

THE

# Dominion Medical Monthly

... AND ...

## Ontario • Medical • Journal

Sent to every Member of the Profession in \_\_\_\_\_

ONTARIO, • BRITISH • COLUMBIA, • AND • NORTH-WEST • TERRITORY

By the Medical Councils of the respective Provinces

VOL. VI.

TORONTO, MARCH, 1896.

No. 3

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**Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.**

**R**EALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

**DIETETIC NOTES.**

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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The accompanying cut represents a young man who lost both legs by a railroad accident, one above the knee, and the other two inches below. He is able to walk one-half mile in eight minutes, without a cane or any assistance except his artificial limbs with rubber feet. He can perform a day's work without unusual fatigue; can go up and down stairs—in fact can do any of the ordinaries of life without exhibiting his loss.

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The above includes laboratory fees, dissection, etc.

Send for the Announcement for 1896, with full details of the New Extension Course in Medicine.

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**University of Buffalo, BUFFALO, N.Y.**

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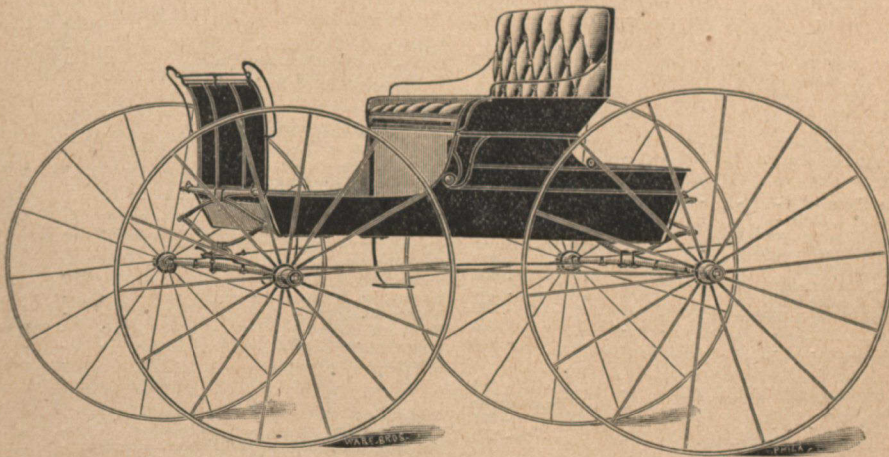
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# Stearns' Wine of Cod Liver Oil

## WITH PEPTONATE OF IRON

Is made by combining the active constituents found in Cod Liver Oil with a fine quality of dry wine, in which a proper proportion of peptonate of iron has been previously dissolved. It possesses the alterative properties of the oil combined with the tonic virtues of iron, and is free from the objectionable features of either. The alterative properties of Cod Liver Oil do not reside in its fat, but belong to certain peculiar principles associated therewith found in the oil as well as in the fresh liver.

The United States Dispensatory, in referring to Cod Liver Oil, says: "Some consider it merely a nutritive agent, having the advantage over other oleaginous substances of a readier entrance into the system, and more easy assimilation. But we cannot agree with this opinion. The probability appears to us to be that in consequence of some *peculiar principle or principles* it contains [italics ours] it exercises a stimulant and alterative influence on the processes of assimilation and nutrition, thereby aiding in the production of healthy tissue."

The *peculiar principles* spoken of in the Dispensatory were discovered finally by Messrs. Gautier and Mourgues (*Journal de Pharmacie*, March, 1890), who found in the oil certain active constituents, which, after testing thoroughly on animals, they believe to be the substances which account for the peculiar tonic action of Cod Liver Oil, which distinguishes it from all other oils and fats. Bouillot (Abstract of Thesis read at the French Academie des Sciences, Nov. 15th, 1892) has confirmed these researches and demonstrated the presence of these organic bodies in the fresh liver of the cod in much larger quantities. The secret of the value of Cod Liver Oil is therefore due to the presence of certain principles found in the fresh liver of the cod, which have been taken up by the oil.

Stearns' Wine of Cod Liver Oil is an original and elegant preparation which contains the alkaloids and other active principles to be found in one-fourth its volume of pure Cod Liver Oil, as well as four grains of peptonate of iron to each fluidounce. This Wine, being entirely free from the oily or fatty matter of Cod Liver Oil, is pleasant to the taste, and therefore valuable wherever Cod Liver Oil and Iron are indicated.

Stearns' Wine of Cod Liver Oil is extensively used in the treatment of consumption, scrofula, chronic rheumatism and gout, and the various morbid affections connected with the scrofulous diathesis, such as external glandular scrofula, diseases of the joints and spine, carious ulcers, tabes,

mesenterica, rickets and phthisis. It has been found useful also in chronic cutaneous eruptions, lupus, and chronic pectoral complaints, and it may be employed with the hope of good in almost all chronic cases in which there is impaired assimilation or nutrition. In pulmonary consumption it is of supreme value. The U. S. Dispensatory calls attention to the fact when administering Cod Liver Oil, that it is necessary, however, to persevere for four or six weeks before looking for decidedly favorable results, though the change does often appear earlier.

Stearns' Wine of Cod Liver Oil with Peptonate of Iron owes its virtues not to the presence of fatty matter, as already stated, but to the peculiar principles to which the oil itself is indebted for its therapeutic efficacy. In fact, the isolation of these principles, and their administration separately from the oil, may be considered one of the most valuable discoveries of modern medicine. Iron and stimulants are frequently indicated in those cases where Cod Liver Oil is required. This preparation combines these ingredients in a compatible form for convenient administration. In place, therefore, of the disagreeable crude oil, and emulsions, in which the oil is diluted with some vehicle, itself inert, the physician is enabled to do away entirely with the fishy taste and smell of Cod Liver Oil, and yet give his patient the advantage of delicious wine containing the activities of a liberal amount of the oil, and a non-astringent, neutral, organic preparation of iron, non-constipating, without deleterious effect on the teeth, and readily assimilated by the most delicate stomach.

**NOTE.**—It is most important that Stearns' be always specified when Wine of Cod Liver Oil with Peptonate of Iron is desired, for the use of our name is the only means of insuring protection to the patient, the physician, or ourselves.

Stearns' Wine of Cod Liver Oil with Peptonate of Iron received a *special award* for excellence at the World's Columbian Exposition.

Literature with clinical reports will be sent free to physicians on request.

**FREDERICK STEARNS & CO. - Manufacturing Pharmacists**

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New York City.



We take pleasure in directing the attention of our readers to the advertisement in this issue of the firm of Messrs. Scott & MacMillan, of Mincing Lane, Toronto. This firm have but recently gone into the manufacture of pharmaceutical specialties. They use nothing but the purest drugs, everything they turn out being more than up to standard. Scott & MacMillan's Cascara will be found most palatable and effective, and physicians will consult their own interests in specifying S. & M. on their prescriptions.

A DOCTOR'S ADVICE.—"You have a severe case of indigestion," said the physician to his new patient. "You should be very careful to eat only warm food, as it promotes the flow of gastric juice. Avoid ice cream and

(Continued on page 232)

#### The Treatment of Influenza or La Grippe.

It is quite refreshing these days to read of a clearly defined treatment for the grip. But in an article in the *Lancet-Clinic*, December 28th, 1895, Dr. James Harvey Bell, 251 East 32nd Street, New York City, says he is convinced that too much medication is both unnecessary and injurious. He has few remedies; prescribes them with confidence, and "trusts the rest to nature."


When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell says he then orders that the bowels be opened freely by some saline draught, as hunyadi water or effervescing citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

R Antikamnia Tablets (5 gr. each), No. xxx.  
Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia, because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that

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unless the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

R Antikamnia and Quinine Tablets, No. xxx.  
Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases, the following combination is preferred to antikamnia alone:

R Antikamnia and Salol Tablets, No. xxx.  
Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

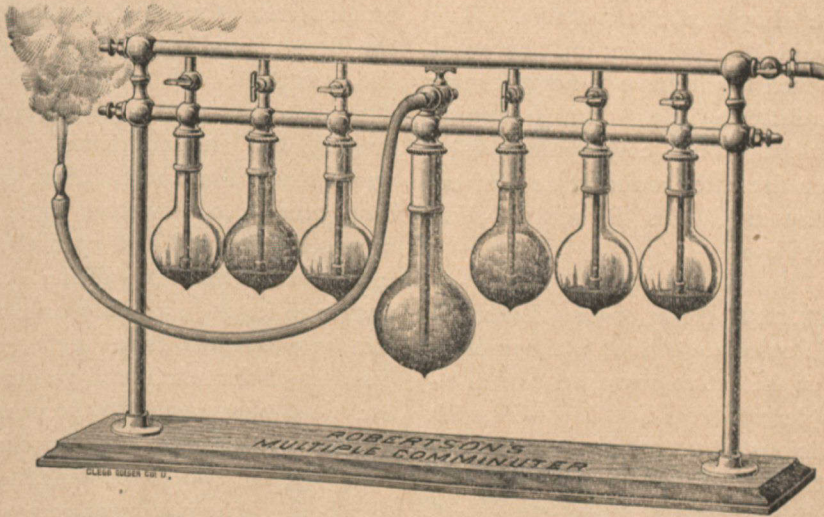
Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

R Antikamnia and Codeine Tablets, No. xxx.  
Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always instructs patients to crush tablets before taking.



# THE PNEU-MA-CHEMIC MULTIPLE COMMINUTER



## The Ideal Apparatus for Office Practice.

This apparatus, just recently perfected, is the most useful, scientific and efficient invention ever offered to physicians for the direct application of remedies to the respiratory tract, and other cavities of the body, and for the administration of anaesthetics, etc. It is also the most unique, novel and artistic apparatus any doctor can have in his office.

It is called a comminuter because, by a mechanical process, it reduces the substance acted upon to such infinitesimal particles that it is transformed from the liquid state to the condition of a visible elastic fluid. In this state it is projected through the flexible tube in great volume, and with whatever force it may be desirable or necessary to reach the respiratory tract, eyes, ears, the rectum, vagina, or other passages, cavities, or surfaces of the body, in the most effective manner. Six different prescriptions or single remedies can be put in the apparatus and used separately, or in any desired combination, without changing the medicines or removing the flasks.

Medicines insoluble in each other, or even chemically incompatible in the liquid state, can be administered in perfect combination, without precipitation or decomposition.

The complete apparatus is 30 inches long, 17 inches high and 7 inches wide at the base. It is elegantly finished in nickel, hard rubber and flint glass, with polished hardwood base. All parts are of the best workmanship, and so constructed as not to get out of order. It can be used in connection with any compressed air receiver.

Full directions and many valuable formulæ that have been used successfully with the Multiple Comminuter, by well-known physicians, furnished every purchaser.

Considering the scientific and expensive construction of the Multiple Comminuter, the perfection of its operation, efficiency, utility, convenience, economy of time and medicines, and many other advantages, it is the cheapest apparatus offered on the market. Physicians who are using it have informed us that it has paid for itself in a few weeks.

Ask your instrument dealer or write for full information to the manufacturers.

## Dr. John Robertson,

619 WEST FOURTH ST., Cincinnati, Ohio,

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U.S.A.

that sort of thing. I am afraid you aren't sufficiently careful about taking hot meals. In the hurry of business people frequently devour cold lunches in the middle of the day. That's where they make a mistake. Try to avoid that indiscretion," he went on, "even if you have to neglect your office duties a little. May I inquire, sir, what your employment is?" "I'm a fire eater round at de University museum," was the reply.—*New York Herald*.

STEARNS' Wine of Cod Liver Oil with Peptonate of Iron is a combination of the active principles and alkaloids derived from Cod Liver Oil, with a delicious wine, and an organic preparation of iron—the latter being free from the objections attending the ad-

ministration of inorganic iron preparations, and readily assimilated by the system. The wine improves the appetite and digestion, while the alkaloids stimulate the nervous system, augment the appetite, accelerate the organic oxidation and increase the secretions of urine and sweat. The peptonate of iron increases the hæmoglobin and nourishes the red corpuscles. The combination, therefore, acts as a powerful tonic and reconstructive, and is of special value in all debilitated states of the system occurring in phthisis, chlorosis, anæmia, nervous diseases, and certain diseases of the skin, such as eczema, etc. As a pharmaceutical preparation its color is prepossessing, its character sparkling, and its palatability unexcelled. The nauseous, repugnant,

*[Continued on page 234]*

## ERGOTOLE, S. & D.

**Hypodermic**

**Tablets, S. & D.**

**Lapactic**

**Pills, S. & D.**

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*"An emulsified fat is a digested fat."*

## emulsions: raw oils

It is well known that the digestion of an oil consists simply in breaking it up into minute globules.

MARTIN, of John Hopkins, says:

"During digestion a great deal of fat is absorbed in a chemically unchanged state; it is merely emulsified and carried off in minute drops to be poured into the blood; and this fat might be deposited, as such, in adipose tissue."

# Scott's Emulsion

of Cod-liver Oil, with the hypophosphites of lime and soda, contains cod-liver oil in this digested form.

Digested cod-liver oil will neither cause an oily diarrhœa, nor will eructations of gas annoy and distress the patient.

A dose of digested oil means that amount of assimilable oil; the patient receives the full benefit of the quantity prescribed.

A small dose of digested oil is often equivalent to a large dose of raw oil; as the weakened digestive organs cannot fully prepare the latter for absorption.

fishy taste of cod liver oil is entirely absent. It is, therefore, easily retained by the most delicate and fastidious stomach, will not cause eructations, is easily digested and readily assimilated. This preparation is manufactured by Frederick Stearns & Co., of Windsor, Ont., who offer to send literature on the preparation to physicians on request.

IMMUNITY.—Buttersack (*Virchow's Archiv*, November, 1895) discussing the question of immunity, says the cure of an infectious disease does not consist in a more or less sudden destruction of the micro-organisms in the body, but in an arrest of their development; the arrest occurring earlier in some individuals than in

others. This difference in the time of arrest depends on the difference of reaction to the exciting agent, that is the micro-organism in different individuals. The reaction consists of a series of physiological phenomena, and therefore being part of the functions of the body cells, conforms to the general condition of the body, and thus varies with chemical and psychical variations in the body. The variations in the reactions are, however, quantitative, not qualitative. Where fever occurs as part of the reaction, there is a change of the entire economy of the system; such a change of conditions will produce arrest of development of the micro-organisms, unless they can rapidly adapt themselves to the altered con-

*(Continued on page 236)*

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SPECIFY BY NUMBER THE ONE YOU WISH DETAILS OF.

**No. 69.**—A house on Gerrard St., Toronto, which is now and has been a physician's residence for 20 years. The house being too small for present occupant it is offered at a bargain, and a good practice can certainly be expected.

**No. 67.**—\$2,000 practice and newly built modern brick house, in richest part of County of Durham, is offered, with introduction, for \$2,500—\$1,000 cash, balance can remain on house. The doctor has to undergo a surgical operation which will incapacitate him for country work.

**No. 52.**—\$5,000 practice and lovely home in a city of 12,000 near Toronto, with introduction. Price, \$6,500—\$1,500 cash, balance can remain on house.

**No. 66.**—\$3,000 practice, introduction and residence in village of 800, only one opposition, large and fine drives, County of Essex. Price \$2,200, terms, half cash, balance on house.

**No. 64.**—\$3,000 practice, introduction, road and office outfit, population 1,400, large and splendid country around. Price, \$1,000. Terms, \$600 cash, balance on time. County of Grenville.

**No. 55.**—\$5,000 practice in city of over 10,000 population. Within 100 miles of Toronto, and introduction. Price, \$1,000. An unusual opportunity.

**No. 60.**—The office contents in a rural village, vacated by the doctor in a hurry to secure a lucrative position, is offered for \$100—less than half what he paid—no opposition—county of Peterborough

**No. 59.**—\$2,000 to \$3,000 practice and lovely home, centrally located in city of 12,000 in county of Perth. Price, \$2,650. Terms, \$650 cash, balance on mortgage. Note the easy terms. Great opportunity.

**No. 56.**—\$2,000 to \$3,000 practice in city in Western Ontario, and introduction to anyone renting the doctor's fine home at \$400 per year for first year, and \$300 per year after.

**No. 51.**—\$3,000 practice in town of 3,500 population, on the St. Lawrence River, with horse, buggy, cutter, harness, office furniture, good-will and introduction. Price, \$600 cash. This is the best practice in the town. Best of reasons for selling. Terms, half cash.

Two desirable locations are offered to rent to physicians in Toronto.

Physicians open for *locum tenens* please communicate. A fine partnership is offered.

We have two of the best openings in Canada for Catholics.

**This is a fine time to sell,** as I can place any good opening at reasonable terms with some of my numerous registered buyers, and a number of graduating students will want locations.

**This office is prepared to loan money to physicians only, on first mortgage at lowest rates.**

The following Instruments, in perfect order, have been left on sale at very low prices: Compressed air apparatus, cost \$30.00, will sell for \$12.00. Twelve-cell galvanic battery, with drip cups, all new, cost \$25.00, will sell for \$11.00. Ether Inhaler, cost \$6.00, will take \$3.00. Allen's Surgical Pump, cost \$35.00, will sell for \$20.00. Aspirator, cost \$16.00, will sell for \$10.00.

A physician wants a second-hand surgical set for ear work.

**Letters must be direct from medical practitioners interested, and must enclose stamp for reply, otherwise they will remain unnoticed.**

Address— **DR. W. E. HAMILL,**

ROOM 11, JANES BUILDING,

N. E. Corner King and Yonge Streets, **TORONTO.**

**No. 54.**—\$3,000 rural medical practice with road outfit, dispensary necessities, house and office heating appliances, and the doctor's home, which he built at a cost of \$3,300 to suit a medical man. The practice is unopposed—large territory—and is a sure thing for any Protestant. Full introduction. Price, \$3,200. Terms, half cash, balance on mortgage. Eastern Ontario.

**No. 49.**—A practice of \$100 per month, cash, is offered in village of 400, without opposition, in Alberta, N.W.T., on railroad. Appointments are worth \$400. Price, \$300 cash.

**No. 44.**—\$2,500 to \$3,500 cash practice in town of 7,000 population, about eighty miles north-east of Toronto; established many years; successor may rent the doctor's beautiful home and office. He also holds some of the very best appointments in town, which can be transferred sure. Chief religious bodies—Catholics, Methodists, Presbyterians and Baptists. Goodwill, appointments, one month's introduction, etc., for \$550, if taken before April 1st. A great chance for a Catholic or Baptist.

**No. 43.**—\$2,000 to \$3,000 practice, fine home, horses, harness, two buggies, office contents, goodwill and introduction in town of 700, without opposition, county of Kent. The finest opening in Canada for a Catholic. To make speedy sale, will accept \$500 down.

**No. 30.**—\$2,500 and upwards practice, with the doctor's home, goodwill and introduction, in village of 1,000 population in county of Leeds, only weak opposition; would suit a Catholic best, next a Presbyterian, to either of which success is assured. Price, \$2,700. Terms, half cash, balance on mortgage.

**No. 28.**—\$2,000 and upwards practice in a city and \$600 interest in great paying drugstore, office contents, goodwill and introduction, all for \$1,100. A splendid nucleus to commence on in a city.

**No. 2.**—\$3,000 to \$3,500 rural practice, unopposed, in village of 300, located in rich agricultural township, about thirty miles east of Toronto. Fine brick residence; two months' introduction; pay is excellent; suit Methodist or Presbyterian. Price, \$4,500. Terms, \$2,000 cash, balance mortgage on place. One of the surest country practices in Ontario.

ditions. This power of adaptability is limited at any rate in rapidity. It is suggested that where the reaction is profound, the resisting power of the cells manifested in the reaction remains more or less permanent, hence acquired immunity. This power unless exercised frequently may be lost; hence, where epidemics occur at long intervals more people are liable to be attacked.—*British Medical Journal*.

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FUNIS COILED EIGHT TIMES ROUND FŒTUS.—Wygodzky (*Centralbl. f. Gynäk*) finds that the greatest number of coils of the umbilical cord ever found to encircle a foetus

are seven (Baudelocque), eight (Credé), and nine (Müller and Gray). His own case was observed this year in Wilna. The patient was a primipara, aged 20. The last period was seen on May 19th, 1894. On February 10th the foetal movements suddenly ceased. On the 20th, pains set in about two weeks before term. At noon turbid liquor amnii escaped. At 2 p.m., on examination, Wygodzky defined a dead foetus in left occipito-anterior presentation, in the inlet, very high. The os was nearly completely dilated, the pains strong. By 4 p.m. the head was hardly engaged in the pelvic cavity. At 6 p.m. it neared the outlet at the height of each pain, but retracted immediately afterwards. After 10 p.m. the pains grew weak. At midnight Wygodzky delivered the

[Continued on page 240]

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dead child by expression. Not till then was the cause of delay clear. The funis was very tense and coiled seven times round the neck and once round the left shoulder; there was also a distinct knot. It measured over sixty-five inches in length. The fœtus was a male, slightly macerated. It weighed over five pounds, and was easily delivered entire after division and unwinding of the funis. No marks remained on the neck. The placenta followed ten minutes later, and, as far as naked-eye experience could indicate, it seemed healthy.—*Brit. Med. Jour.*

MESSRS. BEARDSLEY'S SONS, of 180 West Street, New York City, are the only firm in the world who manufacture shredded codfish. Frequent

attempts have been made by other manufacturers to imitate and copy these goods, but they have been quickly interfered with and stopped by law, as no firm other than Beardsley's Sons have the right to manufacture *shredded* codfish. It will certainly pay the members of the medical profession to look carefully into the advantages to be obtained by the administration of this brand of fish to those patients who have what are ordinarily known as "weak stomachs." In appearance and texture it is as fine, if not finer, than silk, and can be assimilated by the most delicate digestion, giving none of the disagreeable eructations so common after partaking of fish in the ordinary form. The price of shredded codfish is most reasonable, as will be seen by

(Continued on page 242)

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Each Pill contains Sulphite Soda, - 1 gr.  
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DOSE—1 to 3 pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is used with advantage in Rheumatism. Per 100, 55c.

