendable, and a practical working knowledge of cooking plain victuals, and preparing suitable food for the sick, is of more importance to the average woman than a little smattering of algebra. The preparation of food for the table is probably the most important function in the daily routine of a household. To know how to do this work properly, or to be able to supervise it, when done by another, should



therefore be a prime necessity for a housekeeper. Were this knowledge regularly exercised, it would result in a lessening of the expenses of housekeeping by providing only suitable food, and preventing waste. It would also bring about a great improvement in the method and skill with which the viands are prepared for the table.

In order to make this knowledge, which is not at all too common, more general, and to enlist in the work the better class of women—many of whom hold back because they think cookery is suggestive of a menial office—it has been proposed that the principles and art of cooking should be taught in the High Schools of the Province. Physicians, who know that artistic cookery requires for its completion and rounding out at least an elementary knowledge of physics, chemistry, physiology and hygiene, can easily understand that a well-designed course on cookery can be made interesting and instructive to an extraordinary degree. If taught in the High Schools it is quite likely, however, that the more important demonstrations in cookery would assume a post-graduate character. This, however, need not be a disadvantage, as the principles which underlie the art can be taught during the ordinary High School course under the various heads already mentioned. Practical work can follow when the student, no longer a High School girl, desires to get a real knowledge of the art of cooking.

Without attempting to discuss in this article the scientific points which lie at the basis of the preparation of food for different classes of persons in health, for patients affected with various diseases, and for persons who enjoy average health, but who have constitutional peculiarities, we think that an effort should be made by physicians and nurses to pay greater attention to the selection and preparation of food intended for the sick. As indicative of what a school of medicine may do in helping on so worthy an object, we learn, through an esteemed contemporary, *The Philadelphia Polyclinic*, that "The College Settlement has established in Philadelphia a kitchen, the aim of which is to give to the people carefully prepared food, that will give the highest nutrition at the lowest cost. . . . Special attention is called to one branch of the culinary art, the growth of which is very slow—diet for invalids. A beef broth is prepared which is intended to replace beef tea. This broth is a food, not a stimulant only, there being retained between four and five per cent. of solid matter. It is prepared by a

careful method, which gives a uniform result. . . . In addition to this, other articles of sick diet are prepared: custards, jellies, koumyss, sterilized milk, etc. Another feature of the kitchen work is its classes for women. To these are invited all who wish to get some knowledge of food and its preparation."

We understand that the managers of the Training School for Nurses at the Toronto General Hospital propose to add dietetics to their curriculum. This is a step in the right direction, and not a whit too soon. We know that the general training given at that school is thorough, and we believe that an accurate knowledge of cooking for the sick will be a most important addition to the special equipment of the nurse, rendering her services more helpful to the attending physician and of much greater value to the patient.

J. J. C.

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#### OPHTHALMIA NEONATORUM.

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RESULTS, obtained by various obstetricians, continue to show the value of a two per cent. solution of nitrate of silver in the treatment of ophthalmia neonatorum. We say obstetricians advisedly, because, though the disease in question may always be regarded as grave, and is really so in about five per cent. of the cases, it is frequently treated altogether by the accoucheur, instead of the oculist. Events, however, show that there is a certain scientific propriety in this extension of the multifarious duties of the accoucheur; for, the sooner the treatment is begun, the better is the result. A drop of a two per cent. solution of nitrate of silver, instilled into the eyes of an infant immediately after its birth, gives good results; but frequently it is not used until several hours or days have elapsed. When done immediately after birth, before the umbilical cord has been severed, the proportion of cases of ophthalmia is reduced by one-half, and the statistic is twice as favorable as it is in cases in which the little operation is delayed.

Dr. Valude, of Paris, who has made a practical study of this question, and prepared a statistic of the results obtained in his service, speaks favorably of the solution of nitrate of silver. He directs that a two per cent. solution be used, twice a day, with a hair-pencil. Not more than two applications should be made each day, and a new one should not be made until the white pellicle left from the former cauterization has disappeared. He is quite

opposed to the use of solutions of corrosive sublimate, even when they are as weak as 1-5000, and considers them decidedly injurious to the conjunctiva of the new-born infant.

