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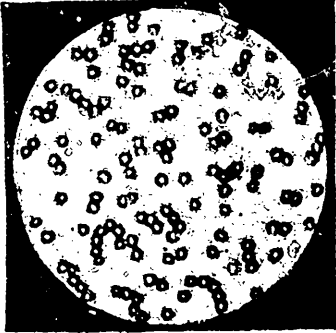
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Fully alive to the times the management of the Toronto Exhibition, or as the title runs this year, Canada's Great Victorian Era Exposition and Industrial Fair, is to be conducted on a scale from August 30th to September 11th that will even transcend any former effort made to promote this, the most popular, most comprehensive and most attractive annual show held on this continent. Already a sufficient number of applications for space and of notifications of entries have been received to warrant the highest expectations. The management have increased the number of medals to be awarded and have made many improvements to the buildings and grounds, showing that they are resolved to leave nothing undone that will enhance the pleasure and com-

fort of both patrons and exhibitors. They have also determined on a special feature that promises to prove the greatest outdoor spectacle in the way of entertainment that Toronto or any other city has ever known, outside the world's metropolis itself. This spectacle will take the form of a reproduction of the wondrous Diamond Jubilee procession in London. Agents are now across the water hiring and buying the necessary properties and costumes, which will be an exact replica of the uniforms and costumes worn by the soldiery, the sailors, the nobility and the yeomen of the guard in the magnificent procession. Scenes will also be reproduced of the ceremonies at Buckingham Palace, St. Paul's Cathedral and other places along the line of route. Many interesting specialties will also be introduced, while at night the effect will be heightened and magnified by brilliant illuminations and fireworks.



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Not only will spectators have brought home to them the grandeur and unity of the empire, but they will be practically taken home to Old London. While dwelling on this grand feature the material aspect of the Exhibition must not be lost sight of, therefore it is well to mention that entries for live stock and the majority of the departments close on Saturday, August 7th. Programmes containing all details of these attractions will be issued about the 10th of August.

Baltimore, Md., June 14th, 1897.

The articles received by us for competition under our recent prize offer, were turned over to a committee of prominent physicians, consisting of T. C. Gilchrist, M.D., associate professor dermatology, Johns Hopkins University; Wm. F. Smith, M.D., professor dermatology, College of Physicians and Surgeons; and Edwin Geer, M.D., Surgeon Maryland Naval

Reserves; for examination and report, as soon after May 15th as practicable, and the committee having completed its work, we have now to announce the following awards: First prize, \$100, to Dr. Walter P. Ellis, Livermore, Ky.; second prize, \$60, to Dr. J. Hobart Egbert, Holyoke, Mass.; third prize, \$75, to Dr. J. M. Rader, St. Louis, Mo.; fourth prize, \$40, to Dr. E. A. Edlen, Moline, Ills.; fifth prize, \$50, to Dr. Ed. C. Hill, Denver, Colo.; sixth prize, \$25, to Dr. J. Grant Coyle, New York, N.Y. We would add that the names of the contestants were withheld from the committee, in order that its decisions might be entirely unprejudiced.

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The Collegiate Course of the Faculty of Medicine of McGill University, begins in 1897, on Tuesday, September 21st and will continue until the beginning of June, 1898.

The Primary subjects are taught as far as possible practically, by individual instruction in the laboratories, and the final work by Clinical instruction in the wards of the Hospitals. Based on the Edinburgh model, the instruction is chiefly bed-side, and the student personally investigates and reports the cases under the supervision of the Professors of Clinical Medicine and Clinical Surgery. Each Student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical Wards for a period of six months each, and to have presented reports acceptable to the Professors, on at least ten cases in Medicine and ten in Surgery.

About \$100,000 have been expended during the last two years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Medical Library, which contains over 15,000 volumes.

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The entrance examinations of the various Canadian Medical Boards are accepted.

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A POST GRADUATE COURSE is given for Practitioners during May and June of each year. This course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery, and laboratory courses in Clinical Bacteriology, Clinical Chemistry and Microscopy.

HOSPITALS.—The Royal Victoria, the Montreal General Hospital and the Montreal Maternity Hospital are utilized for purposes of Clinical Instruction. The physicians and surgeons connected with these are the clinical professors of the University.

These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the outdoor department of the Montreal General Hospital alone, last year.

For information and the Annual Announcement, apply to

R. F. RUTTAN, B.A., M.D., Registrar, McGill Medical Faculty.

"Esperanto," a manufactured speech, analogous to "Volapuk," Mr. L. Samenhof, of Grodno, invites all who have ideas on the subject to send him an article embodying them. He will have these printed and copies sent to each of the writers. The latter must read all the articles and then write another very brief essay embodying his final judgment. We do not know whether the question will be decided by a majority vote of the writers or by Hospodin Samenhof himself. In any case it would seem that polyglots only can take part in the discussion, since it is necessary that each one should read all the articles written by all the other contributors from all parts of the earth. The scheme would be a practical demonstration of the necessity of an international language, but we doubt whether it will settle the question of the choice of such a common speech.

I wish to congratulate you for introducing so good and excellent a preparation as Resinol. I used it in a case of chronic eczema of a year's standing, which has been entirely cured with two boxes in less than two weeks. And in another case the terrible itching was controlled at once and the case is on the way to recovery. You have a good article and I am prescribing it daily.—From N. A. Robbins, M.D., surg. Brooklyn Fire Department, Brooklyn, N.Y.

AN ENCOUNTER WITH A JERSEY MOSQUITO.—The newspapers contain an account of an Italian, forty-two years old, who rashly went to visit some relations in New Jersey a few Sundays ago. While there he was bitten by a mosquito, the wound became painful and infected, and the man became wildly delirious and was taken to Bellevue.

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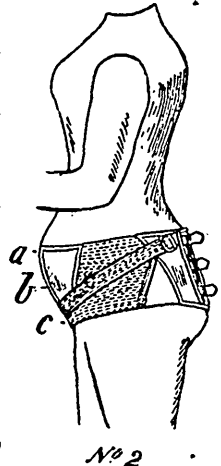
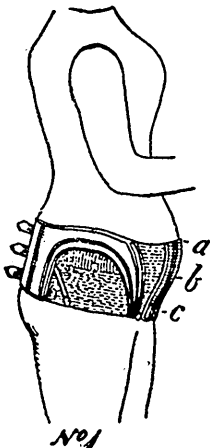
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Measure directly around the body at points A, B and C, and always next to skin; also distance from C to navel, and from A to C, and from C to waist.

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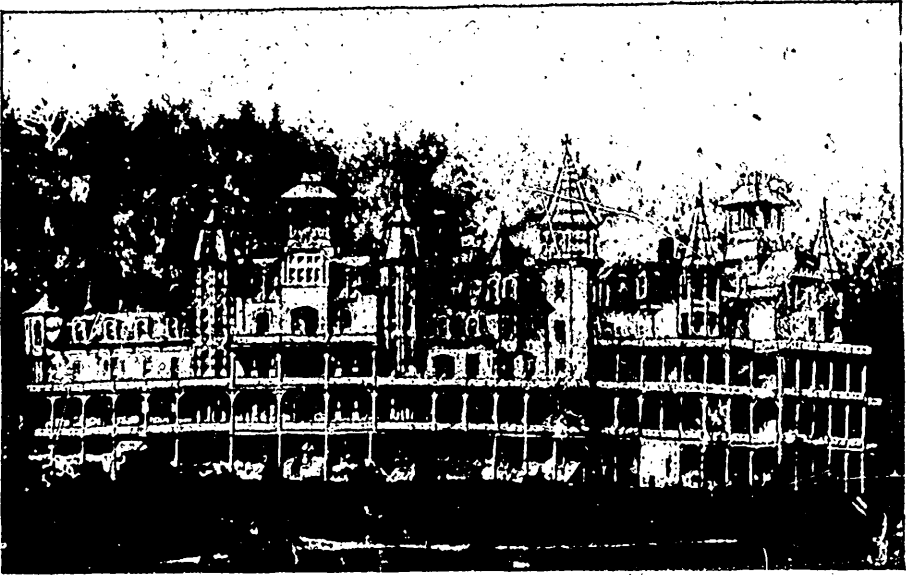
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It is not less noteworthy as a Sanatorium where sick people may recover health. The building is of Granite Rock, five stories in height, 300 feet front, the product of Canadian genius and work. It is heated by steam and open grates, lighted by electricity, finished and furnished in excellent style. It has hydraulic elevator and extensive appliances for sanatory treatments.

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I wish to say a few words of highly deserved praise in reference to your wonderful preparation, Unguentum Resinol. I have had the most flattering success with it in my practice in the treatment of pruritus ani, itching piles and also in allaying the intense itching and burning of eczéma. I have found it superior to any preparation of its kind that I have ever used, and I think it stands without a peer as an antipruritic and sedative. I could relate many interesting cases in which I have used Unguentum Resinol. I trust that all of my professional brethren will use this valuable preparation whenever it is indicated. Yours most respectfully, A. L. Scott, M.D., Ph. G.

TROUBLE AT THE HOMŒOPATHIC STATE HOSPITAL.—The managers of the new State hospital at Collins, N.Y., recently removed the superintendent, and now fear that they cannot find another, and yet cannot open

the hospital until they do. The superintendent must be a homœopathic physician, must have served at least five years as physician in some insane hospital, must have had some experience in homœopathic treatment of the insane, and must be a citizen of New York State. The only two men who are eligible under this rule, it is said, are personal friends of the removed superintendent, who absolutely refuse to accept the appointment in his place.

TO PREVENT IODISM.—It is claimed that the following may be given indefinitely without causing iodism :

℞ Potass. odidi ℥ iss.
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M. Sig. Teaspoonful three times daily, in water, after meals.—*Sanderson, Medical Weekly.*

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In the treatment of all diseases of the

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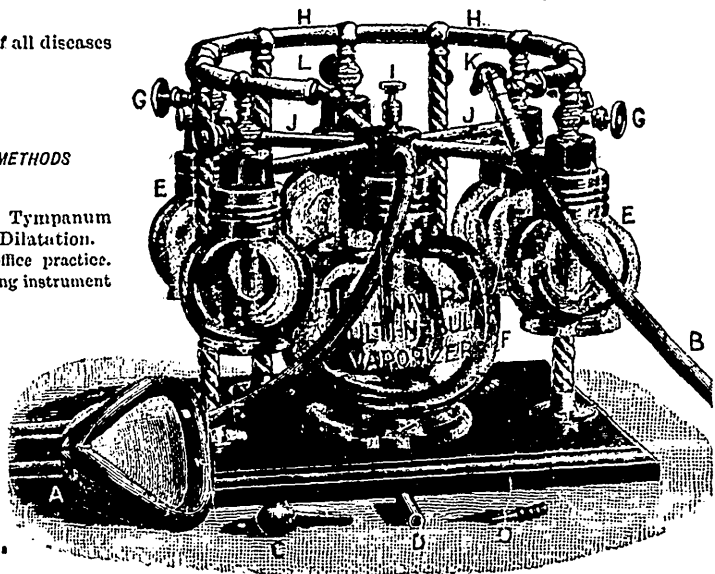
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It is a safe and reliable remedy for the relief and cure of Dysmenorrhœa, Amenorrhœa, Leucorrhœa, Menorrhagia and kindred diseases where the Uterine Organs are involved and no organic lesion exists. The formula shows that it is a strictly vegetable compound, and may be used without any reserve, or any injurious tendencies.

FORMULA :	
Parley seed	Grs. 30
Black Haw (bark of the root)	" 30
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Gum Guaiacum	" 30
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Aromatics	
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WEBSTER THE STANDARD.

The Toronto Globe says:—
 The International is rapidly becoming recognized as the most reliable standard dictionary published. In addition to fulfilling the primary function of a dictionary, the International contains a vast amount of general information of great value.—Jan. 11, 1886.

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 Springfield, Mass., U.S.A.

IT HAS NO RIVAL.—At a meeting of the American Medical Association, held at Washington, D.C., Dr. John A. McIntyee reported "ten selected cases of laparotomy, with remarks." From this paper, published in the *Journal of the American Medical Association*, we quote as follows: "I use but little opium or morphia, for the reason that these drugs, by locking up the secretions, limit the power of elimination, and therefore favor septi-cæmia. For over a year past, in cases of laparotomy where pain and rise of temperature were present, I have used antikarnnia in ten-grain doses, with the happiest effects." A further objection to opium and its derivatives is referred to in an article by Dr. Herman D. Marcus, resident physician, Philadelphia Hospital (Blockley), published in *Gaillard's Medical Journal*, from which we quote: "There is probably no group of diseases in which pain is such a promi-

nent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of antikarnnia than in the treatment of such affections. An obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikarnnia causes no habit, and I have never found a patient refuse to take it."

NITRO-GLYCERIN IN ANGINA PECTORIS.—Schott (*Therap. Monatshefte*) draws the following conclusions in reference to the therapeutic effect of nitro-glycerin in angina pectoris: 1. It acts best in the pure angio-spastic forms of angina pectoris, not so well in the pain of aortic disease, and still less favorably in that due to myocarditis or fatty heart. It is of little value in the pains of aneurism, and is generally useless in the pure motor neuroses of the heart. 2. Its action in

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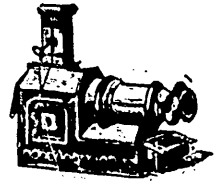
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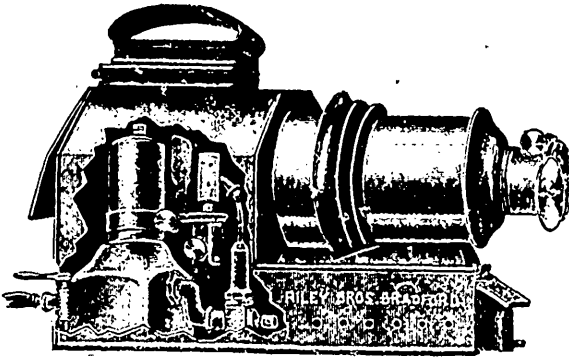
cannot be equalled by any other lantern at the price. Thousands have been sold all over the world, and there is no country in which it is not used. The lanterns can be used with jets of all kinds, the acetylene gas, electric light, or the Lawson "Ether" saturator, which we specially



recommend. It gives a wonderful light, only one gas being required, viz., "Oxygen." Besides this, it is safe, efficient, and cleanly in use, and is a great saving, only using three feet of oxygen gas per hour. A charge of four ounces of methylated ether will run two hours or more.

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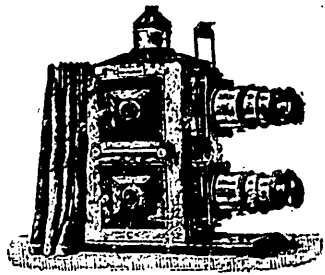


in store windows it always attracts attention; the work done by it upon the screen cannot be excelled; those who want a really high-class instrument should buy the "Monarch." We guarantee it in every respect.

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different subjects can never be predicted. If toxic symptoms appear after the exhibition of a small dose, it is better to discontinue the drug. 3. If no toxic symptoms appear, gradually increasing doses can be given with safety. 4. According to the experience of the writer it is best given in liquid form, combined with tincture of capsicum, rectified spirit and peppermint water. 5. It acts with remarkable rapidity, the height of its physiological effect being reached in two or three minutes. 6. When several small doses are without effect, larger doses should be given. Sometimes a single large dose acts best. 7. More than one sixty-fifth of a grain cannot be given in a single dose.—*Ex.*

PROTECTING THE HEALTH OF PRISONERS.—Intending convicts in

Missouri must take care not to expose themselves to any contagious disease, otherwise they will not be permitted to enter jail. The board of health of that State has recently issued an order that all officers who bring prisoners to the penitentiary must carry with them a certificate of health signed by a local physician and countersigned by the secretary of the State board of health, which certificate must state that the prisoner has not been exposed to any contagious disease for thirty days prior to his transfer to the penitentiary.

WE direct especial attention to the announcement of Dr. W. E. Hamill, on another page of this issue, which is of paramount importance to those who contemplate either selling or buying a medical practice or who is in need of surgical instruments.

THE BABY'S DIGESTION

Is the source of most of its troubles. A little baby is mainly a small machine for the transformation of food into flesh. If the food is of the right sort there is usually no trouble. A doctor's chief concern is in getting a palatable food that will digest easily. It's easy to get if you start right. Start with

RIDGE'S FOOD

It is a complete diet in itself. It does not depend on milk to make it nutritious. It has to be prepared, but the results are always good. It has no effect on the bowels—neither laxative nor astringent. It is merely a food, but it is the best food. It digests easily, is readily assimilable and makes sound, healthy flesh. If you are not familiar with it we will be glad to send you a sample can with some literature.

WOLRICH & CO., Palmer, Mass.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

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SPECIALLY VALUABLE IN
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ARE NATURE'S GREAT SOLVENT, AND
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Diabetes, Gravel, Gout,
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The waters contain iron in that most rare and valuable form for ready absorption and rapid medication, namely, a solution of the protoxide in carbonic acid. In addition to the Iron Waters, there has been obtained from an artesian well a flow of Salt Sulphur water of great value as a stomach water and gentle laxative, and for bathing.



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Location Healthy + No Malaria + Climate Mild.



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IMPERIAL GRANUM.—The following letter just received by the Imperial Granum Company from the publisher of one of the most influential of American medical journals, must certainly be most satisfactory to the manufacturers of that sterling food preparation: "Beginning with the grip, I ended up with a severe attack of gastric fever. This gave me an excellent opportunity to use Imperial Granum, and I assure you it was a great pleasure to have something that was at once so pleasant to the taste, so nourishing, and so grateful to a delicate stomach. After being compelled to abstain from food for three or four days, I partook of the Imperial Granum quite freely, without the least disturbance of the stomach. As we have had much experience in dealing with delicate and sensitive stomachs, we thought it very remarkable that any food should prove so nourishing and yet could be taken so

freely under such circumstances. I was glad to have such an opportunity to test your food, and I shall always be glad to recommend it."

INTERNATIONAL CONGRESS OF FORENSIC MEDICINE.—An International Congress of Forensic Medicine will be held at Brussels August 7th. The following are the questions proposed for discussion: 1. The internal factors of the putrefaction of corpses; 2. The place and duties of the medical jurist in expert evidence as to accidents caused by tainted meat; 3. The toxicology of acetylene; 4. Poisoning by carbonic oxide; 5. Criminal lunatics and asylums; 6. Professional secrecy in the courts; 7. The lung test in the determination of live birth; 8. The medico-legal significance of subserous ecchymoses; 9. Responsibility, particularly partial responsibility; 10. Hypnotism in relation to crime.

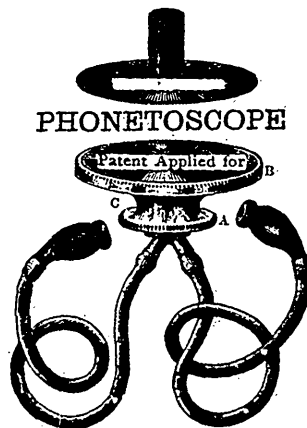
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PRACTICES FOR SALE.

This list of practices, revised and corrected, appears each month in the "Canadian Medical Review," the "Canada Lancet," "Canadian Journal of Medicine and Surgery," and the "Dominion Medical Monthly."

Intimate by number those you wish details of.

No. 138.—Vienna, Austria. "Dear Dr. Hamill,—I will return home in a short time, and write you to secure me a good practice in a town of not less than 8,000 population." This client can pay cash and means business; but the practice must be large, as he has always had previously a large country practice. Any doctor wishing to sell out who can fill the above order, write this office at once.

No. 139.—"Dear Dr. Hamill,—I wish to retire from rural work, and if you can secure me a Toronto practice where I can make at least \$2,000 per year, I will pay good cash price for same, and am open for immediate negotiations."

No. 140.—"Dear Dr. Hamill,—I have a large practice among lumber camps, and will give a half interest therein to some active young man for \$1,000."

No. 141.—"Dear Dr. Hamill,—I am desirous of procuring a partner, and would like your assistance. I send you full details of my practice, which, although strictly a rural one, you will see is much too large for one man."