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ACONITINE, Pure Cryst . . . . . 1-120 gr.	\$ 70	\$ 18	DUBOISINE SULPHATE . . . . . 1-100 gr.	\$ 50	\$ 14
APOMORPHINE MURIATE . . . . . 1-20 gr.	60	16	DUBOISINE SULPHATE . . . . . 1-60 gr.	80	20
APOMORPHINE MURIATE . . . . . 1-8 gr.	1 10	26	ERGOTIN . . . . . 1-6 gr.	60	18
APOMORPHINE MURIATE . . . . . 1-12 gr.	85	19	ESERINE SULPHATE . . . . . 1-60 gr.	80	20
ATROPINE SULPHATE . . . . . 1-60 gr.	40	12	ESERINE SULPHATE . . . . . 1-100 gr.	45	13
ATROPINE SULPHATE . . . . . 1-200 gr.	30	10	HYOSCINE		
ATROPINE SULPHATE . . . . . 1-150 gr.	30	10	HYDROBROMATE . . . . . 1-100 gr.	75	19
ATROPINE SULPHATE . . . . . 1-120 gr.	35	11	HYOSCYAMINE SULPHATE . . . . . 1-50 gr.	50	14
ATROPINE SULPHATE . . . . . 1-100 gr.	35	11	HYOSCYAMINE SULPHATE . . . . . 1-100 gr.	40	12
COCAINE HYDROCHLORATE . . . . . 1-8 gr.	50	14	MERCURY CORROSIVE		
COCAINE HYDROCHLORATE . . . . . 1-4 gr.	90	22	CHLORIDE . . . . . 1-40 gr.	30	10
COCAINE HYDROCHLORATE . . . . . 1-10 gr.	45	13	MERCURY CORROS.		
COCAINE HYDROCHLORATE . . . . . 1-2 gr.	1 60	36	CHLORIDE . . . . . 1-60 gr.	30	10
CODEINE SULPHATE . . . . . 1-8 gr.	70	18	MERCURY CORROS.		
CODEINE SULPHATE . . . . . 1-4 gr.	1 00	24	CHLORIDE . . . . . 1-50 gr.	30	10
CONIINE HYDROBROMATE . . . . . 1-100 gr.	30	10	MORPHINE BIMECONATE . . . . . 1-3 gr.	85	21
CONIINE HYDROBROMATE . . . . . 1-50 gr.	60	18	MORPHINE BIMECONATE . . . . . 1-4 gr.	70	18
CONIINE HYDROBROMATE . . . . . 1-60 gr.	50	14	MORPHINE BIMECONATE . . . . . 1-6 gr.	45	13
CONIINE HYDROBROMATE . . . . . 1-100 gr.	30	10	MORPHINE BIMECONATE . . . . . 1-8 gr.	35	11
DIGITALINE, Pure . . . . . 1-100 gr.	50	14	MORPHINE MURIATE . . . . . 1-8 gr.	35	11
DIGITALINE, Pure . . . . . 1-60 gr.	50	14			

SOLUBLE HYPODERMIC TABLETS	Per Bottle 100 Tablets	Per Tube 20 Tablets	SOLUBLE HYPODERMIC TABLETS	Per Bottle 100 Tablets	Per Tube 20 Tablets
MORPHINE MURIATE ..... 1-6 gr.	\$ 45	\$ 13	MORPHINE AND ATROPINE No. 13, { Morphine Sulph. 1-2 gr. } ..	\$ 75	\$ 19
MORPHINE MURIATE ..... 1-4 gr.	50	14	{ Atropine Sulph. 1-150 gr. } ..		
MORPHINE NITRATE ..... 1-4 gr.	90	22	MORPHINE AND ATROPINE No. 14, { Morphine Sulph. 1-2 gr. } ..	75	19
MORPHINE NITRATE ..... 1-6 gr.	70	18	{ Atropine Sulph. 1-120 gr. } ..		
MORPHINE NITRATE ..... 1-8 gr.	55	15	MORPHINE AND ATROPINE No. 15, { Morphine Sulph. 1-2 gr. } ..	75	19
MORPHINE NITRATE ..... 1-12 gr.	50	14	{ Atropine Sulph. 1-100 gr. } ..		
MORPHINE SULPHATE ..... 1-8 gr.	30	10	MORPHINE AND ATROPINE No. 16, { Morphine Sulph. 1-2 gr. } ..	75	19
MORPHINE SULPHATE ..... 1-6 gr.	35	11	{ Atropine Sulph. 1-100 gr. } ..		
MORPHINE SULPHATE ..... 1-4 gr.	40	12	MORPHINE AND ATROPINE No. 17, { Morphine Sulph. 1-2 gr. } ..	75	19
MORPHINE SULPHATE ..... 1-3 gr.	50	14	{ Atropine Sulph. 1-240 gr. } ..		
MORPHINE SULPHATE ..... 1-2 gr.	65	17	NITROGLYCERIN ..... 1-50 gr.	40	12
MORPHINE AND ATROPINE No. 1, { Morphine Sulph. 1-8 gr. } ..	45	13	NITROGLYCERIN ..... 1-150 gr.	40	12
{ Atropine Sulph. 1-200 gr. } ..			NITROGLYCERIN ..... 1-100 gr.	40	12
MORPHINE AND ATROPINE No. 2, { Morphine Sulph. 1-6 gr. } ..	45	13	NITROGLYCERIN ..... 1-200 gr.	40	12
{ Atropine Sulph. 1-180 gr. } ..			NITROGLYCERIN 1-100 gr. & STRYCHNINE, 1-50 gr. ....	40	12
MORPHINE AND ATROPINE No. 3, { Morphine Sulph. 1-4 gr. } ..	50	14	PHYSOSTIGMINE SULPH., 1-60 gr. (See Eserine Sulph.) ..	80	20
{ Atropine Sulph. 1-150 gr. } ..			*PILOCARPINE MURIATE ..... 1-5 gr.		
MORPHINE AND ATROPINE No. 4, { Morphine Sulph. 1-4 gr. } ..	60	16	*PILOCARPINE MURIATE ..... 1-8 gr.		
{ Atropine Sulph. 1-100 gr. } ..			*PILOCARPINE MURIATE ..... 1-20 gr.		
MORPHINE AND ATROPINE No. 5, { Morphine Sulph. 1-8 gr. } ..	45	13	*PILOCARPINE NITRATE ..... 1-20 gr.		
{ Atropine Sulph. 1-150 gr. } ..			*PILOCARPINE NITRATE ..... 1-8 gr.		
MORPHINE AND ATROPINE No. 6, { Morphine Sulph. 1-8 gr. } ..	50	14	*PILOCARPINE NITRATE ..... 1-4 gr.		
{ Atropine Sulph. 1-100 gr. } ..			SODIUM ARSENIATE ..... 1-30 gr.	30	10
MORPHINE AND ATROPINE No. 7, { Morphine Sulph. 1-6 gr. } ..	50	14	STRYCHNINE NITRATE ..... 1-150 gr.	50	14
{ Atropine Sulph. 1-150 gr. } ..			STRYCHNINE NITRATE ..... 1-100 gr.	35	11
MORPHINE AND ATROPINE No. 8, { Morphine Sulph. 1-6 gr. } ..	55	15	STRYCHNINE NITRATE ..... 1-60 gr.	40	12
{ Atropine Sulph. 1-120 gr. } ..			STRYCHNINE NITRATE ..... 1-120 gr.	30	10
MORPHINE AND ATROPINE No. 9, { Morphine Sulph. 1-4 gr. } ..	50	14	STRYCHNINE NITRATE ..... 1-100 gr.	30	10
{ Atropine Sulph. 1-200 gr. } ..			STRYCHNINE NITRATE ..... 1-60 gr.	30	10
MORPHINE AND ATROPINE No. 10, { Morphine Sulph. 1-4 gr. } ..	55	15	STRYCHNINE NITRATE ..... 1-20 gr.	40	12
{ Atropine Sulph. 1-120 gr. } ..			STRYCHNINE NITRATE ..... 1-30 gr.	30	10
MORPHINE AND ATROPINE No. 11, { Morphine Sulph. 1-4 gr. } ..	60	16	STRYCHNINE NITRATE ..... 1-50 gr.	30	10
{ Atropine Sulph. 1-60 gr. } ..			STRYCHNINE AND ATROPINE No. 1, { Strychnine Sulph. 1-50 gr. } ..	50	14
MORPHINE AND ATROPINE No. 12, { Morphine Sulph. 1-3 gr. } ..	75	19	{ Atropine Sulph. 1-150 gr. } ..		
{ Atropine Sulph. 1-120 gr. } ..			STRYCHNINE AND ATROPINE No. 2, { Strychnine Sulph. 1-30 gr. } ..	50	14
			{ Atropine Sulph. 1-120 gr. } ..		
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			{ Atropine Sulph. 1-150 gr. } ..		

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A most Potent and Reliable Remedy for the cure of

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Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN he cleared three out of four cases of VOMITING IN PREGNANCY.

Dr. C. F. Clark, Brooklyn, N.Y., has used INGLUVIN very extensively in his daily practice for more than a year, and has fully tested it in many cases of VOMITING in PREGNANCY, DYSPEPSIA, and SICK STOMACH, and with the best results.

Dr. Edward P. Abbe, New Bedford, Mass., mentions a case of vomiting caused by too free use of intoxicating liquors; INGLUVIN was administered in the usual way—the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says: "I was suffering terribly from indigestion. I could eat nothing. Life was almost a burden to me. INGLUVIN was prescribed in five to ten-grain doses; the medicine was taken for about eight weeks. Result, a permanent cure.

In fact, were we to note all remarks of the profession and our experience in relation to this remedy, and report to you the cases in detail, we could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Dispensed by all Druggists.

Yours respectfully,

WILLIAM R. WARNER & CO.

## CHOLERA INFANTUM

TREATED WITH INGLUVIN.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhoea, to a greater extent in the summer period, induces us to call the attention of the medical fraternity to the lately introduced remedy "INGLUVIN." It has been used in practice with very happy results for a considerable time. We find indigestion generally at the bottom of the bowel complaints, which INGLUVIN has almost instantly corrected alone or in combinations. It is given in the following formulas with great advantage:

### INFANT FORMULA

R Ingluvin . . . . . gr. xii.  
Sacch. Lac. . . . . gr. x.  
Misce et ft. cht. No. x.

R Aqua Calcis . . . . . f ʒ ij.  
Spts. Lavand. Comp.  
Syr. Rhei. Arom. . . . . aa f ʒ j.  
Tr. Opii . . . . . gtt. x.

Sig.—One every 4 hours.

Misce—Sig.—A teaspoonful every 2 to 4 hours.

In inflammatory affections INGLUVIN is combined with Subnitrate of Bismuth, equal parts, and oleaginous mixtures with Ol. Terebinth, instead of Aqua Calcis. Should the evacuation be suddenly arrested, and Tympanitis supervene, follow with a dose of oil or magnesia, or injections. In many cases of sick headache and indigestion the most happy results follow from the combining of INGLUVIN with Pv. Nuc. Vomica, the one-twentieth to one-tenth grain.

HOLLOWAY, ENGLAND, Dec. 29th, 1895.

DEAR SIR:—I duly received the sample of INGLUVIN you kindly forwarded me at my request. I am very much pleased to inform you that the results achieved by it are most satisfactory. I prescribed one powder, 15 grains, twice a day, in case of obstinate vomiting during pregnancy; after taking six powders the vomiting and nausea had quite ceased, and the patient can now take her ordinary food with relish. I thank you for the sample, and beg to state that you can make what use of this letter you please.

I remain, yours faithfully,

EUSTACE DEGRUTHER, L.R.C.P., L.R.C.S., etc.

# GENEVA LITHIA MINERAL WATER

STRONGEST IN THE MARKET

Recommended by Physicians in the United States

**FOR STOMACH  
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KIDNEY  
AND  
BLADDER  
TROUBLES**

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### THE DOCTOR'S ADVICE

is all the more valuable when he recommends the use of the purest and best articles obtainable. Sea Salt bathing is very often recommended, and the best results can only be had by using the purest salt.

# Surf Sea Salt

analyzes 99 98/100 per cent. of pure salt, the crystals are as clear as glass, easily dissolved and much more convenient to use than any other brand. All druggists sell it 5lb. package 15c., 60lb. box \$1.50. TORONTO SALT WORKS, 8 Adelaide Street East, Toronto—Importers.

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We produce them from the pure juice of the grape. Our wines are highly recommended throughout the Dominion by eminent physicians for their medicinal qualities. We can specially recommend our

### FINE OLD PORT

for the use of convalescing patients, and for those preferring a dryer wine, we would recommend our

### DRY CONCORD.

Ask for our goods, or write us direct.

The Ontario Grape Growing and  
Wine Mfg. Co. **ST. CATHARINES, ONT.**

## MEDICAL MEN--ATTENTION!

The way to ensure good health to your patients, is to insist on them using

### THE SCHRAM PATENT WATER GUARD.

It is very easily applied to any tap in the house, thoroughly filtering every drop of water, as well as preventing any noise from splashing. The price is within the reach of all—

For Plain Tap . . . . . 50 cts.  
Where Standard Hose Thread is attached to Tap 75 cts.

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**CHURCH'S AUTO-VOCE SCHOOL**  
DO YOU . . . . . Established 1890

# STAMMER

Hundreds of Graduates.  
Fees Payable when Cure is Made.

Address, CHURCH'S AUTO-VOCE SCHOOL  
53 ALEXANDER ST. TORONTO, CANADA  
Telephone 3409 . . .

referring to the advertisement of Beardsley's Sons appearing in this issue on page 246. Our readers know that we will not at any time endorse the goods of any firm which we don't know for a fact to be as represented; but in this instance we can confidently recommend our confreres to make a trial of this excellently prepared article of food, feeling sure that after doing so they will feel justified in specifying Beardsley's Shredded Cod-fish, when recommending fish as diet for a patient.

WHAT would Asmodeus think of the new photography? It is enough to puzzle the very Devil on Two Sticks or two legs. To think, my dear Kit, that anything so profound and so delicate as the mechanism of

a woman's heart should be exposed to view in a mere photograph—even to the spots upon it—is something so shocking that I confess to being knocked out, for the time, from my comfortable state of ennui. At this rate we shall have no need for a devil, which will be the very devil to pay, for the loss of the world will be incalculable. He is our sole amusement, our Barnum, who humbugs us so charmingly. Without him this world were a blank, and the next a cool sort of place—sans pepper and spice and all that's nice. And of what use will be peddlers and their packs if the first kodak fiend plants his devil on four sticks on the corner and takes snap shots at the inside of your wallet? My wares shrink at the thought. Already in Denmark have

[Continue? on page 244]

## BLAUD'S PILL CAPSULES

Equal to 1, 2 or 3 Blaud's  
Pills, and Capsules of

In boxes of two doz.  
and one hundred

## BLAUD'S PILL with ARSENIC

These far surpass Blaud's Pills in efficacy,  
as they neither oxidize nor harden

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When Doctors Recommend

# Robinson's Patent Barley

They do so on its Merits.

We mail, free, large sample tin of this  
most excellent Infants' Food.

**FRANK MAGOR & Co., 16 St. John Street, MONTREAL.**

## Women Choose the Family Doctor

The Doctor that relieves the women of their functional disorders is the family physician. Asparoline compound has helped many family physicians to relieve their Dysmenorrhœa and Leucorrhœa patients. *We will send enough for one patient, free, to any physician who writes to us at our Toronto branch, 36 and 38 Lombard St., mentioning this journal.*

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 :	
Parsley seed . . . . .	Grs. 30
Black Haw (bark of the root) " . . . . .	" 60
Asparagus seed . . . . .	" 30
Gum Guaiacum . . . . .	" 30
Hemlock leaves . . . . .	" 6
Aromatics . . . . .	"
To each fluid ounce	

Prepared solely by

HENRY K. WAMPOLE &amp; CO.

Pharmaceutical Chemists,

PHILADELPHIA, PA.

they photographed the heart of a woman. Many were the spots upon it. Each spot was—by supposition—a man, a man who had left his mark, if not his name. Alas, for that little Byronic burst about love being woman's whole existence! Hourly are our illusions being smashed! Here is Love leaving his mark every time he passes upon the heart of a woman, and here is Science taking snapshots at it. Not alone shall we all live in glass houses presently, but there is danger of being fitted with special microscopic panes in our breasts. We shall all be like Marley's ghost, with no insides left to ourselves. The showing up of Woman will be the most shocking shock of all! Nothing is sacred to these

prowlers after knowledge.—*Mail, February 8th.*

THE Montreal Optical Co., who a few months ago opened a branch at 60½ Yonge Street, Toronto, keep a full line of lenses, spectacles and oculists' supplies. Physicians will do well to call and see them before purchasing elsewhere, their stock being most elaborate and complete, and their prices consistent with the best quality of goods.

DOCTOR—"It is nothing but an attack of dyspepsia." Wife—"And what does that come from, doctor?" Doctor—"That comes from the Greek, madam."—*Harper's Bazar.*



# SAVARESSE'S CAPSULES

SANDALWOOD  
OIL

**THEY ARE NOT MADE OF GELATINE**

**THEY ARE MADE OF MEMBRANE**

In consequence of the membranous coating they are  
**FREE FROM THE OBJECTIONS TO ALL GELATINE CAPSULES.**

They do not dissolve until they have passed the stomach, entered the bowel, hence, avoiding all nausea, eructations, and repeating from the stomach. Savarasse's Capsules have been  
**PRESCRIBED BY THE FACULTY IN ENGLAND FOR 50 YEARS.**

Other copies of Testimonials on application

13 College Square East, Belfast, 25th Feb., 1890.

I have prescribed your Savarasse's Capsules of Copaiba, also of Sandal Wood, and find them most satisfactory. I have given them an extended trial, and am quite pleased in every case with the result. I shall continue to prescribe them for my patients, as they neither disturb the functions of the stomach, bowels or kidneys.

THOMAS HALL, L.R.C.P., L.S.A.

Savarasse's Capsules are undoubtedly the best forms in which the oil can be prescribed. The Capsules do not burst until they have passed out of the stomach, and consequently the nauseous eructations, common to all other methods of administration, are entirely avoided.

J. H. SCOTT, F.R.C.S.I.,  
Surgeon to the Adelaide Hospital, Dublin.

One Box Free for a trial on application to

**EVANS & SONS, LTD.,**

Wholesale Druggists,

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14 and 16 Mincing Lane, Toronto



See their announcement on page 236 of this issue.

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For Infants, Invalids,  
And the Aged

Gold Medal Awarded  
HEALTH EXHIBITION, LONDON

First Class Award  
ADELAIDE, 1887, AND MELBOURNE, 1888

*The Lancet* describes it as "Mr. Benger's admirable preparation."

*The London Medical Record* says: "It is retained when all other foods are rejected. It is invaluable."

*The British Medical Journal* says: "Benger's Food has by its excellence established a reputation of its own."

*The Illustrated Medical News* says:—"Infants do remarkably well on it. There is certainly a great future before it."

**BENGER'S FOOD**

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**EYES**

The Best Lenses in Steel Frames \$1.00. Solid Gold \$3.00.

Last month we told you we'd examined over 1,600 eyes in our optical department.

**NOW**

we've had the experience of examining over 2,000 eyes, and all within the last few months.

Careful attention to oculist's prescriptions.

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YONCE ST.,  
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**KENTS'**

Sign of the Big Clock.

CHANGES IN THE NERVOUS SYSTEM IN DIPHTHERIA.—Pernice and Scagliosi (*Rif. Med.*) examining the nervous system in cases of death in the early stages of diphtheria find that the principal changes are to be seen in the brain, the cerebellum, spinal cord and nerves (the sciatic) being affected to a lesser degree. In the sciatic nerve there was no true alteration of the fibres, but merely a hyperæmia of the perineurium and endoneurium. Most of the changes seen in the brain were referable to more or less grave disturbances of the circulation or parietal vessels: inflammatory or degenerative changes with hæmorrhage; atrophic degeneration of the cells of the cerebral cortex and anterior horn of the spinal cord especi-

ally affecting the protoplasmic prolongation of the cells. Similar initial changes were seen in Clarke's column. The authors believe that the point of departure of these changes is to be found in vascular changes due to the diphtheritic toxin circulating in the vessels.—*Brit. Med. Jour.*

A NOTABLE JUDICIAL DECISION.—The daily press announces a legal decision of interest to all physicians. Judge Stewart, of Pennsylvania, heard evidence in the claim of Dr. J. B. Schively against the estate of his aunt for medical attendance. Payment was refused upon several points, one of which was that the book presented by the doctor as evidence was not a book of original entry. The book

*(Continued on page 248)*

## BEARDSLEY'S Shredded Codfish

Ready in Ten Minutes. Entirely free from any Disagreeable Odor. Restores Failing Appetite. Ask your dealer for a box.