Irrigations by a solution of permanganate of potash, 1-5000, or of boiled water, are excellent in mild cases, but insufficient in the severer forms of this disease. They should, therefore, not be employed as the sole means of treatment; but after the purulent discharge from the conjunctiva has been dried up by their use, a few drops of the nitrate of silver solution should be introduced. A solution of naphthol, containing  $1\frac{1}{2}$  grs. of extract of opium to the litre, diminishes suppuration and exercises a particularly favorable influence in reducing the swelling of the tissues.

Solutions of boracic acid are useful in the simpler cases, just as boiled water is, but they cannot cure severe cases. In Dr. Valude's opinion, when a real ophthalmia appears in a new-born child, solutions of boracic acid and permanganate of potash will not suffice; the nitrate of silver solution (two per cent.) must be used to effect a cure of the disease.

J. J. C.

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### THE VICTORIAN ORDER OF HOME HELPERS.

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WHAT form shall the Jubilee memorial take? For it is the good pleasure of her Canadian subjects to laud the praises of Victoria the Good.

The scheme which the Countess of Aberdeen proposes to carry out this Jubilee year seems hardly practicable. The daily papers, and public meetings called in the cities and towns, have made all Canadians conversant with the details of the system of "The Victorian Order of Home Helpers," or free nurses. The money required (\$1,000,000) may not be forthcoming, unless Her Excellency the Countess of Aberdeen should donate the half of the amount; then possibly some of the few wealthy Canadians may contribute the balance. No doubt the Queen would be duly edified by this expression of loyalty, and all would go "merry as a marriage bell." All, did we say? No, not all; for "poverty throws on some its pall," and there is more than sentimental loyalty to be thought of; hard, cold facts stare us in the face. First, there are numbers of nurses, graduates of our best hospitals, who have spent their best time in careful preparation for their work, and who

are unable to obtain enough to do to support themselves; *the supply is already much greater than the demand.*

Will it be wise for the people to contribute to an undertaking that will aim to flood the country—the cities especially—with hundreds more of half trained “helpers” entirely free of charge, or at “bargain day” prices? Are they needed? Look at the cities. Surely there is almost too much, certainly enough, organized charity already; plenty of kindness and nursing for the really poor can be procured in less than an hour’s time, as every physician knows. Where money is absent, and the patients must be cared for in the dwelling places they call homes, a cheery nurse from “The Nursing at Home Mission,” a gentle faced Sister of Charity, or representatives from one of the many other, too numerous to mention, organizations banded together to help suffering humanity are ever and always ready to answer the call for assistance. Surely the question is answered. The “helpers” are *not* needed in the cities.

Are they wanted in the country? The average Canadian farmer is industrious, and (excuse the remark) *abominably* healthy, and the average farmer’s wife appears capable of looking after her household, and the instances are very rare indeed (except perhaps in the very far North-west land) where any are entirely out of the reach of a country practitioner and the services of a friendly neighbor. The country physicians are slowly, but surely, being driven to pitch their tents in the overcrowded cities and towns, and why? Because they cannot make a living. Then why, in an excess of loyal jubilation, take their last crust from them by supplanting them by nurses who, among those who will *accept* their free ministrations, will be considered “just as good as the doctor.” Last and not least, what is to be the fate of her antique awfulness “Sairey Gamp,” poke bonnet, woollen gloves and shiny satchel, the landmark of every village and country side? Will *she* come into the city too, and be included in the next census?

Let the Canadian Jubilee memorial take whatever form it may, no deeper or truer tribute of homage will go from the hearts of any of the subjects of that royal woman, and noble Queen, Victoria, than from those who live under the shade of the maple tree. But let Canadians consider well what they are doing before giving their sanction to a scheme which may in a measure still further help to depopulate this land by crowding out, through filling their places by these “helpers,” those already trained for nursing, but

who have too much respect for their calling to eat the bread of charity by joining this organization.

If such a scheme as this should prosper, it will not be long until the physicians will be crowded out also, and the chorus "The Maple Leaf Forever" may end ere long in the sad song, "We had to leave Canada because we were poor."

The physicians of Canada are men and women who have spent too much time gaining the knowledge they possess at the universities of Europe and America to barter that birthright for a "mess of pottage." They are men and women who are well equipped for the work they have undertaken, and to whom the citizens of this land owe the respect and courtesy due to "laborers worthy of their hire."

W. A. Y.

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#### CATTLE INSPECTION: ACTION OF THE GOVERNMENT IN SUSPENDING THE TUBERCULIN TEST.