No. 137.—\$2,500 to \$3,000 practice in Michigan town of 6,000 population—nearly all office work, and cash—fully established and easily transferable—price for introduction and good-will \$500. [This offer is very inviting, and I am convinced a good thing.—W. E. H.]

No. 136.—\$3,500 to \$4,000 practice and lovely brick home in County of Simcoe; population 1,700; easy opposition; large territory; two months' introduction. The doctor's lungs are weak and he does not wish to face another Canadian winter. All he asks down cash is \$1,200, balance can remain on mortgage. Anyone desiring a nice country town practice cannot beat this, as it is sure.

No. 142.—"Dear Dr. Hamill.—If you do not soon find me a purchaser, I will need a partner, as there is too much work here for me alone."

No. 135.—A \$3,000 practice in town of 4,000, fifty miles from Toronto, with or without property. Will rent—in fact, almost any conditions to suit purchaser may be made.

No. 134.—\$2,000 Toronto practice and growing, in desirable location. Ill-health forces him South. An unusual city opening. Will sell good-will only, or include chattels as desired.

No. 133.—Is a \$3,000 rural practice without opposition for seven miles in any direction, with the doctor's brick house, road and stable outfit and office contents, together with full introduction, for \$2,760. Half cash, balance on time. County of Essex.

No. 131.—\$2,500 practice in County of Simcoe, population 2,500; two opposition; fine opening, as the doctor wishes to educate his children. Price \$400. Investigate at once. Would suit Catholic, Methodist or Presbyterian.

No. 129.—\$3,000 practice in village of 500, County of Lambton. Chattels, property and full introduction for \$2,000. Terms, half cash. A big bargain, as will be seen upon investigation.

No. 126.—\$3,000 practice and fine home—population 1,000—no opposition. Might rent.

No. 122.—An unopposed practice in village of 200 population, 30 miles east of Toronto. This place has always given a good practice, and is in the richest agricultural district. Price for introduction and good will, \$500 cash.

No. 121.—Is a practice over \$3,000 and a fine home in small rural village of 300 population; without opposition, and large territory; about 40 miles east of Toronto. An established business, certainly transferable. One of the best country practices in Ontario.

No. 112.—Is a practice of over \$3,000 per year in Western Ontario town of over 3,000 population. The practice and the doctor's lovely home recently built and stable outfit, is offered at cost of house, \$3,700. Terms, \$1,500 cash. This is an excellent chance for a Presbyterian.

No. 100.—\$2,000 practice and residence, with office contents, road outfit, household furniture, etc., with full introduction, in a village of 700, in eastern county, without opposition. Price, \$2,500. Terms, half cash; A decided bargain for Methodist.

No. 97.—Is a practice and property in village of 800 near Toronto. Finest country and pay, with one weak opposition, which is a great opening for any Methodist physician. He can do from \$1,500 to \$2,500 per year; cash, sure. Price of property only asked, which is \$1,800. Terms, \$650 cash; balance on mortgage. County of York.

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Practices offered independently of this office are generally those which we have rejected as unworthy and undesirable.

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DR. W. E. HAMILL.

SANMETTO A STANDARD MEDICINE.—I have had occasion to use a considerable quantity of Sanmetto in bladder and urethral troubles, and have so far invariably found it equal to the occasion. It is assuredly as much a specific for the various ailments of the bladder and its appendages as quinine is for ague. That is saying a great deal; but it is true. Sanmetto is certainly a standard medicine, and deserves every confidence of the physician. I shall continue to use it in my practice with perfect confidence in its great merit.—Jas. T. Atchison, M.D.

TREATMENT OF INTESTINAL TROUBLES BY THE SOLUBLE PHOSPHATE OF BISMUTH.—By fusing a mixture of oxide of bismuth, caustic soda, and phosphoric acid, a substance is obtained (*Revue Internat. de Med. et de Chir.*) which is very soluble in

water and which contains about twenty per cent. of oxide of bismuth. According to Dr. Dœrffler, of Wiesensee, this soluble phosphate of bismuth constitutes an excellent means to combat the diarrhoea of children as well as of adults. It is at first prescribed under the form of the following potion:

℞. Sol. phos. of bismuth. .gr. 40-60
Aq. fl ℥ viij.
Syr. diacodium (poppies) fl ℥ j.

M. Sig. A teaspoonful every hour. For children, give the following:

℞. Sol. phos. bismuth. gr. xxx.
Aq. fl ℥ iij.
Syr. diacodium . . . fl ℥ ½.

M. Sig. Give one-half or one teaspoonful every hour. The soluble phosphate of bismuth acts very favorably in the acute attacks of gastro-enteritis of children. In most of the cases the vomiting ceases after the first tea-

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One Bottle, diluted with water will make 12 pints of proper strength for use.

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spoonful of the medicine has been taken; the specific odor given off by the ejections disappears the moment the fæces become black in color, due to the rapid elimination of the bismuth. It is well to prolong the usage of the salt of bismuth for some days after the diarrhœa has ceased. (Translated from the French by Rutherford Gradwohl.)—*E. x.*

YELLOW FEVER.—The steamers arriving at this port from Colon now bring yellow-fever patients regularly among their passengers. The *Finance*, which arrived on Monday last had two deaths on the passage and brought three passengers ill with yellow fever to quarantine. Dr. Sanarelli delivered a lecture on June 10th before a large assemblage of physicians and scientists, members of the

diplomatic corps, and others in Montevideo. He described the bacillus which he had discovered and believed to be the specific micro-organism of yellow fever; he calls it the bacillus icteroides. It is found in the blood and also in several of the internal organs of those suffering from the disease. Dr. Sanarelli said he had not yet succeeded in obtaining an efficient antitoxin, but was working at the problem constantly, and hoped soon to discover a serum by means of which preventive inoculation can be made

JUBILEE HONORS.—The list of medical honors at the Jubilee celebration was very short. Sir William MacCormac and Dr. Samuel Wilks, President of the Royal College of Physicians, were created baronets.

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No. 7

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original, will be accepted in this department.

SOME OF THE UNTOWARD EFFECTS PRODUCED BY THE ADMINISTRATION OF THE BROMINE COMPOUNDS.*

By H. A. Hare, M.D.,

Professor of Therapeutics in the Jefferson Medical College of Philadelphia.

It is not my intention to discuss in this paper the well-known untoward effects of the bromides as they are manifested by eruptions on the skin, mental torpor, and the final development of a cachexia and general as well as nervous feebleness. The conditions on which I desire to dwell are so well known to the profession, although they are more common than would be supposed.

In the study of remedies, both old and new, the tendency of the physician is rather to record his successes than his failures, and to report the instances in which the drug has done good rather than those in which it has failed or done harm. It is only after many years of experience roll by that the profession gains a complete view of the reverse of the therapeutic shield.

The untoward or unexpected effects of drugs, are however, never to be forgotten, and the possibility of a remedy causing an unusual symptom is to be ever borne in mind.

At a meeting of the Association of American physicians held in Washington in May, 1896, Weir Mitchell read a paper detailing a number of instances in which the use of bromides had speedily produced a number of untoward effects over and above the skin eruption, disordered digestion and mental slowness usually met with after full doses of this drug are used. Thus the symptoms manifested consisted in great irritability of temper, moroseness, and homicidal or suicidal tendencies. In one case, that of Jacksonian epilepsy in a child, imbecility developed from the use of bromides; another

* A paper read before the Association of American Physicians. From the *Therapeutic Gazette*.

child became a sufferer from amnesic aphasia; and in an adult female suicidal tendencies and melancholia appeared when the drug was used and disappeared when it was stopped. Viosin and Stark reported cases many years ago, and Harriet Alexander as recently as July, 1896, has contributed a valuable paper on this topic, in which she reviews the literature on this subject in this country quite thoroughly. Seguin reported the case of a twelve-year-old boy who had *petit mal* in the form of chills, and when these were stopped by the bromides he became unmanageable and boisterous. Hughes, of St. Louis, has reported another case of *petit mal* which developed kleptomania when the bromides were given, and Rockwell has recorded an instance in which an epileptic female on taking the bromides became irritable and suspicious. Dr. Alexander, in the paper quoted, cites several instances from an earlier contribution of hers on this subject. An epileptic nymphomaniac always became irritable and suspicious on the use of the bromides. In another woman, with a family history of epilepsy and imperative homicidal conceptions of long continued form, erotico-religious, auditory and visual hallucinations followed the use of the bromides. In another female troubled by coprolalia the bromides caused silliness, and unrestrained coprolalia. In still another case the bromides caused an irritable suspicious state in which the patient became treacherous. A ten-year-old girl with proconvulsive epilepsy had three attacks replaced by irregular kleptomania attacks, and she became suspicious and irritable. The last three cases reported by Alexander are particularly interesting. They are as follows:

A female; has *petit mal*. She denies all epilepsy. Long after her marriage, epilepsy, although it clearly existed, was never suspected until she awoke her husband one night by heating his face with a slipper while unconscious. In an inter-epileptic period she is mild-tempered, good-humored and suave. Under the bromides she becomes first irritable, and querulous during the inter-epileptic period, then paroxysmally furiously excited, and has vivid auditory and visual erotico-religious hallucinations and is coprolaliac. Mixed treatment has no such effects.

Since then Alexander has observed the following cases:

A thirty-four-year-old woman had *grand mal* followed by a dazed condition. Under the bromides these attacks were replaced by nymphomania with decided erotic manifestations, attended by religious hallucinations and furious masturbation. The use of ergot removed these manifestations, and the alternation of ergot with the bromides prevented them.

A forty-two-year-old woman had attacks of *grand mal* at the menstrual period and *petit mal* in the interregnum. These were both replaced by furor under the bromides.

Similar instances have been reported by Janeway, Dana and Draper, and the older literature of medicine shows that these unusual effects were not unknown, and are not now met with for the first time. Many years ago Hammond recorded the case of a gentleman to whom he gave at first fifteen grains of potassium bromide three times a day. These doses, which were slightly increased, soon produced symptoms of mental aberration, which disappeared when the medicine was stopped. Later the patient of his own free will insisted upon taking as much as one ounce of the drug a day. He developed marked insanity, delusions of persecution and the delirium of grandeur. He became timid and cowardly, and finally so insane as to necessitate his removal to an asylum, in which recovery took place. In other cases hallucinations as to sight or sound have come on without there being any alcoholic history to complicate the case.

Bannister has also reported a condition of pleasurable intoxication with

exaltation of mind after doses of bromide. Thus he reports the case of a man of thirty-six years of age who was a sufferer from frequent epileptic attacks and had slight mental impairment, but no true psychic disorders and no delusions. He was regarded as a quiet, well-behaved patient, except when the bromides were given him, when he became furiously excited and unsafe. Thus before commitment to an asylum he had been convicted of homicidal tendencies. Small doses of the bromides rarely brought on the attacks except after several days, but as much as one and a half drachms daily made him unmanageable in three or four days. Stopping the bromide stopped the mania, but allowed the return of the attacks. Bannister reports other cases, three in all epileptics under his care. This and the following report of cases illustrate the clinical fact that the arrest of epileptic attacks by full doses of the bromides produces on rare occasions evidences of nervous excitation in other forms. Thus Baker, in the *Medical Register* of December 8th, 1888, reports the case of a male of eighteen years suffering from many convulsions each day who was said to be unable to take bromides. Nevertheless he was put on fifty grains a day. This resulted in an arrest of the attacks, but they were supplanted by noisy outbreaks of ungovernable rage but no delusions. Another case of a young man was met with who had maniacal delusions which always disappeared if the bromides were stopped and the attacks allowed to return. A third case experienced mental confusion when the bromides stopped the attacks. Lepine also reports a case (*La Semaine Medicale*, December 23rd, 1891) of a tabetic young woman who received sixty grains of bromide a day for convulsive attacks. In the course of a few weeks she became progressively weaker and delirious; and Lepine believes that difficult speech, delirium and mental weakness often follow the use of bromides.

Holinden, in *The Lancet* of October 18th, 1886, also reports the case of a sailor, aged thirty-three years, who was in the habit of taking three drachms of bromide of potassium a day for the purpose of relieving insomnia, and who began to develop delusions and to be unable to collect his thoughts. Notwithstanding advice to the contrary he persisted in the use of the drug and developed delusions of persecution, maniacal symptoms, and suicidal tendencies, followed by great prostration. Recovery ultimately occurred.

Hameau (*Journal de Medicine de Bordeaux*, March, 1868) has reported the case of a young woman of twenty-two years who after taking no less than four and a half pounds of bromide of potassium in ten months developed cachexia, delirium, and after great prostration she died.

We have also the report of Eigner in the *Wiener Medicinische Presse*, Nos. 25-34, 1886, who records the case of a woman who took five pounds in a year, and after developing the ordinary symptoms of bromism developed tremor, staggering gait, followed in a few hours by excitement passing into delirium with delusions of poisoning.

Thompson in *The Lancet* for May 11th, 1889, asserts that he has frequently seen cases of maniacal insanity produced in feeble-minded persons and in the insane by drenching them with bromides. He does not, however, report any definite cases.

Gaston Lyon, in his "Traite Elementaire de Clinique Therapeutique," 1895, says in some cases the bromides have to be stopped when given to epileptics as they increase the number of the attacks, or, if they stop them, bring on cerebral disturbances.

Marked untoward effects of the bromides are recorded by Soulier ("Traite de Therapeutique et de Pharmacologie," Paris, 1895), who states that in those instances in which a bromide cachexia develops there is in

addition to feebleness commencing paralysis of the lower extremities, tremors, coldness, anorexia and diarrhœa, loss of intelligence and memory, and sometimes delusions, hallucinations, headache of an intense kind, and dilatation of the pupils. He quotes Le Gendre as having seen instances in which the bromides in overdose caused in epileptics symptoms simulating typhoid fever

Laborde (*Gazette Medicale de Paris*, 1886) has seen sexual excitement follow the bromides, and Winters has reported visual hallucinations (*New York Medical Journal*, 1883). Alexander also quotes Kiernan and Monroe (*Medical Standard*, 1887 and 1891) as having met with cases of aphrodisia from this drug.

One conclusion seems certain beyond doubt, that in many cases of epilepsy the bromides are very capable of causing grave injury aside from the general depressing influence which they excite in all persons if given in full doses for any length of time.

In other instances in non-epileptic patients the use of the bromides has produced aphasia and apyrexia. Thus Lockhart Clarke has recorded an instance of a patient who said "contraction" for "subscription," and E. H. Clarke one who called a buckwheat cake a comb, and a comb a buckwheat cake.

With the idea of gaining additional information about such important variations from the usual manifestations of the bromides the writer addressed the following letter to a number of well-known neurologists, and to physicians in charge of insane asylums:

DEAR DOCTOR,—Within the last few months my attention has been called to the fact that the administration of bromide of potassium to certain persons, either sane or insane, produces a mental alienation, or influences unfavorably the manifestations of insanity already present. I am trying to find out whether the experience of one or two gentlemen has been duplicated by others having such a wide experience as you must have had. I enclose a set of questions designed to elucidate this point, and shall feel personally obliged to you if you will be good enough to answer as fully as you feel inclined the questions that I enclose.

The questions were as follows:

1. Have you noticed in your practice that the administration of the bromides in full doses ever produces mental alienation or true delusions?
2. If so, have the symptoms of the patient been those of sedation or excitement?
3. Has a single full dose ever produced such symptoms?
4. Do you think that such untoward effects of the bromides are more commonly met with than is generally thought?

The answers I have received are as follows as to Question 1:

Dr. H. M. Bannister, of the asylum at Kankakee, Illinois: "I have seen epileptics who were rational and quiet made violently maniacal. This was directly induced by the bromides. I have also seen pronounced hebetude and mental depression caused by their use. As regards the production of true delusions by the bromides I cannot speak definitely any further than to say that I believe the causeless violence and the deep depression are both probably attended with false conceptions."

Dr. John B. Chamberlin, of the Pennsylvania Hospital for the Insane, Philadelphia, answers Yes; that he has seen mental alienation and true delusions follow the use of bromides, and in an article by this author read before the Association of Medical Superintendents of American Institutions for the Insane in 1891, he records a number of cases closely allied to those

under discussion in which the use of the bromides with other drugs such as chloral and morphine produced delusions or maniacal excitement. Thus in one case a man was brought to him with "acute maniacal fury," who had received fifteen grains of bromide of potassium every three hours for a time not stated, and chloral twice a day. The symptoms ceased when the drugs were stopped.

Dr. E. N. Brush, of the Sheppard Asylum of Maryland, states that he has seen "in many instances mental confusion ranging from simple hebetude to low, muttering delirium induced in epileptics by the administration of bromides, conditions which have cleared up when the drug was stopped." He also says: "It is very common in institutions to receive cases, clinically very much like what has been described as confusional insanity, in whom either depression or melancholia predominated, complicated by restlessness and excitement, sometimes conditions simulating delirium tremens, who have rapidly cleared up and made a good recovery when the bromides were discontinued and full diet, attention to disturbed digestive functions, often aggravated by the use of bromides, and ferruginous tonics have been administered. It is very easy to appreciate the reasons for all this. The patient at home has been restless and excited, as the result of mania or of melancholia with apprehension, and sleepless, as is almost always the case in the various forms of alienation in the acute stages. The family physician has naturally endeavored at the same time to quiet the patient and allay the worry and anxiety of the family incident to the patient's restlessness, and has considered the bromides as the best therapeutic means to accomplish these results. Much of this has grown out of the unfortunate teachings of a few years ago, as a result of which a great many practitioners have the idea that all forms of insanity depend upon cerebral hyperæmia, and that bromides in one form or another have the property of controlling this and producing sleep." He cannot recall a single instance in which mental alienation or true delusions followed, or was apparently caused by bromides if the patient was of sound mind before the drugs were given.

Dr. Richardson, of the State Asylum at Columbus, Ohio, in an experience of over twenty-five years and six thousand cases, cannot call an instance in which the bromide has caused insanity in a previously sane person.

Dr. James G. Kiernan, of Chicago, answers this question in the affirmative, and adds that it should be understood that he refers in his replies to the untoward action of potassium and the alkaline bromides on the sane, exclusive of epileptics.

D. W. Brown Ewing, Physician of the State Asylum for the Chronic Insane at Wernersville, Pennsylvania, says he has not met with any disagreeable symptoms:

Dr. John W. Ward, Chief Physician to the New Jersey State Hospital for the Insane, replies as follows: "I take it for granted that you mean the bromides of potassium and sodium especially, and in reply, first, I would state that we have never had any symptoms of mental alienation following full doses of the bromides. We have used the bromides, and particularly bromide of potassium in large doses, for the last twenty-five years in this institution. We give it nowadays almost always to epileptics—at least we regard it as the best remedy, either singly or in combination, in the cases of epilepsy that come under our care. The only ill results we have noticed in this hospital is the breaking down of the system as manifested by disordered digestion and pimples on the face where there is long continued use. This we often obviate by associating the bromide with tonics in its exhibition—

not always, but usually so—so much so that in nearly all, or quite all, the cases where now we propose its use for a continued period we associate it with tonics. Apart from this, however, we have never noticed any injurious effect following its use, even when giving twenty-five and thirty-grain doses three or four times daily for a period of months. I may state, however, that I have seen decided symptoms of dementia, in a few cases, follow the use of chloral hydrate. It occurs to me that this is possibly the case in the instance mentioned by your friends to which you refer. Where mental alienation has followed the use of the bromides, they may have been exhibited in association with chloral, as it seems to be the fashion now in some sections. Under no circumstances do we ever administer chloral and bromides of potash or soda together. We have not infrequently had cases brought to us described as having the bromide habit, but in each and every case I have found that morphia was associated as a quieting agent with the bromide, and in such cases the morphia habit did exist, but the bromide habit did not. After exhibiting the bromides for months, we have been able to withdraw it at once without any evidence of any particular habit having been formed for it, or in any craving after the drug. When the bromide of potash was heralded in our magazines as a remedy for the habit of masturbation, I gave it in large doses, with no bad effect following it, except in a few cases where it produced so-called bromide intoxication. This followed the exhibition of the drug in sixty-grain doses four times a day for several days in succession, with no particular benefit so far as the habit was concerned, but with a decided muscular weakness and trembling and inability to walk, and in a few cases inability to co-ordinate the movements, much the same as in progressive locomotor ataxia. In each and every case, however, where such a result obtained, the patient soon rallied and regained his usual ability to walk in a few days after the exhibition of the drug was suspended."