**TEN CENTS BUYS IT.**

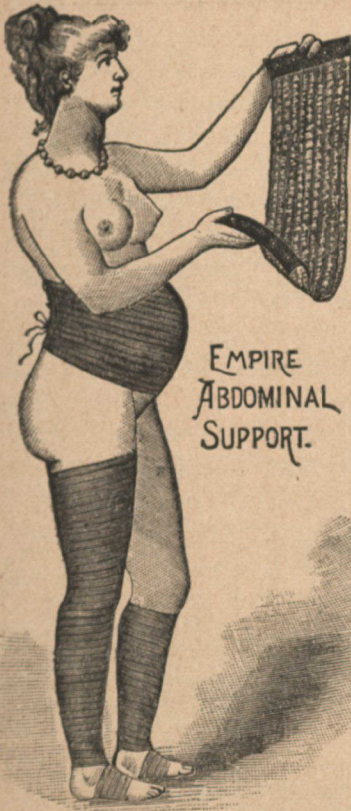
It is imitated. See that you get Beardsley's, the original and only Shredded Codfish.

### Your Breakfast for Ten Cents in Ten Minutes

For a two-cent stamp, to prepay postage, we will send you our booklet, "Your Breakfast," which gives you twenty ways of preparing Codfish that you never thought of.

**J. W. BEARDSLEY'S SONS,**

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EMPIRE  
ABDOMINAL  
SUPPORT.

## The Empire Abdominal Supporter

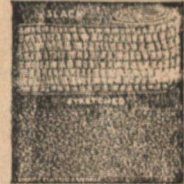
IS THE BEST, CLEANEST, COOLEST, MOST  
COMFORTABLE AND EFFICIENT SUPPORTER  
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PRICES :

6 inches wide .....	\$2 00
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## THE EMPIRE ELASTIC BANDAGE

Specially adapted for varicose  
veins, and superior to elastic  
stockings. The most elastic and  
absorbent bandage made.



Send \$1.00 for sample 3-inch by  
5-yard bandage on approval.

## The Empire Umbilical Truss

Is an 11-inch supporter, with button  
inserted at the navel. Can be worn  
day and night.

PRICE, \$4.00.

We send all our goods Free by mail upon receipt of  
price, and refund money if not satisfactory.



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was one of the standard physicians' visiting lists, in which calls are marked under dates by a dot, a cross or a stroke, and then extended to the margin. Judge Stewart disallowed the claim on the ground that the book was not one of original entries, but was merely a book of memoranda. As the great majority of physicians use such lists, the decision is one of moment to all members of the profession who make no other debit charges against patients.

IMPLANTATION OF URETERS INTO THE INTESTINE.—Borri (*Il Policlino*), after successful experiments on this point in dogs, with a modified form of "button," experiments which

are fully recorded, refers to two cases in the human subject in which the method was successfully applied. The ureter is fastened round one end of the bobbin, which is then introduced into the bowel through a small longitudinal incision, which is afterwards sewn up. In process of time union occurs, and the bobbin is passed *per anum*. The drawings which illustrate the paper make the method easy to be understood. In the first case (tuberculosis of the bladder) the "button" was passed *per anum* on the eighth day, and round its neck was seen the silk which had been used to affix the ureter. The first urine was noticed sixteen to twenty-four hours after the operation, and henceforth at

[Continued on page 250]

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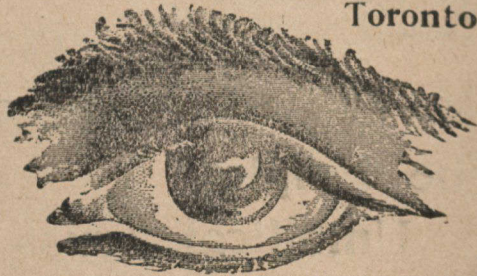
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covered up by added flavors. QUEEN CASTOR OIL possesses the same medicinal properties as the ordinary Castor Oil, with the advantages that it is pleasant both in taste and odor, does not become rancid, and is devoid of all gripping action.

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BATHS OPEN DAY AND NIGHT

I beg herewith to notify the Medical Profession that I have opened my NEW

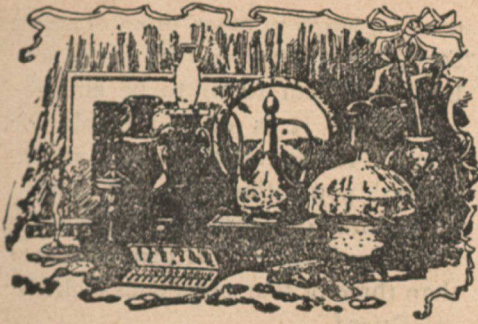
## TURKISH BATHS

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Single Bath \$1.00. Day Tickets—Six for \$5.00, or Thirteen for \$10.00. Evening Tickets (from 6 till 10). Single Baths, 75c.; Eight for \$5.00, or seventeen for \$10.00. Physicians' Tickets, 50c., or Twenty for \$10.00.

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*Graduate Ontario and New York  
Colleges of Pharmacy*

P.S.—I wish to direct the special attention of medical men to the fact that I have just laid in a full stock of Parke Davis' fluid extracts, pills, triturations, etc., and am desirous to have members of the profession call and see me.

**BORINE**  
ANTISEPTIC, NON-IRRITANT,  
PROPHYLACTIC, DEODORANT.  
THE MOST PLEASANT ANTISEPTIC  
FOR DAILY RINSING THE MOUTH.  
AND USE ON THE BRUSH. BORINE CHEMICAL CO. N.Y.

THE PREMISES on Simcoe Street having become too small for our rapidly growing trade, we have removed to larger and more commodious ones on the Corner Yonge and Isabella Sts. We will be pleased to receive all orders from medical men, as they can absolute y d pen t upon the purity of our milk. Alpine Dairy Co., Yonge and Isabella Sts., Toronto Telephone, 4450

**FOR MEDICAL MEN  
WHO GO OUT NIGHTS**

Perhaps the most needed article of clothing is an outer garment that, while warm and comfortable, will keep out the rain yet permit the natural moisture of the body to escape.

**Rigby • Porous • Waterproof • Coats**

can be had ready made or one's tailor can have any cloth one chooses "Rigby proofed."

**Rigby** is the name of a chemical process which simply renders cloth waterproof without changing its feeling or appearance in any way, and what is more, does not interfere with the **free circulation of air** through the fabric.

**A RIGBY**

Is, virtually, two coats in one.

Manufactured by

**H. SHOREY & Co.,**  
Montreal.

intervals of two or three hours, about two to three hundred c.cm. In the second case (large vesico-vaginal fistula with total destruction of the urethra) the button came away *per anum* on the twelfth day. In both cases the results were satisfactory.—*British Medical Journal*.

**DOCTORS AND LIQUOR DEALERS.**  
—The *Hospital* contrasts the change in the relative number of doctors and of saloon-keepers in England and Wales during the last quarter of a century, the former having increased at the expense of the latter. In 1871 the number of doctors, in round figures, was 11,000 and of beer sellers 14,000. In 1891 the number of doctors was 19,000 and the number of beer sellers 12,000. The *Hospital*

draws a large number of interesting conclusions from these figures, which, however, seem to us to be entirely irrelevant. It is quite possible for saloons to centralize, as well as the general population, and it is within the bounds of everyone's knowledge that one large saloon can sell more than three or four small ones.—*Medical Record*.

AT the last meeting of the British Medical Association but one, the discussion on neurasthenia and its treatment was introduced by Dr. Savage in the following words: "What is neurasthenia? There was once a professor who, being asked what he knew upon a certain subject, replied, 'Nothing; I have not even lectured on it.'"

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ARTIFICIAL LIMBS,  
TRUSSES AND SURGICAL  
APPLIANCES.

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For Curvature of the Spine, made to order, and warranted to fit.

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# THE TORONTO NURSING HOME

AND

## COTTAGE HOSPITAL.

27 AND 29 MONTAGUE PLACE (facing Homewood Avenue), TORONTO.

RECOGNIZING the demand which exists for some Institution, other than a public hospital, where the advantage of trained nursing can be obtained under the direction of the medical attendant of the patient, it has been decided to establish

### THE TORONTO NURSING HOME AND COTTAGE HOSPITAL

under the following regulations :

Patients admitted to the "Home" may be attended by their own doctor, or by the Medical Superintendent of the Institution, as they may desire.

Where patients are treated by their own physician, his directions will be carried out by trained nurses, and the latter will be entirely responsible to the doctor in charge of the patient for the proper performance of his instructions.

Patients will be admitted for Surgical Operations, Confinements, Massage, Electrical Treatment, and all non-infectious diseases.

Massage, etc., may be obtained at the Home without residence if so wished.

Both male and female patients will be received.

The Institution will be made as comfortable and home-like as possible, and is pleasantly situated close to the Horticultural Gardens, and easily reached by the Carlton Street or Belt Line Cars.

Particulars can be obtained from Dr. Lowe, Medical Superintendent, or Miss Dover, Graduate of Toronto Training School, at the "Home."

Medical men and others interested are cordially invited to call and see the Institution.

The charges for Rooms, Nursing, and Medical Attendance, will be \$25.00 per week in advance.

For Rooms, Nursing, etc., without Medical Attendance, the charge will be \$6.00, \$10.00 and \$12.00 in advance.

For Massage, Electrical Treatment, etc., without residence, the fee will be \$1.00 per treatment.

References given when required.

Mr. S. H. Kennedy, Johnstown, N. Y.

"MY DEAR SIR,—Replying to your favor of the 5th, regarding the use I made with the 'White Oak Extract, Q. Alba,' will say: After using it to my entire satisfaction, I gave it to one of my professional brethren, and asked him to use it and give me the benefit of his opinion as a medicinal. He has done so, and agrees with me, that it is the article you should have introduced to the medical profession, in the place of the 'Hemlock Extract, Pinus Canadensis.' It is superior as a medicinal. 'White Oak Tannin' in powder form is well known to the profession, but in this form of Concentrated Extract it is more effective and convenient for use. I make this suggestion now, and, if your business interests will

permit, I advise you to substitute the 'White Oak, Q. Alba,' in place of the Hemlock, Pinus Canadensis, for if some enterprising chemist should find out your process for making the 'Oak Extract, Q. Alba,' he would be a formidable competitor, and would embarrass your efforts in securing the physicians' confidence in the 'Pinus Canadensis.' I bespeak for this new 'Oak Extract, Q. Alba,' a cordial reception by the profession.

"Yours very truly,

"J. MARION SIMS, M.D.

"New York, Aug. 12, 1871."

MR. CHUMPLEY—"Dr. Squillaby doesn't know enough to cure a sick monkey." Miss Kidder—"How do you know? Has he ever prescribed in vain for you?"—*Truth.*



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A store whose magnificence and success is in everyone's mouth—the triumph of twenty-five years of experienced trading. Practically every want of the home met.

**Dress Goods.**—The richest showing we've made any season yet.

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**NEW CATALOGUE TELLING STORY OF OUR FIFTY ODD DEPARTMENTS READY APRIL 15.**

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**R. SIMPSON**

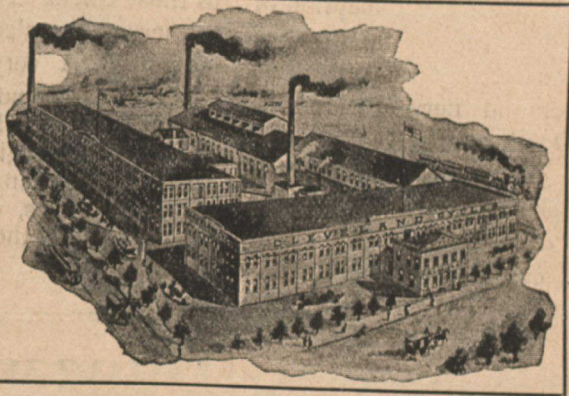
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Recognized the world over as the greatest originators  
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MEDIUM-PRICED CYCLES.



THIS MEANS CLEVELAND.

PRIMARY LATERAL SCLEROSIS.— Déjerine and Sottas (*Comptes Rendus*) report the case of a man who had suffered from symptoms of spastic paraplegia for many years. The legs were rigid, but the muscular power was only slightly impaired. Sensation was normal; there was no atrophy of muscles, and the kneejerks were increased, especially on the right side. Ankle clonus was present on the right side. The gait was spastic. With the exception of very slight difficulty in micturition, the sphincters were not affected. The arms and cranial nerves were unaffected. Death occurred from pneumonia. On pathological examination of the nervous system, the convolutions of the motor area of the brain, the internal capsule, cerebral pedun-

cles, and medulla were normal. Changes were found only in the spinal cord. The grey matter was normal at all levels, but there was sclerosis of the lateral columns, more marked on the right side than on the left. The greatest changes were between the fifth and twelfth dorsal nerves. In this region the sclerosis extended a little beyond the lateral pyramidal tracts anteriorly, but in the lumbar region the sclerosis was limited to those tracts. Above the fifth dorsal nerve the sclerosis diminished in intensity. A very slight streak of sclerosis was found in the central part of Goll's column in the cervical and cervico-dorsal regions. From the absence of any changes in the brain or spinal meninges, the authors regard the sclerosis in the lateral columns as primary.—*Brit. Med. Jour.*

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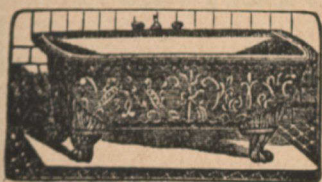
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Vol. VI.

TORONTO, MARCH, 1896

No. 3

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**ORIGINAL ARTICLES.**

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

**CHAIRMAN'S ANNUAL ADDRESS.\***

By DR. J. D. MACDONALD, Hamilton.

In coming together again at the beginning of another year, it is allowable for us to express our pleasure that we see one another in the enjoyment of health and of fitness for the duties of our office, with our membership not diminished and with a reasonable expectation that all may continue fit for such work as may be assigned to them during the months which are before us.

There is cause, also, to notice with satisfaction the general state of healthfulness with which the Province, as well as the Dominion at large, has been favored. No destroying epidemic has caused general suffering or loss of life. The sanitary authorities throughout the country seem to have been in a great measure watchful and active in efforts to stop the progress of such infectious maladies as may from time to time have broken out.

Small-pox has been an old subject of bitter reflection to this Board, appearing chiefly in the lumbering districts, being brought thither by vessels from the American side. It may be remembered that strong complaints were made by our Committee on Epidemics of the great want of precaution on the part of our neighbors across the lake against the increase of this malady, and of our suffering which ensued. It is a satisfaction to us to hear that both the supineness on the one side and the suffering on the other have come to an end in the meantime.

It has to be observed, however, that those outlying districts of our Province, communicating much, as they do, with the American side, require the continued exertion of watchfulness. The immigration into the States from so many regions of the globe will assuredly be accompanied by much infec-

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\*Delivered before the Board of Health of Ontario.

tious disease, of which an unwelcome share will reach us, and will spread amongst us and prove destructive unless we are always prepared with an active organization for the purpose of stopping its progress.

It should not be again necessary to refer here to vaccination. It might be assumed that a moderately informed public is persuaded that the alternative presented to it being small-pox or cow-pox, the easier and safer experience is that of the latter. It has, however, to be admitted that Boards of Health and the medical profession still find it necessary to present, with what force they can, the advantages accruing from the choice of the lesser evil.

When at our last annual meeting I had the privilege of addressing you, there was reason to refer to Asiatic cholera as an affliction from which, by a kind Providence, we had escaped. It was thought that we could justly give expression to a well-grounded feeling of security from that baleful malady from henceforth. It was conceived that late experience had proved that by good organization on the part of sanitary officials at the various seaports, the entrance of cholera into this continent could always be prevented, and no doubt it can be if men and nations are only content to pursue the paths of peace; but men are not pleased to continue in those paths, and semi-savage Mohammedans are only a little in advance of a so-called Christian civilization in their readiness for general murder.

It would not have been thought necessary to revert to the subject of cholera on this occasion were it not that the disturbed social and political state of those Eastern countries in which cholera so often prevails has led many to anticipate an outbreak of the scourge there. It may be supposed that, with the accurate knowledge of the origin of the disease to which men have now attained, it will be an easy matter to prevent it from going beyond its more favorite seats. It is better for our Boards of Health that they be themselves prepared to combat with this enemy at our own doors. Conditions seem threatened in the Eastern world and in Europe, if not also in America, which may place sanitary precautions in the background, and it may require our utmost efforts to prevent the addition of this to other troubles with which we are, in the meantime, apparently threatened. It is hoped, however, that American communities will have the wisdom to permit such measures as may effectually prevent the entrance of the scourge among themselves. If there is amongst us sufficient wisdom, there is sufficient knowledge to justify this hope.

Not so with the next scourge upon which we have to comment from year to year. Diphtheria is ever with us. Its bacillus, wheresoever it may have acquired its original life, has seemingly succeeded in asserting itself as autochthonous. It appears everywhere and at all seasons, and if allowed favorable conditions is as malignant and distressing as ever. When we consider the cruelty of its symptoms and the helpless dependence on parental oversight of the greater number of its subjects, we cannot but wonder at the unconcern with which communities so often regard its prevalence. The Board has lately had an example of this indifference to duty and heedlessness of infant life on



the part of a municipality situated northward, into which a "sore throat" had found its way and was being attended by much mischief. Deaths of children took place, several in a family, as is the frequent rule in diphtheria epidemics, and were lamented with a certain resignation by parents and health officials; but nothing might have been heard of this beyond the limits of the township had it not been for the delivery to one of the families of the physician's bill. Following this there was a rising of interest of a very lively nature, which culminated in an appeal to this Board. Your committee which was despatched to make inquiry into the cause of complaint, giving its attention to the prevalence of the malady, found that the whole evil was due to the complainants; the means of prevention having been wholly overlooked by the sanitary officials, the very first steps recommended to them for the purpose of arresting infectious diseases having been wholly neglected on the part of all.

It seems in place here to say that for all such fatalities as have been adverted to, this Board can justly hold itself free from all responsibility, whether these may have resulted from mistakes on the part of physicians, or from neglect of sanitary precautions on the part of the proper authorities. Among the transactions of the Provincial Board of Health necessary measures of prevention have been, on many occasions, discussed. Last January there was a very full report by the Committee on Epidemics, which had reference to diphtheria especially, and which, had physicians and municipal authorities read, they would have found something to their advantage. They would have, in some instances, been saved from needless loss, humiliation and reproach.

The Board will remember that the Secretary, at its last meeting, informed us that many phials of antitoxine had been forwarded to infected districts, and that most favorable reports of its usefulness had been received from parties who had employed it. These reports we may hope to see scrutinized and compared with those from other sources, so that we may aid in the arrival at a correct and reliable conclusion as to the endeavors thus put forth to lessen the various destructive results of this malady. There is still much discrepancy apparent among those who have had opportunities of witnessing or of performing antitoxine injections. It becomes us patiently to wait until experience has become more uniform; in the meantime, reflecting that even following so simple an operation as a hypodermic injection, there is a possibility of error, even in the detail of manipulation, and great room for differences of opinion in the estimating of the results.

Of typhoid fever we have heard comparatively little during the past year. We have not been free from it, but it has been neither so general as in other periods of its history, nor has its mortality been so great in proportion to such prevalence as it has had. If we take its prevalence in Hamilton as an example of its frequency elsewhere, we may safely say that we have not suffered much from typhoid. In a population of nearly, if not quite, 50,000, there were, during the year, ninety-six cases, and among those there occurred

seven deaths, three of them taking place among the thirty-one people who suffered from the disease in October, and one in seventeen cases which occurred in September, and three in March, being all the cases occurring in that month.

Hamilton is a well-sewered city, but its sewage, once it gets beyond the city bounds, is not well disposed of, and there are not wanting those who say that some of it comes back again, while it appears that others, having conceptions of bacteriology of the nature of polymorphism, are of the opinion that the typhoid bacillus being so very like an ordinary water bacterium, may have become pathogenic and productive of typhoid as a result of its cultivation in a medium favorable to the evolution in it of that character. That, no doubt, is a very tempting and plausible theory, and it appears to obtain some strength and authority from the discussions of the experts in the science of bacteriology, as well as from a consideration of the simplicity of the structure of those very low organisms: which may be regarded as the first appearance of vitalized from unvitalized matter, the first step in evolution, so to speak. The experts do not look at all favorably on such scientific conclusions, and that on the part of unlearned people. In forming them, no doubt, the *profanum vulgus* is taking too much upon itself, and if induced by them to look upon typhoid and perhaps other troubles as unavoidable, so long as men drink water, it will do itself great harm, and will come to regard profound scientists with less respect than may be their due. The ignorant and simple, above all others, have a right to question; and when they are told that certain bacilli are always found in water, even in great bodies of it, and that they come into it from the intestines of men and animals, they ask, in their own dull way, "Is it not possible that those organisms reach the intestines in the first place from the water, where, in one form or another, they have been primordially?"