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ACTING under strong representations made to it, the Government of Ontario has introduced, and the Legislature has passed a clause suspending Section 4 of the Act, passed in 1896, for the inspection of meat and milk supplies in cities and towns. This section provided for the inspection of milch cows and the application of the tuberculin test.

The agitation, which resulted in this action, was largely on the part of dairymen who supply the city of Toronto with milk. They claimed that it was unfair to make them bear the cost of applying the tuberculin test, and, that if animals pronounced tubercular were slaughtered, without compensation, it would mean ruin to the owners.

In all probability the whole question will be reopened one year hence, at the next session of the Ontario Legislature. Should the people of Ontario be determined to have milk free from tuberculosis, they must be prepared to pay a higher price for milk than what obtains at present. Should the Legislature reintroduce the suspended clause it may also find it necessary to make some provision for compensating the owners of cattle slaughtered under the provisions of the Animal Contagious Diseases Act of Canada.

We heartily endorse the law relating to inspection of meat and milk supplies and we believe that any retreat from the positions taken in that Act would not be in the interest of the

public health. The Ontario Government, however, has acted prudently in suspending Section 4 until such time as the Legislature and people of the Province thoroughly understand the loss and gain which would result from the enforcement of the regulations founded on that section.

When this question is again brought before the Legislature, we confidently expect that the suspended clause will be declared valid, and we think that a bill will be introduced and carried providing compensation in some way for dairymen whose cattle are slaughtered as a result of the application of the tuberculin test.

J. J. C.

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### DISINFECTION BY FORMOL AND DR. BOSCH'S APPARATUS.

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At page 209 we publish a report on disinfection by the dry vapors of formol and a description of a new apparatus for applying the same, recently invented by Dr. F. J. Bosch, of Montpellier, France. As Dr. Bosch says: "It has been demonstrated by scientific methods that the saturation of rooms by the dry vapors of formol constitutes the very best method of disinfection known at present."

Trillat succeeded in producing these vapors by heating formol under pressure. Placing in an autoclave a solution of formol-chloral, and heating it with a pressure of from three to five atmospheres, he obtained vapors of formol in great abundance. The use of the autoclave, however, is open to some serious objections. It necessitates the use of heat, gas in particular, which is not always available. The heating of chloroformol causes a great loss of formol by partial polymerisation, and under the influence of solid products, which form in the autoclave, a choking of the capillary tube which delivers the vapors outside is easily produced. This accident stops the working of the autoclave just when its services are required. Then, as the pressure in the autoclave has to be kept up to four or five atmospheres, the use of this machine may prove dangerous in practice, and therefore requires attentive observation.

These inconveniences make each disinfection expensive, and, if we add to that the high price of the machine itself, it will be seen that Trillat's autoclave is beyond the means of the majority of people.

Dr. Bosc's apparatus is not open to any of these objections. It requires no skilled supervision, and can be worked by anyone; gentle pumping, keeping up the required air pressure of two kilogrammes. It can also be started working instantaneously, and is so simple in structure, that there is very little likelihood of any of the parts getting out of order. As it is easily transported from place to place, and does not require heating, it can be used for disinfection in any place. Dr. Bosc contends that the compound-formaline solution is superior to plain formol, inasmuch as its bactericidal action is more energetic, and at the same time it allows a more rapid change of formol into dry vapors. He also recommends that it be sold in bottles of different sizes, each bottle containing the exact quantity of the solution necessary to disinfect a room of a certain known size.

All this seems quite reasonable. As the whole question is of great moment we shall, as soon as possible, obtain further information, showing the cost of the solution and the disinfecting machine, laid down in Canada.

J. J. C.

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#### "SAWBONES" CRICKETERS.

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PHYSICIANS who are interested in cricket matters, will be pleased to hear that through the exertions of Drs. Harrington, Smith, and Caugham, special inducements have been offered the medical profession by the Rosedale Cricket Club. For the small fee of \$7.00 per annum a ticket is issued, admitting its holder to all the privileges of the Toronto Lacrosse Club, Toronto Athletic Club, and the Rosedale Cricket Club. This is a special courtesy extended to the profession, and everyone desirous of spending a spare hour pleasantly during the hot months of the summer, would do well to take advantage of this opportunity.