Dr. A. H. Hutchinson, Superintendent of the Western Pennsylvania Hospital for the Insane, Dixmont, Pa., says: "In answer to your letter I may say that I have never noticed any peculiarity in a patient following the administration of bromide other than the depression which is seen where it is pushed for a long time. I have never seen any delusions or other symptoms produced. We use but little bromide in this institution, almost none at all, and for years past my experience with this drug has amounted to almost nothing."

Dr. H. E. Allison, Medical Superintendent of the Matteawan State Hospital at Fishkill Landing, New York, says: "We seldom administer bromides in full single doses except in cases of great mental disturbance or in epileptic status. There are some few cases of epilepsy now which are receiving the bromides regularly in doses varying from thirty to sixty grains a day (ten to twenty grains three times daily). In occasional instances we prescribed the mixed bromides. We have not noticed any mental alienation or true delusions which we could directly ascribe to the influence of this drug used in this manner.* It is true that many epileptics possess delusions and that many pass into states of dementia; but these conditions arise irrespective of the use of the bromides, as there are certain patients here who have not been put under the bromide treatment. We have had one or two cases of bromism from the prolonged use of the drug, evinced in the acne and in the dull, lethargic state of the patient."

Dr. Robert H. Chase, of the Friends' Asylum for the Insane, Frankford,

* In non-epileptic persons Dr. Allison has, however, seen excitement follow the bromides. See his answer to Question 4.

Philadelphia, says he has seen the effects asked about in Question 1, and cites the following case: "Several months ago I was asked to see a young man, with a view to having him placed in the asylum. He was an epileptic, who had been taking the bromides under the direction of a 'travelling physician' who lived at a distance. When I saw him he was in epileptic furor, irritable and excitable, with persecutory delusions. I directed them to discontinue his medicine, and ordered him to Atlantic City, where he rapidly regained lucidity and composure."

Dr. G. Alder Blumer, of Utica, has not met with symptoms of excitement, but he asserts that much harm is done by the indiscriminate use of the bromides.

Dr. L. Pierce Clark, of Craig Epileptic Colony of New York, replies: "I have never found any delusions produced by the administration of full doses of bromide. The character of mental alienation that I have most frequently noticed is that of dementia."

In answer to Question 2, Dr. Bannister states that symptoms of sedation and excitement were both present. In epileptic cases the excitement was marked rather than depression.

Dr. Chapin replies: "Sedation, mental hebetude, and subacute delirium." But in the report already quoted he cites cases of excitement.

Dr. Brush evidently thinks the symptoms are those of sedation rather than excitement.

Dr. Richardson says that it decreases mental activity.

In answer to this question, Dr. Kiernan says the types are as a rule those of exhaustion, resembling acute hallucinatory confusional insanity; sometimes they are stuporous; very rarely emotional and exalted.

Dr. H. R. Allison has not met with excitement after the use of the bromides, but has with sedation, for he says: "We have administered the bromides usually in combination with chloral, in large single dose, to cases suffering from a quick succession of epileptic seizures—that is, to patients who were in the *status epilepticus*—and in such cases we believe that we have produced beneficial results by its administration, as the seizures have ceased and the patient passed into a quiet state, emerging therefrom exhausted, but afterward progressing to a state of consciousness and ordinary health."

Dr. Chase replies the symptoms have sometimes been those of sedation, sometimes of excitement: "All the effects that I have ever noticed from the administration of bromide have been of sedation."

In answer to Question 3 few gentlemen have met with a case in which a single dose of bromide has had the effect of producing mental disorder.

Dr. Kiernan states that he has seen stupor, acute hallucinatory types, and emotional exaltation resembling hypomania.

Dr. John W. Ward says: "I have never seen any ill effects whatever follow the exhibition of single full doses, say sixty grains of the bromides. In most cases it is tranquilizing. Sixty grains, however, we regard as an exceptionally large dose. Our usual standard dose, either as tranquilizing agent or as exhibited to our epileptics, is from twenty to twenty-five grains, and repeated not oftener than three times per diem."

Dr. H. R. Allison says: "I am not aware that a single full dose of bromide has in our instances occasioned excitement, as it is only when such conditions of excitement prevail that the drug is administered."

Dr. Chase has never seen such effects follow a single dose.

Dr. L. Pierce Clark states: "I have seen a single dose of bromide produce temporary amnesia which in a measure simulated the more permanent dementia seen after its prolonged administration."

In answer to Question 4, Dr. Bannister writes: "Yes, decidedly so, when large doses are given; not often with moderate doses carefully used."

Dr. Chapin also makes the same statement in the report already quoted.

Dr. Brush says: "For years I have been decidedly of the opinion that the administration of the bromides is subject to abuse on the part of the profession, and that untoward effects are much more common than is realized. . . . I have made it a point for fifteen years to call attention to the dangers incident to the careless administration of the bromides."

Dr. A. B. Richardson, of Columbus State Hospital of Ohio, believes that the bromides tend to produce an increase in the dementia and hasten the degenerative process in epileptics, and he is much opposed to the use of the bromides in insanity, as he thinks it impairs nutrition and the blood.

Dr. Kiernan thinks these effects are common.

Dr. W. Brown Ewing says: "Have never noticed any bad effects from the bromides. When long continued I always give two or three drops of Fowler's solution, as in epileptics. My experience is that the insane do not show the rash as soon as the sane."

Dr. John W. Ward says: "An opinion based on our experience here would lead me to think, as has already been stated above, that no untoward effects ever follow the use of the bromide, other than breaking down already referred to in answer to Question 1."

Dr. H. R. Allison makes the following interesting reply to Question 4, interesting because it to some extent modifies the view obtained from reading his reply to Question 1: "There is a condition of excitement which I believe is produced by the excessive use of bromides usually combined with chloral in persons who are not epileptics, but who are simply suffering from mental disturbance, constipation and lack of nourishment, which often occurs in cases recently admitted. Histories in such cases often indicate that the patient has been systematically drugged with large amounts of both bromide and chloral, and that too little attention has been paid to other features of the disease, apparently relying upon large doses of sedatives to produce calmative results. By reference to our prescription list I find that there are but six patients out of a population of 575 who are at present regularly taking bromides, and the house is almost entirely free from exhibitions of noisy excitement."

Dr. Chase thinks the bromides are abused.

Dr. L. Pierce Clark: "I think that the untoward effects of the administration of bromide are much more frequently produced than is thought by the profession at present, although at times it is difficult to say how much mental alienation is produced by its administration because the epilepsy itself has a tendency to produce mental symptoms almost the same as those obtained from the administration of the drug."

In the discussion of Dr. Mitchell's paper in May, 1895, the author of this article brought up the question as to whether the depressant and other harmful effects of the bromides were in a certain number of cases due to the potassium base, and later discussed it in the editorial columns of the *Therapeutic Gazette*.

Physicians are wont to look for all the influences exerted to the bromine rather than to the base, and yet when full doses of any one of the potassium salts are used a definite and well marked physiological action takes place in addition to that produced by the bromine, iodine, or rather medicament ingested with the potassium; further, the effect of potassium in large amount is distinctly poisonous to all protoplasm, and in small doses it acts as a depressant to important vital functions, and for this reason preparations in

which sodium is the base are to be preferred. With these views, however, some of those present when Dr. Mitchell read his paper did not agree, and Dr. Dana, of New York, went so far as to speak of the possibility of potassium exercising any depressing effect as a "bugaboo" unworthy of credence and never seen in practice, although the writer of this article asserted that he and other clinicians had noted this well-known fact by the bedside.

If we regard the matter from a purely scientific basis, we find that as long ago as 1867, Rabuteau, from his investigations, laid down the rule that the poisonous action of the metals increased with the atomic weight amongst the elements of the same group—so that potassium, the atomic weight of which is 39, is more poisonous than sodium, the atomic weight of which is 23. Again, if we take chloride compounds, we find that chloride of potassium is a muscle poison and that chloride of sodium is innocuous. The studies of Guttmann, Ringer, Claude Bernard and others prove that "potash salts are all far more poisonous than soda salts," and that the acid of the salt plays no part in producing the poisonous symptoms in such salts as the nitrate, carbonate and chloride; or, in other words, potassium is always a poison in itself. Full doses of the potassium salts, we are told by Ringer, lessen the frequency and force of the heart's beats and make them irregular, and again "that soda salts in twice or three times the quantity which proves fatal in the case of potash salts produce no effect on the system save a passing weakness." Even in still larger doses soda salts exert no influence on the heart or the temperature, or on the brain, cord, nerves, or muscles, whereas potassium does depress all these functions or parts. In regard to bromide of potassium Ringer states, after discussing the experimental evidence: "It produces the same symptoms, in the same order, as other potash salts, and the more or less rapid induction of these symptoms depends on the amount of potash the salt contains. Bromide of potassium, like the chloride, paralyzes not only central nervous system, but likewise the nerves, muscles and heart, sooner than the nerves, and the nerves sooner than the muscles; and therefore we conclude that these effects of bromide of potassium, which it possesses in common with all potash salts, are due solely to the potash, the bromine playing no part in the process."

Leaving the scientific side of the question, and turning to that of practical therapeutics, we need only reiterate the fact that we have seen potassium salts in full doses produce depression, and quote from the New Sydenham Society's Translation of Lectures on Pharmacology of Professor Binz, of Bonn. Thus, after detailing the symptoms produced by large doses of bromide of potassium in healthy young men, in whom there was a fall of temperature and feebleness of the heart, Binz says: "Control experiments with potassium chloride showed that the effect on the heart was always largely due to the potassium. Later on we shall have yet to consider in detail the very marked effects which the salts of potassium exert upon the heart's action."

And again Binz states: "Sodium bromide, taken by the same individuals in the same manner as the potassium salt, produced the same effects on the nervous system, but not on the pulse and temperature."

To quote once more from Binz: "If potassium bromide has been taken for a considerable time, or even a few days only, by susceptible persons, it has been observed to effect the *heart* unpleasantly, the pulse becoming feeble, irregular and intermittent. This is doubtless due to the potassium, which, constituting thirty-three per cent. of the salt, may very readily, given in the large doses above mentioned, and in a form so easily absorbable, exert its

depressing influence upon the heart's action. *For this reason sodium bromide is preferred by many physicians.*"

Recently we are told in the London *Lancet* of April 4th, 1896, that "the coroner for Mid-Essex held an inquest on March 26th on the body of a man whose death appears to have been due to excessive indulgence in what is usually considered to be a comparatively safe drug—namely, bromide of potassium. Suffering from neuralgia, he had been in the habit of taking this salt in doses of two to three drachms. The drug does not appear to have produced any of the usual symptoms of bromism, but may have caused the palpitation of the heart of which the deceased had frequently complained. During the night of March 23rd he felt very cold, gave two deep gasps, and almost immediately expired. The medical practitioner who was sent for stated at the inquest that he found the deceased quite dead, his mouth wide open, the eyes half closed, and the pupils somewhat dilated. A bottle containing the drug was on the table, and examination showed that it was pure bromide of potassium. The witness attributed death to failure of the heart's action caused by taking bromide. This case is interesting for several reasons. It proves in a marked manner the danger of taking any drug, however harmless it may be reputed to be in large and repeated doses without the advice of a medical man. No doubt in this instance a medical attendant would have recognized the depressant action the salt was exerting upon the heart and would have discontinued its use. Even in the most modern works on therapeutics this danger is not mentioned, yet it is well known that all potassium salts cause 'depression, shown by the diminished energy of contraction of the cardiac muscle, with final stoppage in diastole' (T. Lauder Brunton). As this bromide is constantly administered in large and repeated doses, the action of the basic constituent should always be borne in mind, and if signs of its depressant effect are observed its use should be abandoned, the bromide of some other base being selected if in other respects the action is beneficial. Many secret remedies for 'fits' contain this drug in large quantities, and it is evidently desirable that the public should be warned that their use is not unattended with danger."

We may conclude therefore that the bromides are not as harmless drugs as some have thought, and in some cases they are capable of producing maniacal delirium whether the patient be sane or insane.

Finally, if they are used the sodium preparations are to be preferred to those of potassium.—*Therapeutic Gazette.*

British Medical Association Column.

MONTREAL MEETING.

The time of the great medical event of the year at Montreal is not very far distant, and it behooves all who may not have decided to be present at the meeting to speedily make up their minds, and if the visit is contemplated, to at once inform the committee at Montreal of the fact. We learn that they are very anxious to know approximately how many they will have to entertain, and urgently request all who intend going to at once inform the Local Secretary, Dr. J. A. Springle, 2,204 St. Catherine St., of the fact. The probable attendance of medical men is estimated at the present time to be about 1,000—two hundred and fifty from England, fifty from other colonies, three hundred from the United States, and four hundred Canadians. Three or four lady members have signified their intention of coming across the Atlantic, among them Mrs. Garrett Anderson. Dr. Saundby, Dr. Barnes and Mr. Howke will arrive in Montreal on the 14th of August, by the Parisian.

Dr. Adami writes that the names of members who intend coming across are coming in daily, but when he wrote was not certain that a special steamer would be required, but he is prepared at any moment to charter a vessel in the event of a sufficient number of late applicants appearing.

Seven eminent men who cannot be present at the meeting have promised to send demonstration specimens. The English secretaries are generally working in that direction.

Among the interesting discussions which are likely to be arranged for is one on syphilis between the dermatological and pharmacological sections, introduced by Dr. Whitla, of

Belfast, Ireland, members of other sections, of course, being invited to attend.

Full arrangements will be made in advance whereby members intending to land at Quebec may obtain cards of membership, entitling them to half fare and the privileges granted by the Customs Department. Vessels conveying members will be met at Rimouski probably by Canadian representatives.

One of the most interesting and pleasant excursions will be the one arranged for to Ottawa, probably on Saturday. Dr. Roddick met the profession in Ottawa some days ago, and consequently the Finance Committee of the City Council, promised to undertake all the expenses connected with the giving of a luncheon to the visiting members of the association.

During Dr. Roddick's recent visit to Toronto, he spent some time with Professor Macalium, secretary of the B.A.A.S., from whom much information was obtained regarding the arrangements for the meeting. He found that a great many purposed attending both meetings, more especially those belonging to the physiological section. Dr. Roddick arranged with the president of the branch, Dr. J. H. Cameron, to have any members of the B.M.A. entertained during their stay in Toronto. He found the profession as a whole very enthusiastic regarding the meetings, and very anxious to assist their Montreal brethren in every way.

It was Dr. Roddick's intention to have formed other branches in Western Ontario, in such places as London and Hamilton; but there was a feeling on the part of those places that there was not room for branches which might interfere with the existing local medical societies.

The Rev. Dr. Norton has kindly offered the association the English Cathedral for a special service, and Dr. Adami will arrange with either Bishop Courtney, Bishop DuMoulin, or Bishop Sutherland, who are now

attending the Lambeth Conference, to officiate.

Some six hundred invitations have already been sent out, and replies have been received from 221. Among those who have intimated their intention of attending the meeting are: A. C. Abbott, Department of Hygiene, University of Pennsylvania; John Ashurst, jr., L. D. Bulkeley, W. T. Bull, H. T. Byford, H. P. Bowditch, J. Solis-Cohen, T. M. Cheesman, D. W. Cheever, W. B. Coley, J. McKeen Cattell, Fred. S. Dennis, D. B. Delavan, Reginald Fitz, Geo. H. Fox, Frank P. Foster, Christian Fenger, Virgil Gibney, H. G. Gerri-gue, E. H. Grandin. Langdon Carter Gray, Geo. M. Gould, Hobart A. Hare, C. A. Herter, James Nevin Hyde, E. Hodenpyl, B. C. Hurst, A. Jacobi, Chas. Jewel, M. McKeen, Howard A. Kelly, C. A. Lindsley, John H. Musser, W. F. Mittendorf, Hunter McGuire, Thos. G. Morton, H. H. Mudd, J. B. Murphy, Paul F. Munde, W. P. Northrup, Wm. Pepper, Roswell Park, Fred. C. Shattuck, Louis Starr, W. Alan Starr, J. V. Shoemaker, E. C. Spitzka, Geo. F. Shrady, E. L. Trudeau, James Tyson, Hiram N. Vineberg, Wm. H. Welch, and Casey A. Wood.

The English list of members coming has already appeared in the *British Medical Journal* and in the daily papers, but it will be of interest to be reminded that those coming will have the privileges of listening to such men as Prof. Chas. B. Ball, William Mitchell Banks, Henry Barnes, Prof. R. Royce, Watson Cheyne, Sidney Coupland, I. Ward Cousin, J. H. Crocker, Prof. E. M. Chookshank, C. Heath, Arthur Kelsey, D. J. Leech, Right Hon. Lord Lister, Harvey Littlejohn, Donald MacAlister, Stephen Mackenzie, Thos. M. Maddon, Malcolm Morris, E. Nettle-ship, Robt. Saundby, W. J. Sinclair, Prof. W. Whitla, Dawson Williams, and Prof. Richet, of Paris. Replies have been received from twelve of the branches of the association accepting

the invitations tendered, requesting them to send delegates.

The Museum Committee report that all their space has been taken up, and they probably will have to secure another building besides the large Victoria skating rink. This department will prove one of the most interesting features of the meeting. A rare opportunity will be afforded to see pharmaceutical preparations, surgical and medical appliances, and everything that interests the physicians, from the leading firms of the United States and Canada, as well as from across the Atlantic. Among the leading surgical instrument manufacturers will be Collin, of Paris, and Down Bros., of London, the latter making a special exhibition of anti-septic furniture which will be worthy of inspection. Among the leading pharmaceutical houses who are making elaborate displays will be R. K. Mulford & Co., of St. Louis, Parke Davis & Co., Detroit, Wyeth, of Philadelphia, Sharpe & Dohme, of Baltimore, and others. Zeiss is making a special display of microscopical apparatus. There will also be a great variety of exhibits from leading firms in Vienna, Berlin, Edinburgh, London, Paris and New York.

The Local Entertainment Committee are being assisted by a committee of ladies, consisting of the wives of the profession in Montreal and others. Among the entertainments provided for in addition to those mentioned before, are a number of afternoon tea and garden parties. The ladies' committee will specially interest themselves in looking after lady visitors, and will make ample provision for continuously entertaining them during the progress of the meeting, so that members may, without hesitation, bring their ladies with them, and be assured while they themselves are fully occupied with the essential features of the meeting, the former will be so well looked after that the time will not hang heavily. The annual dinner will be

held at the Windsor Hotel. The large dining room will accommodate six hundred. The dinner will cost five dollars, including wines.

The Excursion Committee have arranged an attractive and varied programme which cannot fail to meet the desire of all. We append the printed outline of some of the excursions, which was issued recently.

Among other excursions not noted on the printed list is the one on Lake Memphremagog, to Newport and Madoc. This is one of the most picturesque spots in the province of Quebec, and the trip will carry the tourists through one of the most fertile portions of Canada, with scenery of mountain, lake and river, fairly typical of what is characteristic of the province, and to be seen more especially in almost endless variety in the laurentian district which for want of time cannot be visited. A special train will be provided which will enable the party to return in the evening. The steamer will accommodate about 800. Lunch will be taken at Newport, or probably at the foot of Owl's Head, if it is found that the hotel there can supply refreshments for the number expected to go. The excursion will be arranged for Saturday, and it is thought probable, that for those desiring it, the privilege of remaining over Sunday and returning on Monday will be obtained. A trip is proposed to Shawenagan Falls, on the St. Maurice River, which are said to almost rival Niagara.