Such reflections as these revolve themselves hazily in the minds of those who for the greater part pay the taxes, and thus have the claim to vote, and who have for some generations now been educated in the doctrines of evolution. Unless the labors of the experts prove, in their results, more definite than they have as yet, they whose enlightenment they seek, but who are already the victims of the tax-gatherer, will rather join in the jeers so often directed against their scientific benefactors, than regard the difficulty of their work or the excellence of their aims. The people will be unwilling to incur increased cost for what, so far, seems to them of questionable necessity. We have to wait until the experts in bacteriology give us a sure description of the various forms of bacterial life, that is to say, until, perfecting their science, they can show without question that those organisms, like others of higher kinds, can be divided into their orders, genera, species, and varieties.

When that consummation shall have been attained, and our minute destroyers are clearly exposed to our conception—their habits known—means may suggest themselves as being within the reach of our burdened communities, whereby they shall be able to provide effectually for their escape from many distressing visitations.

At the same time, while we may sympathize with municipalities which find it too burdensome to provide against the invasion of disease, we may remember that in a great many instances, their straitened circumstances are due to the dissipation of their means and the injury of their credit, by their expensive encouragement of business schemes, the promoters of which should be permitted to find their own capital, but by which these promoters, by certain judicious proceedings, succeed in showing that great benefits are likely to accrue, especially to all who are not concerned.

During the past year the Board has again had its attention drawn to the subject of tuberculosis. In the year preceding a strong hope had been entertained that science had bestowed upon us another signal service, and that a successful advance had been made towards the attainment of immunity from the results of tubercular infection. Now, however, that prospect is clouded. The hope is for the present, at least, abandoned, and, therefore, preventive medicine turns to dealing with this, the cause of so much trouble and distress, in the manner which, so far, is alone known to be effective in hindering the progress of all infectious disease.

This Board accordingly has been giving its attention to impressing upon the community, and upon those in authority in Ontario, that if the evils resulting from tuberculosis are to be lightened, that most desirable end can be best and most surely reached by the withdrawal of those who are suffering from the infection of tubercle, from association with those who are as yet in a state of health. And that this separation is as serviceable in securing increased comfort and prolonged life in the former, as it is essential in securing the escape from deadly infection in the case of the latter.

So anxious has the Board been on this subject that it has once joined a number of benevolent gentlemen and physicians of Toronto to bring this, as a great social need, under the notice of the provincial administration. The application then made by those worthy gentlemen was clearly shown to be beyond the function of the administration, and so it failed. But the object was good, and it is one not to be dropped, but to be pursued in a more practicable way.

The difficulties in dealing with tuberculosis by segregation have already been the subject of remark before the members of the Board, but the opportunity may be taken now further to allude to what in this affection are the peculiar obstacles to the course which, it is believed, we all recommend. These are found in the universality of the disease, and in the almost limitless degrees that mark its progress in different constitutions, and even in the same constitutions at different times and under different conditions. All classes are its victims, and there is no respect of persons in its behavior towards any. Life, in some instances, is destroyed with a rapidity characteristic of affections which are acute and malignant, while in others the symptoms of disease are intermittent, and protracted for a long time, a losing battle being maintained against it, with occasional intervals of apparent truce for many years, its victims yielding at last only when, old age coming to the

aid of the destroyer, the power of resistance fails, and the struggle comes more quickly to an end. Between those extremes there is every degree of virulence. In examples of the latter kind, from their long continuance, the risk of propagation by infection is necessarily greater than in those of shorter duration, and yet those are they in which the desired separation is most difficult to be brought about.

In the more acute forms it may be often possible to obtain from patients and from relatives a compliance with the advice that they should avail themselves of the accommodation of a "Home" or a "Hospital." But it must be expected that difficulty will be met with in persuading the population in general that those who have the symptoms of the more prolonged disease and who may be, nay, so often are, family bread-winners, can ever become residents in such institutions in any great numbers.

At the same time none can well deny that it is the duty of preventive medicine as much as possible to attempt, in its own way, the mitigation of the evils of tubercular infection, and that having this end in view it is justified in insisting, in the face of all controversy, that there are benefits to follow the removal from among the healthy of those affected with any form of tuberculosis, those with phthisis especially, and for the purpose of effecting this removal, in striving to impress upon both public bodies and individuals the necessity for places of retreat for those who are sufferers from this malady.

It may come within the sphere of the duty of the Board to give consideration to the modes by which there may seem the greatest probability that such Homes may be placed where they may be of most service within our own Province of Ontario. It is not unlikely that we may be asked if we have counted the cost which is involved in what we assert is a necessity, and also if we have considered fully, and can in anywise show satisfactorily, the apportionment of the general relief which may result from the adoption of our proposal. This perhaps is not our function, but it would be a great gain if we could deal satisfactorily with these questions, although, perhaps, they cannot be answered except by the light of experience. In the meantime, it seems to be evident that tuberculosis being of universal prevalence, sparing neither rich nor poor—not the one more than the other—the procuring of such Refuges as are proposed, for the numbers who need them, will appear to be such a heavy financial responsibility that few of our public bodies, provincial or municipal, will venture to undertake it—this, especially when we reflect that those who in the greatest numbers need them, are just the classes who can least afford to enjoy the benefits of them.

Here, however, it is encouraging to note the rise and increase of private hospitals in our own country as well as in others, and there is little doubt that those will more greatly increase. Pointing to these as an example, we may hope to bring about on similar principles the creation, first, of one here, and then another there, of Homes for Consumptives. And it seems that efforts on the part of sanitary institutions and associations will be most usefully

directed, which aim to influence general opinion on favored retreats for consumptives brought into existence in a similar way, some as private ventures, and others as the fruits of a spirit of benevolence, the former for the well-to-do, the latter for the less fortunate amongst us.

As yet it cannot be said that we have the countenance of the medical profession in our advocacy of those "Homes" or "Hospitals" for consumptives exclusively. Nor need we expect that aid if our endeavors shall be to provide a number of government institutions with government officials in charge of them. If such Homes are to be useful (while, of course, they are subject to government inspection), they must have perfect freedom in their several modes of administration, and from none of them should the physician of the patient's choice be excluded. The conversion of medical men to the scheme of such Home is essential to its success. Their interest as well as their professional zeal must be enlisted in its favor.

In fine, the efforts of sanitarians should chiefly be to impress the minds of all with the fact that tuberculosis is the result of direct infection, and exorcise the hitherto fixed and universal persuasion that its origin is always hereditary. Once let the conviction prevail that consumption is truly and always the result of its own peculiar infection from without, let the mode of its infection be generally understood, then the constant pressure of its presence will sooner or later impel society to the adoption of this means for protecting itself, and of affording comfort and some prospect of prolonged health and life to those of its members who are sufferers from this, the most prevalent of all the evils which distress it.

### HYGIENE OF CANADIAN RAILWAYS.\*

In order to ascertain in a satisfactory manner the actual status of hygiene on Canadian railways, your Committee on Ventilation, extending its scope somewhat, mailed, December 3rd, 1895, to the Canadian Pacific Railway and the Grand Trunk Railway, copies of the following list of questions:

1. What method do you use to secure the ingress and egress of air in your railway cars?

2. What means are taken to clean your railway cars, and how frequently are they cleaned?

Give the details of cleansing ordinary passenger cars and sleeping cars, with the cleaning of bedding, carpets, etc., and the disinfection of closets.

3. How often are your cars renovated or reupholstered?

4. What action do you take if an invalid occupies a berth?

5. Have you inspectors to look after the cleaning of your cars?

6. Does the Wagner or Pullman Palace Car Company run sleeping cars over your line?

\* Report of Committee on Ventilation. Read before the members of the Provincial Board of Health.

7. Has your Company sleeping cars exclusively under its own control?
8. What are your methods of heating carriages?
9. What are your methods of lighting carriages?
10. (a) What precautions are taken to secure pure water for potable use in your carriages? (b) What precautions are taken to secure a pure ice supply for the same?

The following replies have been received:

GRAND TRUNK RAILWAY OF CANADA.

*P. H. Bryce, Esq., Secretary Provincial Board of Health of Ontario, Toronto.*

DEAR SIR,—I have your favor of the 3rd instant respecting the ventilation of our passenger cars, and beg to give the following replies to your questions in the same order as in your letter:

1. Fresh air enters at the doors and leaves at the upper deck windows. The side windows can be used for ingress if necessary. The closets are well ventilated. About 25 per cent. of the passenger cars have vent pipes from the urinal through the roof, but nearly all the closets are equipped with the Bell ventilator, which creates a down draught, and does its work thoroughly. Urinals are fast disappearing, the hoppers being used for bath purposes.
2. Passenger cars are cleaned at the end of every trip. These trips are from one hundred to three hundred miles in length. Sleeping cars which run longer distances are also taken care of by the porter in the cars. The floors of all ordinary passenger cars are washed daily, and every two or three weeks the panelling and ceilings are also washed. The upholstered seats are taken out, beaten and aired about once a week. The closets are washed out with soft soap and water daily, but systematic disinfecting is not followed. In sleeping cars the whole of the upholstering, bedding and carpets are removed from the car, beaten and aired once a week.
3. Passenger cars come into the shop on an average about every year and a half, and when such is the case the plush is thoroughly cleaned and redyed. The plush will last good, say, about three years, and when it is renewed the hair is taken out and teased, and to all intents and purposes, the seats are as good as new.

4. Should any of our cars be occupied by invalids, known to be such, we would, of course, take suitable precautions to have the cars disinfected. The following orders are now in force:

"The attention of agents at terminal stations is called to the matter of cleaning passenger coaches. Agents should satisfy themselves that each and every coach is well ventilated, clean, and in a sanitary condition before being allowed to leave the station, also that the water tanks have been thoroughly cleaned out before being refilled."

"*Small-pox.*—It is necessary that every precaution should be adopted to prevent the spread of the disease where it is known to exist in localities. A conductor having a case of small-pox, or a suspicion of a case, on his train, must isolate the patient on the car in which he was discovered until

the municipal authorities take charge of the case. A report must also be made to the Assistant-Superintendent, so that steps may be taken to have the car properly fumigated."

5. Yes.

6. Yes, both.

7. No.

8. (a) The Baker heater is in general use upon the cars of the Grand Trunk. We have other hot-water circulators, but they act practically on the same principle. (b) Steam supplied from the locomotive.

9. Oil.

10. The water is taken from a good source.

Our form of tender for ice reads as follows:

"The ice tendered for to be clear, solid and free from impurities, and subject to the approval of the Company's Inspector."

Yours truly,

(Signed) N. J. POWER, G.P.A.

General Passenger Agent's Office, Montreal, 6th December, 1895.

#### CANADIAN PACIFIC RAILWAY COMPANY.

*P. H. Bryce, Esq., Secretary Provincial Board of Health, Toronto.*

DEAR SIR,—I take pleasure in giving you below what information I can in reply to the several questions asked in your letter of the 3rd to our General Passenger Agent:

1. By side ventilating windows in clear story of cars opening vertically or pivoted horizontally. By specially designed ventilators in lavatories and closets. By side windows with protecting screens and dust deflectors. By specially designed ventilators over lamps.

2. Ordinary passenger cars on local runs are swept out and dusted and urinals and closets flushed out every night. On through trains they are kept as clean and sweet as possible by trainmen, and thoroughly cleaned out and dusted and closets and lavatories attended to at end of run. Upholstered seats and backs are beaten and aired as may be required, those which are movable being taken out of the car for this purpose. In our transcontinental service ordinary passenger cars are changed at Winnipeg and are there thoroughly attended to. In ordinary passenger cars which have not a special attendant, it is the duty of trainmen to keep the closets flushed out and urinals filled with ice and supplied with deodorizer. In the case of cars accompanied by special attendants this is looked after by them. In respect to our first-class sleeping cars, the practice is about the same as in the case of ordinary cars, except that all movable cushioned seats and backs are removed from the car at the end of the run and thoroughly beaten, and mattresses, pillows and blankets aired. Bed linen is never used twice without being re-laundered. These cars are accompanied by a special attendant whose duties it is to keep them clean and sweet and see that closet, urinals and lavatories are in good condition. In regard to our colonist sleeping cars which have

no upholstery in them, these cars are thoroughly washed out at the end of each run with a hose. There is no upholstery in our tourist cars, except leather upholstered seats and backs which are movable. These cars are accompanied as a rule by a special attendant, and are treated in the same way as first-class sleeping cars. We use camphor in addition to the ice in the urinals all the year round, and disinfect the closets in our cars with a disinfectant of our own manufacture. In the case of cars accompanied by special attendants, the hoppers are disinfected two or three times a day as may be required, and this is done at least once a day in the case of other cars. I may say that most of our first-class sleeping cars are now equipped with flush closets.

3. We endeavor to put our passenger cars through the shops on an average of about once a year, when they are repainted or revarnished and thoroughly renovated in every respect and any required upholstering done.

4. No person who is known to have an infectious disease is allowed on our trains, but in the case of an invalid occupying a berth in one of our first-class sleeping or tourist cars, special attention is paid to the cleaning and airing of the curtains, upholstery, mattresses and pillows of that berth.

5. We have car foremen at all our principal terminal points, whose duty it is to supervise the cleaning of ordinary passenger cars, and we have representatives of our Sleeping Car Department at such points to look after such work on our first-class sleeping and tourist cars, and in addition we have a travelling inspector of our sleeping car service.

6. Yes, the Wagner Company furnishes a proportion of the sleepers run in joint through service over the Canadian Pacific and Wabash Railways equal to the proportion which the railway mileage of the Wabash Company bears to the mileage of the Canadian Pacific Company in such joint through lines. Similarly the Pullman Company furnishes sleeping cars for joint through service over the Boston and Maine, Maine Central and Canadian Pacific.

7. With the exceptions mentioned in the answer to Question 6 this Company owns and operates its own sleepers exclusively.

8. With the exception of cars on mixed trains and some of our unimportant branch and local trains, we use what is known as the Commingler System for heating our passenger cars. By this system steam is supplied from the engine and conveyed by a train pipe to a commingler in the car, in which it heats the water in the Baker heater pipes and causes it to circulate. This system was adopted in preference to any system of exclusively steam heating, so that we might be able in the event of any accident to the engine or of anything happening which might prevent a supply of steam being supplied to the cars, to fall back on the Baker heater for heating our cars, and also that in the event of a car being set out at a point where there was no supply of steam to be had, the Baker heater could be available for keeping it warm. These considerations are of especial importance in the case of our line, owing to its northerly location and the cold weather experienced along it during the winter. On cars or trains on which the commingler system is not used, the



Baker heater is used. This is a system of heating by hot water, the water being heated as it passes through coils of pipe in the heater, and being caused to circulate through pipes along both sides of the car.

9. With the exception of a few cars running in our Chicago service, in which Pintsch gas is used, and one or two private cars in which gasoline is used, our cars are lighted with mineral seal oil. It is not likely that we will attempt any improvement in the method of lighting our passenger equipment at present, in view of the fact that undoubtedly before long some reliable and reasonably economical system of electric lighting of railway carriages will be discovered.

10. Water for drinking and washing purposes is supplied to our cars, except in cases of emergency only, at certain points on the line, at which the water is known to be pure and suitable for such purposes. We obtain the ice required for our cars, at the different points from the very best possible sources; for instance, at Toronto usually from Grenadier Pond; at Owen Sound from Georgian Bay; and, at nearly every point where we require ice, we have our own ice-houses. At Montreal, however, a local ice company which obtains its ice from the St. Lawrence above Montreal, supplies us.

Yours truly,

(Signed)

THOMAS TAIT, A.G.M.

Office of the Assistant General Manager, Montreal, December 6th, 1895.

Copies of the list of questions, Nos. 6 and 7 being omitted for obvious reasons, were sent to the Pullman and Wagner Palace Car Companies. The following is the reply of the Wagner Company:

WAGNER PALACE CAR COMPANY.

*P. H. Bryce, Esq., Secretary Provincial Board of Health, Toronto, Ont.*

DEAR SIR,—Your letter of the 7th inst. has in due course been referred to me, and I take pleasure in replying to your questions numerically, as follows:

1. Our method of ventilating cars is by opening and closing the deck lights in the elevated roof, and the transoms at the end of the cars. Dust deflectors are used in the summer. The closets are thoroughly ventilated. The urinals and hoppers have vent pipes.

2. I enclose copy of instructions for cleaning cars that are in effect at all points where we operate. These rules are followed at terminal stations, where cars are cleaned daily. We are now at some points experimenting with cleaning by means of compressed air, and shall probably adopt this method where practicable.

3. Our cars are shopped for painting, varnishing, reupholstering, etc., once in from ten to twelve months.

4. In the case of an invalid occupying a berth, the bedding, etc., is disinfected at the end of the trip.

5. Yes.

8. All of our cars are heated by steam, or from fires in Baker heaters—hot water circulation.

9. All cars are lighted with oil lamps or Pintsch gas. About 70 per cent. of our equipment is lighted with gas.

10. Water for drinking purposes is carried in separate tanks in all our cars, and the ice supplied us is in all cases furnished by the different railway companies operating our cars.

Yours truly,

(Signed) J. A. SPOOR, G.M.

General Manager's Office, Chicago, Ill., Jan. 11th, 1896.

Formula for cleaning cars when the Wagner Company does all the work :

1. On arrival of cars in yards they must be carefully inspected by foreman for defects, and repairs necessary to be done by carpenter, and entered on conductor's inspection, unless already noted. Silk sash curtains are to be unloosed at the bottom, and the rods slipped out and replaced in fastener.

2. Gather up spittoons, and pile up neatly at double washstand, or in men's wash-room.

3. Take up carpet, rugs and W.B. mats ; remove to the cleaning platform. Clean by beating vigorously on both sides by carpet-beaters and sweeping. Remove oil spots by washing carefully with lightning eradicator ; roll up neatly preparatory to return to car. Remove soiled head-rest covers.

4. Open, dust out and wipe deck lights and all upper woodwork and closet tops. Let down upper berths, dust off bunk head lining, wipe off woodwork and moulding, wipe out collar and cuff racks, and clean berth lights and bunk shutters, and push berths up, but do not lock them. Raise and jar dust out of windows, and beat dust out of window curtains, allowing them to roll completely up when this is done. Pull down berths again and remove, first, lower berth mattress and hang it out of window so that it can be reached from outside. Remove lower berth blankets, shake out, fold and place on seat back, doing the same with berth curtains and upper berth blankets. Place head board upright in passage way, and then place upper berth mattress out of window on top of the lower. Remove spring bed, dust out upper berth, beat mattresses on both sides, replace the bedding in the berths in the reverse order to which it came out, wipe off head boards and close berths, after replacing head boards.

5. Beat arm rests, head rests and plush cushions, under windows and sofas, also stationary cushions. Next pass seats and backs through the window, to be beaten on a rack provided for that purpose. At the same time remove the pillows and shake them out, dusting out the pillow box, seat, woodwork and head rests, and brushing the dirt from the floor under the pillow boxes and heater pipes into the aisle, where it can be swept up, and sweep off foot rests with whisk broom. Cushions should be first bounced on the rack, plush down, to remove the sand and grit, and also to clear the frames, then turned up and thoroughly beaten and swept. Unnecessary force

should not be used in beating. Next, sweep the car from the centre towards the ends, brushing out smoking room, closets and heater room at the same time, the accumulation of dirt being carefully gathered up and placed in barrels or boxes provided for that purpose. Next and last, dust the lower woodwork, seat ends, partitions and doors, but do not, under any circumstances, use duster on berth fronts. Wipe windows and mirrors, closing outside window to lower catch only and inside window completely.

6. Remove oil lamps to platform, fill with oil to within half-inch of top of oil cylinder. Carefully trim wicks, examining them at the same time as to sufficient length, and turn down below top of wick tube to prevent oil from working up. Remove, empty and wipe out drip cups, clean chimneys, wipe whole lamp free from oil and return to bracket. In the case of gas cars, let down globe, wipe it clean inside and out, and treat cup and ring reflectors in the same manner. Close globe and wipe outside of lamp from ceiling down.

7. Polish lamps, curtain rods, coat hooks and all metal trimmings.

8. Empty and clean water coolers, polish and replace, first cleaning space covered by cooler and then polish wash-stands, soap cups, tumbler holders, door locks and hinges.

9. Wash out and polish spittoons, allowing them to remain in neat pile at wash-stand, and wash out closets, being careful to remove all excrement from discharge funnel.

10. Wipe woodwork from top down with clean white waste, using no polish.

11. Fill water coolers with clean water and ice.

12. Apply head-rest covers in sleeping cars, and in parlor cars clean tidies.

13. Return carpet to car and lay, after wood-wipers have finished their work, first covering with shellac varnish all oil spots on floor, after which remove lint and waste from cushions with counter duster.

14. Scrub oilcloth at ends of car, and place mats and spittoons in position and wipe out heater room and under all wash-stands.