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THE German Government is sending out invitations to an International Congress on Leprosy, to be held in Berlin in October, at which Dr. Koch, bacteriologist, will preside. The whole subject of leprosy and its attendant evils will come under consideration, and the report will be issued with a view of inducing the powers of the world to act collectively, if not in the hope of stamping out the disease, at least of keeping it within prescribed limits.—*Ex.*

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- Lymphatic Leukæmia. H. A. Hare, M.D. (14) April 3rd.
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- Lobar Pneumonia. A. D. Heath, M.D. (57) April 10th.
- Lavage in Chronic Gastritis. L. Behrens, M.D. (35)
- Maternal Impressions. G. E. Gilpin, M.D. (38)
- Morphine Habit, Cure of. T. O. Sumners, M.D. (18)
- Modern Medical Science, Some Practical Aspects of. J. O. Palmer, M.D. (22)
- Morphine Habit. T. O. Sumners, M.D. (6)
- Modern Materia Medica and Eclectic Therapeutics. J. W. Fyfe, M.D. (15)
- Malaria. C. L. Hall, M.D. (25)
- Medical Civil Service Reform. S. V. Clevenger, M.D. (45)
- Mental Training. Prof. A. W. Anthony. (8)
- Motor Aphasia. A. J. Weaver, M.D. (55)
- Mangled Hands. J. A. Crowell, M.D. (9)
- Missouri Pacific Hospital at Kansas City. Engravings from photos. (9)
- Mouth Concretion, A Large. J. Bell, M.D. (11)
- Myxo-Fibroma, Cure of. G. H. Powers, M.D. (26)
- Merycismus. L. S. Somers, M.D. (1) April 17th.
- Melanotic Sarcoma of the Choroid. L. E. Maire, M.D. (39)
- Membranous Dysmenorrhœa. W. L. Dunning, M.D. (59)
- Neuron as Applied to Normal and Pathologic Mental and Nervous Processes. F. X. Dercum, M.D. (12) April 3rd.
- Nerve Suturing and Nerve Implantation. G. C. Huber, M.D. (13)
- Nervous Energy, Recent Developments in the Study of the "Ether." J. A. Carmichael, M.D. (46)
- Nephrectomy for Multiple Abscess of the Kidney. W. C. Duggan, M.D. (4)
- Neuron, The Movement of the. F. X. Dercum, M.D. (12) April 10th.
- Neurasthenia. H. L. Elsner, M.D. (3) April 10th.
- Nose and Ear, Deformities of. M. F. McTaggart, M.D. (14) April 3rd.
- Nævus, Diffuse Spreading. J. M. White, M.D. (7)
- Nasal Septum, Deviation of. E. W. Heltman, M.D. (20)
- Nerves of the Peritoneum. B. Robinson, M.D. (1) April 17th.
- Neurasthenie et Paralysie Generale. M. E. Regis (47) April 7th.
- Nausea and Vomiting of Pregnancy. E. P. Davis, M.D. (59)
- Nursing of the Eye after Injuries. C. D. Wescott, M.D. (9)
- Occipito - Posterior Positions. E. T. Glas, M.D. (46)
- Ophthalmia Neonatorum. A. E. Adams, M.D. (3) April 3rd.
- Otology, Diseases of the Auditory Canal. P. E. Hoves, M.D. (15)
- Obstetric Nursing. R. R. Kime, M.D. (4)
- Origin of the Vertebrates. S. Jenkins. (21)
- Posture in the Diagnosis of Disease. R. H. Sayre, M.D. (31)
- Pneumonia in Children. J. C. DaCosta, M.D. (17)