Among other local trips different afternoons is a ride round the Mountain on the electric cars, and through some of the more interesting parts of the city; a trip to the top of Mount Royal, where a luncheon will be served by the Mayor and Corporation of Montreal. The incline railway, carriages and bicycles, may be the means of arriving there; a steamboat trip down the St. Lawrence; another to St. Anne and down the Lachine Rapids. It can be gained from what we have indicated that those going

to the Montreal meeting will not only be benefited from a medical point of view by coming in contact with the leading members of the profession from Britain, the United States and Canada, the taking in the various discussions and papers which may be expected to represent the most recent advances, but that they will also be fully regaled by a varied and full round of social entertainments and pleasure trips such as has not been privileged to the members of any previous meeting.

EXCURSIONS.

The following is a brief outline of some of the excursions which have been arranged for the members of the British Medical Association. The rates given are single first-class one way fare. All the Canadian railways will give to members of the British Medical Association and their families single tickets for half one fare, or return tickets for one single first-class fare. The railroads in the New England States, including those coming from Boston and New York to Montreal, have granted return tickets for their lines for one fare and a third, good for three days before the meeting, and three days after the meeting. The rates on the Canadian railways are good from the 1st of July to the 30th September.

The following are points which are worth visiting:

The old city of Quebec is 172 miles from Montreal; fare, \$3.50. A very pleasant day can be spent in this old city visiting the different points of interest. From Quebec one can go down the St. Lawrence and up the Saguenay, thence to Lake St. John. Here there is a very comfortable hostelry known as the Hotel Roberval, and good Ouananiche fishing can be obtained in Lake St. John. Boats and guides are always to be had. From Lake St. John to Quebec, one can go by rail; distance, 190.

Montreal to Halifax, Nova Scotia, distance, 756 miles; single first-class

fare, \$16.50. From Halifax one can visit the Annapolis Valley, and the Bras d'Or Lakes. There are two main lines of railroad leading from Montreal to Halifax passing through picturesque and fertile country.

Montreal to St. John, New Brunswick; distance, 481 miles; cost, \$14.15, single first-class fare.

Montreal to Ottawa; distance, 120 miles; single first-class fare, \$3.50. The Parliament buildings in Ottawa are very handsome, and well worth seeing.

A very pleasant trip would be from Montreal to Kingston by rail, and down the St. Lawrence through the Thousand Islands by steamer. Montreal to Kingston, 175 miles; first-class single fare, \$5.65.

Montreal to Toronto, 333 miles; single first-class fare, \$10.40. Toronto is a very convenient point from which to visit the Falls of Niagara; distance, 60 miles from Toronto. A very pleasant trip would be from Montreal to Toronto by rail, from Toronto to Niagara and back to Montreal through the Thousand Islands and the different Rapids of the St. Lawrence by steamer.

Western trip, Montreal to Vancouver; distance, 2,990 miles, time, five and a half days. The cost of a return ticket to members of the British Medical Association; first-class, \$70.45, instead of the usual rate of \$135.10. The sleeping cars cost each way about \$20. for double berth. Meals in dining cars and at restaurants, 75 cents each. This is a trip which we would advise all members who can afford the time to take, as it will give them an impression of the vastness and resources of British North America that can be obtained in no other way. The trip is not tedious and every day is thoroughly enjoyable. The cars are comfortable, the scenery constantly changing, and of very great interest. Stop-over privileges are allowed at all points, from some of which interesting side-trips can be made. From Rat Port-

age, the new gold fields of the Lake of the Woods, Rainy Lake and Seine River can be reached by steamer. The Canadian Pacific Railway have kindly offered to give to each member going to Vancouver over their line, free passes over all their branch railway and steamboat lines in Manitoba, the Canadian Northwest Territories, and British Columbia, thus enabling those who desire to visit Rossland and other points of interest an opportunity to do so. Those who intend to take this trip are asked to apply early so that date and accommodation may be provided. By the payment of an extra \$5 members may return by the Great Northern or Northern Pacific. In this way the Yellowstone Park may be visited. The Yellowstone Park is a National United States reservation and requires five days to see it all. The expenses of the trip through the Park are not included in the railway fares. Members desiring to visit the Yellowstone disembark at Livingston on the Northern Pacific Railway. The trips from Livingston through the Yellowstone and return are as follows: Livingston to Mammoth Hot Springs and return, including transportation only, \$5; second, Livingston to Cinabar by rail and thence by stage to the Mammoth Hot Springs, Norris, Lower and Upper Geyser Basins, Yellowstone Lake, Grand Canon, and Falls of the Yellowstone, returning by the same route including transportation and five and a half days' board at the Park Association Hotels, \$49.50. The date for closing the Park is October 1st. No charge will be made to passengers returning via Portal and the Soo Pacific route to St. Paul, thence to Sault St. Marie where the Canadian Pacific is again reached.

Those who can, are advised to take this Western trip before the meeting. It can be accomplished very comfortably in three weeks.

For those members who prefer to go from Owen Sound to Fort William

through lakes Huron and Superior by the Canadian Pacific steamers instead of north of Lake Superior by rail, an extra charge of \$4.25 each way is made, which includes berths and meals. These steamers are large steel boats with all the comforts of ocean steamships. Members are recommended to go one way by these steamers.

This trip across the great prairies and the Canadian wheat fields will be at the time when the wheat is about ripe, and harvesting will be in progress. The scenery through the great lakes and the Rockies outrival that of Switzerland. Banff Hotel and the Banff Hot Springs, 4,500 feet high, are in the National Park. The great Glacier is said to contain more ice than all the Swiss Glaciers put together. The scenery along the Fraser River is of the wildest and most fascinating character.

The hotels at Banff, at Glacier, and, at several other points, where members might care to stop, are thoroughly comfortable in every respect.

Those who wish to visit Alaska should leave England so that they may arrive in Montreal about the 27th or 28th of July. They can then go by the Canadian Pacific to Vancouver and get the steamer Queen which leaves Victoria on the 5th August for Alaska. The time occupied from Victoria to Alaska and return is twelve days; fare, including everything \$80, for the round trip from Victoria.

In one month one can go from England to Canada, attend the meeting of the British Medical Association and visit Quebec and Lake St. John, or Ottawa, or Kingston and the Thousand Islands, or Toronto and Niagara and then back to England. In five weeks all the above places could be visited.

A six weeks' trip will permit one to attend the meeting in Montreal, go across the continent to Vancouver, and back by Yellowstone.

In two months one can, in addition

to attending the meeting in Montreal, go across the continent to Vancouver and back and visit the chief cities in Canada and the Eastern cities in the United States.

For detailed information regarding transatlantic transportation see *British Medical Journal*, April 17th, 1897, pp. 997, and succeeding numbers.

A preliminary guide is being sent to each member, and a full local guide will be obtained at the meeting.

The Canadian Pacific Railway Company, in conjunction with other Canadian companies, have placed at the service of the members of the Association, a clerk who will afford all information which may be desired. He may be addressed at the office of the *Journal*, 429 Strand, London.

The British Medical Association which will meet in Montreal August 30th, September 1st, 2nd and 3rd, unfortunately comes at a time when the hotels, lodging houses, restaurants, etc., in Montreal are taxed to their fullest capacity owing to American tourists who select this particular season of the year for the St. Lawrence route. The Reception Subcommittee of the Association of which Professor Ruttan, McGill College is Secretary, will be very glad to arrange for the accommodation of any Canadian members who will communicate with him stating the kind of accommodation required. He writes us strongly to advise everyone who purposes attending to secure rooms in advance. In addition to the hotels, lodgings have been arranged for in the neighborhood of McGill University where rooms and breakfast may be obtained at moderate rates.

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 ASEPTIC OATH TAKING.—A sanitary Bible for the use of court-rooms has just been put on the market. It is bound with white celluloid instead of leather, and it can therefore be washed and disinfected from time to time.

Reports of Societies.

MEDICAL COUNCIL CONFERENCE.

The annual meeting of the Medical Council of the College of Physicians and Surgeons of Ontario was opened in the Medical Building, Bay and Richmond streets on Tuesday, July 8th.

The following members were present:

Drs. Armour, St. Catharines; Barrick, Toronto; Bray, Chatham; Britton, Toronto; Brock, Guelph; Campbell, London; Dickson, Pembroke; Douglas, Cobourg; Emory, Toronto; Fowler, Kingston; Geikie, Toronto; Graham, Brussels; Griffin Hamilton; Hanly, Midland; Henderson, Strathroy; Henry, Orangeville; Logan, Ottawa; Lutton, St. Thomas; Machell, Toronto; Moore, Brockville; Moorehouse, London; McLaughlin, Bowmanville; Reddick, Winchester; Rogers, Ottawa; Roome, London; Sangster, Port Perry; Shaw, Hamilton; Thornburn, Toronto; Thornton, Consecor; Williams, Ingersoll.

The retiring President, Dr. Rogers, referred in fitting terms to the great loss the council has sustained in the death of Dr. J. W. Rosebrugh of Hamilton and Dr. W. T. Harris of Brantford. Dr. Rogers then extended a welcome to their successors, Drs. Griffin and Douglas. He referred to the Executive Committee's interview with the Government, and stated that as there is an element in the House antagonistic to the medical profession and as there is a likelihood of there being an election this year, after which it is believed that the objectionable element will be wiped out or at least minimized, the matter be left over for a year.

The committee were assured by the Government—in a private way—that there would be no tinkering with the Medical Act. The president was assured by the Hon. Mr. Ross that it was not the intention of the Govern-

ment to interfere with the matriculation of students by the council, which the speaker considered a concession on the part of the Government.

The president advised the appointment of a Legislative Committee who will prepare all necessary changes in the Medical Act required to be presented to the Legislature as soon as a new election is held.

The annual dues received during the year amounted to \$6,000, which showed that 1,538 members have paid, leaving about 750 who have not yet paid.

The interest on the loan on the Medical Building has been reduced from 5 to 3½ per cent. making a saving of about \$900 a year. The maintenance of the building, together with the interest, cost \$7,350.55, which leaves \$2,713 to be provided by the council for the use of its rooms, which he considered very low for the very fine quarters which they have.

The registration of fees between the provinces was next referred to. He recommended that each year the registrar bring in a report giving the names of all students that have registered, all students that have passed and besides various other matters that will be of interest to the profession.

Another recommendation referred to the fact that students taking primary and final examinations would sometimes fail in their primary examination and then get through in the final, and recommended that where students fail in three subjects in primary examination they be not allowed to go up for final examination.

The next order of business was the election of officers, which, before being proceeded with, caused a long and animated discussion.

It was when Dr. Bray nominated Dr. Thornburn for the presidency of the council and after waiting for further nominations and none being made, that Dr. Sangster took the floor and stated that as there appeared to be no likelihood of there being any further nominations, he could not allow the

matter to be disposed of without entering his protest against the mode of selecting the officers. Personally he had no objection to Dr. Thorburn. It was the habit of a number of the members meeting in caucus and deciding who shall be president that he most objected to. In the face of such a decision it precluded the possibility of the best man being selected, as no one would offer to stand for election with certain defeat staring him in the face. In his opinion the nomination as made would place in the president's chair the nominee of a defunct educational institution who has no legal right to sit in the council. Other objections were also made to Dr. Thorburn, after which Dr. Sangster claimed his right of crystallizing his objections by casting his ballot.

The president then explained that the custom in the past has been to have a ballot cast by the nominator in order to save the taking of ballots from all the members. Last year the same objections had been made but were not sustained by the chair, after which the matter was referred to the Committee on By-laws.

Dr. McLaughlin sustained the objections made by Dr. Sangster, claiming that under the by laws the election last year was illegal, and in support of his contention he read a letter from Bourinot. Last year an appeal was taken from the decision of the chair as to the legality of the procedure, and if the same stand was to be taken by the present chairman, he would again appeal from his decision.

The president replied that he would go so far as to receive any nominations that Dr. Sangster or Dr. McLaughlin might make.

Dr. Sangster replied that it was not very courteous to either Dr. McLaughlin or himself to suggest a mode of election which he well knew no member would take advantage of as he would be certain of defeat.

The president's ruling was then

asked for regarding the casting of a ballot in favor of Dr. Thorburn.

The president replied that he had obtained the opinion of Mr. Osler, and as a result he would decide that the casting of a ballot by Dr. Bray was in order.

Dr. Sangster appealed from the decision of the chair, but the president was sustained by a vote of 18 to 12.

A ballot was then cast, and upon being opened the chairman decided that Dr. Thorburn was elected president.

On taking his seat the new president returned thanks for the honor, and called for the nominations for vice-president.

The mode of electing the vice-president also called for objections, the custom having been for the registrar and president, who were familiar with the handwriting of nearly all the members to take up the ballots and count them. This was objected to by Dr. McLaughlin, and after several minutes, discussion the president named two scrutineers, and the election proceeded.

Dr. Luton, St. Thomas, was nominated, when Dr. McLaughlin objected as if Dr. Luton was elected the two chief officers would be outside the general profession. He thought the claims of Dr. Henry, Orangeville, should be recognized, as he ran a close second last year.

Dr. Henry was then nominated, and a vote was taken, the opposition being victorious, for Dr. Henry was elected by a vote of 16 to 14.

In returning his thanks, Dr. Henry felt particularly grateful from the fact that he attended no caucus, and had not asked any one to vote for him. He had always objected to the manner in which the officers are elected.

The list of officers selected is as follows:

President, Dr. Thorburn, Toronto.
Vice-President—Dr. Henry, Orangeville.

Treasurer—Dr. H. Wilberforce Aikins.

Registrar—Dr. R. A. Payne (accl).
 Education Committee—Drs. Britton Dickson, Bray, Logan, Emory, Moore, Moorehouse, Sangster and Williams.

Complaints Committee—Drs. Logan, Fowler, Geikie, Reddick and Shaw.

Executive Committee—Drs. Thorburn, Campbell and Rogers.

Registration Committee—Drs. Fowler, Campbell, Griffin, McLaughlin, Hanly, Roome, Shaw.

Rules and Regulations Committee—Drs. Reddick, Douglas, Hanly, Luton, Armour.

Finance Committee—Drs. Henderson, Armour, Roonfe, Brock, Bray.

In reply to a question of Dr. Armour, the registrar replied that 1,537 medical men had taken out certificates as required by law.

A number of reports were then presented and referred to the different committees.

Several professional men were reported for unprofessional conduct their cases being referred to the proper committee to report on.

Wednesday's session of the Medical Council of the College of Physicians and Surgeons was a short one. The day was principally occupied in committee work.

A motion by Dr. Brock, seconded by Dr. Luton, thanking the Dominion Government for removing the duty from medical books and instruments, was passed without objection.

After the motion had been declared carried, Dr. Roome, ex-M.P., said that political questions of this nature should not come into the council in any shape or form. It will give rise to adverse criticism. The meeting then adjourned until 10 o'clock Thursday morning.

At the Thursday morning session of the Medical Council of the College of Physicians and Surgeons the question under discussion was the mode of electing officers, which has caused so much wrangling during the past two years. After several propositions

had been laid before the Council in the way of motions and amendments it was decided that the elections hereafter should be by open vote.

Dr. Armour, St. Catharines, introduced a motion to the effect that Mr. Osler's opinion be obtained as to the legality of the action of the Council of 1895 in levying a tax upon the profession for 1893-94. This was lost, the council preferring not to pay for and publish an opinion which might possibly evoke numerous lawsuits for the recovery of the fees.

The Discipline Committee (Drs. Bray, Logan and Moore), after considering the report of Detective Wasson, were of opinion that the case of Dr. Albert Severeen, in connection with the "Kama Hindoo Remedy Co of Windsor, Bombay and London, Kama Junior, the Indian Scientist and Lecturer, etc.," is one for investigation, and recommended that the council so direct the committee.

The cases of Dr. Robert Allen Clark, Ridgetown, and Dr. John Kirkpatrick, formerly of Chippawa, now of Montreal, who were employed by the Munyon Co., the committee considered should also be investigated.

The methods employed by Dr. Eva Ryan Fisher, Toronto Junction, of the Viavi Co., were ordered to be investigated.

Certain charges against W. E. Bessey were recommended to be investigated.

In the case of Dr. Walter Hamilton the committee recommended that no action be taken until the matter is finally disposed of by the courts.

In the case of Dr. Samuel Arthur Carter, Halton, the committee recommended that the registrar be instructed to erase his name as soon as a certificate from the court having jurisdiction in the case of his conviction shall be received.

The report of Detective Wasson *re* Doctors of Refraction was before the Discipline Committee, which recommended that the council consider it. The council adopted the report, but

before doing so a long discussion took place on some of the clauses, notably the last one, a member stating that he had known patients to have had eyes tested by a "Doctor of Optics" who told the patients that they would have to procure glasses of a certain kind; the speaker had also known the so-called doctor to recommend the taking of medicine, and had given a prescription to be filled at a certain drug store.

After some further discussion it was decided that nothing could be done in such cases.

The Committee on Complaints presented its report, the principal recommendations being:

1. That the registrar inform Dr. D. A. Coon, Elgin, in reference to holding the council responsible for allowing G. S. McGhie to continue to practice, that the council has taken every legal means possible in such cases and continues to do so with the view of suppressing illegal practice.

2. The request of Miss Jean M. Wilson to be allowed to take the "orals" at a subsequent examination on account of having to leave before the oral examination was held was granted, provided she go up at the next examination.

3. A. W. Bell's request to have his papers re-read and that he be allowed to practice until results are known in 1898 was not granted.

4. W. S. Burd's request for a pass in materia medica, in which he failed, was not granted.

5. S. R. Clemes applied to have his paper on medicine re-read, which was not granted.

6. J. A. M. Clark's request for a higher standing than he obtained, on account of ill-health, was not granted.

7. Charles B. Cowan's application for a standing in his primary examination was not granted.

8. J. A. Ferguson applied for a reconsideration of his paper at the primary examination, but his request was not granted.

9. G. A. Hassard asked that he be

allowed his intermediate examination, which, after a full examination of his record, the committee recommended be granted.

10. R. E. Hawker asked to be allowed his primary examination and J. W. Lennox for a reconsideration of his marks on the primary examination. Not granted.

11. The request of A. G. Ludwig to be allowed his final examination, having failed in sanitary science, being one-half per cent. below passing in that subject, was allowed.

12. The requests of J. Ten Eyck to be allowed his materia medica and J. C. McGuire, who asked to be allowed his examination in operative surgery, were not granted.

13. John H. Perers' request that his standing in chemistry be reconsidered was not complied with.

14. John P. Morton asked to be allowed his examination in operative midwifery, which was granted.

15. S. Moore's request to be allowed registration without taking his final examination was not granted.

16. H. Maw requested that he be allowed his chemistry and intermediate examinations. It was recommended that the request be not granted, but as his average standing was high, being short only three marks, it was decided that he be allowed his intermediate examination.

The report was afterwards adopted in its entirety.

At the evening session it was a disputed question for some time whether a brass band that was practising on the opposite side of the street would have to stop playing or the doctors would have to desist their talking, but the latter were finally victorious, and the talk continued until nearly 12 o'clock.

The cause of it all was the many radical recommendations which the Finance Committee made in its report, to economize in the matter of expenditure. By the time all the clauses in the report had been considered it was badly mutilated, every

recommendation with one exception having been restored to its original shape.

The discussion was opened with the recommendation to dispense with the fall examinations.

Dr. Fowler of Queen's University, Kingston, vigorously opposed the suggestion, as he thought it would be a hardship for students who failed in the spring to have to wait a full year before they could again go up for examination; and further, he was of opinion that the amount received from the students was sufficient for the holding of both spring and fall examinations. After being discussed for some time it was finally decided to strike out the clause.

The next clause recommended that the examinations be held in one place, either in Kingston or Toronto, which would entail a saving of about \$400 a year.

Dr. Fowler again took up the fight in behalf of the East, stating that the passing of the clause would vitally affect the Medical College at Kingston, and would be manifestly unjust, as there was a distinct understanding at the time of the formation of the Medical College that examinations should be held at Kingston and Toronto, but that in the last stages of the passing of the act the word "or" had been smuggled in, which makes it read Kingston or Toronto; but there was an understanding that the examinations should be held in both places. He claimed it would be an act of meanness on the part of the Medical Council to pass such a clause. In standing by the solemn compact it would be an act of justice to have the examinations continued at Toronto.