15. Replace sash curtains and make minor repairs to carpet and upholstery.

#### OUTSIDE CLEANING.

1. Wipe off car body with dry waste, except in damp weather, when it should be washed with water, using long-handled brush, rinsing with a hose without nozzle.

2. Clean outside of windows with tripoli, rubbing off with waste.

3. After scraping dirt off outside of trucks, clean with waste saturated with oil. When very dirty, wash with hose and broom and as soon as dry, go over with oily waste.

4. Clean platforms and hand rails.

5. Before reception of passengers, porters will wipe off dust that may have settled on window ledges and seats.

6. Paint steps and platform floor as often as required, using quick drying paint of standard color.
7. Truss rods and platform irons blackened as often as necessary.

#### NOTES.

1. The order of proceedings will necessarily be varied according to local surroundings or weather, but the foregoing formula should be followed as closely as circumstances permit. When railroad people do the cleaning proper, they should be educated to conform as nearly as possible to this system.

2. At stations where racks cannot be erected for beating and airing bedding, small portable racks should be used between the tracks—the bedding being passed through the window by one man to the beaters outside, who will return in the same manner.

#### LIST OF MATERIAL USED IN CLEANING CARS.

Waste, tripoli, putz pomade, castile soap, common bar soap, mineral soap, muriatic acid, lightning eradicator, modoc car cleaner, bags, sponges, feather dusters with handles flattened at one end in the form of a chisel point, brooms, old whisk brooms, buckets, seat beaters, ammonia, whiting, window sticks, iron ash buckets, iron ice pails, ice tongs, ice axe, three foot step-ladders with swing backs, seven foot step-ladders with swing backs for outside cleaners, five foot step-ladders with swing backs, fifteen foot ladders to reach top of car, car wash brushes and poles, old car wash brushes for trucks and hand rails, washing hose, paint, varnish and bronze, horses and rack to beat bedding, and seats, oxalic acid, alcohol, vermin exterminator, kerosene oil, bathbrick, painters' scrubs, chamois skins, counter dusters.

#### SPECIAL POINTS IN CAR CLEANING.

To wash woodwork: Use solution of pure castile soap and clean water, applying with an old whisk broom or painter's scrub, trimmed off square and short, using soft pine stick in corners that are very dirty and gummy. Sponge clean with clean water. Wipe dry with chamois.

To polish hand-rails: If badly tarnished, first coat over with a strong solution of oxalic acid, applying it with a sponge tied on the end of a stick. After wiping this off, apply putz pomade diluted with kerosene oil, to which can be added a quantity of bathbrick powdered; then wipe clean with waste and finish with rags or old plush. The same process applies to lamps, leaving out the oxalic acid, except in extreme cases, the putz pomade being applied with a piece of rag.

To polish nickeline wash-stands and drinking tanks: First wipe perfectly clean with a sponge to remove soap, then polish, using a mixture of aqua ammonia and whiting, applying same with a rag. Wash-stands should be washed as quickly after arrival of car in yard as possible, to avoid setting of stains which cannot be removed except by repeated polishing.

*(To be Continued.)*

## Reports of Societies.

### THE LAMBTON MEDICAL ASSOCIATION.

Specially reported for this Journal.

The above Association has been in existence but one year, under the presidency of A. E. Harvey, of Wyoming. The meetings, held quarterly, have been of much interest and well attended. The last regular meeting was held in Watford, February 12th, A. S. Fraser, President for '96, in the chair. The other officers for the year are: Vice-President, James Newell, Watford; Secretary-Treasurer, J. Dunfield, Petrolia; Committee on Ethics: A. S. Fraser, A. E. Harvey and R. S. MacAlpine.

Drs. Auld, Bentley and Hagel were elected as members of the Association.

Dr. J. N. E. Brown, of Toronto, who was present to report the proceedings, was courteously elected as an honorary member.

Dr. James Newell, of Watford, read a paper on

#### "Cholelithiasis."

He said that this was a disease which had probably existed coeval with the human race. It occurred in the lower animals, being quite common in oxen and had been found in monkeys, pigs, and in some of the molluscs. Animals in a state of captivity were more prone to it than those running wild. In man, gall-stones were found in 5 per cent. of *post-mortem* examinations. Women were more subject to it than men. It was most frequently found between the ages of thirty and

sixty, and generally occurred, invariably in his experience, in those in whom there was a large development of adiposity, and who enjoyed the pleasures of the table, particularly starchy and saccharine food. The bearing of children seemed to be a predisposing cause; the lithic acid diathesis and tight-lacing were important factors favoring the formation of the calculi—the latter by impeding the hepatic circulation.

The question of the etiology was difficult to answer. The calculi had been formed before medical assistance was sought. The processes or changes leading up to their formation had taken place in the occult laboratory of nature, hidden away from human observation, and every factor in their formation was so obscure that a reasonable explanation of their genesis assumed the appearance of a plausible guess. A scarcity of the sodium salts with an increase of calcium salts in the bile, coincident with a catarrhal condition of the biliary mucous membranes, especially of the gall-bladder and consequent thickening or inspissation of the bile, seemed to constitute the prime etiological feature in the development of the gall-stones. In most cases the antecedent duodenal catarrh was present, which extended to the biliary mucous membranes. The cause of the catarrh was said by some to be due to micro-organisms. In most cases it was considered that the nucleus must be present, around which the material entering into the formation of the gall-stones must grow by accretion. The degeneration of the mucous membrane resulted in the formation of detritus containing epithelium and calcium salts, with bili-

rubin and biliverdin. The stenosis of the bile ducts, consequent on the angio-cholitis, caused the retention of the bile with consequent thickening and inspissation; and there was a deposition of the lime salts, bilirubin, biliverdin, cholesterine, etc., on the nuclei, thus commencing the formation of the stones. If the catarrhal condition abated and the stenosed ducts became patent, the calculi might escape; but if not, the calculi would increase in size, and upon the attempt to escape from the gall-bladder into the duodenum, would give rise to the symptoms of biliary colic. The formation of the gall-stones, he said, almost always took place in the gall-bladder; they had been found in the hepatic ducts rarely. Instances had occurred where intestinal worms had entered the gall-bladder and provided the nucleus.

Well-marked cases were easily diagnosed, but the disease in its incipency might so simulate other affections of the liver, stomach, intestines, uterus or kidneys, that even the experienced physician might err in diagnosis. As long as gall-stones remained in the gall-bladder there were no symptoms; in persons who had suffered from previous attacks, there was often a prodromal stage lasting several days, in which there were pains under the right shoulder, a sense of fulness in the region of the gall-bladder, loss of appetite, furred tongue, a sluggish circulation (as shown by cold extremities), and the icteric tint of the skin. The disposition became fretful and irritable or melancholic. Sometimes there was an absence of these premonitory symptoms, and the attack of colic

was sudden in its seizure. When it became fully developed there was a sudden, severe and paroxysmal pain in the epigastric region extending to the gall-bladder and around to the right shoulder. This was soon followed by vomiting. First, the contents of the stomach were expelled (highly acid), and afterwards bile. The relaxation following the vomiting might allow the calculus, if small, to escape; but unfortunately, this was not frequently the case. The terrible spasmodic pain continues, with short intervals of partial relief. The sufferer rolls about in bed and gives vent to agonizing groans or screams. The abdominal wall over the epigastrium and gall-bladder is hyperæsthetic and tender to touch. Authors state that generally there is a rise in temperature of from three to five degrees, but he had failed to find it. The pulse is slightly accelerated and diminished in volume during the paroxysms. The pain during the acuteness of the attack is expulsive in character, the sufferer holding the breath and bearing down, very much as in the second or expulsive stage of labor. The suffering is probably much more severe and agonizing. The duration of the attacks, relying on his own observation, varies considerably. In some cases the acute paroxysmal pain may cease in half an hour, but commonly it lasts from three to four hours, and in a few cases it may last for a week. He thought that in some of the transient attacks the pain is due to the spasmodic expulsive efforts or contractions of the gall-bladder to expel inspissated bile, rather than properly formed calculi.

When a calculus becomes impacted

in the common duct, jaundice will ensue, which is generally of transient duration, but occasionally it becomes intense. The kidneys are stimulated to increased action, no doubt from reflex irritation, during the attack of colic, and there is a large increased flow of urine of a pale color, indicating stimulation of the glomeruli. This is followed in some cases after the abatement of the colic by an almost total suppression, due probably to a lessened blood pressure and dilatation of the renal arteries, with slowing of the blood current in the emulgent veins. He had never been able to find either albumen or sugar in the urine in such cases.

#### COMPOSITION.

Cholesterine forms from seventy to ninety per cent. of gall-stones, while some are wholly composed of it. In such cases the calculi are of a white or yellowish color, with smooth surface, and they burn with a sooty flame, leaving no residue. In other kinds the bile pigments predominate, and they are therefore found to consist of biliverdin, bilirubin and cholepyrrhin. Their color may be brown, yellowish red, dark green, or black. They also burn with a flame but leave no ash. Other calculi are found to consist of lime, soda, iron and magnesia, with mucus and epithelium.

#### SIZE AND NUMBER.

The size may vary from fine sand to a hen's egg or larger. The usual size is from a pea to a filbert. Their number is also subject to great variation. A solitary calculus is occasionally found, in which case it attains its greatest size. The gall-bladder is sometimes found packed as full of

calculi as it can hold, and they may number thousands. The usual number is ten to fifteen.

#### DIAGNOSIS.

The suddenness of the attack of agonizing pain, paroxysmal in character, its location in the epigastric region, extending to the right side, and followed by vomiting, give rise to such a definite and characteristic train of symptoms that a correct diagnosis is readily arrived at. There is sometimes an enlargement of the liver during the attack, with a swelling or tumor over the gall-bladder. Sometimes, however, in the incipience of the disease the symptoms may simulate gastralgia very closely, but the history, antecedent jaundice, and pain in the right shoulder will enable us to eliminate gastralgia and exclude error. In gastralgia there are often gastric flatulence and an absence of tenderness or hyperæsthesia of the skin. Another diagnostic difference is that pressure may relieve gastralgia, while it increases the suffering in biliary colic. In renal colic the pain runs down the ureter, and in males extends to the scrotum, with a retraction of the testicle. The bloody urine and finding of the calculus will make the diagnosis absolute. In uterine colic there is a history of disease of the organ or its appendages. The location of pain will also serve to clear up the diagnosis. Parenthetically, I wish to note that I feel certain many cases of hepatic colic, especially during the incipient or developmental stage, are not recognized, and the symptoms are attributed to gastralgia, spasm of the stomach, intestinal colic, etc. In all cases of obscure pain in the epigastric region,

or of supposed hepatic colic, the calculi should be sought for. If present they may be discovered by passing the fæces, with the aid of water, through a fine sieve. When found they establish beyond doubt or cavil the certainty of the diagnosis. It must be remembered, however, that there are attacks in which the concretions fail to escape into the duodenum, and therefore, they cannot be found; consequently their absence does not preclude the making of a correct diagnosis.

#### CASES.

Mrs. H., aged fifty-five, married, mother of five children, a large fleshy woman, had numerous attacks of severe pain in the gastric and gall-bladder regions, required the use of morphia per mouth and by hypodermic method. Pain was followed by vomiting and jaundice. Was diagnosed by her former physician as gastralgia, spasm of the stomach, etc. Alkalies with bitter tonics were given, and Friedrichshall water to keep the bowels soluble. She experienced great benefit from the treatment.

Mrs. M., aged sixty, married, mother of three children, full development of adipose, suffered eight or ten years from attacks of acute paroxysmal pain in the hepatic region and under the right scapula. These occurred regularly about every five weeks, and required the use of morphia hypodermically and inhalations of chloroform to assuage the pain. Attacks would last for two or three days, and be followed by jaundice. No definite diagnosis given by her former physician. These attacks ceased four years ago, but recently have returned. I was summoned and

found her suffering acute paroxysmal pain in the hepatic region and right shoulder. The pain was expulsive in character, conjunctive slightly yellow. This attack lasted forty hours and required the hypodermic use of morphia. Still under observation, and is taking phosphate and sulphate of soda, with apparent benefit.

Mrs. C., aged thirty-eight, married, mother of one child nineteen years old, large development of adipose tissue. Has had attacks of sudden and acute pain in the gastric and hepatic regions for the past twelve years, often followed by vomiting. During the earlier years of the disease this would give relief. For the past two years the frequency and suffering during these attacks have greatly increased. Has had several attacks of mild jaundice lasting a week, itching of the skin, suppression of the urine and persistent obstinate vomiting. Is under treatment of the soda salts, which have given more relief than any of the other numerous remedies which have been tried. For the past eight months attacks of colic have taken place about once every two months, and have not been so severe; besides there is a general improvement in health. Calculi have been found in the stools.

Mrs. E., aged forty-two years, married and mother of three children, full development of adipose tissue. Suffered for two and one-half years with sudden and paroxysmal pains in the epigastrium and right shoulder, and generally followed by vomiting and jaundice. I first saw her in December of 1891. Diagnosed gall-stone colic. Relieved her with morphia and chloroform. In the course



of two months I saw her in several of the attacks. Her suffering was most intense. I tried the olive oil; phosphate and sulphate of soda were tried and other remedies usually employed, with little, if any, benefit. As her general health had begun to fail and I was in dread lest she would die during some of the attacks, I advised cholecystotomy. She passed from my care to another practitioner's, who felt sure he could give her relief and cure by medicine. The attacks continued. In last May, had one which lasted ten days, attended by rise of temperature, continuous vomiting and jaundice. Pain suddenly ceased, followed by relief of other symptoms. Two calculi were recovered as large as filberts. At the beginning of this attack her physician gave morphia hypodermically, followed with inhalations of chloroform. Patient became cyanosed with arrest of respiration, and nearly died. I was hurriedly sent for, but respiration and partial consciousness had returned before my arrival. Next attack occurred on the 12th of last August, very severe and required the almost continuous use of chloroform, although nearly two grains of morphia had been given by the hypodermic syringe. I strongly advised operation, to which assent was given by the patient. On August 24th, a cholecystotomy was done at the Emergency Hospital, by Dr. Hal C. Wyman, in the presence of the hospital staff, and Dr. Bryen, of Windsor. The gall-bladder was found adherent; four gall-stones of a very soft, greasy consistency and buff-color were removed. The cystic and common ducts were found patu-

lous. A rubber drainage tube was inserted. The patient made an uneventful recovery, except for a persistent vomiting which lasted three days. The temperature rose but once to 100. A very large quantity of bile was discharged by the fistulous opening. Recovery perfect, and has not felt so well for the last four years.

#### DANGERS INCIDENT TO CHOLELITHIASIS.

1. Sudden death from syncope from the terrible suffering incident to biliary colic.
2. Rupture or perforation of the gall-bladder, or ducts in neglected cases, causing fatal peritonitis.
3. Abscess of liver.
4. Exhaustion from repeated attacks.
5. Development of cancer in the gall-bladder, liver or head of the pancreas.

#### TREATMENT.

Treatment during the attack, preventive and curative: The patient should have a warm bath, or if suffering will not allow, warm applications, moist or dry, over the epigastric and hepatic regions will prove very comforting. Internally, chloroform in half-dram doses with syrup will sometimes give ease in milder forms, but the severe attacks imperatively demand the use of opium or morphia, and preferably the latter, which is best given by the hypodermic method, in doses of one-quarter to one-half grain repeated in half an hour if relief is not experienced. Frequently, after the administration of the morphia, the sufferer will make great outcry, having evidently lost the restraining will-power. Should the intense suffering not be relieved by these measures,

it is not prudent or judicious to push the morphia to a toxic dose, but proceed to inhalations of chloroform. The anæsthetic should not be given to full anæsthesia, but it should be given until comparative ease is obtained. The persistent vomiting which occasionally follows and is very prostrating, must be treated on general principles. Carbolic acid or creasote in half-drop doses, with large doses of bismuth, is very useful. Persistent retching is best met by copious draughts of warm water with ten grains of bicarbonate of soda. This has proven of great benefit in my experience: it serves to wash out the stomach, removes acid secretion and irritating bile, and gives bulk for the stomach to contract upon and eject. In one case of very obstinate vomiting, the fluid extract of *dioscorea villosa* in half-dram doses, which was advised by Dr. Wyman, relieved the distressing condition and arrested the vomiting at once. I have also found the remedy of use in threatening prodromal stage of colic; the only drawback being its proneness to cause constipation, which I obviate by combining with it Stearns' aromatic cascara. In case these measures do not relieve, a saline purgative must be given; in fact, it is good policy and treatment to administer one immediately after the abatement of the pain as a preventive. Sometimes the vomiting can be checked by applying a fly-blister over the epigastrium, and afterwards dressing with morphia.

#### PREVENTIVE AND CURATIVE TREATMENT.

Preventive: Diet should be regulated and that prescribed which is found to be suitable and easy of

digestion. Starchy and saccharine foods must be in a measure prohibited as they favor the formation of cholesteroline. The drinking of large quantities of water, preferably the alkaline, must be encouraged. The soda salts have attained the most prominence as lithontriptics or solvents of calculi. Their chief benefit most probably is owing to their well-known power of increasing the secretion of bile, and thus preventing further formations by relieving the catarrhal condition of the biliary passages. The phosphate, sulphate or bicarbonate in appropriate doses in a glass of hot water, half an hour before each meal, will be found very useful. They may be given with fluid extract of taraxacum, the elixir of cinchona, or the bitter tonics. When the liver is sluggish and there is a fur on the tongue, a pill composed of mass hydrarg. gr. ij., euonymin gr.  $\frac{1}{2}$ , and pulv. ipecac gr. i., will be found a powerful chologogue, or the old stand-by, nitro-muriatic acid in three to five drop doses, frequently has good action. If there is hypersecretion of acid in the stomach, it should be given before meals to lessen it. Duodenal catarrh may be treated by 1-40th grain of podophyllin given three or four times a day. Large copious enemata of hot water are often of benefit in catarrh of the gall-ducts and bladder. Some advise the use of cold water instead, after the manner of Krull, but I have had no experience with it. On the continent of Europe the salicylate of soda is used in the same way as the other soda salts enumerated, and it is claimed to be a much more powerful chologogue.

Recently glycerine in two or four

dram doses has been highly recommended. Anything which increases the activity of the hepatic cells and thus increases the biliary secretion will be found of benefit. Consequently a full meal of well-cooked, palatable, and easily-digested food is one of the best hepatic stimulants we have. While we are able to keep the stomach and digestion of our patients in first-class condition, they will not be very often troubled with attacks of colic. I do not feel certain as to the solvent action of the various remedies which have been proposed.

The Carlsbad water is probably the most useful, but no doubt much of its alleged virtue consists in the increased quantity of water which is taken into the system, and its beneficial action in relieving the angio-cholitis. I have not tried the mixture of sulphuric ether and oil of turpentine. The olive oil has not, in the limited experience I have had with it, given the results I had hoped.

Whatever method of treatment is adopted should be persisted in and faithfully carried out both by the physician and patient, even in the face of apparent failure, for chololithiasis is essentially a chronic disease. If the futility of the method is established, other means may then be employed. I have refrained till now saying anything about exercise, etc. All such sufferers should be encouraged to take plenty of outdoor exercise, such as walking, riding, etc. Horse-back riding is one of the best forms, as the shaking stimulates the liver, expresses the bile, and increases the amount of oxygen inhaled, and thus promotes oxidation. The surgical aspect of the treatment of gall-stones I ap-

proach with some diffidence, as I have very decided opinions on the question which are, no doubt, not in accord with the views of the majority of other general practitioners of medicine. It is therefore with some reluctance that I submit the following proposition, and firmly believe such patient should undergo operation at the hands of an experienced surgeon :

1. Repeated and exhausting attacks of hepatic colic, in which medical means have failed to give relief, and before the patient is too much reduced or moribund, that an operation is a *dernier resort*, with but little prospect of recovery.

2. Persistent vomiting with threatened collapse.

3. Dropsy of the gall-bladder, with probable impaction of a calculus in the cystic or common duct.

4. Hepatic fever, with chills and jaundice, and which is liable to terminate in suppression or fatal perforation.

5. When the patient has become reduced both in flesh and health, not so much by the severity or frequency of the attacks of colic, as by the condition of chronic poisoning, from the absorption of vitiated and degraded bile.

6. To prevent the development of cancer in the gall-bladder, liver or head of the pancreas. (The irritation produced by gall-stones is now recognized as a fruitful cause of malignant diseases of these organs.)

With the perfection and recent success attained by surgeons in operations on the gall-bladder and ducts, they have become one of the safest in abdominal surgery. The death-

rate at the present time in cholecystotomy is not above 2 or 3 per cent. I therefore believe that the time has now arrived when all such cases as I have enumerated, should be submitted to operation and receive the benefit that surgery alone can give. Cholelithiasis stands in the same relation to abdominal surgery as to the various diseases of the tubes and ovaries. Yet while the removal of the diseased ovaries and tubes is more than a daily occurrence, I was going to say, a cholecystotomy is comparatively a *rara avis*. The suffering and danger to life are no less, but probably greater; a policy of procrastination and elusive hope in the curative action of drugs is pursued until the health is irretrievably ruined, life rendered not worth living, or malignant disease develops, ending in a miserable and painful death. It has been urged as an objection to operation that cholecystotomy affords but a temporary relief, that the calculi will again develop, with a return of all the former suffering. Admitting this to be true, the sufferer will be grateful and happy for the temporary ease and relief afforded him. The same objections may with equal propriety and reason be urged in renal calculi or stone in the bladder. Yet who is it that would urge such objection as a bar to operation? It seems to my understanding that it is only necessary to appreciate the fact that the resources of surgery hold out the only hope of cure in cases of gall-stones, that are not relieved by medical means, in order to convince both doctor and patient that the proper course to pursue is to refer such to the skill of the surgeon.