- Pelvic Abscess. J. J. Berry, M.D. (18)  
 Placenta Prævia. J. I. Pennington, M.D. (5)
- Physical and Therapeutic Facts on Static Electricity. F. A. Bishop, M.D. (45)  
 Pelvic Abscess, Treatment, Special Reference to a New Method. N. Macphatter, L.R.C.P. (50)  
 Pharmacy Examination in Australia. O. Oldberg. (32)  
 Puerperal Mastitis. G. Covert, M.D. (55)  
 Purpura Hæmorrhagica. L. Weber, M.D. (3) April 10th  
 Pyloroplasty. T. Oliver, M.D., etc. (57) April 13th.  
 Paralysis of the Sixth Nerve. D. J. Wood, M.B. (57) April 13th.  
 Preventive Medicine, Some Possibilities of. A. R. Reynolds, M.D. (36)  
 Phthisis Communicated from Husband to Wife. W. Murrell, M.D. (2) April 10th.  
 Peritoneal Operations (forty-one). G. E. Shoemaker, M.D. (14) April 10th.  
 Pernicious Malarial Fever in a New-born Child. V. Caldwell, M.D. (9)
- Removal of Large Neoplasms of the Naso-pharynx. J. A. Wyeth, M.D. (3) April 3rd.  
 Renal Tuberculosis. F. T. Brown, M.D. (3) April 3rd.  
 Renal and Vesical Calculi. J. Bell, M.D. (11)  
 Renal Tuberculosis. F. T. Brown, M.D. (3) April 10th.  
 Rothstein's Intra - Uterine Drainage Tube. H. Rothstein. (35)  
 Rapports Pathologiques Entre le Nez et les Yeux. M. A. Castex (44) April 9th.  
 Refraction of the Eyes of One Thousand School Children. W. M. Carhart, M.D. (3) April 17th.  
 Railway Surgery. J. C. Hunt, M.D. (9) April 20th.
- Skiagraph of an Aneurism. O. L. Schmidt, M.D. (17)  
 Senile Endometritis, or Senile Metritis. S. E. Sheldon, M.D. (17)  
 Static Electricity. F. A. Bishop, M.D. (5) April 3rd.  
 Syphilis, The Treatment of. H. A. Robbins, M.D. (5) April 3rd.  
 Suppurative Nephritis. G. S. Harrington, M.D. (46)  
 Scrofula-Nuclein Solution. J. I. Dowling, M.D. (46)  
 Surgical Cases, A Report of. J. O'Conor, M.D. (3) April 3rd  
 Septic Peritonitis. E. H. Grandin, M.D. (1) April 3rd.
- Sepsis, The Prevention of. C. H. Harris, M.D. (50)  
 Sketches of Dan Ven Dén. (32)  
 Sebaceous Tumors and Their Cure. A. B. Patterson, M.D. (4)  
 Speech Defects. G. H. Makuen, M.D. (58) March 1st.  
 Stricture of the Urethra in Male Children. L. B. Bangs, M.D. (1) April 10th.  
 Syphilis, The Treatment of. H. A. Robbins, M.D. (5) April 10th.  
 Scarlet Fever, Undefined Cases of. F. Dittmar, M.D. (2) April 3rd.  
 Sleep Induced. Learned M.D. (36)  
 Scarlatinal Synovitis. M. A. Bunce, M.D. (12) April 17th.  
 Sporadic Cretinism. D. L. Moore, M.D. (39)  
 Septic Pelvic Disease, etc. F. Henrotin, M.D. (59)  
 Shock in Obstetric Surgery. H. C. Coe, M.D. (59)
- The Magnetic Extraction of Intubation Tubes. J. Bartlett, M.D. (40)  
 Tubercular Meningitis. A. Money, M.D. (31)  
 Tubo-Ovarian Congestion Simulating Appendicitis. J. C. Macevitt, M.D. (30)  
 Tuberculosis, Treatment of. N. S. Davis, jun., M.D. (17)  
 That Curious Fever. J. J. Waller, M.D. (6)  
 Therapeutics. J. R. Wood, M.D. (46)  
 Tuberculosis, Pulmonary, and the Board of Health. W. L. Baner, M.D. (3) April 3rd.  
 Three Hundred Thousand Dollars a Year to Cheap Hospitals and Cheap Doctors of St. Louis. E. Lanphear, M.D. (50)  
 Therapeutic Application of Chloroform in Labor. J. N. Upshur, M.D. (4)  
 Ten Things Either Known or Worth Knowing. W. Parcels, M.D. (25)  
 Talipes Equinus. J. Bell, M.D. (11)  
 Typhoid Fever from the Serum, Diagnosis of. C. A. Elsberg, M.D. (1) April 10th.  
 Turbineotomy. J. A. Stucky, M.D. (20)  
 Technique of Operations for Laceration of the Pelvic Floor in Women. C. P. Noble, M.D. (59)  
 Tests for Visual Malingering and Hysterical Blindness. E. Jackson, M.D. (14) April 17th.
- Uterine Displacements, Etiology and Pathology of. M. A. Crockett, M.D. (22)  
 Umbilical Growths of Infants and Young Children. J. H. DeVilliers, L.R.C.P. (31)

Unioocular Epicanthus with Unusual  
Ætiology. V. Gomez, M.D. (3) April  
17th.