Dr. Moore vigorously supported Dr. Fowler, concluding by stating that in passing the clause the council would be stirring up a hornet's nest in the shape of the Patrons of Industry, who would again be coming to the Legislature in opposition to the Medical Council.

Dr. Sangster thought that it was about time that the council crystallize its words into acts and economize.

Dr. Rogers contended that the council would not be in existence but for the compact entered into between Queen's College and the homœopathists.

Dr. Campbell thought that it would be expedient to hold all examinations in Toronto—a central place—but there was something higher, something nobler, than expediency to be considered, that was the respecting of solemn compacts entered into, and the faithful carrying out of them.

After several other members had spoken, the clause was finally struck out of the report.

The next recommendation was to reduce the time of each examiner from 15 to 10 minutes, in each subject, which would effect a saving of \$200. The matter was discussed for some time, after which the clause was erased.

Then followed a lengthy debate on the recommendation of the committee to reduce the salary of the registrar from \$1,800 to \$1,500; and that of the treasurer from \$500 to \$400.

In advocating the adoption of the clause, Dr. Armour stated that for the first ten years of the council's history the salary had been \$400, for the next five years \$500, and had kept on increasing until, since 1896, it had been \$1,800, with extras received in the way of commission for collecting rent of about \$200. He thought that \$1,500 was a good salary, but as regards the treasurer he felt that \$400 was not too much.

The Finance Committee recommended that in the event of the salary being reduced and the commission cut off the registrar be allowed the salary of a stenographer.

The members got badly mixed up, but after an hour's discussion they managed to get matters straightened out, and after several amendments and motions had been made, it was decided to leave the matter as it was.

The next clause called for very little discussion, as it recommended that the indemnity of the members of the council remain as at present. The committee considered that it would be injudicious to open up a fresh discussion of the matter this year.

This did not satisfy Dr. Sangster, who said he wished to speak on the clause, but as the hour was late, he thought it would be wise to leave over the adoption of the report as amended until to-morrow.

It was finally decided, upon the committee rising, to present the report to council in the morning, when it is expected a lively discussion will take place on this subject.

At Friday's session a communication was received from J. H. Boyle, requesting the co-operation of the council in connection with the Victoria-square project, which was referred to the Finance Committee for consideration.

Dr. Williams introduced a by-law, which enacted that each member of the college shall pay to the registrar towards the general expenses of the college an annual fee of \$2.

It was decided to defer the final reading of the by-law until the opinion of the solicitor is obtained.

A by-law was introduced and passed naming Drs. Bray, Logan and Moore as a Discipline Committee.

After the by-law had passed, Dr. Sangster took occasion to state that he wished to be placed on record as opposing the name of one member of the committee, on the ground that he is not engaged exclusively in the practice of his profession.

The introduction by Dr. Britton of what purported to be the report of the Legislative Committee called for a discussion that lasted for three hours, during which many bitter things were said, and much acrimony was engendered.

Dr. McLaughlin objected to the introduction of the report in the name of the committee, as the report had

never come before the Legislative Committee for consideration.

Dr. Sangster also challenged the truthfulness of the report as presented.

It appeared that the report dealt with the petition that was presented to the Legislature at the last session, which, it was contended, had been decided in committee to present without any discussion, but upon being taken before the Government, Dr. Sangster contended that the then president, Dr. Rogers, had, in violation of the agreement, gone into the details of the petition, and spoken for half an hour on the merits of the several clauses.

In committee, Dr. Sangster had objected to some of the clauses, but agreed to not offer any objection when before the Government, provided there was no discussion.

When Dr. Rogers went on to explain the petition, he then felt absolved from his promise, and made a very vigorous speech in opposition to the petition being granted by the Government.

The discussion then became "hot," and continued until the hour of adjournment, in which a number of members participated, Dr. Britton's report of what transpired before the Government being questioned as to its accuracy.

Opinion was about equally divided as to who was right.

Dr. Rogers contended that he said nothing that could have been avoided, and that he had not broken faith with Dr. Sangster. After many other explanations, Dr. Rogers stated, as he brought his fists down on the desk, that he had no fear of answering Dr. Sangster there or elsewhere.

To which a member jocosely put in: "In the backyard!"

Then, in order to quiet the disturbance, Dr. McLaughlin suggested that the matter be dropped, and the report referred back to the committee, where it could be amicably settled.

As all the belligerent parties were satisfied, this was agreed to.

At the evening session Dr. Henry moved to amend the by-law relating to the indemnity of members of the council by reducing the daily indemnity from \$12.50 to \$10.

The by-law was read a first time, and will be discussed on the second reading.

In committee of the whole the council considered the report of the Executive Committee.

The clause referring to the petition prepared by the council for presentation to the Ontario Legislature at the last session, for certain amendments to the act, called for considerable discussion.

The contention of Dr. Sangster was that the council had not authorized the committee to prepare this application, and that the usurpation of their powers had been frequently complained of.

Dr. Rogers contended that the council had been instructed to have tariff of fees amended, and this could not be done without a petition to the Legislature.

Dr. Sangster held that the only instruction to the committee was to circulate a petition among the profession regarding certain desired changes to the act and to draw up a tariff of fees, but that this was as far as they were to go.

Dr. McLaughlin thought the general opinion of the council was that no applications for amendments to the act should be made at present on account of a certain faction in the Legislature which is opposed to the profession.

The clause was finally adopted.

There was considerable discussion regarding another clause, which censured Dr. Sangster for his opposing certain clauses in the petition presented to the Legislature.

Dr. McLaughlin came to the rescue of his friend Dr. Sangster and wanted to know what they were at if one of the members could not express his

views. He was of opinion that the Executive Committee had no right to deal with the matter at all, being the concern of the Legislative Committee.

Dr. Campbell held that this was a matter of a member failing to act loyally by the body upon which he was appointed to serve.

In committee, a motion by Dr. Reddick to strike out the clause was lost.

In council Dr. Reddick again introduced his motion to strike out the clause concerning Dr. Sangster, but it was lost, and the report was adopted.

After securing the opinion of Mr. Osler, the Discipline Committee recommended that the name of Dr. Charles John Parsons, alleged to have been guilty of unprofessional conduct, be erased from the register. The report was adopted.

The Committee on Registration reported against the application of Jacob Zelinski, a practitioner of the Electric School, he having practised prior to 1870, but not being able to produce his certificate. The report was adopted.

The matter of reducing the registrar's salary was again up for discussion, but it was not disturbed.

Examinations will be continued at Kingston and Toronto as formerly.

A motion by Dr. Sangster to reduce the indemnity of members \$12.50 a day to \$50 a session was not voted on.

The Medical Council of the College of Physicians and Surgeons resumed their deliberations on Saturday morning, the business opening by a motion, introduced by Dr. Armour, which provided for the suspension of the penal clause in the Medical Council regulations, which makes it compulsory for a practitioner to pay a fee of \$2 annually for his certificate or have his name erased from the register.

The introduction of this motion, as it always does, created an animated discussion, between the territorial

members, who are elected by the profession, and the appointed members, who hold office by virtue of their positions on the faculties of medical colleges.

In speaking to his motion, Dr. Armour said that the profession was unanimously against a clause of this vexatious nature; that, although half the profession had contributed its fees, those who had paid had done so on the ground that the council needed the money, and not through the threat of coercion. He claimed that in a free country like this it is impossible to enforce this clause against a rebellious profession. In 1895, he claimed, the council had made an illegal levy of \$6.

"That was not for one year," put in President Thorburn.

"Certainly not," replied Dr. Armour; "it was for three years; but the statute says only \$2 can be levied in one year." Dr. Armour then concluded by saying that he hoped that the territorial representatives would not be influenced by the irresponsible members of the council.

Dr. Britton immediately took the latter remarks to himself, and exclaimed: "I want that term withdrawn. How am I not responsible?"

"You are not responsible to the medical profession," answered Dr. Armour.

Dr. Britton replied that he represented just as respectable a body of men as Dr. Armour, and he had been deprived of his vote by the Legislature by false representations, amounting to fraud. He was of opinion that the appointed members would rise in their wrath and bring such influence to bear on the Government that the Medical Defence Association would be shattered as if a bomb had burst in its midst.

The discussion was continued by Drs. Williams, Bray, Rogers and McLaughlin, the question being whether the by-law should get its first reading, or whether the motion should be withdrawn.

Dr. Armour refused to withdraw the motion, after which it was decided to take up the discussion later in the day.

At the afternoon session the discussion was again resumed, Dr. Williams stating that the committee had obtained the opinion of Mr. Osler, and his reply showed that the council had a right to exact fees for the years 1893-4, and collect them, also that the annual certificate could be withheld until the fees are paid. Mr. Osler also held that if the name of a practitioner is once stricken from the register he could not be reinstated. The fees for the past year are a debt to the council and collectible.

After some further discussion, a vote was taken on Dr. Armour's motion to suspend the penal clause, but it was overwhelmingly defeated, only five voting for it, viz., Drs. Armour, McLaughlin, Henry, Sangster and Reddock.

Then the following resolution was introduced and passed, without any discussion:

"That, having learned the details of the scheme for the founding of the Victorian Order of Nurses, the council of the College of Physicians and Surgeons of Ontario, now in session, is of the opinion that the motive of the originators of the scheme should be most gratefully appreciated, both by the medical profession and by the public at large, more particularly when regard is had to the exalted source from which the proposal is believed to have emanated. The council, nevertheless, believes that, by virtue of our more extensive knowledge and experience of the difficulties sought to be removed, we should, in the most kindly manner, warn the advocates of the scheme that in actual results it must necessarily be disappointing to them and fraught with elements of actual danger to the public, and we would respectfully suggest a very distinct modification of the scope and magnitude of the undertaking."

The Finance Committee, in its report, recommended that the President and Registrar sign the petition for the creation of the Victoria-square, opposite the new municipal building.

This called for some discussion, Dr. Barrick leading in opposition, stating that the whole matter is a scheme by the Knox Church people to unload the property on the city.

Dr. Barrick moved, seconded by Dr. McLaughlan, that the clause be struck out of the report, but the motion was voted down, and the report was afterwards adopted.

By-laws were introduced and passed re-appointing Thomas Wasson as prosecutor, at a salary of \$600 a year, and Dr. Carlisle as auditor, at \$40 a year.

A by-law was passed re-appointing the following as members of the Committee on Prosecutions: Drs. Barrick, Emory, Thorburn, Britton and Mac-hell.

A supplementary report from the Committee on Education recommended that the enforcement of the eight-months' session be deferred until the end of 1890. After considerable discussion, the report was adopted.

The following doctors were appointed as the Board of Examiners: F. LeM. Grasett, Toronto; D. E. Mundell, Kingston; H. Howitt, Guelph; A. S. Fraser, Sarnia; A. B. Welford, Woodstock; H. Williams, London; G. Acheson, Galt; H. B. Smith, Ottawa; C. V. Emory, Hamilton; C. O'Reilly, Toronto; J. Third, Kingston; W. P. Caven, Toronto; E. T. Adams, Toronto.

A vote of sympathy with Mr. Thomas Wasson in the loss of his wife was passed by the council.

The proceedings were brought to a close by a vote of thanks to President Thorburn.

BERIBERI prevails alarmingly in Santiago de Cuba.

BRUCE AND GREY MEDICAL ASSOCIATION.

At the meeting of the Bruce & Grey Medical Association, held at Chesley on May 12th last, the following resolution was unanimously carried:

Moved by Dr. Cooke, Chesley, seconded by Dr. Cameron, Owen Sound, "We, the Medical Association of Bruce & Grey, view with alarm the largely increased expenditure of the College of Physicians and Surgeons, and considering the heavy debt incurred in college building, and depreciation in rentals and values in Toronto, would earnestly recommend rigid economy. We consider the indemnity to members of the council excessive, and would advise its reduction to one-half its present amount, and that the other controllable expenses be reduced at least 25 per cent. And further, we regret the useless bickerings of the members of the council, not only retarding business, but bringing odium on themselves and the profession generally. We also deprecate the publishing of personal criticisms of each other by members of the council. Further, that a copy of this resolution be sent to the registrar and medical journals of the province, and to our representative."

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The above Association meets at Louisville, Oct. 5, 6, 7, and 8, 1897.

The Executive Committee met recently at Louisville, in conjunction with the local Committee of Arrangements, the following being present: Drs. Stucky, Grant, Matthews, Love, Holloway and Reynolds. It was determined to make the coming meeting the largest and best in the history of the Association, and everything points to a fulfillment of this endeavor.

The railroads will make a round-trip rate of one and a third fare, and probably one fare. The address on Surgery will be delivered by Dr. J. B. Murphy, Chicago; the address on Medicine by Dr. John V. Shoemaker, Philadelphia. Title of papers should be sent to Dr. H. W. Loeb, Secretary, St. Louis, Mo.

THE BRITISH ASSOCIATION.

Prof. Ramsay Wright has just returned from a short visit to Chicago, undertaken largely with the view of securing the co-operation of American biologists in the forthcoming meeting of the British Association. The occasion, the formal opening of the Hull Biological Laboratories of the University of Chicago, was regarded as suitable for this purpose, as a large number of visiting biologists, especially from the central and western states, were expected to be present.

The University Convocation took place on Thursday afternoon, two Toronto graduates receiving their doctor's degree upon this occasion—Dr. Hull in physics, Dr. McLean in political science. Prof. Wright was much gratified to learn of the high estimation in which the graduates of Toronto are held in the post-graduate schools of the University of Chicago. Mr. Frank Lillie is a recent addition to the list of graduates who have been awarded fellowships there, having been elected to the only fellowship in biology vacant for the coming biological year.

A biological conference was held on Saturday, which was attended by upwards of 100 biologists, and furnished to Prof. Wright an excellent opportunity for explaining the conditions of membership in the British Association and answering questions in regard to the meeting. Among the prominent scientific men who have announced their intention of being present are Prof. Whitman,

Prof. Loeb, Prof. Coulter, Drs. Jordon, Evclessymer and Baur, of Chicago; Profs. Coulter and Arthur, of Purdue University; Prof. Barnes, University of Wisconsin; Prof. Sigenmann, of the Indiana State University; Prof. Edwards, of Cincinnati. It is hoped also that many biologists who are specially interested in lake faunas, such as Prof. Morbees, of Illinois State University, and Prof. Berge, of Madison, Wis., may be present, as one of the sessions of section D is to be devoted to this subject, which is of such importance in Ontario.

Local committee met Thursday, July 22nd, to further arrangements for the meeting to be held in Toronto next month.

Arrangements for the coming meeting of the British Association are now being rapidly completed. The committee meets weekly and details of the various excursions, social functions, etc., are being decided upon. At Wednesday's meeting there were present Dr. Macallum (in the chair), Hon. G. W. Allan, President Loudon, James Bain, jr., B. E. Walker, Prof. Mavor, Arthur Harvey, Prof. Ramsay Wright, O. A. Howland, M.L.A., Col. Sweny, J. C. Hamilton, A. H. U. Colquhoun, G. E. Lumsden.

The conversazione to be given the members of the British Association was arranged for. It will be held in the main building of the University on the evening of August 4th. The quadrangle and grounds will be brilliantly lighted and suitable decorations will be used. Mr. Torrington's orchestra will provide the music, and supper will be served the guests.

In the geological section Dr. Hahn of this city intends to give a special display of slices of meteorites when he reads his paper on that subject.

The general handbook of Canada, which the Publication Committee, under the direction of Profs. Ramsay, Wright and Mavor, have prepared, will be ready in a few days. The maps in it are from Bartholomew of London, and the book will be a val-

uable summary of Canadian resources and scientific data generally.

Dr. Macallum, who has visited Niagara for the purpose of consulting the local committee there, reported the arrangements already made. The Toronto committee will co-operate with the Niagara authorities, so that a pleasant excursion of members may be made to the Falls and the district. The Niagara Town Council have made a vote to provide a literary souvenir for the British visitors.

From the willingness to co-operate shown by the local authorities of the various places to be visited by members of the association, it is evident that the British and foreign men of science will see a good deal of the country before they leave it. The committee meets again shortly.

Special Selections.

PECULIARITIES OF THE SURGICAL DISEASES AND INJURIES OF THE POSTERIOR REGION OF THE NECK.

Souchon in the *Journal of the American Medical Association* for April 17, 1897, concludes an exhaustive paper on the above topic as follows:

Congenital atrophy and hypertrophic malformation of the posterior region of the neck are rare. Congenital deviations are due to the congenital affections of the vertebræ and to torticollis.

Acquired or post-natal malformations, atrophic and hypertrophic deviations, are due to neuroses (torticollis, paralysis), to injuries, inflammations, gangrene, ulcers, fistulæ, tumors, operations, cicatrices.

Swellings of all kinds, due to the same causes, may be observed, but present nothing peculiar; the most common is the one produced by the chronic arthritis of the articulations between the occipital and the vertebræ themselves, and called the post-cer-

vical or occipital arthritis or sub-occipital disease.

Burns and frost-bites are only particularly important here because of the cicatrices which may follow, causing disfigurement in an exposed part, and also possibly causing deviations of the head from retraction.

Contusions are more frequent than in front; they are particularly painful because the muscles contused are those which keep the head in balance; they are often accompanied by fracture of the spinous processes and laminæ, contusion and concussion of the spinal cord and even of the brain.

Punctured, non-penetrating wounds, *i.e.*, not penetrating the vertebral artery and the spinal cord, are simple wounds and seldom give rise to any trouble. However, should they be large punctured wounds and strike the deep cervical artery or the posterior jugular vein, they may give rise to serious hematoma. When this persists it should be aspirated or incised. When it pulsates it is a traumatic aneurism of the said artery and it should be treated as such. Punctured wounds of the vertebral artery may give rise to an aneurism also which must be treated as such, that is, by ligating above or below, or both, when possible, and then incised. Much hemorrhage must be expected from the untied end, and the surgeon must plug tight with aseptic sponge and make firm pressure with a bandage.

Punctured wounds of the spinal canal through the interlaminar spaces, when the head is flexed forcible, or through a fracture of the laminæ, are serious only if they become infected. Incised wounds reaching the spinal cord itself are followed by paralysis of the parts below. If the wound is and remains uninfected the cicatrization by primary union may take place and the paralysis disappear; If not, it will be permanent. If between the occipital and the atlas or the axis the oblong medulla is severed, death is instantaneous. Infanticide is often

produced by a long needle or pin driven between the occiput and the vertebra. If the lesion is above the origin of the phrenic, death follows quickly by paralysis of the diaphragm. Incised wounds of muscles are usually due to saber cuts; they may reach the vertebrae when the head drops forward; the hemorrhage is great. Incised wounds of the vertebral artery give rise to profuse hemorrhage. The peculiarities of the treatment of these wounds is prompt attention to the vertebral, the impossibility of ligating both ends if it has been wounded high up, the suturing of the large muscles, the difficulty of keeping the head steady, and to secure drainage; a liquid glass bandage or a jury-mast apparatus will assist materially.

Wounds of the posterior region are said to be followed by sexual impotency when the membranes of the cord are involved; by paresis and wasting of the lower extremities; also of the testicle. Larrey contends that this may take place even when the cord is not affected. Contused or lacerated wounds present nothing particular.

Gunshot wounds are usually serious if they reach the membranes on the cord. When pressure symptoms are present, very extensive and deliberate dissections must be done to remove the ball, the fragments of broken lamellæ, or clots, or foreign bodies, which cause the pressure. Poisoned wounds, stings, bites, present no peculiarities. Foreign bodies causing pressure-symptoms on the cord must be removed at almost any cost.

Ruptures of the muscles of the nucha are reported in those who carry heavy loads on the head; the symptoms are those of other muscular ruptures.

Ruptures of the attachments of the rhomboid and of the elevator of the angle of the scapula have been seen in farm-laborers. Sprains, dislocations, fractures of bone, belong to another chapter. Shock accompanying the injuries of the posterior region

is usually great, being often complicated with concussion and contusion of the cord, of the cerebellum, or of the whole brain.