These opinions may be thought radical by some, but they are in accord with those of the most advanced surgeons of the day, and I fully believe that the developments and achievements of the future will demonstrate the correctness and soundness of the position which I have assumed.

Dr. Harvey said that he doubted if the presence of gall-stones produced malignant disease, if there was no predisposition to it. They would, no doubt, set up inflammation followed by adhesions of adjoining structures, which might simulate in its appearance malignancy to a considerable extent. He had noted this in a case of his in which an incision for gall-stones had been made. The patient had had several well-marked attacks of bilious colic, preceded by the prodromal symptoms, jaundice being present. The cystic duct was discovered to be obliterated, while the hepatic duct was large and patulous. No stones were found, the gall-bladder being obliterated. The liver was greatly congested. Its adhesions with the stomach and pancreas were severed by cutting instead of tearing. In a second case which had come under his care, he had advised operation, which although not at first, was finally consented to. There were no gall-stones found, but many adhesions. The biliary ducts were filled with inspissated bile. This patient was a heavy man and a good liver—a condition of affairs which predisposed to the formation of gall-stones. He had been called to treat another case of colic in a man who worked hard part of the year and was idle the other part. Mag. sulph.

was given freely and the diet corrected, which relieved the condition. Duodenal and biliary catarrh was a prominent factor in the causation of disease, the inflammation tending to destroy the ducts. If the attack of colic were persistent, operation should be insisted upon; it would prove beneficial even though no calculi were found.

Dr. Brodie (Wyoming) said that gall-stones often did not cause severe symptoms. In an examination after death of a woman who had died of pneumonia, he had seen between thirty and forty stones of a pyramidal shape. In another subject he had observed quantities of what were probably calcium salts.

Dr. Brown recommended during the spasms the administration of glycerine in larger doses than two to four drachms—say, three or four ounces—which by its hydrogogue properties would deplete the congested ducts, thus relieving the stenosis and allowing the calculi to pass.

Dr. Hagel (Warwick) said that he used seidlitz powders to relieve the vomiting which accompanied the attacks of colic.

Dr. Dunfield said that he had not of late seen so many of these cases of hepatic colic as formerly, which he inclined to believe was due to his favorite remedy to which the reader of the paper had alluded, viz., Friedrichshall water. His treatment was first to relieve the pain; second, to dose the patient with the alkaline water. In all the cases in which he had persistently used this water his patients had recovered, and had been free for years from attacks. He prescribed it in large quantities and persistently.

Dr. Ovens said his treatment during the colic was to administer an enema of two quarts of water in which four ounces of magnesium sulphate were dissolved, the head of the patient being lowered. He had seen the most violent attacks relieved in ten minutes, the salts operating in about that time.

#### "Tuberculosis of the Wrist."

Dr. J. Newell presented a boy aged fifteen, who had consulted him some weeks ago for a swelling of the wrist and little finger. The boy thought it had started from an injury. Tonics were administered internally, the wrist was painted with iodine and put at rest. This was followed by the application of a plaster of Paris bandage. The bandage was removed and the members examined the case. The speaker said that the wrist had improved but the finger was considerably worse. It was inflamed and swollen to two or three times its natural size, and presented several fungating spots. A small tumor presented on the palmar surface of the second phalanx of the thumb. The general opinion was that the condition was tubercular, and that the little finger should be removed.

Dr. Robert Gibson (Watford) read a paper on

#### "Some Diseases of the Female Breast."

He recalled some of the salient points in the anatomy of the breasts. They were racemose glands each containing from fifteen to twenty-four lobes, each lobe being subdivided into lobules made up of little acini; from these latter canaliculi joined together forming the canals of the lobules, and these united to form the lactiferous

ducts which, united, terminated beneath the nipple. Septa of connective and adipose tissue ran between the lobes, which lent support to them. The essayist then described the nerve, blood and lymph supply of these organs, and alluded to its sympathetic relation to the uterus.

The question was often asked the practitioner, how could the nipple be hardened to prevent cracking? His plan was, if there was any dead epidermis around them, to advise that it should be scraped away; cleansing and astringent applications might be recommended. Corsets should not be used, nor dresses so tight as to irritate the breast. His preference for a topical application was a solution of tannin and rose water. He had used, too, the watery extract of witch hazel.

After nursing begins, the main thing was to keep the nipples clean—mild solutions of bichloride or carbolic acid being used. Shields might be employed, if necessary, but he did not find them of much use. He had frequently found erythematous condition around the nipple. For this he had used Goulard's extract, the nipple being washed off before nursing. He had formerly used a mixture containing sulphurous acid, tannin, glycerine and water, recommended by Playfair. Now his preference was for the lead and opium lotions. An ointment of bismuth, with a little carbolic acid, acted very well. If any cracks were found with this soreness, the practice by many was to apply a little nitrate of silver. He preferred the tincture of benzoin *co.* Inflammations of the breast were a sequelæ of cracked nipples. Many

of these inflammations tended to suppurate. Applications of heat or cold might be made. As a rule, the hot applications were more easily obtained and met with less opposition from the patient. His experience with breast pumps was that they did not act satisfactorily. He had had much better success in using a bottle in which the air had been condensed by immediately filling beforehand to the neck with hot water. Applications of belladonna and glycerine, or belladonna liniment, might be made. Strapping might be resorted to. In case abscess formed, it might be superficial, within the gland, or sub-mammary. The first were easily recognized and could be easily lanced and treated antiseptically. No matter how small the incision required, the surface should be well cleaned, first with soap and water and then with bichloride solution. The use of ethyl chloride would render operation painless. If the abscess were glandular (and these were the most common), an anæsthetic should be used. This sort was movable with the breast. In the sub-mammary variety there was practically no movement of the gland upon the pectoral muscle. The speaker pointed out that, to avoid hæmorrhage in opening these glandular abscesses, after a radial incision into the gland, the finger might be inserted and insinuated through the glandular tissue to the abscess to determine the presence of pus, which should be thoroughly drained. If the diagnosis of the deeper abscess might be confirmed by aspiration, to open them an incision should be made through the skin and fascia, radially, and a

grooved director worked through the gland. A pair of dressing forceps may be introduced and opened to allow the matter to escape. The cavity should be washed out with a bichloride solution, and drainage made by means of a tube retained by a pin, or by means of a strip of bichloride or iodoform gauze. His plan was to use a moist carbolic or iodoform dressing, the dressing being removed from time to time as occasion calls for it, such as recurrence or constitutional disturbance. The breast should be supported by bandages, and constitutional treatment should be attended to. If there be any thickening left, iodides or mercurials might be administered. If the thickening does not disappear under medication, it should be closely watched for any signs of increased growth or any tendency to malignancy. This point should be emphasized, when it was remembered that ninety per cent. of mammary tumors were carcinomatous. In case of doubt, removal should be advocated. The doctor said that he dwelt particularly on this subject because a good deal of midwifery was done by non-professional hands in this district, and through their carelessness many of the breast troubles referred to in his paper were found. He said one would find them applying vaseline which had been used promiscuously by different members of the family for all kinds of wounds and sores.

Dr. A. S. Fraser said the general health of the woman had a great deal to do with the production of cracked nipples. He had noticed in a number of cases where nephritis existed

co-incident with pregnancy, there was likely to be trouble with the breasts. The prophylactic treatment was most important.

Dr. Logie asked what the essayist's practice was in regard to the nursing in mastitis and cracked nipples?

Dr. Gibson said in cases of abscess he ordered the nursing to be discontinued, but in case of sore nipples this was not necessary.

Dr. Ovens said they had all, no doubt, trouble with breast pumps. If good breast pumps could be procured bandages would not be needed. What he had used for this purpose was an apparatus he had bought for an aspirator, but which had not fulfilled its design in that respect. It made a very good pump, however. As an application to sore nipples he had found a powder made of iodoform, salol (a little of which would disguise the smell of the iodoform), and scorched flour (a favorite old woman's remedy) answered admirably. It kept out the air, was antiseptic, and non-poisonous to the sucking infant.

Dr. Hayes said he had found trouble with three instruments: the spray, the nipple shield and the breast pump. The fault he found with the ordinary pump was that the glass cup was too large, and when applied much of the breast was drawn in, as well as the nipple. He had, however, procured an English-made pump in which this difficulty was obviated. The rubber portion, too, was very powerful and was strongly connected with the glass. In most cases he had found these worked very well. A nice way of applying heat to the breast was by means of a dis-

infected sponge soaked in boracic acid solution and covered with gutta percha tissue. He asked if a temperature of 102° or 104° in cases of mastitis necessarily meant the formation of pus, and if not, how long after might one expect it to form.

Dr. Ovens replied to this by referring to a patient in which the temperature was high, in which there had been a severe chill followed by a temperature of 102°, the breast being swollen and hard. The milk was drawn slowly, massage carefully employed and a bandage applied. A saline purgative was administered and phenacetine in five-grain doses every four hours. Relief was almost immediate and complete.

Dr. Harvey emphasized prophylactic treatment. His favorite plan of treating the breasts was by strapping with adhesive plaster. That not only exerted pressure but supported the breast from below, keeping them well drawn upward. While he thought the constitutional condition of the patient prior to labor had much to do in these cases, he thought one fertile cause of the trouble was movement of the arms of the patient. The patient should be taught to keep her arms quiet, and should allow someone else to attend the baby.

Dr. Newell said that the more recent writers believed mastitis to be the result of septic infection, caused by the entrance of a germ through the cracked nipple. It was here the pus germs entered. The prevention consisted in keeping the nipples perfectly aseptic. He referred to the classification and treatment of mammary abscesses.

Dr. Hagel thought that the super-

ficial abscesses were due to local absorption, while the submammary were constitutional.

Dr. Harvey presented the following motion, which was carried: "That in view of the fact that a very large number of the members of the College of Physicians and Surgeons leave Ontario to practise their profession in other lands, and that some of them desire to return to the Province, we, the members of the Lambton Medical Association, look upon it as an arbitrary statute that compels medical gentlemen who have removed from Ontario to continue their annual fee, when in all probability they pay a fee in the land of their adoption.

On motion of Dr. Bentley, of Sarnia, a hearty vote of thanks was tendered to the DOMINION MEDICAL MONTHLY AND THE ONTARIO MEDICAL JOURNAL for sending a representative to report the proceedings.

Dr. W. Newell moved, seconded by Dr. Dunfield, that this Association endorses the Council in its providing of a medical journal to the members of the College of Physicians and Surgeons.

Dr. Hayes, of Sarnia, spoke of the great benefit which accrued to the profession from the Council, and maintained strongly that every man should be loyal and be willing to contribute his fee to the maintenance of the College of Physicians and Surgeons. The demand was small as compared with that levied by other bodies. Members of other bodies were required, and justly, to pay a professional fee. Why should they not? In Michigan, the man who failed to pay his annual fee forfeited his diploma.



These views of Dr. Hayes were concurred in by the Society; but, as at a former meeting, the Society had strongly endorsed the action of the Council respecting fees, no further action was deemed necessary by the President.

The next meeting of the Association, will be held in Petrolia, May 13th.

## COUNTY OF KENT MEDICAL SOCIETY.

*Specially reported for this Journal.*

The regular meeting of this Society was held in Chatham, January 8th, 1896. The President, Dr. Rutherford, took the chair at 2 p.m., and after minutes of previous meeting were read and adopted, the following officers were elected for 1896: President, Dr. Galbraith, Dresden; Vice-President, Dr. McKeough, Chatham; Secretary-Treasurer, Dr. D. Marr, Ridgetown.

Dr. T. L. McRitchie, of Harwich, was then admitted to membership.

Papers to have been read by Dr. J. L. Bray and Dr. Stewart were laid over to next meeting.

First paper read was by Dr. Duncan, Chatham, entitled

### "Calculi in the Female Bladder."

The specimens were interesting—

1. On account of the comparative rarity of vesical calculi in this part of the world.

2. On account of the still greater rarity of stone in the female bladder, occurring as it does in relation to the male cases only as one to nineteen.

3. As to the results obtained after the method adopted for their removal, a method which, as a matter of election, was not according to rule, at least, in the later case.

*Case 1.*—Mrs. J., a slightly-built woman aged thirty, had suffered from intense pain in back and region of the bladder during and after micturition for several months. Sounded and found stone seemingly small. Determined removal per urethra after dilatation. Administered ether, dilated with long forceps, which, causing spasmodic contraction of the bladder, brought stone down in the grasp of the forceps. Stone removed slowly, operation lasted thirty minutes. No incontinence of urine from time of operation. Full and speedy recovery.

*Case 2.*—Mrs. A. W., aged seventy-six, a feeble emaciated woman, asthmatic, having had pneumonia twice during two years previous. Had suffered for past three months with painful and frequent micturition tenesmus at times agonizing. Diagnosis—stone. Having anaesthetized, a stone was removed in a manner similar to the preceding. The specimen was exceedingly large. The sphincter was likely torn during the operation, and mucous membrane lacerated. After operation pain left, and after two months of complete incontinence of urine the wound healed and micturition became normal.

The reasons the author of the paper had for selecting this method, which is usually condemned in the removal of large stones, are as follows:

1. The extreme tenderness of the urethra and bladder would render

lithotrity impossible without an anæsthetic, and time taken under an anæsthetic for the performance of lithotrity would have proved serious in this case.

2. Lithotomy per vaginam would have in this case resulted in fistulous opening and permanent incontinence of urine.

The conclusion drawn from the above facts by the author is: That extraction through the dilated urethra of the female erm of large stones is not likely to prove of more than temporary inconvenience from incontinence, provided the operation be performed with moderate deliberation.

Second paper by Dr. Macgregor, Kent Bridge,

**"Acute Bright's Disease."**

This paper being so thorough a treatise on the subject, it is thought advisable to omit it from this report and give it in full at a later date.

DISCUSSION.

Dr. Rutherford complimented both readers and commented on large size of calculus removed per urethram. Thought that treatment of renal difficulties was always uncertain—depend chiefly on keeping skin continually warm in all cases of albuminuria.

Dr. Mitchell had practised thirty years and never had a case of calculus in female bladder. Thought urethral extraction exceedingly rapid.

Dr. Holmes thought Dr. Duncan had fortunate results indeed from his second case, in the healing taking place in two months at age of seventy-six years. Thought that circumstances in this case were the only excuse for the operation performed.

Showed the Society several specimens of calculi. Would not advise large doses of pilocarpine or croton oil in old or debilitated subjects. Never used stimulants or meat diet in Bright's Disease.

Dr. Stalker thought Dr. Duncan's second case almost phenomenal, inasmuch as a stone nearly two inches long, one inch wide and three-quarters inch in thickness could be taken through a dilated urethra and incontinence of urine cease in two months. Thought that through the facility of extreme dilatation some advantage may be taken of it in the treatment of cystic diseases. Considered that too much care could not be taken in the early diagnosis of renal diseases and cited a case where a careless diagnosis in the beginning had laid the cause of the illness to liver derangement, but which, a short time before the patient's death, proved to be uræmic.

Dr. Langford merely inquired of Dr. Duncan *re* his treatment in second case after removal of stone, and of Dr. Macgregor *re* his treatment to lower arterial tension.

Dr. Fleming had a similar case to Dr. Duncan's second case some eighteen years ago. Was called to see female aged seventy-six; found on examination a large stone one-third of the way delivered per urethra. Extracted stone with simple dressing forceps. Recovery in three months. Depended upon iron in interstitial nephritis.

Dr. Charteris had removed calculus per female urethra the size of a pigeon's egg by mere dilatation.

In closing the discussion Dr. Duncan said he gave no treatment in his

second case until healing was complete, but then gave strychnia.

Dr. Macgregor in conclusion said he gave heroic doses of pilocarpine and croton oil in only severe cases of uræmia.

Dr. Fleming, of Chatham, and Dr. Story, of Blenheim, were proposed to read papers before the next regular meeting. D. MARR, M.D., *Sec.*

Ridgetown, Jan. 30, 1896.

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### TRINITY MEDICAL SOCIETY.

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The final meeting of the above society for the session of 1895-96 was held in the college building, Spence street, on the evening of the 18th of February. The President, Mr. J. H. Allin, occupied the chair. Dr. J. T. Fotheringham opened the meeting with a paper on medical ethics. Dr. Shuttleworth followed with a paper on "Serum Therapy," which will be published by the society. Dr. Lamont then presented a case of stricture of the œsophagus for diagnosis, and also the clinical history, *post mortem* report and specimens of a case of heart disease. Mr. Eagleson presented a case of congenital abnormality of the kidney, found in the dissecting room. Mr. Brereton closed the papers by relating the history and treatment of a case of leuchæmia. These papers proved of such interest and instruction to the large assemblage of members present that a vote of thanks was passed unanimously by the members to the above gentlemen. The papers being opened for discussion the following gentlemen took part: Drs. Pepler, Anderson, Shuttleworth and Roberts; Messrs. Allin,

MacRae, Nyblett, McIntosh, Lapp and Clare. A vote of thanks was unanimously passed by the members to the officers of the society for the closing session. Mr. Allin and Dr. Roberts replied briefly on behalf of the officers. This brought to a close one of the most enjoyable and successful meetings of the society, and long may it be as prosperous.

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### British Columbia.

Under control of the Medical Council of the Province of British Columbia. DR. McGUIGAN, Associate Editor for British Columbia.

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### MEDICAL EXAMINERS FOR LIFE INSURANCE.

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A couple of the largest life insurance companies in New York have issued circulars to their medical examiners in British Columbia, and it is to be presumed, elsewhere, informing them that in future they must be content with \$3 for all examinations under \$2,000, instead of \$5, as had formerly. It is needless to say that this action on the part of these life insurance companies has given great dissatisfaction to the medical men immediately concerned, and also in the general interests of the profession to the whole confraternity. The excuse these companies give is that they want to economize, and that they are of the opinion that it may be safely done by cutting down the fee of the medical examiners. All the old examiners decline to do the work for the reduced fee, and have sent in their resignations; and the consequence is that the companies have been obliged to get their examinations done by the flotsam and jetsam of the profession,

for those in good standing have refused to a man to take the places of those who resigned.

The companies will find probably in the end that it will cost them more in the way of losses by bad risks than if they had continued to give a decent fee to those who had both the ability and the conscience to aid them in selecting the right kind of applicants. The inevitable result will also be that decent people will refuse to have anything to do with companies whose medical examiners are scalawags, and whom they would not permit to enter their houses to attend one of their family. The profession in British Columbia, with the exception of two or three men, is united against doing any work for these companies; and their agents will soon find that their business will fall off very rapidly when the whole medical profession is arrayed against them. We can live without these two companies, and can down them when it comes to a struggle, at least in this province, where the *esprit de corps* is very high in the medical profession as a society. Companies whose medical examiners are the rump of that body, will not long stand high in the estimation of the public.

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#### MEETING OF THE MEDICAL COUNCIL.

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The winter meeting of the Medical Council took place in Victoria, on the 14th, 15th and 16th of January. Present, Drs. Milne, McGuigan, De Wolf Smith, Davie and Duncan. Drs. Harrington and Lefevere, who are both in Europe, were absent. Seven candidates presented themselves for

examination. Their names are Drs. A. F. Langley, N. G. Hepworth, N. B. McKechnie, W. F. Drysdale, W. Hayes, Geo. A. B. Hall and Thos. W. Jeffes, all of whom were successful. This is the largest number of candidates that have been before the Council for some years, and shows that no warning however strong can prevent the influx of new men into this already professionally overcrowded province. However, now that the last arrivals have cast in their lots with us, we wish them success, and hope that the increase in the general population of British Columbia may be in proportion to the increase of medical practitioners. It must, however, in future be always taken into consideration that we have now a Board of Health in full swing, whose purpose is to put down disease within the reach of its jurisdiction; and if this body is at all successful a fewer number of physicians will be required to look after those who, in spite of the vigilance of the chairman and secretary, together with that of their able auxiliaries in the outlying districts, are threatened by the grim reaper. A committee consisting of Drs. Davie, Milne and Duncan was appointed to procure a few changes in the Medical Act this winter at the meeting of the Legislature, which would be greatly in the interest of the profession. One of these is an amendment to Section 41, by inserting the word "midwifery," after surgery, which will remove all doubt as to the illegality of unqualified persons practising obstetrics. As it is now, we have a number of women who have no legal, or, so far as that is concerned, any other qualifications

of a professional kind, who do the bulk of the midwifery practice in most of the cities and villages of the Province, much to the pecuniary injury of our medical practitioners; and as the law stands now it is very doubtful if any steps can be successfully taken to prevent them. The said Section 41 now reads as follows: "It shall not be lawful for any person not registered to practise medicine or surgery for hire, gain, or hope of reward; and if any person not registered pursuant to this Act, for hire, gain, or hope of reward, practises, or professes to practise medicine or surgery, or advertises to give advice in medicine or surgery, he shall, upon a summary conviction thereof before any justice of the peace, for any and every such offence pay a penalty not exceeding one hundred dollars, nor less than twenty-five dollars." By the amendment we are seeking, midwifery would also be embodied with medicine and surgery, with a result favorable to our general practitioners and the public generally. Many of these women who are now attending cases of obstetrics are ignorant of the first principles of the science of midwifery, and must do great injury to those persons who employ them in cases of confinement. The country members of the provincial Legislature have, however, in the past refused to include midwives in Section 41, as they imagine that in the outlying districts, where physicians, a few years ago, were very scarce, they were necessary; but such is not now the case, and we hope to obtain the desired amendment at this session of the Legislature.