Veru Montanum, Diseases of. W. F.  
Glenn, M.D. (13)

Vaginal Ligation of the Uterine Arteries  
for Uterine Fibromata. A. H. Goelet.  
(50)

Vocal Strain and its Prevention. Prof.  
W. Hallock and F. S. Mackey, M.D.  
(54)

Vaccination, Protective Value of. B. L.  
Roy (55)

Vaginal Hyaterectomy, Early Diagnosis  
of. J. J. Goggans, M.D. (4)

Wandering Œdema. E. W. G. Master-  
man, F.R.C.S. (57) April 3rd.

Yellow Exhaustion and White Exhaust-  
tion in Appendicitis. R. T. Morris,  
M.D. (18)

W. A. Y.

KEY TO MEDICAL PUBLICATIONS.

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| <ol style="list-style-type: none"> <li>1. Medical Record, N.Y.</li> <li>2. The Lancet, London, Eng.</li> <li>3. New York Medical Journal.</li> <li>4. Atlanta Medical and Surgical Journal.</li> <li>5. Maryland Medical Journal.</li> <li>6. Medical Summary, Philadelphia.</li> <li>7. Scottish Medical and Surgical Journal, Edin.</li> <li>8. Journal of Medicine and Science, Portl., Me.</li> <li>9. The Railway Surgeon, Chicago.</li> <li>10. Archives of Pediatrics, N.Y.</li> <li>11. Montreal Medical Journal.</li> <li>12. Philadelphia Polyclinic.</li> <li>13. International Journal of Surgery, N.Y.</li> <li>14. Medical and Surgical Reporter, Philadelphia.</li> <li>15. American Medical Journal (Eclectic), St. Louis, Mo.</li> <li>16. Medical Bulletin, Philadelphia.</li> <li>17. Medicine, Detroit.</li> <li>18. New England Medical Monthly and The Prescription, Danbury, Conn.</li> <li>19. Canadian Medical Review, Toronto.</li> <li>20. The Laryngoscope, St. Louis.</li> <li>21. The Medical Age, Detroit.</li> <li>22. Buffalo Medical Journal.</li> <li>23. Cleveland Medical Journal.</li> <li>24. The Therapeutic Gazette, Detroit.</li> <li>25. Langsdale's Lancet, Kansas City.</li> <li>26. Pacific Medical Journal, San Francisco, Cal.</li> <li>27. American Journal of Medical Science, Phila.</li> <li>28. The Maritime Medical News, Halifax.</li> <li>29. The State Hospitals' Bulletin, Utica, N.Y.</li> <li>30. Brooklyn Medical Journal, N.Y.</li> <li>31. Pediatrics, N.Y.</li> <li>32. Bulletin of Pharmacy, Detroit.</li> <li>33. Magazine of Medicine, Atlanta, Ga.</li> </ol> | <ol style="list-style-type: none"> <li>34. North American Practitioner, Chicago.</li> <li>35. St. Louis Medical and Surgical Journal.</li> <li>36. Chicago Medical Recorder.</li> <li>37. Medical Press and Circular, London, Eng.</li> <li>38. Medical Brief, St. Louis.</li> <li>39. Columbus Medical Journal, Columbus, O.</li> <li>40. Chicago Clinical Review, Chicago.</li> <li>41. The American Therapist, New York.</li> <li>42. The Pacific Health Journal, Oakland, Cal.</li> <li>43. The Diabetic and Hygienic Gazette, N.Y.</li> <li>44. La France Medicale, Paris.</li> <li>45. Medical Standard, Chicago.</li> <li>46. The Medical Times, New York.</li> <li>47. La Presse Medicale, Paris.</li> <li>48. Le Progres Medical, Paris.</li> <li>49. Quarterly Journal of Inebriety, Hartford, Conn.</li> <li>50. American Journal of Surgery and Gynecology, St. Louis.</li> <li>51. The Homœopathic Physician, Philadelphia.</li> <li>52. Matthews' Quarterly Journal of Rectal and Gastro Intestinal Diseases, Louisville, Ky.</li> <li>53. California Medical Journal (Eclectic), San Francisco, Cal.</li> <li>54. Journal of Eye, Ear and Throat Diseases, Baltimore, Md.</li> <li>55. Chicago Medical Times.</li> <li>56. The Indian Lancet, Calcutta, India.</li> <li>57. The British Medical Journal, London, Eng.</li> <li>58. Annals of Gynecology and Pediatrics, Boston.</li> <li>59. The American Gynecological and Obstetrical Journal.</li> <li>60. American Practitioner and News, Louisville, Ky.</li> <li>61. The Medical Examiner, New York.</li> </ol> |
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## The Physician Himself.