Neuroses are represented by the acute torticollis (posterior) of the trapezius. It is said to be even more frequent than the torticollis of the sterno-mastoid. When in the trapezius and complexus the head is inclined to the affected side, but the face is turned towards the opposite side; the head is slightly thrown backward. There is no cord, no diffuse induration, no atrophy of the face; the pain is near the atlas and is increased by pressure; under anesthesia the head can be straightened. This torticollis may be confounded with occipital anthritis with inclination of the head. The treatment consists in applying a soluble glass bandage apparatus; it should be worn one year. When both the trapezius muscles are affected the head is thrown back. In case of torticollis of the trapezius the sterno-mastoid is often also contracted, but it is a contraction of immobilization; the pain is along the trapezius and not along the sterno-mastoid. Very often the torticollis affects also simultaneously the deeper muscles, the splenius, the elevator muscles of the scapula, is rhomboid. The scalenes and the platysma are sometimes the site of torticollis. Chronic or permanent trapezius torticollis is rare.

Softening or induration present nothing of special interest.

Congestion of the posterior region presents nothing special. Acute inflammation of the skin is represented specially by large boils and carbuncles; they are comparatively very painful; they give great pain because the tissues are inextensible; sometimes they are followed by extensive sloughing, when the general health is low, especially if diabetes be present; they are also serious because the veins of the upper part of the region open into the sinuses of the dura mater. The circumscribed anthrax

is not as grave and is usually amenable to ordinary treatment. Diffused anthrax extends continuously from the seventh cervical and from one ear to the other; nothing stops it, not even the largest or deepest incisions, until it has reached the above limits. It is as if a certain extent of tissue was infiltrated with microbes, or as when an artery is obliterated and gangrene continues until all the area of the artery is mortified (Tillaux). Extensive incisions are very hurtful until limitation has been established, on account of the shock of the operation. When limitation has taken place, then incisions or the curette assist in removing the mortified tissues. Acute cellulitis, extensive gangrene, post cervical abscess, or phlegmons, are sometimes observed here when the general health is low, especially if diabetes be present, and for other reasons explained above. They are really adeno-cellulitis or phlegmons, because all inflammation here begins in the glands; they are usually due to the disease of the skin and scalp; they may be superficial or deep. Deep abscesses usually cause great pain on account of the thickness of the skin; they give rise to but very little redness and edema; they have a tendency to flatten and spread because of the thickness of the skin; they are slow in becoming superficial for the same reason; the knife must penetrate deeply to reach them. Acute lymphadenitis, however, is itself rare; it is due to lesions of the scalp and skin. Chronic inflammations are represented specially by ache, by syphilitic eruptions, and by the well-known syphilitic adenitis of the suboccipital and mastoid regions; these lesions are so constant in syphilis that Ricord used to say that was the place to feel the pulse of syphilis.

Gangrene of the region is serious when extensive or deep, on account of the cicatrices and their consequences. Ulcers are rare and present no peculiarities. The same is true of fistulæ.

Tumors of the posterior region of the neck.—Gaseous tumors are represented only by the extension of an emphysema.

Liquid tumors.—Liquid hematoma presents no peculiarity. Tarix and angioma are very rare. Aneurism of the vertebral artery are not rare in this region; they are usually traumatic and are often high up. The artery should be ligated above and below, if possible, or above or below whenever possible, and the sac incised and immediately plugged with aseptic sponges; if possible, the distal bleeding end should be ligated. In case a secondary hemorrhage should occur through the distal end and be uncontrollable by plugging, the ligation of the vertebral on the other side must be considered and weighed.

Lymphangiomata are rare here. Serous cysts and congenital cysts are sometimes median and sometimes lateral; they may reach as low down as the dorsal region and from the rachis to the acromion; they are usually met with in children born prematurely and presenting other malformations; they are sometimes transformed into lipoma; according to Lannelongue they are congenital cystic lymphangioma. Mucoïd cysts and dermoids are rare and present no peculiarities. Bursal cysts or hygromata are sometimes met with over the spinous processes of the seventh cervical. Purulent cysts or chronic abscesses, idiopathic or symptomatic, or by congestion, are rare here.

Solid Tumors.—Comedones are not rare, neither is keloid. Clotted and solidified hematomas present no peculiarities. Sebaceous and dermoid cysts are usually difficult to dissect because they are so intimately adherent to the surrounding tissues. Simple adenoma or lymphadenoma, adenoma of Hodgkin's disease, strumous and tuberculosis adenoma, are comparatively rare. Adenomata syphilitica, i.e., the chronic enlargements spoken of above, are very common and almost pathognomonic of syphilis. A case of gumma of the

trapezius had been recorded. Adenoma due to glanders is most rare.

Lipoma is common. The circumscribed form is the most frequent; this region is a site of predilection; it sometimes sends fibrous processes to the vertebrae. A peculiar circumscribed form of lipoma is described in prostitutes over the point of junction of the neck and back of the curves seen there, and due, it is said, to the position they so often have to assume. Diffuse lipoma is sometimes limited to the region and sometimes a part of the diffuse kind of lipoma which occupies the whole circumference of the neck like a cravat; it is such in some cases that it is impossible to fix the limit of its margin, *i.e.*, to say where it ends and where the natural fat begins. Fibroma of the region sometimes also presents adhesion to the vertebrae. Cervico-dorsal fibromata are common (Guyon); myxema, myoma, neuroma, chondroma, osteoma, are rare. The same is true of encephaloid, melanotic, colloid pulsating sarcoma, epithelioma, carcinoma, scirrhus; and they present no peculiarities.

The surgical operations of the posterior region of the neck present no peculiarities.

BRUNS ON THE EVOLUTION OF THE MODERN TREAT- MENT OF GOITRE.

Two years ago the only treatment in vogue for goitre was the old and untrustworthy remedy, iodine. At the sixth congress of German Surgeons, in the year 1877, attention was called by Rose, based on his own experience, to the radical cure of goitre by extirpation. This communication was particularly timely as the beginning of the antiseptic era prepared the ground for the greatest surgical undertakings. It is interesting to note how rapidly the excision of the thyroid and improved results followed. In twenty-

seven years prior to 1877 only 150 excisions of the thyroid had been recorded, with a mortality of twenty-one per cent.; while in the five years following 1877 there were 240 operations, with twelve per cent. mortality.

Operations for extirpation of the thyroid lost their greatest drawbacks and dangers—secondary hæmorrhage and wound infection—not only with the development of antiseptic measures, but also with the perfection of methods and technique of operation.

Prior to this time the operation had been conducted as in ordinary extirpation of a tumor, the goitre being superficially isolated and all blood-vessels ligated as cut, the result being that the same vessel was often divided in different places and required repeated ligation.

The separation of the cellular tissue was often pursued too far, resulting in extensive bleeding, requiring ligatures *en masse*, obscuring the entire operative field, and jeopardizing the nerve-trunks. This uncertain method of atypical tumor extirpation was now transformed into the typical extirpation of a viscus, an absolutely safe operation, and for the experienced operator a bloodless and complete procedure. The credit of devising a systematic operation belongs, above all, to Billroth, and next to Kocher, who essentially perfected it. It depends on the certain principle of exact anatomical knowledge concerning the course of the arteries and veins of the thyroid, and of the recurrent nerve, so that the essential object of the operation is the typical exposure and isolated ligation of the main arteries and veins at their well-known situations, and the speedy and bloodless isolation of the tumor.

Another important advance was the experience demonstrating the needlessness of tracheotomy, which many operators formerly had considered absolutely necessary in facilitating excision of the goitre and preventing the after-collapse of the trachea. Trachotomy not only interferes with

aseptic wound-healing, but before as well as after excision of thyroid it is absolutely unnecessary, even in the greatest degree of compression of the trachea. The respiratory disturbances immediately subside after removal of the goitre. It may be laid down as a rule that even in the greatest dyspnea and danger of suffocation the operation which is indicated is not immediate tracheotomy, but immediate extirpation of the goitre. The total extirpation of the thyroid as a radical cure, as recommended by Rose, advanced in favor more and more, and reports of 400 such cases were recorded. Its popularity was due to the belief that it prevented recurrence from remaining portions of the gland, and apparently was attended with no greater difficulty and danger than the partial operation. No doubt existed as to the propriety of removing the whole organ, as at that time the physiological importance of the thyroid was not known. Very soon, however, came the reports of severe after-effects of total operation, such as tetanic convulsions severe enough to cause death, and that chain of manifestations included under the term "cretinism." An early report from Reverdin, in 1882, failed to attract attention. The next year, at the Twelfth Congress, Kocher communicated his report on "Cachexia Strumipiva," which made a marked impression. Surgical opinion did not at once universally accede to these views as to the existence and cause of the disease, and not until numerous victims of this condition had been discovered was this long-neglected gland recognized as an important vital organ. Total excision of the thyroid, formerly the routine procedure, was at once and forever stricken out as an operation of physiological incompatibility. Conservative surgical methods were now sought for, having for their object the removing of the goitre, but not of the entire thyroid gland. A time-honored

method of treatment inaugurated at the beginning of the century by Philip von Walther, and lately revived by Wolfser, now came into vogue. This is the typical ligature of the thyroid arteries to promote artificial atrophy of the gland. The operation was, however, scarcely performed fifty times in the last decade, having attracted little attention except as a purely theoretical measure, for the richness and irregularity of the vascular supply of the thyroid make the task practically hopeless. An operation which was destined to receive quite a different degree of attention now came to the front. The operation of enucleation, which had occasionally been practised by some surgeons in the case of the cystic variety since its recognition by the Italian surgeon Porta in 1840, was now established by Socin as a typical method even in treating the solid forms of goitre. The method received immediate acceptance, and constitutes to-day one of the most notable developments of modern thyroid surgery. Instead of stopping short on the surface of the gland for fear of wounding its veins, in Socin's method the parenchyma of the gland is deliberately divided till the cyst lies exposed, and this is then shelled out by blunt dissection, entailing no loss of normal glandular tissue. The essential principle of the operation lies in accurately locating the capsule of the cyst and keeping absolutely close to it without encroaching on the surrounding glandular tissue and its numerous delicate blood-vessels—a procedure requiring the greatest patience and technical skill. Very often, however, enucleation is quickly performed, accompanied by a little bleeding, without nerve lesion, and the wound healing disturbed. The operator must have a clear perception of the limitation of the operation of enucleation. It is undoubtedly the normal procedure in the less vascular cystic variety, as well as in the solid forms where the nodules are loosely

attached and the capsules clearly defined; and likewise, it is absolutely indicated in goitre involving both sides of the gland where the preservation of gland tissue on one or both sides is shown to be necessary. The operation must not be undertaken when it is impossible to recognize a definite demarcation between the normal gland tissue and the diseased nodules, or where extensive adhesions are present. Here the procedure is attended with a profuse or uncontrollable hæmorrhage. The character of the operation is terrifying, and not infrequently cannot be carried out to a finish.

We possess in resection of the thyroid a procedure which replaces enucleation where the latter is contraindicated. It has the advantage over enucleation of efficient hæmorrhage, and over expiration in the preservation of normal glandular tissue. Its chief advantage lies in the possibility of varying the methods of operating. Sometimes the hilus or the isthmus can be left, or else the lower portion. It can also be combined to great advantage with enucleation. Mikulicz was the first to perform resection of the entire one-half of goitre as a typical operation.

As regards the result of the modern operations it can be briefly stated that to-day operations for non-malignant forms of goitre are practically without danger, provided interference is resorted to before the advent of serious pulmonary and cardiac complications attending long-continued changes in the gland. It must be acknowledged, however, as regards the ultimate results, that the partial operations have been attended with a considerable proportion of unfavorable results, owing to the frequency with which both diseased and normal glandular tissue is preserved. The recent investigations leave no doubt that the number of recurrences after operations for goitre considerably exceeds our expectations.

It is noteworthy, however, that not-

withstanding the numerous recurrences secondary operations are but seldom called for. The statistics of 800 operations furnished by the cases of Socin, Kroenlin, Krappeler, and the author have in scarcely a dozen cases required operation for recurrence. We are justified in considering operation for the relief of goitre as one of the most useful surgical methods at our disposal, as it brings about an immediate disappearance of the most terrifying asphyxia, and is attended with a result so radical as usually to hold good for the entire existence of the individual.

DILATATION OF THE STOMACH.

LYMAN in a paper on this subject in the *Journal of the American Medical Association* for April 17, 1897, states that the recognition of well-marked dilatation of the stomach is not difficult. Congenital enlargement or normally low position of the stomach may be differentiated from morbid dilatation by the fact that they are not attended with ill-health. Gastric dilatation that is dependent upon duodenal obstruction may be recognized by the fact that the patient vomits bile—since the obstruction is usually placed below the orifice of the common bile duct—while in cases of pyloric stenosis the vomited matters are free from admixture with the biliary excretion.

The prognosis in this disease is always doubtful. While dilatation is caused by malignant obstruction of the pylorus, death is inevitable. Under the most favorable circumstances, relapses are frequent and cures uncertain.

For the treatment of gastric dilatation the first thing to be attempted is the emptying of the stomach. This can be most easily and safely accomplished by the use of a soft rubber stomach tube, to the upper end of which a funnel is attached. Considerable difficulty usually attends the introduction of the tube before the

patient has become accustomed to its intrusion into the pharynx, but with a little practice he learns to swallow the pliable siphon without irritating the nervous centers for retching and vomiting. Once carried to the bottom of the stomach, water of a temperature of about 90° F. should be poured into the funnel until it ceases to flow rapidly into the tube, or until the patient complains of too great pressure. The funnel should then be inverted and lowered below the level of the stomach, the tube being compressed by the thumb and finger of the operator, until the necessary adjustment of everything has been completed. Removal of pressure from the tube is then promptly followed by the evacuation of the contents of the stomach through the tube, which is thus converted into a siphon. If the opening of the tube should be obstructed by the entrance of fragments of food, it may be cleared by pouring a little water into the funnel, or by raising it up and down, or by making pressure with the hand over the gastric region. So long as the water that returns is turbid the operation should be repeated—filling and emptying the stomach until its cavity is thoroughly cleared. It may then be washed out with a solution of table salt—a drachm to the pint—or with a similar solution of Carlsbad salt—a half drachm to the pint. In this way the stomach may be completely relieved of its fermenting contents. The siphon tube is preferable for this purpose rather than the stomach pump, which is less convenient and much more liable to wound the gastric mucous membrane. In all these operations great care must be taken to avoid violence to the mucosa, otherwise the appearance of detached fragments of membrane in the wash-water will not be uncommon. Certain experts would have us believe that such evidences of injury are symptomatic of special forms of disease within the stomach, but this is doubtful. Under any circumstances the passage of sounds

and tubes into an unsophisticated stomach is no trifling matter. Patients sometimes become convulsed and unconscious when thus treated for the first time; but usually they soon become accustomed to the contact of a siphon tube and find great relief through the removal of the offending matters. The renewal of decomposition may then be at least delayed by the administration of drugs that arrest fermentation, such as sodium salicylate, resorcin, creosote, benzosol, and carbolic acid. The daily use of the siphon should be continued until satisfactory evidence of improvement is apparent. It may then be introduced every other day, and with less frequency as the case progresses more favorably. In all cases the treatment must be continued for a long time, and when the disease is caused by pyloric obstruction, it is impossible to lay aside the tube before the end of life, unless the difficulty can be removed by a surgical operation upon the pylorus. Patients can be taught to introduce the tube and to wash out the stomach themselves, but as a general thing the physician should maintain a careful supervision of the case in order to prevent mechanical injury of the food passage or to avoid the effects of ignorant use of healing methods.

Having provided for the cleansing of the stomach, it is needful to take measures for increasing the tone and vigor of its muscular coat. For this purpose the patient should remain in bed for several hours after each operation of lavage, and should apply to the epigastrium and gastric region an ice bag wrapped in a napkin. A sponge bath with cold water should be taken every morning on rising and on retiring at night. If so situated that he can use shower baths of cold water they should be taken every day—preferably in the morning. If the patient is feeble and over-sensitive he should stand in a little warm water while taking the bath. Daily massage of the whole body is another

valuable means of increasing the muscular tone of weakly individuals. Light gymnastic exercises and walking in the open air must be enjoined, and the patient must be taught to aim at procuring at least two hours of such exercise—an hour in the morning and another in the evening. If the heart and kidneys are free from disease, horseback exercise and moderate bicycling will be found useful. The daily application of faradic electricity—placing one pole behind the spleen and moving the other over the region of the stomach for five minutes once or twice a day—is often very beneficial. Good results are also derived from intra-ventricular faradization—passing one electrode into the stomach while the other is applied externally in the usual way. But one should be very sure of the loyalty of his patient before employing this method.

The patient must receive his food in small quantities every two hours. Liquids must be largely withdrawn from the diet list. Thirst may be relieved by rectal injections of cold water thrown high up into the colon with a long tube. Sugar, starch, and fat should be given in very small quantity, because of their tendency to fermentation. The food should consist chiefly of tender meat well minced, toasted bread, milk, soft-boiled eggs, oysters, and concentrated broths. As improvement appears a larger variety may be gradually introduced.

In the administration of medicine it is necessary to provide for an increase of motor and digestive power while endeavoring to prevent the process of fermentation in the gastric contents. For the first object, one-fiftieth of a grain of nitrate of strychnine may be injected hyperdermally every six hours. Ten drops of dilute hydrochloric acid should be taken in four ounces of hot water after the three principal meals each day. One-half hour before each of those meals the patient should take

five grains of salol or of salicylic acid, or a grain of resorcin or of carbolic acid, or five grains of sodium hyposulphite, to check the fermentative process during the approaching period of attempted digestion. As soon as the patient begins to feel able to remain for a considerable time in the open air the anemia that is present may be controlled with large doses of carbonate of iron.

Recently the aid of surgery was invoked with some degree of success for the relief of those forms of gastric dilatation that are dependent upon stenosis of the pylorus. Notwithstanding the high degree of mortality, it is sometimes the only resource, and fortunately with increasing experience the death rate is slightly diminished. In certain obstinate cases without pyloric obstruction the operation of folding the anterior wall of the stomach upon itself and sewing the border of the greatest curvature to the margin of the upper curve of the organ—just as a sailor takes a reef in a sail—has been performed with tolerable success.

RENAL SUPPURATION OR SURGICAL KIDNEY.*

ITS CLINIC AND PATHOLOGIC VARIETIES, AND THE VALUE OF MICRO-URINALYSIS OF URINARY SEDIMENT AS A MEANS OF PRECISE AND DEFINITE DIAGNOSIS OF IT.

By THOMAS H. MANLEY, M.D.,
New York.

During the past two years several cases of renal lesions have come under my notice, of a class by no means uncommon nor in my experience until very recently, studied with that care which their importance merits.

Much confusion and disorder yet

* Abstract of paper read at the American Medical Congress, in Philadelphia, June 2nd, 1897.

remain in our views on the pathology, diagnosis, treatment of purulent kidney, pyelitis, pyelonephrosis, abscess or obstruction in the pelvis, parenchymatous and perinephric suppuration; nor is it by any means yet clear that we are on the right track in their etiology.

Among the local causes of renal suppuration are:

1st. Lithiasis, calculous impaction.

2nd. Trauma, contusion or laceration.

Among consecutive or constitutional causes are:

1st. Infection (presumed by way of the circulation), tubercular.

2nd. Ascending infection, vesical.

3rd. Continuous infection, from the colon, etc.

One striking clinic feature about large renal abscess is, that it rarely involves but one side, and that the right; and in its incipient stages is painless, unless the purulent foyer has opened into the urinary stream.

In the male, pyelonephrosis is often dependent on calculous, prostatic, urethral obstruction—about one-third according to Dickinson. Another third will depend on renal concretions, and the last third on the infections. Gonorrhœal pyelonephrosis is yet doubted and in all instances it is difficult to detect the tubercular bacilli.

COMPLICATIONS.

Cystitis is an almost constant symptom in all chronic cases of suppurative kidney, when the urine has undergone ammoniacal decomposition.

Diagnosis of pyelonephrosis or renal suppuration:

1st. Subjective and general examination.