Another defect in the Act is the

one which does not allow the Council the fine when one is inflicted on those who are guilty of breaking the Act. The fine now goes to the Province, which is manifestly unfair, inasmuch as the Medical Council has to pay all the expenses connected with the cases, and which in this province, especially in the interior, are very high. In the last six months the bill from our solicitors is \$291.79, and there has been paid out of the treasury for other expenses connected with the prosecution of the persons mentioned, by our secretary, Dr. Milne, a couple of months ago in this journal, the sum of \$220.50, making in all over \$500 in six months. If we got the fines and costs this would be lessened more than half; but as the Act now stands every case we prosecute is a dead loss to the Council, and through them to the profession generally in the Province. It is to be hoped that the committee will secure a change in the Act giving us the fines and costs, and the annual fee, which lately has been five dollars from every practitioner, could soon be reduced to one dollar, or even for awhile be abolished altogether; but in the present state of the law a good round sum must always be kept in hand to carry on a campaign against illegal interlopers and quacks who are always on the lookout for a chance to ply their nefarious calling. We had to draw on our reserve fund this last autumn to the extent of \$300, and if a large number of candidates had not presented themselves, it would soon have to be drawn upon again. It stands now again at a little over \$3,000, which many of our practitioners

think an enormous sum; but let a few prosecutions be initiated in the upper country—and such may be the case at any time—and it would melt away like snow before the south wind, and would soon disappear. We cannot expect a large number of new practitioners to be added every year to the present already overcrowded ranks, and when they fall off there will be nothing left but to put an extra annual fee on the members of the profession if we want to keep out the American wolves who are continually hovering on our frontiers. At the request of a large number of the profession, the annual fee has been reduced from \$5 to \$2.50, and it will depend largely upon the number of candidates coming up every year, the number of cases to be prosecuted, and last, but not least, the chances we may have of getting the fines and costs as to how long this can be continued. The present Council would have liked to have seen the annual fee entirely abolished, but were afraid to do so. As a compromise, it reduced it to \$2.50. A few years ago it was \$10 annually, so this is quite a change for the better. It is earnestly to be requested that everyone will pay this amount, and any arrears, before the first of April, so as to enable the practitioners as a body to vote at the coming election of the Medical Council, which takes place on the last Monday of that month, which this year will be the twenty-seventh; for according to Section 14 of the Act, "No person shall be entitled to vote

at any election unless all his fees to the Council have been paid."

There is one more addition which the committee will ask the Legislature to make to the Medical Act, and that is a section allowing the Medical Council to erase from the register the name of any registered medical practitioner guilty of any infamous or disgraceful conduct in a professional sense. This power is given to the College of Physicians and Surgeons of Ontario by Sec. 34 of the Medical Act of that province, and there is no good reason why we should not have the same power here. In the legal profession the benchers have full power, upon complaint, to disbar, disqualify, suspend from practice or strike off the rolls any barrister or solicitor for good cause; but in British Columbia, unless a practitioner has been convicted of felony in any court, his name cannot be erased from the register. In everyday professional life, however, we come in contact with men practising medicine who, though not convicted felons, are very undesirable members of the profession and whose methods are a scandal and a disgrace to their professional brethren. A discipline committee is just what is required to bring these to time. From a letter just come to hand our secretary informs us that the committee is already at work, and the Council's solicitor is preparing the amendments, so as to be ready to present them soon after the opening of the Legislature, which takes place on January 23rd.

THE —  
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No. 3.

**ON THE VALUE OF THE COMPARATIVE METHOD IN THE STUDY OF PATHOLOGY.**

Dr. Roswell Park, of Buffalo, who has attained a deservedly high position as a surgeon among the profession, not only in the States but also in Canada, delivered the president's annual address upon the above subject before the Medical Society of the State of New York, and it certainly deserves more than a passing notice, as it shows more breadth of scientific grasp than anything of a similar nature which has lately come to our notice. Dr. Park says, and says well, that in the present day our students think they can run before they have mastered the principles of creeping. He points out that old systems of teaching have fallen by the wayside. The student in French now starts where the French baby starts, not where the French professor leaves off, and so it is with comparative pathology. He shows that our knowledge

must be *built up* from the simplest forms of life; that the body is a republic of single cells, and a slight disturbance in one section may be the cause of unlooked-for upheavals in another. He has gone far a-field, and from the effects of irritants and wounds on trees, takes us through a history of cell-growth and tumor formation that, recognizing that the cell is the unit of life, gives us food for thought, a broadness of vision which cannot help fascinate and is sure to improve. We have been studying the vegetable side of life considerably of late in the domain of bacteriology; but Dr. Park has shown us a field for research in the study of the cell normal and pathological, which is at the disposal of every student, and where the pathologist is not in danger from the lance of the anti-sectionist.

## LEPROSY IN NOVA SCOTIA.

Dr. A. S. Ashmead, in the *Journal of the American Medical Association*, February 1st, 1896, has an exhaustive article on the introduction of leprosy into Nova Scotia. His researches were undertaken primarily to prove whether or not it was a pre-Columbian disease, and had been common among the Micmacs before European settlement. His investigations showed that it was not an aboriginal disease, and that the majority of evidence as to its introduction, as far as New Brunswick was concerned, seemed to be in favor of the old tradition that it had been introduced among the Acadians by the wrecking of a French ship from the East, some reports being that the sailors, among whom were some Lascars and others, had lived and associated with the people, who thus contracted the disease. Another story is that it was contracted by the people using the clothing and other materials which came ashore. In Nova Scotia the disease seemed to be confined exclusively to Cape Breton Island, and there to a small section, where it was brought by a fisherman named Macarthy, about 1845. Outside of this it exists in the descendants of Highland Scotch settlers in a few cases. It is an interesting fact that the settlers here, emigrated chiefly from the western Scottish coast and islands, where leprosy last showed itself, long after the mainland of both Scotland and England were rid of it. Another interesting point was that the leprosy itself, and some disease resembling it, were known locally by the name of sibbens or sivvens. This is a term

applied to a disease which was very prevalent in the southwestern counties of Scotland, as Dumfries Kirkcubright, Wigton, Galloway, Ayr, said to have first appeared after Cromwell's invasion. All the descriptions tend to show that it was a severe form of syphilis with frambœsia like exanthem, and probably complicated with other diseases, especially of the skin (scab). It appears (Hirsch) that the malady was endemic mostly among the poor, filthy and neglected inhabitants of certain districts, and that it was spread not only by sexual intercourse but also by contagion in other ways—wearing clothes in common, sleeping in same beds, eating and drinking from the same dish—and by heredity.

## EDITORIAL NOTES.

THE oldest medical recipe, according to a French medical journal, is that of a hair-tonic for an Egyptian queen. It is dated 4000 B.C., and directs that dogs' paws and asses' hoofs be boiled with dates, in oil.

Dr. MARMOREK, a young Viennese physician, after four years of research, has been rewarded by the discovery of a healing-serum to be used against erysipelas and other infectious inflammations of the connective tissue, and also in puerperal fever. It is a product of the streptococcus and is produced like antitoxin. In the hands of the profession of Paris it has given rather promising results. Dr. Chantemesse has tested its efficacy in five hundred cases of erysipelas, in which the mortality was 2.59 per cent., while five hundred other cases treated by the other approved methods of the present day gave a mortality of 3.79 per cent.



AN amendment to the Sanitary Code of New York City was recently passed and will go into effect in about a week, requiring all milk-dealers, both wholesale and retail, to provide themselves with a license. To obtain this, they must give the Health Board evidence that their business is conducted strictly in accordance with their rules regulating the milk-supply.

Dr. HUNTER MCGUIRE, Richmond, Va., who is an honorary member of the State Medical Societies of Virginia, West Virginia, and North Carolina, offers a prize of one hundred dollars to be awarded at the next meeting of the Virginia Medical Society in October, 1896, for the most successful essay on "The Status of Serum-therapy." Competition is restricted to members of the societies mentioned.

THERE are 1,500 registered physicians in the State of North Carolina, each of whom pays a State tax or license fee of \$10 per annum; 465, or about one-third, are members of the State Medical Society. The next Legislature will be asked to appropriate the amount of this tax, \$15,000, to the establishment of a State vaccine farm, with provision also for the cultivation of diphtheria-antitoxin. [They should have a defence association.]

Dr. CASSANOVA, of Bourges, calls attention to the dangerous qualities of cotton-flannel, an article in constant use, especially in the apparel of women and children, and cites three recent cases occurring in his practice in support of his observation as to the highly inflammable nature of this fabric. It is not easily ignited by contact with

a live coal, but the blaze of a match or lamp will cause it to flash like gunpowder. His warning in this matter is very timely and important.

THERE has been in Duluth an epidemic of about one thousand cases of typhoid fever, with thirty deaths, caused, it is believed, by the infection of the water. An inquiry disclosed the facts that the intake of the water company in the adjoining great lake, which was only 359 feet from the shore, was in a filthy condition, and was situated about 800 feet from the mouth of a large sewer. It appears that the superintendent himself has for a year or two procured water for his family from a spring several miles from Duluth. The city now compels the company to supply spring-water to consumers without additional cost. The supply is said to be abundant and the quality of the water pure and excellent.

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### Personal Items.

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Dr. L. L. PALMER returned from New York a week ago.

Dr. E. D. AULT, of Aultsville, was in Toronto on February 26th.

Dr. E. M. COOK has resigned from the staff of Grace Hospital.

Dr. YATES, of Brantford, was in Toronto the early part of February.

Dr. TURVER, of McCaul St., has left Toronto and gone to South America.

Dr. HARRIS, of Brantford, President of the College of Physicians and Surgeons, was in Toronto, February 18th and 19th.

Dr. ALEXANDER has moved from 185 to 240 Carlton Street.

Dr. W. T. GRENFELL, of the Labrador Medical Mission, was in Toronto a week ago.

Dr. J. B. FRASER has removed from 300 Sherbourne St. to 655 Queen St. East.

Dr. FRANCIS H. JOHNSON, of Burford, has been appointed Coroner for the County of Brant.

THE *Canadian Medical Record* is now owned and edited by the Faculty of Medicine of Bishop's College.

Dr. L. L. PALMER, lieutenant in the Queen's Own Rifles, has been appointed assistant surgeon to that regiment.

Dr. HERBERT PARKYN, formerly of Toronto, has been appointed Professor of Hypnotism at the Illinois Medical College, Chicago.

Dr. W. WARREN BALDWIN, who left Toronto for Jamaica some months ago to recruit his health, has decided to stay there, and has started in practice in Kingston.

Dr. CLARENCE L. STARR, of 95 Bloor Street West, after spending some months in the hospitals of London, Berlin and Vienna, devoted to his specialty of orthopedic surgery, has returned to Toronto.

IMPORTANT TO AMATEUR PHOTOGRAPHERS.—For sale at a reduction, brand-new 1896 tripod camera; has never been used and will suit a doctor exactly. Purchaser leaving for the States, and does not wish to take it with him. Apply, quick, to Box 141, Nesbitt Publishing Co., Ltd., Toronto.

On Friday, January 31st, the Senate of Toronto University appointed five new professors, as follows: G. R. McDonagh, M.D., as associate professor of laryngology and rhinology; G. H. Burnham, M.D., as associate professor of clinical ophthalmology and otology; H. Wilberforce Aikins, B.A., M.B., as associate professor of anatomy; W. P. Caven, M.B., as associate professor of clinical medicine; B. Spencer, M.D., as associate professor of medical jurisprudence. Each of the foregoing gentlemen are to have a seat on the Board of Management of the Faculty of Medicine, but not on the Council of the University; A. Primrose, M.B., C.M., is to be still professor of anatomy and director of the anatomical department; H. W. Hill, M.B., as demonstrator in pathology; J. Stenhouse, M.B., as assistant demonstrator in pathology.

The staff for the summer session of 1896 is now as follows: Clinical medicine—J. E. Graham, M.D., W. P. Caven, M.B., A. McPhedran, M.B., J. M. MacCallum, M.D., W. B. Thistle, M.D., G. Boyd, M.B. Clinical surgery—L. McFarlane, M.D., I. H. Cameron, M.B., G. A. Peters, M.B., W. Oldright, M.A., M.D., A. Primrose, M.B., B. Spencer, M.D., B. E. McKenzie, M.D. Operative obstetrics and gynæcology—A. H. Wright, M.D. Gynæcology, clinical and minor—James F. W. Ross, M.D. Clinical ophthalmology and otology—R. A. Reeve, M.D., G. H. Burnham, M.D. Laryngology and rhinology—G. R. McDonagh, M.D. Minor surgery and surgical appliances—H. W. Aikins, M.B. Physical diagnosis—F. N. G. Starr, M.B. Mental diseases—F. W. Cane, M.B. Dietetics—A.

R. Gordon, M.B. Instruction in clinical laboratory—J. A. Amyot, M.B. Surgical anatomy—F. Winnett, M.D. Bacteriology—J. Caven, M.D.

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### Births.

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BRYCE.—At Humewood, Bracondale, on 21st February, the wife of Dr. P. H. Bryce, of a daughter.

PHILLIPPS.—On Saturday, February 1st, 1896, at 61 Yorkville Ave., Toronto, the wife of Thomas Graham Phillipps, M.D., of a son.

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### Deaths.

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THOM.—On January 29th, Walter Thom, M.B., aged twenty-seven years.

ATKINSON.—At Hamilton, on Feb. 24th, John Sangster Atkinson, son of late Wm. Atkinson, of Hamilton.

McFARLANE.—At 26 Gerrard St. East, Toronto, on Saturday morning, February 29th, Laughlin McFarlane, M.D., aged 56 years.

ELLIS.—At Portland, Me., on February 1st, Thomas Haran Ellis, M.D., third son of T. B. Ellis, of Pembroke, and son-in-law of Wm. Wedd, M.A., aged twenty-seven years.

RAMSAY.—On February 10th, Dr. T. W. Ramsay, Surgeon to the Grand Trunk R.R. at Niagara Falls, through an overdose of morphine taken to relieve pain during an attack of la grippe.

WALLACE.—Suddenly, on February 17th, of apoplexy, at Port Elgin, Ont., James M. Wallace, M.D., formerly Medical Superintendent of the Asylum for the Insane, Hamilton, aged fifty-nine years.

WADE.—At Dunchurch, Parry Sound District, on Wednesday, 5th February, 1896, Dr. W. R. Wade, aged thirty-two years.

OLDRIGHT.—At Austin, Texas, on the 19th of January, 1896, of acute laryngitis, Charles D. Oldright, Fellow in Biology of the University of Texas, only surviving son of John E. and Julia I. Oldright, and nephew of Dr. Wm. Oldright, in the twenty-fourth year of his age.

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### Obituary.

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#### LAUGHLIN McFARLANE.

On February 29, at 6.30 a.m., passed away after a short but extremely painful illness our esteemed friend, Dr. Laughlin McFarlane. Respected, talented; gentlemanly to all with whom he came in contact, and a true and trusted friend to those whom he admitted into closest friendship—beloved by his confreres from the oldest practitioner down to the rawest freshman who made old Toronto School of Medicine echo with boyish shouts. The doctor was a victim to septicæmia. He was operating on a case of frost-bite at the General Hospital just a week before his death and accidentally pricked his finger. Not taking any notice of it, however, he went on with another operation, and it was only thirty-six hours afterwards that he noticed a stiffness and tenderness in the arm. The lymphangitis extended to diffuse cellulitis of the arm, and ended in general septicæmia. The doctor is the third victim to blood-poisoning amongst the members of our noble calling

during the past month. Drs. Grasset, Peters, Primrose and Adam Wright attended him, and did everything which their surgical skill and knowledge could suggest. Dr. McFarlane was one of the founders of Toronto School of Medicine, Surgeon to Toronto General Hospital, and was on the staff of a number of city charitable institutions. Laughlin McFarlane will be long a memory.

### H. J. SAUNDERS.

Dr. H. J. Saunders, of Kingston, died on February 19th, after seven weeks' illness. He was born in London, England, in 1847. While very young he came to Canada, and at the age of seventeen entered Queen's University. He graduated as M.D. in 1869, and was until before his illness one of the professors of the Medical College. He was married to Miss Bristol, daughter of the late Dr. Bristol, of Napanee. He leaves a wife and eight children. During the past twenty-three years he had acted as surgeon of the Kingston Field Battery, and at his death he held the rank of surgeon-major. In politics he was a Conservative. He was a Freemason and held several offices in the Sons of England. In religion Dr. Saunders was an active member of St. George's Cathedral. While overseeing some work on a drain which entered his house, deceased contracted œdema of the larynx, which caused his death.

Dr. A. E. YELLAND, a young and able physician, was taken ill with appendicitis on Friday, February 21st, at his home at Peterboro'. Dr. J. F. W. Ross, of Toronto, operated upon

him next day. Only temporary relief was afforded, however, and death resulted on Wednesday morning, the 26th. Dr. Yelland was the youngest son of Mayor Yelland, and was a graduate of Trinity University. He left a wife and one child.

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### Correspondence.

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

Correspondents are requested to be as brief as possible.

*To the Editor:*

SIR,—I have been requested to make a slight correction in the kindly notice in your last issue relative to the late deeply lamented Dr. H. N. Fenwick. He did not cut his finger, even slightly—he was far too skilful an operator to do this—and to the end he found it difficult to account for how the poisonous matter found its entrance beneath the thumb-nail. He surmised—and it was only a surmise—that after performing several critical operations on Thursday and on Friday morning, the point of the needle or the edge of the ligature had possibly broken the surface of the skin; but apparently there was not a cut or scratch on his hand. He knew, after having begun the operation on the little boy suffering from septic peritonitis, that it was a bad case—how bad could not be discovered until the surgical opening had been made—and he went on, with the poisonous pus on his hand, doing his duty to save the patient's life.

Dr. Fenwick was a martyr to his profession, and it is strange enough that the eminent surgeon who was celebrated for his belief in the virtues of antiseptic treatment, and never ceased to preach it in and out of

season, should fall a victim to blood-poisoning, against which every possible precaution was taken by him on this as on all previous occasions.

I am, faithfully yours,

G. BEDFORD-JONES,

Archdeacon of Kingston.

[The above letter speaks for itself, and we publish it with pleasure and most heartily endorse it.—EDITOR D. M. M.]

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### Book Notices.

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*A System of Surgery.* By Charles B. Ball, M.D., T.C.D.; Arthur E. Barker, F.R.C.S.; Wm. H. Bennett, F.R.C.S.; Anthony A. Bowlby, F.R.C.S.; Stanley Boyd, M.B., London; W. Watson Cheyne, F.R.S.; W. Bruce Clarke, M.B. Oxon.; H. H. Clutton, M.B. Cantab.; H. Percy Dean, M.S., London; Andrew Duncan, B.S., London; A. Pearce Gould, M.S., London; Frederick W. Hewitt, M.D. Cantab.; Jonathan Hutchinson, jun., F.R.C.S.; W. Arbuthnot Lane, M.S., London; C. B. Lockwood, F.R.C.S.; G. H. Makins, F.R.C.S.; J. H. Morgan, F.R.C.S.; Henry Morris, M.B., London; Herbert W. Page, M.C. Cantab.; Bernard Pitts, M.C. Cantab.; A. Marmaduke Shield, M.B. Cantab.; J. Bland Sutton, F.R.C.S.; Frederick Treves, F.R.C.S.; Herbert F. Waterhouse, F.R.C.S.; G. Sims Woodhead, M.D., Edinburgh. Edited by FREDERICK TREVES, F.R.C.S., Surgeon to and Lecturer on Surgery at the London Hospital; Examiner in Surgery at the University of Cambridge. Vol. I., with two colored plates and 463 illustrations. Philadelphia: Lea Bros. & Co. 1895.

This work presents concisely and with authority an account of the science of surgery as it exists at the

present day. To deal successfully with a protean phase of knowledge, which is encumbered by many ancient prejudices, and which has been within recent years the subject of aggressive activity and the scene of almost revolutionary changes, is a matter of no little difficulty. The names of the authors who have compiled these volumes will afford an assurance that this difficulty has certainly been approached with the most competent equipment. The work is not encyclopædic, but it will certainly prove a boon to not only the student but the practitioner of surgery. The specialisation of ophthalmic surgery made it appear desirable to exclude that subject from the present system. In a few instances the same subject is treated by more than one writer and not always with unanimity of opinion. Treves' System of Surgery should be in the library of every physician.