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DR. WARREN, who resided on Gerrard Street East, has removed from Toronto.

DR. J. F. W. ROSS has been elected President of the Toronto Athletic Club.

DR. J. W. ROWAN, we are glad to note, has quite recovered from a recent illness.

ON April 4th, at 116 McCaul Street, to Dr. and Mrs. D. A. Dobie, a daughter.

DR. McDONAGH, of Carlton Street, left for England last month. He will be absent for several weeks.

DR. C. F. MOORE, of College Street, spent a few weeks pleasantly in Washington, D.C., last month.

DR. GARRATT is to be congratulated upon the outcome in his favor of the recent Assize Court action.

DR. SLOAN, who has been in practice in Parkdale for some years, has removed to Seaforth, Ont., where he previously resided.

WE are pleased to announce that Dr. W. H. Pepler, of John Street and Dr. A. H. Garratt, of Bay Street, have quite recovered from a severe attack of diphtheria.

DR. FREDERICK WINNETT, of Sherbourne Street, and Miss Morrison, of Jarvis Street, were united in marriage on April 13th. The honeymoon is being spent in Bermuda.

DRS. B. E. MCKENZIE and H. P. H. Galloway have erected a handsome residence and splendidly equipped gymnasium on Bloor Street East; they hope to remove there in October.

DR. JAMES THORBURN has been appointed President of the Department of Pharmacology in connection with the meeting of the British Medical Association in Montreal in August.

ONE of Hamilton's oldest physicians passed away on April 15th, in the person of Dr. William McCargow. He was in his 78th year. He had been ill about eight weeks, the result of a fall. Dr. McCargow has been in practice for eighteen years in Hamilton, having resided formerly in Caledonia.

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## The Physician's Library.

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*Over the Hookah, The Tales of a Talkative Doctor.* By G. FRANK LYDSTON, M.D., Fellow of the Chicago Academy of Medicine, the Southern Surgical and Gynecological Association, and the American Academy of Social and Political Science; Professor of Criminal Anthropology in the Kent College of Law; Member of the American Medical Association, and the Association of Military Surgeons of the United States; Honorary Fellow of the Texas Medical Association. Illustrated from the Author's designs by Mr. C. Everett Johnston. Chicago: Fred Klein Co. 1896.

The constant reading of purely medical literature becomes at times dry and tiresome, and to the physician a little change to something lighter is most acceptable. "Over the Hookah" is one of the most amusing books it has been our pleasure to read for some time past. Its perusal gives rise to many an hour's enjoyment, as it portrays to a nicety the most ludicrous as well as the most serious incidents of a doctor's busy career. The chapter entitled "Several Kinds of Doctors," is inimitable, especially the sketch of the country practitioner. The writer's description of "several kinds of doctors" is exceedingly well-written. We heartily recommend this book not only to every follower of Esculapius, but to all those in search of a thoroughly amusing work.

*The International Medical Annual and Practitioners' Index.* A work of reference for medical practitioners. Fifteenth year. New York: E. B. Treat, 241-243 West 23rd Street; Chicago: 199 Clark Street. Price, \$2.75. 1897.

To members of the medical profession, who are accustomed to refer to this medical Annual from year to year, it will only be necessary to state that the volume for 1897 is fully up to date in all the various departments.

When one considers the enormous production of new work, and the revision of much that is old, appearing in monographs and medical journals, the labor involved in the preparation of the Annual is seen to be very great. As the editors say, however, "they have endeavored by careful condensation, and by selecting information which has a direct bearing upon the daily work of the practitioner, to retain the work within reasonable limits."

The Annual is a handy volume, well printed on good paper, and containing a number of plain and colored illustrations. It will prove useful to the progressive physician, who wishes at a small outlay to keep up with the march of improvement and discovery in medicine.

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### BOOKS RECEIVED.

Report relating to the Registration of Births, Marriages and Deaths in the Province of Ontario, for the year ending 31st December, 1895. Printed by order of the Legislative Assembly of Ontario. Toronto: Warwick Bros. & Rutter, Printers, 68-70 Front Street West. 1897.

The Board of the Ontario Medical Library desire to acknowledge the receipt of Vol. I., "American System of Medicine," and eight volumes of Transactions of American Orthopedic Association.