2nd. Local external examination over renal areas.

3rd. Internal examination through the passages.

4th. Urinalysis (physic, chemic, histologic and bacteriologic).

A microscopical examination of the sediment in pyuria by an experienced person will quite invariably decide the source of the pus, whether it be urethral, prostatic, vesical, ureteral or renal. It is necessary, however, that the microscopist have had a special training in this line of analysis. It is of the greatest importance in all cases, that the urine be secured freshly, that several specimens be examined for even several days before a definite opinion is expressed.

The site of the lesion is decided in all cases by the presence of the characteristic epithelia which are invariably present, though in certain stages of renal suppuration are so disintegrated or transformed as to defy detection; but in an interval of a day or two abundant epithelial casts and cells are readily seen.

It is imperative under all circumstances, as far as possible, to eliminate sources of error in micro-analysis of the sediment; hence, in the female, we must exclude uterine, cervical or vaginal suppuration by inspection. In the male, we may exclude the urethral source of pus, by catheterizing the bladder.

This is, as yet, a greatly neglected field of study, but one which will yield rich returns to the investigator.

The exploratory incision as a means of diagnosis alone, in renal lesions, can be only mentioned to be condemned, unless operation for cure or relief immediately follows.

The general impression, that purulent kidney is a surgical lesion under all circumstances, is unwarranted, as this pathologic state is largely influenced by hygienic and internal therapeutic means. But when internal remedies fail, we are now enabled to proceed intelligently and directly with operative surgery, having had the pathway flashed by the light of morphological science, pain subdued by anæsthetics and infection of the wound improbable through intelligent asepsis.

THE RESULTS OF ONE HUNDRED AND FORTY-SEVEN OPERATIONS FOR RETROVERSION OF THE UTERUS.*

By A. LAPHORN SMITH, B.A., M.D.,
M.R.C.S. England.
Fellow of American Gynecological Society; Surgeon in
Chief of the Samaritan Free Hospital for Women;
Gynaecologist to the Western Hospital and to
the Montreal Dispensary; Professor of
Clinical Gynecology in Bishops University,
Montreal.

The paper was based upon ninety-four ventrofixations and fifty-three Alexander's operations. He held that ventrofixation was the only operation that should be entertained in cases of retroversion with adhesions; but it should not be done when the uterus was movable and when there was no disease of the appendages requiring abdominal section, in which cases Alexander's operation had given excellent results. There should be no death rate to either operation, neither should there ever be hernia, either ventral or inguinal, if the following directions were followed. The two operations were equally easy, although a few years ago the author was opposed to Alexander's operation on account of its difficulty. Now he could invariably find the ligaments, and generally in from half a minute to a minute and a half. He warned his hearers not to do Alexander's operation if there were any adhesions, even if they were loose enough to permit the uterus to be lifted up; because they would be put upon the stretch and would drag so much upon the ligaments as to finally pull them out of their anchorage. In laying down the technique of Alexander's operation he placed great stress upon the importance of putting aside all cutting instruments as soon as the skin, superficial and deep fascia had been cut through. Instead of laying open the inguinal

canal as advocated by some writers, he advised his hearers not to cut a single fibre of the intercolumnar fascia which was the principal support of the pillars. Moreover, he said, the slightest nick of the fascia of the internal oblique would lead to a false passage and failure to find the ligament. If no cutting instruments were used, but only a Peans forceps to draw out the ligament there would be no difficulty in finding it, because there was nothing else in the canal but the ligament. In fact with the eyes bandaged it could be found and drawn out, simply by introducing the closed forceps and then opening them, when the round ligament would fall into them and can be drawn out. He advocated the use of fine silk-worm gut, which could be thoroughly sterilized and left in permanently. Occasionally he had been obliged to remove a buried stitch. In case any fibres of the intercolumnar or internal oblique should be accidentally cut, great care should be exercised in sewing them up to avoid hernia. He had only had one relapse after ventrofixation and one after Alexander, which were both subsequently repaired. Several of the cases of ventrofixation had since become pregnant and had had normal confinements. Also several cases of Alexander had had children. Many of the patients had been bed-ridden invalids for years before and were now enjoying excellent health. Both operations, each in its proper sphere, had given the greatest possible satisfaction.

SIX CASES STRANGULATED HERNIA IN INFANCY OR EARLY CHILDHOOD.

Paget (*West London Medical Journal*, April, 1897), in a paper with this title reaches the following conclusions:

(1) In three cases the hernia seems to have become strangulated while the

* Abstract of paper read before the American Gynecological Society at Washington, May 6th, 1897.

child was at rest, either in bed, or in its perambulator, or lying on its back

(2) In two cases, though the bowel had not long been strangulated and was but slightly injured, yet the scrotum was already congested or inflamed.

(3) In three cases, after division of the stricture, reduction of the bowel was certainly made easier by holding up the child's feet, so that only its head and shoulders rested on the table.

(4) In more than one case the operation was made difficult by the extreme thinness of the sac—a mere film of membrane—and by the absence of fluid from it.

(5) In most of the cases the bowels acted within a few hours of the operation, and in two of them there was slight diarrhœa for a few days.

(6) The writer did not do a radical cure in these cases, being anxious not to prolong the operations, and thinking that the tissues, in such very young children, would heal firmly without it; but the relapse of the hernia in Case 3 and the breaking down of the wound in Case 4 seem to show clearly that in all these cases we ought to tie the sac and close the ring.

(7) The breaking down of the wound in this fourth case is somewhat hard to understand. A whole week had passed since the operation; the stitches had not been touched; the wound had been dressed that morning, and then looked firmly healed. In the evening it broke down along its whole length, its edges curling inward like the edges of a wound in the scrotum. He is having sections made of the skin over the inguinal canal in young children, to see if it contains unstriped muscular fibres like the tunica dartos; it is hard to see what else can have made the edges of the wound thus give way and turn inward.

(8) In the last case the hernia was certainly reduced when the child was admitted, for the bowels acted freely

for ten days. The scrotum remained much thickened and inflamed, and thus the relapse of the hernia was not at once noticed.

Thus these six cases seem to show that there are some points of special interest in strangulated hernia in infants. It is not unlikely to occur while the infant is at rest, and in infants vomiting it is so common that a strangulated hernia may easily be overlooked, as happened in three fatal cases among those collected from various sources by Mr Marsh. The scrotum may become congested or inflamed very early, even though the bowel be but slightly damaged. Especial care is necessary in the operation on account of the extreme thinness of the sac and the very small quantity of fluid in it. The return of the bowel after division of the stricture may be helped by lifting the child's feet. The bowels are likely to act soon after the operation, and to be somewhat relaxed for a few days. In every case a radical cure should be made at the time of the operation, unless the child is so collapsed that it is dangerous to prolong the operation even for a few minutes.

BABIES DESERTED.

It has been said, and we think correctly, that motherhood brings out the tenderest, strongest feelings of a woman's nature. Before the birth of her child she may have been but little more than an animal, but a touch of her child's living body and a look into its eyes awaken a feeling of love, of tenderness, hard to resist. And yet each year 3,000 children are cared for under two years of age by the City of New York, who becomes a gracious provider and parent. Of these an average of 120 from a few hours to a few days old are found by the police, on doorsteps, in hallways and ash cans, and in all sorts of places where they can be deposited

without observation. Of course, many are dead. The list of foundlings and abandoned children is steadily on the increase. The mothers of only five out of each hundred are known. These little waifs are cared for mostly by foundling hospitals and institutions like the Home for the Friendless. From there the children usually, when about three years old, are sent, through agreements of adoption, all over the country, where, as a rule, they are well cared for, and grow up as useful citizens. Early in our professional life we had the medical charge of the Home for the Friendless, whose great work was in gathering into its fold the uncared-for and abandoned children of poverty, drink and crime. Not long ago a lady of marked culture and refinement, of dignified and stately presence, entered the office. Looking me for a moment intently in the face she held out her hand and said with trembling lips and a voice full of emotion: "How well I remember you in those far-away days which now seem but as yesterday. How I used to watch for your coming and the pleasant word you always had for me. They were all kind to me in the Home for the Friendless, and kind to me also in the new home I entered in the then foraway West as an adopted daughter. I have children of my own now, and my husband is a Governor of a Western State, rich in this world's goods and honor."

And so in these later years the memory of the past is turned again and again, as one after another who have reached wealth and fame refer with kindling eye and a warm grasp of the hand to those days when they were foundlings, with no knowledge of father or mother or home. Not all, however, are so fortunate, and those who adopt these waifs in the great sea of life often do so at great risk. For too often, alas, the seeds of an heredity of vice and crime, in spite of all care, develop into a sad harvest in later years! Some

idea may be formed of the work of one society, that of the Prevention of Cruelty to Children, when its statistics show that in the past twenty-two years 313,649 children have received its aid.—*Medical Times*.

GONORRHOEA IN WOMEN FROM A MEDICO-LEGAL STANDPOINT.

Neisser discusses this important question with especial reference to the importance of the diagnosis, which, he affirms, cannot be positively made without the aid of the microscope. A secretion may be present which bears an exact resemblance, microscopically, to gonorrhœal pus, but contains no cocci, or in fact any bacteria whatever (*American Journal of the Medical Sciences*). Moreover, it is impossible to determine the time at which infection occurred, since its course differs so widely in different subjects. When the cervical canal is affected, but not the urethra, symptoms may be absent. The writer denies the truth of the statement that obscure acute gonorrhœal infection in the female may cause a chronic discharge in the male; the gono-cocci always possesses the same virulence, and when they come in contact with healthy mucous membrane produce an acute inflammation. This explains the violent gonorrhœal attacks in newly married women whose husbands regard themselves as entirely cured, and also the similar acute infection of men after intercourse with women whose physicians had discharged them as free from disease. In both instances the secretion is found to contain a few scattered cocci, which are found only after a long search. In the chronic cases the characteristic appearance of the gono-cocci within the cells is often wanting, and the culture test is frequently unsatisfactory. In short, the microscopical diagnosis is often exceedingly difficult. Still; this is the only one

which should be admitted as positive in a court of law. Dr. Simon has recorded the following very interesting case: A man aged thirty-seven years was accused of having committed rape upon a little girl five years of age, and of having infected her with gonorrhœa. An examination of the greenish pus which escaped from her vagina showed that it contained Neisser's cocci. The accused denied that he had had urethritis or any venereal trouble since an attack of clap fifteen years before, which had been promptly cured. Careful and repeated examinations of his urethra showed an entire absence of any abnormal secretion. A bacteriological examination of the urinary sediment demonstrated the presence of numerous epithelial cells containing bodies which somewhat resembled gonococci, but which, when subjected to staining by Gram's method, failed to respond to the ordinary test. Under these circumstances it was impossible for the expert to submit a positive opinion. Hence the inference that, when the question of the specific nature of an old urethral discharge is to be decided, too much reliance should not be placed on the bacteriological evidence. Even when cocci are demonstrated in the vaginal secretion, the origin of the infection, whether direct or accidental, may remain in doubt.—*Medical Record*, March 20, 1897.

VENTROFIXATION.

Kustner (*Volkmann's Klin. Vorträge*, No. 171, December, 1896) has prepared a valuable statistical monograph on these proceedings, which are condemned by many and strongly advocated by others. Of ventral fixation of the uterus 1,120 cases are recorded, 265 in multiparæ, 830 in parous women, and 25 in old subjects. In 637 the displaced uterus was found fixed by adhesions; only seven died, two deaths being from direct obstruction. In most cases the re-

sults were noted as "good," but in at least 44 the displacement recurred; 122 became pregnant after the operation; pregnancy and labor were normal in 74. Amongst bad results in pregnant cases were fifteen abortions and premature labors, one tubal gestation, three crossbirths and one replacenta. In two Cæsarean section was found necessary, and in one of these cases it was performed by the operator who had fixed the uterus. Twice as many bad results in pregnancy were noted after Leopold's as after Olshausen's method of ventrofixation. Of vaginal fixations Kustner has collected 576 direct, and 410 where the vesicouterine fold of peritoneum was opened. The patients were: nulliparæ, 87; parous, 502; elderly, 24. The majority, 514, were in cases where the uterus was not bound down by adhesions, the reverse of the proportion in the ventrofixation series. Three deaths occurred. In 72 patients the displacement of the uterus recurred soon after operation; in 92 functional uterine disturbances followed; out of 46 who became pregnant, 23 suffered no trouble, 13 aborted, 5 had bad labors, and in 5 the retroflexion was found to return in the puerperium. Of Alexander's operation 120 are collected; in nulliparæ 26, in parus subjects 79, no statement of 15. In as many as 100 the uterus was expressly stated to be free from adhesions, in only three was it noted as fixed, and in one of these three the adhesions were broken down as a preliminary operation (Schultze). Recurrence of the retroflexion occurred in one case during convalescence, in 12 later; in 27 the result was expressly stated as satisfactory, but many after-histories were defective; 27 became pregnant; of these details are wanting in two, whilst 20 had normal pregnancies, and five aborted. Kustner gives statistics of several other operations for retroflexion, but they are too limited to be of any practical value.—*British Medical Journal* April 17, 1897.

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THE BRITISH MEDICAL ASSOCIATION.

WE have in this issue printed a large amount of information in reference to excursion routes and side attractions for the meeting of the British Medical Association.

We cannot again too strongly urge every one, that can possibly do so, to attend this meeting. We owe it not only to our own advancement and improvement in the progress of medical science, but we owe it to our country that every individual in the ranks of the profession should see that the Montreal meeting is made a great success. Commencing with the Jubilee celebration and the visit of the Premier to England, Canada has received an attention superior to any of the colonies, and the interest of the whole English people has been thoroughly aroused. We know the failings of John Bull, as children are apt to know the failings of their parents, and the old gentleman, as

representing the class Briton, is usually just as proud and positive in his ignorance as he is in his knowledge. In the past he knew all about Australia, all about South Africa, all about the Argentine Republic. His pride in his ignorance of Canada being only equalled, if possible, by his contempt for his colonial relations. Now all this is being changed. The colonies have done their part thoroughly and well. We have, without the assistance and often with hindrance, built up a series of nations standing guard for Britain's honor around the world. All the other colonies have had their turn of encouragement from Great Britain, ours is yet to come, and the first sign of it was the reception which the Premier received in London. He was easily the leading figure in the colonial procession, as, we may be pardoned for saying, Canada is the leading colony. Added to this is the

great interest which has been created in Canada through the medium of the British Columbia mines, and, as it never rains but it pours, we have people now going crazy over the placers of the Klondike and the riches of the Yukon. The wave of prosperity which seems to be setting in for our country is due not to our resources alone, but to the fact that those resources have lately been widely advertised, and that the people of the homeland are, for the first time, looking eagerly to Canada. The members of two of the greatest scientific associations in the world are coming to us with favorable impressions of ourselves and our resources. It is important, therefore, that we should so receive them that they return to sound the praises of Canada throughout the Motherland.

AN APOLOGY.

WE would refer our readers to our correspondence column of last month, in which a letter appears which sufficiently explains itself. The gentleman referred to, who at present holds the appointment, advised us that the statements in the letter referring to tuberculin tests were untrue, and pointed out that there had been an entire change made in the system as regards inspection at Windsor. Upon enquiry we found that the former staff which consisted of three veterinarians receiving over \$1,000 a piece per annum were, owing to the new quarantine regulations, not required and were retired. Subsequently one of the gentlemen was appointed to look after local work at a salary, we understand, about \$600 per annum; further it appears, contrary to what is stated in the letter, that cattle are not now tested at Windsor before being shipped eastward.

We regret very much that anything should have appeared in our columns reflecting upon the professional ability of either physician or veterinarian,

but such having appeared, we have personally endeavored, as far as we are concerned, to set the matter right, more especially as we have since met the present incumbent and formed the highest opinion of his care and ability.

EDITORIAL NOTES.

BRITISH MEDICAL ASSOCIATION, MEETS IN MONTREAL, AUGUST 31ST.—How members may reach Montreal, or take advantage of trips to any part of Canada before or after the meeting, rates, etc. The names of all members of the Toronto Branch have been forwarded to Dr. G. E. Armstrong, 320 Mountain street, Montreal, who will send certificate to any member writing for it entitling him and any member of his family to buy a ticket at any ticket office (railway or steamboat) in Canada to any part of Canada for half of one single fare, or return for one single fare. He can purchase them at any time to any point and as often as he likes. These rates are good from now till the 30th September. If anyone wishes to go to the Northwest before the meeting he can purchase a ticket from point of departure at same time asking the local ticket agent to give a certificate, saying he had purchased a ticket; if this certificate and the number of the certificate given by Dr. Armstrong is sent to Mr. N. F. Egg, 129 St. James street, Montreal, he will quote a price and also send free passes over branch lines in Manitoba, Northwest Territories and British Columbia and over the C.P.R. steamboats. The price of such ticket to Vancouver is about \$70.45. Or, on receipt of number of certificate given by Dr. Armstrong, Mr. Egg will quote price, send tickets and free passes altogether, on receipt of money order for the amount. It would be well for any of the profession throughout the western part of the Province especially, who are not already members, but who wish to take advantage of all that the

meeting affords, to make application for membership at their earliest convenience. It ought to be understood that only invited guests and members are admitted to the discussions and privileges. Other information may be obtained by writing Dr. H. T. Machell, 95 Bellevue Avenue, the acting Secretary of the Toronto Branch.

Correspondence.

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

Correspondents are requested to be as brief as possible.

BRITISH MEDICAL ASSOCIATION.—MONTREAL MEETING.

To the Editor:

SIR,—May I ask you, through the columns of your journal, to draw the attention of the profession in Canada to the fact, that all those who intend attending the meeting of the British Medical Association here on the 31st of August next, must be members of the Association. And moreover, it is compulsory in all meetings, excursions or entertainments of any kind, that members must show their ticket of membership to entitle them to any of the foregoing privileges. The half year of subscription to membership began on July 1st, from which date also the second volume of the JOURNAL for the current year is issued. It is particularly advisable that all those who intend to join, should do so now, and not wait until the time of the meeting, when in all probability their election to membership would be delayed and place an extra amount of work upon the officials, who at that time will probably have more than they can comfortably accomplish.

Yours faithfully,

J. ANDERSON SPRINGLE,
Hon. Sec'y. Montreal Branch.

July 16th, 1897.

Miscellany.

A RESPIRATORY SYMPTOM OF TOBACCO POISONING.—Dr. William S. Morrow, in the *British Medical Journal* for June 5th, describes a certain peculiarity of breathing met with in cases of tobacco poisoning, and gives an account of its experimental investigation. In his experience it has been a very common symptom of the excessive use of tobacco, and he cites a number of cases in which he has seen it to a marked degree. The only satisfactory description of this symptom, says the author, is that given by Chapman, of Louisville, who described the breathing as irregular, consisting of several short, shallow respirations, followed by one deep and gasping. He counted the respirations, and found them from twenty to twenty-two a minute. Such a change in the breathing, he thinks, is due to some influence affecting either the respiratory centre, the pneumogastric nerve, or the blood, and in order to determine the matter for himself, the author decided to carry out a few experiments, the details of which are given in full, and the results of which are as follows: In experimental poisoning, as in the clinical cases reported, the respiratory phase of respiration becomes more pronounced and expiration less. Tobacco does not produce this characteristic effect through the peripheral endings of the pneumogastric nerves, as its action is practically the same after those nerves have been cut. The same experiment makes it unlikely that it acts through the trunks of these nerves. Moreover, they seem capable of conducting nerve impulses after death from tobacco, and it would be difficult to explain the diminution which seems to occur in the total volume of air breathed by any action on these nerves. Dr. Morrow states that he does not deny that the pulmonary branches of the pneumogastrics may be affected in any way. On the con-

trary, he says, Roy and Graham Brown have shown that nicotine dilates the bronchial tubes, presumably through these nerves, but the characteristic symptom forming the subject of this paper can not be explained by any action of the poison on them. The poison seems to act principally on the respiratory centre, paralyzing the expiratory division of it, and rendering the whole centre insensitive to afferent nervous impulses. The deep-drawn inspirations seen in his cases may, he thinks, correspond exactly to the deep-drawn inspirations seen in the rabbit and dog in the final stage of poisoning, but from the fact that respiration may be carried on in a feeble way between them, and that they are seen in cases of moderate degrees of poisoning, it seems more likely that they are due to a less severe interference with the sensory side of the centre causing a partial failure of response to the ordinary stimulating influences from above and below. This properly brings into play direct stimulation of the centre by the blood from partial asphyxia, which explains the subjective feeling of lack of air complained of in one of the cases referred to. Dr. Morrow concludes that a fairly common symptom of tobacco poisoning is a deep gasping inspiration occurring at intervals, and sometimes quite audible. This may be practically the only symptom complained of. It is probably due to a paralyzing action of the drug on the respiratory centre, affecting especially the expiratory division, but also diminishing the irritability of the whole centre to afferent impulses. This symptom may persist from a few days to some months after the poison is discontinued.

THE "SCROFULOUS" KIDNEY.—In the May number of the *Medical Chronicle* Dr. T. N. Kelynack, of the Manchester Royal Infirmary, gives an analysis of cases of local tuberculosis of the kidney which, he says, brings out certain features of interest

that may prove of some value. He states that he has limited the analysis to that local form of real tuberculosis to which custom allows the convenient term of "scrofulous." From among the records of four thousand five hundred and eighty-four cases he has been able to collect only twenty well-marked examples of "scrofulous" kidney, and a consideration of these records, he says, seems to warrant the following conclusions: 1. Local tuberculosis of the kidney, in the form of the so-called "scrofulous" kidney, is met with in about one-half per cent. of all cases submitted to pathological examination in a general hospital. 2. "Scrofulous" kidney is most frequently met with in men. 3. "Scrofulous" kidney is usually met with in adult life, the average age being about thirty-four. 4. Both organs are generally involved; where only one is, there is no noticeable difference in the frequency of the side affected. 5. Considerable variety exists in the size, shape, weight, and general characters of the "scrofulous" kidney. 6. Tuberculosis lesions elsewhere in the body are found in ninety per cent. of all fatal cases. The lungs present evidences of either latent or active tuberculosis in seventy per cent.. The genital organs or urinary bladder are involved in seventy-five per cent. 7. A thorough examination of the whole body, and especially of the lungs and genito-urinary tracts for tuberculous processes, should be made in every case of suspected "scrofulous" kidney, particularly if the advisability of surgical interference is under consideration.

A CASE OF LEPROSY IN BALTIMORE.—A woman who was taken to the Johns Hopkins Hospital recently, suffering from some undiagnosed skin disease, was found to have leprosy. She was promptly isolated, and when it was learned that she had come from another city she was sent back in a private car, that is to say, alone in a freight car.

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VOMITING IN TUBERCULOUS PATIENTS.—*La Médecine Moderne* quotes Barth concerning the treatment of the acid eructations, the abdominal swelling and constipation, and the other alimentary disorders of tubercular patients. Barth is in the habit of prescribing a wineglassful of Vichy water after each repast, which should consist of roast or boiled meat, without sauce, and plainly cooked vegetables. After the meal he administers a cachet with the following contents:

℞ Prepared chalk,
 Calcined magnesia . . . aa gr. iv.
 Binoxide of manganese . gr. ij.
 Powd. belladon. leaves . . gr. ¼.

Should there be much pain, he adds to this formula one-sixth of a grain of powdered opium. He also insists that the patient shall rest absolutely after taking the meal. Should constipation be present he directs that

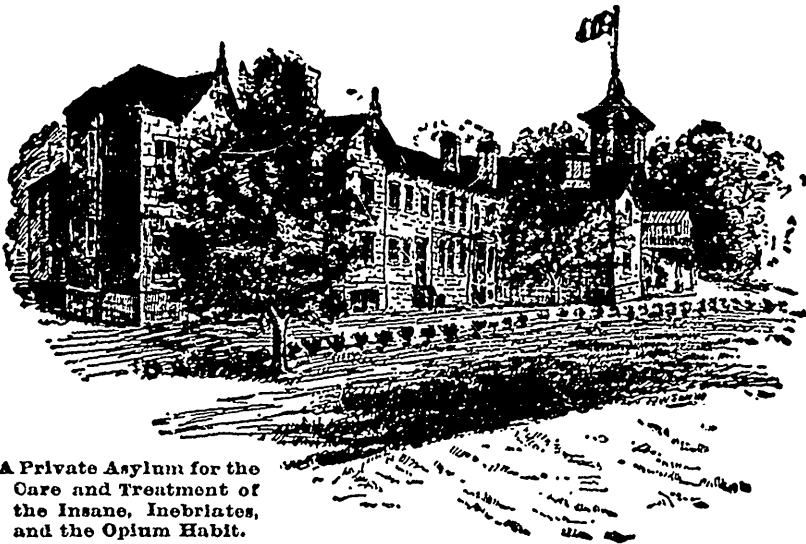
the patient use a rectal injection, and every four or five days take a glass of Bordeaux water or a Scidlitz powder. For the vomiting which is so frequently met with in tubercular patients, he administers two or three drops of wine of opium or a teaspoonful of the following solution, which is particularly useful if the vomiting follows excessive coughing.

℞ Hydrochlor. of morph. gr. ⅓.
 Aq. dist. ʒ iv.

M. Sig. One or two teaspoonfuls as needed.—*Ex.*

TINCTURE OF CANTHARIDES AND ALBUMINURIA.—In an article on this subject, published in the *Gazette Hebdomadaire de Médecine et de Chirurgie*, M. Du Cazal remarks that at a recent meeting of the Academie de Médecine, M. Lancereaux stated, in a communication on albuminuria from

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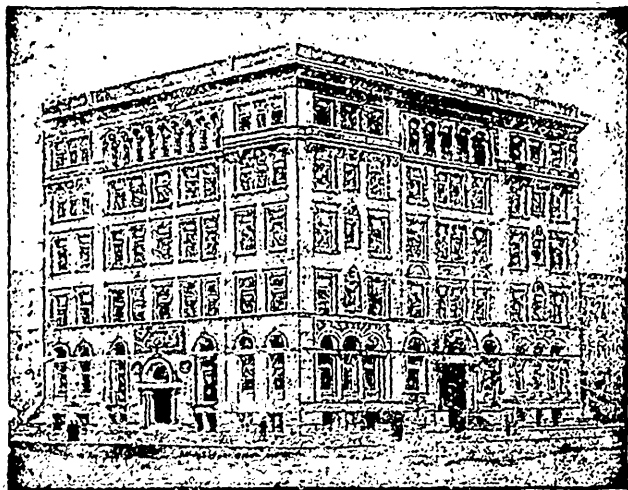
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a therapeutic point of view, that when uræmia has ceased we must seek to modify the altered tissues, and that the medication necessarily varies according to whether it is the connective and vascular tissues, or the epithelial tissues, that are involved—in the first case potassium iodide was to be preferred, in the second case cantharides had given him the best results. Two cases of epithelial nephritis with albuminuria and considerable anasarca had been cured in less than three months under the influence of cantharides; while in the case of a patient who had considerable anasarca and passed only 15½ ounces of urine in twenty-four hours, the renal secretion became abundant within two or three days after the ingestion of twelve drops of tincture of cantharides, and in eight days the anasarca had disappeared. The question under dis-

cussion, says the author, is certainly one of great importance. Acute catarrhal nephritis often results in death from the uræmic and congestive symptoms it causes, in the presence of which the physician is too often powerless. Since M. Lancereaux's communication, Du Cazal has had occasion to apply the treatment in a number of cases of nephritis, and in four cases out of five has obtained complete recovery in a surprisingly brief period, the fifth case showing considerable amelioration only. Three of these cases were acute nephritis, one consecutive to pneumonia that had been treated by cold water; the others were of scarlatinous origin. It was his first trial of the treatment, and the rapidity and persistency of the recovery were a great surprise to him. In the third case, one of acute catarrhal nephritis of influenzal origin, the

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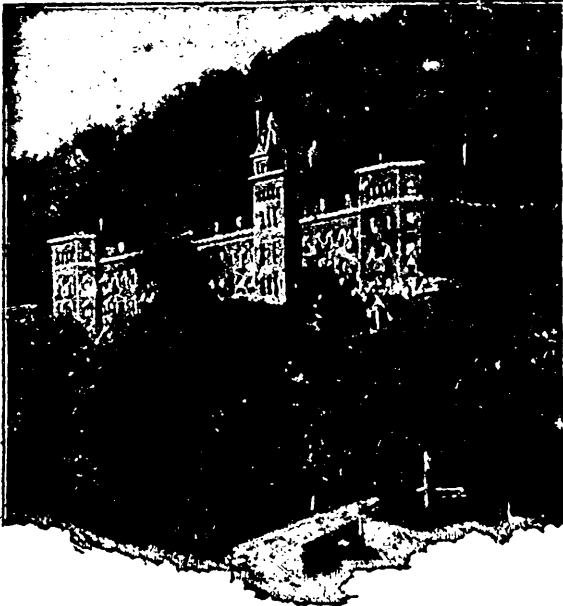
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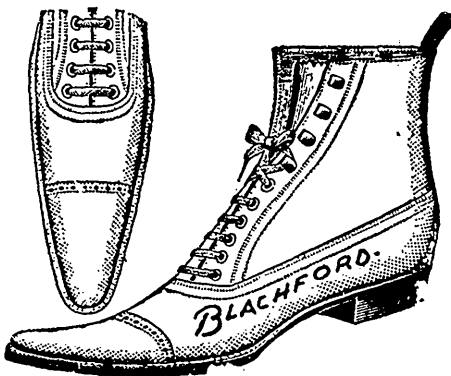
drug caused rapid diminution and then complete disappearance of albumin, although the pathological condition had a manifest tendency to become chronic. Notwithstanding the failure to obtain recovery in the fifth case, says M. Du Cazal, the results ascertained in the others absolutely confirm the account of those communicated by M. Lancereaux to the Academic. M. Laboullene and M. Olivier have recalled the fact that the treatment by tincture of cantharides was recommended by Grisolle and by Raver, but had been forgotten until M. Lancereaux drew the attention of the profession to it; thereby, in the author's opinion, rendering a great service to physicians, and, above all, to patients.—*Ther. Gazette.*

A CHARGE OF ATTEMPTED BRIBERY.—The editor of the *Lancet-Clinic* says that at the recent meeting of the American Medical Association a

western railway agent offered free transportation to the members of the committee on nominations if they would select Denver as the next place of meeting. He acquits the Colorado delegation of any previous knowledge of the railway man's offer, but he rightly says that in future the proof of such a proposition being made by any interested party, should be a sufficient cause for a rejection of the claims of any city.

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DISINFECTION OF SOILED LINEN.
 --Beyer (*Fortschrit. de Medicin.*, No. 1, 1897) has tested different methods employed for the disinfection of bed linen and underclothing. The ordinary methods by boiling are not suited to these articles, as the presence of blood, pus, and fæces causes an ineradicable stain if a high temperature is used. Soaking the garments in solutions of various soaps for one or two days failed in every instance to kill cholera, typhoid and pyogenic organisms which were mixed with the fæces with which the garments were smeared. In some cases the germs were killed when the solutions containing the linen were kept at 50° C. for a few hours. With lime water the results were much better. Sample garments which were soaked in this solution for twenty-four hours were found to be sterilized. An equally good result was obtained in a hospital where about one-half a cubic meter of

soiled linen was soaked in lime-water for forty-eight hours--or for twenty-four hours if the clothing was first rinsed with lime-water and then placed in a fresh solution. The lime-water does not injure linen or cotton goods, but shrinks woollen to such an extent as to prevent its use.

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- M. Et adde—
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- M. Et ft. enema. Sig. Inject into the bowel.—*Hooper.*
- R. Ol. terebinthinæ fl ℥ j.
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 Mucil. acaciæ fl ℥ v.
 Aq. lauro-cerasi fl ℥ ss.
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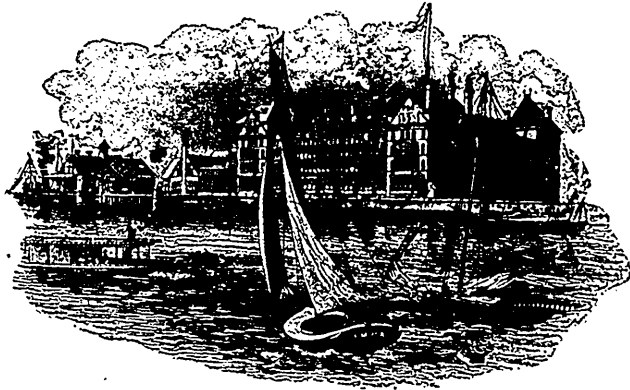
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THE EFFECT OF CIGARETTE SMOKING ON RESPIRATORY MUCOUS MEMBRANE.—Dr. Clarence C Rice, of New York, in a paper, stated that almost without exception cigarette smokers indulged in the habit to excess. The constant contact of the smoke with the mucous membrane of the respiratory tract resulted in the development, in those predisposed to disease of this portion of the body, of inflammatory conditions much earlier in life than would otherwise be the case. Statistics showed that the manufacture of cigarettes was carried on on such an enormous scale that there was an allowance of about fifty cigarettes for every person in this country. Dr. Mulhall, himself an old cigarette smoker, maintained that the ill effects were chiefly due to inhaling the smoke deep into the bronchial tubes. Dr. Rice said that, while most writers stated that it produced only a mo-

derate degree of congestion of the mucous membrane, his own experience indicated that it caused advanced atrophic nasal catarrh, with dryness and congestion of the pharynx. He believed that every person who had long used cigarettes suffered from a chronic cough.

KEEP IT. — When requested to procure an abortion, read the woman this: "A mother anxiously entreated her physician to save the life of her little baby. After listening to the mother's narrative of signs and length of sickness, the doctor coldly and sternly said, 'Let it die, save your money and trouble, for it is a little thing; you have plenty of children, all you can raise properly and educate. Let it die, and get rid of your cares; here, give this to it, that will kill it; give it, and say nothing, and no one will know the cause of death.' The mother was horrified to hear such



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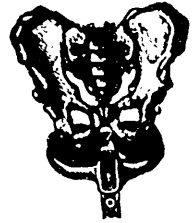
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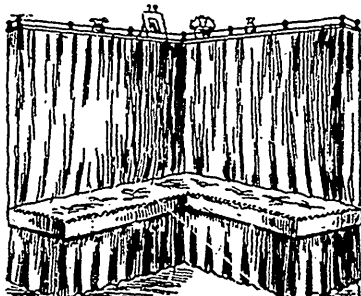
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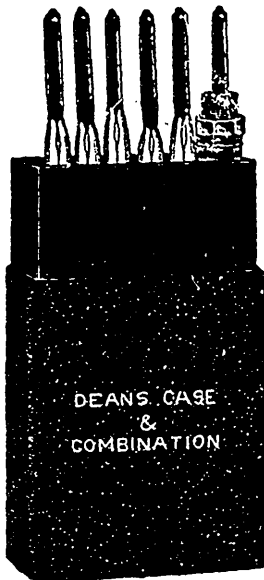
words spoken by her physician, and pressing the baby to her lips kissed it. 'Madam,' said her physician, 'is not this the same child whom you requested me to destroy before it was born? Is this the result of the pregnancy, during which you beguiled me and spoke so forcibly against me, because I would not destroy your unborn? Is this the mite of innocence for which you would, if possible, bear its pain, even bodily mutilation, if so doing would restore its health, the one which caused you to offer me ten dollars if I would commit an abortion? Take my advice, care for it properly, call upon me day and night, and I will do all in my power to stop its pain and prolong its life. I am glad I reasoned with you in the weeks gone by, and by so doing saved your baby, which seems to be of so much comfort to you now, although you sought its destruction. That is

our secret; keep it, and I will do the same; but woman, when the Great Omnipotent Power calls upon you to bring forth another child, do so in a womanly manner, and discharge one of the highest obligations imposed upon a woman.'—*Peoria Med. Record.*

STRENGTHENING THE QUARANTINE STATION.—Governor Black recently signed the bill, introduced by Assemblyman Nixon at the request of Health Officer Doty of the port of New York, appropriating \$5,000 for the completion of the disinfection apparatus at the quarantine station of the port of New York, to prevent the introduction of infectious and contagious diseases. The measure is a precaution taken against the possibility of the introduction into this country of the bubonic plague.

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Diseases of the Skin—A. R. Robinson, M.D., Edward B.
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WANT OF SKILFUL TREATMENT NO DEFENCE IN MURDER CASE.— In the murder case of State v. Edger-ton, the Supreme Court of Iowa holds, December 9, 1896, that the trial judge properly stated the law when he charged the jury that if they found from the evidence that the defendant inflicted wounds which caused or con-tributed to cause death, then he could not avoid the consequences of his act on the ground that the wounds were not treated according to the best and most approved methods of medical and surgical treatment for wounds of that character, and that the judge properly excluded certain expert and medical testimony, as well as some medical and surgical books offered by the defendant, tend-ing to show that by proper treatment of the wounds of the deceased his life might or could have been saved, it being especially contended that if the physician called had resorted to

"laparotomy" his patient might have recovered.

EXPERIMENTS UPON METABOLISM MADE BY THE U. S. DEPARTMENT OF AGRICULTURE.— Experiments upon metabolism have frequently been made in Europe, but the first careful investigation of this sort to be carried out in the United States, according to a writer in *Science*, March 26, 1897, has recently been undertaken at Wesleyan Univer-sity in Connecticut under the auspices of the Department of Agriculture. The apparatus included a so-called respiration chamber 7 x 4 x 6.5 feet, with glass doors, and con-taining a chair, table and cot bed. A man can remain in this chamber for an indefinite time without incon-venience. A current of fresh air passes through the box. All food, drink, excretory products, and the currents of air are weighed or

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measured and chemically analyzed. The duration of the experiments varied from two and a half to twelve days. Certain days were passed in absolute rest, others in hard study, and still others in hard muscular work. Results showed that during the periods of rest the subject gained about half an ounce of protein and lost half an ounce of fat a day. With severe mental work the results were almost exactly the same. During the period of hard muscular work the food which had proved sufficient for the periods of rest and of brain work did not suffice for the needs of the body, and the subject lost daily a sixth of an ounce of protein and seven ounces of fat. The investigations will be continued, and attempts will be made to discover the kinds of food best suited to different kinds of work.

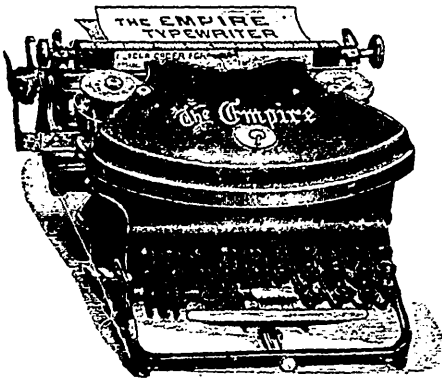
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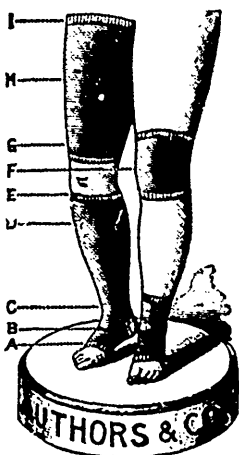
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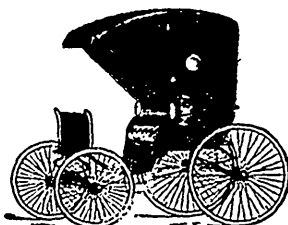
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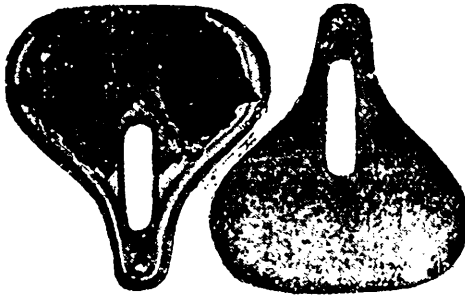
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