*A Treatise on the Nervous Diseases of Children, for Physicians and Students.* By B. SACHS, M.D., Professor of Mental and Nervous Diseases in the New York Poly-clinic; Consulting Neurologist to the Mt. Sinai Hospital; Neurologist to the Montefiore Home for Chronic Invalids; ex-President of the American Neurological Association. New York: Wm. Wood & Co. 1895.

In this work those diseases which frequently occur during early life, and which are not usually dealt with at length in ordinary text books on pediatrics, are specially taken up. Such affections as epilepsy, tumors of the brain and meningitis have been treated very fully, whereas tabes dorsalis and general paresis have been discussed more superficially. In ar-

ranging the chapters the effort has been made to indicate by their sequence the natural relation of the various diseases. Contrary to the usual custom, the functional disorders of the nervous system are discussed first, and very properly so, as they are of the greatest practical importance, constituting as they do fully one-half of the nervous diseases observed during early years. Organic diseases of the peripheral nerves, of the spinal cord and of the brain have been placed under one large sub-division. The chapters upon the mental disorders of childhood have been introduced partly for the sake of completeness, partly because the psychic disturbances of early life are frequently overlooked, or but poorly understood. While especial attention has been given to the pathology and diagnosis of the diseases under discussion, the importance of giving full details of treatment has been kept steadily in mind. The author has in almost every instance preferred to give the treatment which his own experience approves of, rather than to burden the book with a list of therapeutic measures which have been tried and found to be of questionable value.

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*Twentieth Century Practice.* An International Encyclopedia of Modern Medical Science. By Leading Authorities of Europe and America. Edited by THOMAS L. STEDMAN, M.D., New York City. In Twenty Volumes. Volume VI. "Diseases of the Respiratory Organs." New York: William Wood and Company, 1895.

The present volume is devoted to the Diseases of the Respiratory Tract,

which are treated of in a very complete and satisfactory manner. The opening article is naturally one upon the "Diseases of the Nose." This is from the pen of Dr. Prosser James, of London, the possessor of a graceful literary style, who has given us one of the most readable articles in the book. Following this is an article on the "Diseases of the Accessory Sinuses of the Nose," by Dr. Jonathan Wright, of Brooklyn. Two articles, one on "Diseases of the Naso-Pharynx and Pharynx," and the other on the "Diseases of the Tonsils," are by Dr. E. J. Moure, of Bordeaux, who is recognized as the leading French authority on affections of the upper air passages. Dr. A. H. Buck, of New York, treats of "Diseases of the Ears" in his usual clear and easy style. Proceeding downward, we come to the "Larynx," the diseases of which are handled in a very satisfactory manner by Dr. F. H. Bosworth, of New York. All of the affections of the upper air passages just mentioned are treated from the point of view of the general practitioner rather than from that of the specialist. Sir Thomas Grainger Stewart and Dr. George A. Gibson, of Edinburgh, have written in collaboration upon the "Diseases of the Trachea and Bronchial Tubes," the result of their combined labors being an excellent treatise on the pathology and treatment of these harassing complaints. The author of the concluding article is Dr. Winslow Anderson, of San Francisco. His subject is the "Diseases of the Lungs," except tuberculosis and croupous pneumonia, two affections which will be considered in a later volume along with the other infectious diseases.

1866

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1896

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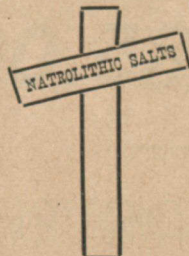
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To tone the stomach  
To remove the effects of  
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## Alphabetical Index of Formulæ.

(Continued.)

### PARALYSIS (Continued).—

℞ Strychniæ sulphat. . . . . gr. j.  
 Acid. arseniosi . . . . . gr. ij.  
 Ex. belladonnæ . . . . . gr. v.  
 Quininæ sulphat.,  
 Pil. ferri carbonat. . . . . āā ℥ ij.  
 Ex. taraxaci . . . . . ℥ j.  
 M. Et ft. pil. No. xl. Sig.: One  
 pill three times a day. (In paralysis  
 agitans.)—*S. W. Gross.*

### PERICARDITIS.—

℞ Hydrarg. chlor. mit.,  
 Pulv. ipecac. . . . . āā gr. vj.  
 Potass. nitrat. . . . . ℥ iss.  
 M. Et div. in chart. No. xii. Sig.:  
 Powder every three hours.—*Harts-*  
*horne.*

℞ Antimon. et potass. tart. gr. iv.  
 Tr. opii . . . . . f ℥ j.  
 Aq. camphoræ . . . . . f ℥ viij.  
 M. Sig.: Tablespoonful every two  
 hours. (In acute form.)—*Graves.*  
 ℞ Tr. veratri viridis. . . . . f ℥ ss.  
 Sig.: From three to five drops.  
 (To reduce heart's action.)—*Hazard.*  
 ℞ Tr. aconiti rad. . . . . f ℥ ss.  
 Sig.: Half a drop to a drop in a  
 little water every fifteen minutes for  
 two hours; then every hour or two.  
 —*Ringer.*

### PERIOSTITIS (NODES).—

℞ Iodini. . . . . gr. ss.  
 Potass. iodid. . . . . ℥ ss.  
 Syr. zingiberis . . . . . f ℥ j.  
 Aquæ. . . . . f ℥ viij.  
 M. Sig.: Two tablespoonfuls three  
 times a day.—*Tyrell.*

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PERIOSTITIS (*Continued*).—

- R Potass. iodid . . . . . ℥ij.
- Ammon. iodid . . . . . ℥j.
- Tr. cinchonæ comp . . . . . f℥ij.

M. Sig.: A teaspoonful well diluted with water after eating.—*Van Buren and Keyes.*

- R Iodi,
- Terebinthinæ Canaden.,
- aa . . . . . ℥j.
- Collodii . . . . . f℥iv.

M. Sig.: Apply with a brush.—*Shinn.*

- R Cadmii iodid . . . . . ℥ss.
- Ætheris . . . . . ℥xl.
- Terre simul. et adde—
- Adipis . . . . . ℥j.

M. Sig.: Use locally.—*Garrod.*

- R Sodii iodid . . . . . ℥j.
- Decoct. sarsaparillæ
- comp . . . . . f℥viij.

M. Sig.: One-sixth part three times a day.—*Tanner.*

- R Potass. iodid . . . . . ℥j.
- Syr. aurant. cort . . . . . f℥j.
- Aq. aurant. flor . . . . . f℥v.

M. Sig.: Tablespoonful twice daily in hop tea.—*Lisfranc.*

- R Cadmii iodid . . . . . ℥j.
- Adipis preparat . . . . . ℥j.
- Liniment. aconiti . . . . . f℥ij.

M. Sig.: Use locally.—*Tanner.*

- R Hydrarg. biniodidi . . . . . gr. vij.
- Potass. iodid . . . . . ℥j.
- Adipis . . . . . ℥j.

M. Sig.: Use locally.—*Hildreth.*

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℞ Zinci iodidi ..... ℥j.  
 Adipis ..... ℥j.

M. Sig.: Apply twice a day.—  
*Hooper.*

℞ Morphiæ ..... gr. viij.  
 Hydrarg. oleat. (10 per  
 cent. ad 20 per cent.) ℥j.

M. Sig.: Apply with a brush.—  
*Marshall.*

## PERITONITIS.—

℞ Magnesii sulphat ..... ℥ iss.

Div. in pulv. No. xii. Sig.: A  
 powder in hot peppermint water every  
 hour until the bowels are freely  
 opened. (Use in beginning of attack.)  
 —*Munde.*

℞ Tr. aconiti rad ..... f℥ ij.  
 Tr. opii deod. .... f℥ vj.

M. Sig.: Eight drops in water  
 every hour or two.—*Bartholow.*

℞ Morph. sulph. .... gr. iv.  
 Aq. destillat. .... f℥ ij.

M. Sig.: Ten to fifteen minims as  
 required, hypodermically, to control  
 the vomiting.—*Tait.*

℞ Tr. aconiti fol ..... f℥ v.  
 Ex. veratri viridis fl. .... f℥ j.

M. Sig.: Twelve drops in water  
 every two hours. (Where opium is  
 inadmissible.)—*Ellis.*

℞ Acid. tannici ..... gr. iii-clxxx.  
 Glycerinæ ..... q.s.ad.ft. sol.

Sig.: To be taken in divided doses  
 during the day. (In localized peri-  
 tonitis.)—*Deboué.*

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 and fragrant that they will use no other brand.

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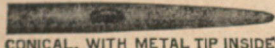
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Facilitates the insertion

Non-Breakable

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In the olive and conical patterns additional strength is given to the slender points by means of a piece of catgut, which extends from the metal eye to the extreme tip, and makes the point firm and solid. The following speaks for itself:

The following letter appeared in the "**Medical Times and Gazette**," of April 1st, 1893, which is the best testimony as to their excellence:—

SIR,—Reading your article on new surgical instruments, I noticed particularly the Belfast Linen Catheters. I can testify to their excellence, and should like to draw the attention of the profession to the following test to which they have been subjected. I quote the opinion of the *American Medical Journal*, St. Louis. \* \* \* \* I understand they now command a great sale, being widely used by all the principal hospitals alike in England and on the Continent. Deemed by competent authorities by far the most scientific Catheters in the market, they were submitted by DR. SULLEY (Royal Free Hospital, London) to the trying test of an entire month's immersion in a solution of Hyd Perch (1 to 1,000). They came out of the test in splendid condition, the varnished coat being absolutely unimpaired thereby, while the coat of an ordinary gum Elastic Catheter thus tested for one week was entirely destroyed, and the instrument rendered useless. This test was the most stringent known, and I think will point to the invaluable character of the Catheters introduced by the above-named firm.

I am, Sirs, yours, etc.,

G. H. HILLS, M.R.C.S., ENG.

London, March 27th, 1893.

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PERITONITIS (*Continued*).—

R Tr. opii..... ℥xvj.  
 Syr. zingiberis..... f℥j.  
 Aquæ..... q.s. ad f℥ij.  
 M. Sig.: Teaspoonful every two  
 hours for a child of five years.—*Starr.*

R Pulv. opii..... gr. i-ij.  
 Sacch. lact..... gr. xij.  
 M. Et ft. in chart. No. xii. Sig.:  
 One powder every two hours for a  
 child.—*Goodhart and Starr.*

R Potass. iodid ..... ℥ii-iv.  
 Ferri pyrophos..... gr. xlvij.  
 Tr. lavandulæ comp... f℥ss.  
 Aquæ ..... q.s. ad f℥iij.  
 M. Sig.: Teaspoonful every six  
 hours.—*Hughes.*

PHAGEDENA.—

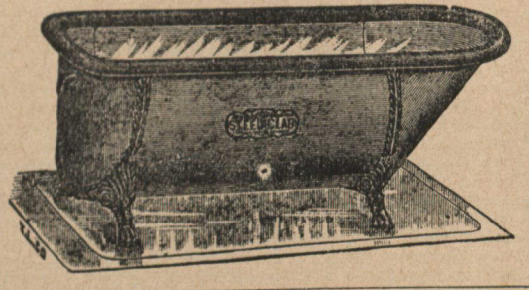
R Acid. nitric. dil..... ℥x.  
 Ex. opii ..... gr. v.  
 Aquæ..... f℥j.  
 M. Sig.: Locally. (In sloughing,  
 incised wounds.)—*Erichsen.*

R Hydrarg. chlor. corros. gr. j.  
 Iodoformi,  
 Ferri redacti ..... āā ℥j.  
 M. Et ft. pil. No. xx. Sig.: One  
 pill three times a day. (In sloughing  
 phagedena.)—*Bartholow.*

R Iodoform ..... ℥iiss.  
 Thymoli..... ℥v.  
 Sacch. lact..... gr. ij.  
 M. Sig.: Dust over sores.—  
*Howard.*

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PHAGEDENA (*Continued*).—

R Saloli . . . . . gr. v-l.  
 Amyli . . . . . ℥j.  
 M. Sig.: Dust over locally.—  
*Seifert.*  
 R Acid. salicylic . . . . . ℥ ss.  
 Sig.: Dust over the slough.—*Bar-*  
*tholow.*

PHARYNGITIS.—

R Cocaine muriat . . . . . gr. x.  
 Aquæ . . . . . f℥j.  
 M. Sig.: Use locally.—*Sajous.*  
 Tr. ferri chlor . . . . . f℥iij.  
 Potass. chlorat . . . . . ℥j.  
 Syr. zingiber . . . . . f℥ij.  
 Aquæ . . . . . q.s. ad f℥iij.  
 M. Sig.: Teaspoonful every two  
 hours.—*Starr.*

R Zinci sulphat . . . . . ℥j.  
 Aquæ . . . . . f℥j.  
 M. Sig.: Use locally.—*Morris.*

R Pilocarpinæ muriat . . . . . gr. ij.  
 Aquæ,  
 Glycerinæ . . . . . āā f℥j.  
 M. Sig.: Teaspoonful three times  
 a day. (In dry pharyngitis).—*Sajous.*

R Ex. ergotæ aq . . . . . gr. xx.  
 Tr. iodini . . . . . f℥j.  
 Glycerinæ . . . . . f℥j.  
 M. Sig.: Use locally with camel's-  
 hair brush.—*Hazard.*

R Tr. guaiaci ammon . . . . . f℥j.  
 Sig.: A teaspoonful in a half glass-  
 ful of milk, used as a gargle and  
 swallowed every three hours. (In  
 rheumatic subjects).—*Sajous.*

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PHARYNGITIS (*Continued*).—

- R Ex. rhois glab. fl.,  
 Ex. hydrast. Can. fl., āā f ̄j.  
 Potass. chlorat . . . . . ̄j iss.  
 Aquæ . . . . . q.s. ad f ̄j vj.

M. Sig.: Use tablespoonful in water as gargle.—*Wood.*

- R Ergotin . . . . . gr. xv.  
 Tr. iodini . . . . . f ̄j.  
 Glycerinæ . . . . . f ̄j.

M. Sig.: Apply with brush three times a day. (In chronic pharyngitis.)—*Canada Lancet.*

- R Tr. myrrhæ,  
 Aceti . . . . . āā f ̄j ij.  
 Mellis . . . . . ̄j j.  
 Infus. serpentariæ . . . . . Oiiiss.

M. Sig.: Use as a gargle.—*Fothergill.*

PHARYNGITIS (*Continued*).—

- R Argenti nitrat. . . . . gr. xl.  
 Aquæ . . . . . f ̄j j.

M. Sig.: Apply to the throat after cleansing it. (In chronic cases.)—*Sajous.*

PHLEGMASIA DOLENS.—

- R Ex. hamamelis fl. . . . . f ̄j j.  
 Elix. simp.,  
 Syr. simp. . . . . āā f ̄j ss.

M. Sig.: One to two teaspoonfuls three or four times a day.—*Preston.*

- R Ex. belladonnæ fl. . . . . f ̄j j.  
 Tr. opii . . . . . f ̄j j.  
 Tr. iodini . . . . . f ̄j j.  
 Ol. olivæ . . . . . f ̄j viij.

M. Sig.: Apply as warm as can be borne by the leg and bandage.—*Smith.*

**Western Pennsylvania  
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℞ Pulv. lini,  
 Aq. bullientis..... q. s.  
 Ft. cataplasma. Sig.: Sprinkle  
 with laudanum and apply locally.—  
*Leishman.*

PHTHISIS.—

℞ Codeinæ sulphat..... gr. ⅓.  
 Acid. hydrocyanic. dil. ℥ij.  
 Syr. tolu..... fʒj.  
 M. Sig.: Take four times a day.  
 —*Da Costa.*

℞ Quiniæ sulphat..... gr. j.  
 Pulv. digitalis..... gr. ss.  
 Pulv. opii..... gr. ¼.  
 Pulv. ipecac..... gr. ¼.  
 M. Sig.: One pill three or four  
 times a day. (For fever.)—*Niemeyer.*

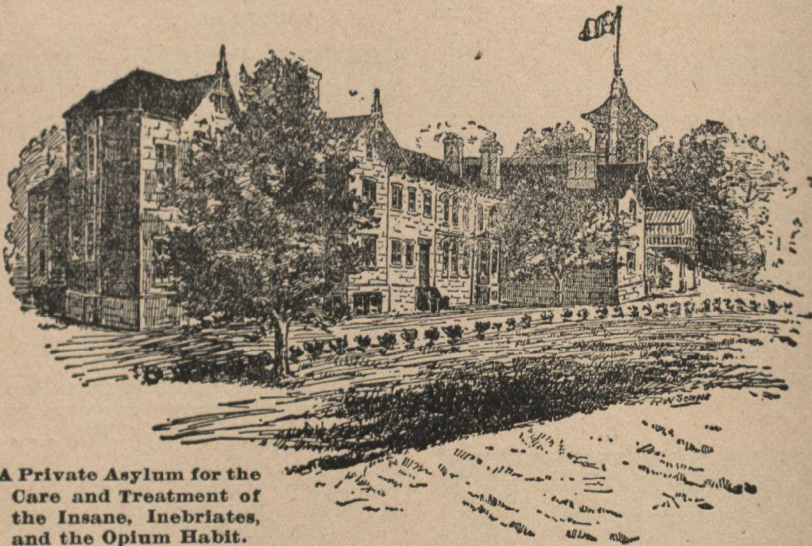
℞ Ex. ergotæ fl..... fʒj.  
 Sig.: Twenty drops three times a  
 day. (To relieve diarrhœa and night-  
 sweats.)—*Hodgson.*

℞ Tr. benzoin. comp.... fʒj.  
 Aq. bullientis..... Oss.  
 M. Sig.: Inhale twice daily.—  
*Ringer.*

℞ Morphiæ sulphat..... gr. j.  
 Acid. muriat. dil..... ℥v.  
 Acid. hydrocyanic. dil.. ℥xxx.  
 Syr. scillæ,  
 Aquæ..... āā fʒj.  
 M. Sig.: Teaspoonful when the  
 cough is troublesome.—*Thompson.*

℞ Acid. camphoric..... gr. xx.  
 Sig.: Give dry on tongue for night-  
 sweats.—*Hare.*

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PHTHISIS (*Continued*).—

℞ Thallin..... gr. xxx.  
Div. in pil. No. xx. Sig.: A pill three times a day.

℞ Antipyrin..... gr. iij.  
Quinæ sulphat..... gr. ij.  
Camphor. monobromat. gr. j.  
M. Ft. capsula. Sig.: Use one three times daily.—*Da Costa*.

℞ Creasoti..... ℥vj.  
Glycerinæ..... f℥j.  
Spt. frument..... f℥ij.  
M. Sig.: Tablespoonful three times a day.—*Benedict*.

℞ Cupri acetat..... gr. ij.  
Sodii carbonatis..... gr. xij.  
M. Et ft. pil. No. xii. Sig.: One pill night and morning on an empty stomach.—*Luton*.

℞ Iodoformi..... gr. xxiv.  
Creasoti (Morson's)... ℥iv.  
Ol. eucalypti..... ℥viiij.  
Chloroformi..... ℥xlviij.  
Alcoholis,  
Ætheris... āā q. s. ad f℥ss.

M. Sig.: Five to twenty drops to be used in inhaler every three hours.—*William Perry Watson*.

℞ Terebene..... ℥iv.  
Pulv. acaciæ..... ℥iij.  
Syr. zingiberis..... f℥viiss.  
Aquæ..... f℥xv.

M. Sig.: Teaspoonful three times a day. (Relieves dyspnœa and flatulence).—*Vigier*.

℞ Bismuth. subnit..... ℥ij.  
Div. in chart. No. xii. Sig.: One powder every four hours. (In diarrhoea).—*Thompson*.

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PHTHISIS (*Continued*).—

- R Creasoti . . . . . ℥xxxij.  
 Tr. capsici . . . . . f℥ iss.  
 Mucil. acaciæ . . . . . f℥ iss.  
 Aquæ . . . . . f℥ ij.

M. Sig.: Teaspoonful, well diluted, after meals.—*Roosevelt Hospital.*

- R Antipyrin . . . . . ℥ij.  
 Spt vini gallici . . . . . f℥ iij.

M. Sig.: From a dessertspoonful to a tablespoonful two or three times a day. (For hectic of phthisis).—*Faust.*

- R Creasoti . . . . . ℥xv.  
 Tr. gentian . . . . . ℥xij.  
 Spt. vin. rect. . . . . f℥ vj.  
 Vini xerici . . . . . f℥ vj.

M. Sig.: Tablespoonful three times a day.—*Frantzel.*

- R Pilocarpinæ muriat . . . gr. iij.  
 Aq. destillat. . . . . f℥ ij.

M. Sig.: Five minims three times daily hypodermically. (In paroxysmal dyspnoea of phthisis).—*Riess.*

- R Liq. potass. arsenitis . . . ℥v.  
 Mass. ferri carb. . . . . gr. v.  
 Vini xerici . . . . . f℥ j.  
 Aq. destillat. . . . . q. s. ad f℥ iss.

M. Sig.: For one dose.—*Hughes.*

- R Chloral hydrat . . . . . ℥iij.  
 Syr. tolu . . . . . f℥ j.  
 Aquæ . . . . . q. s. ad f℥ iij.

M. Sig.: Tablespoonful at bedtime. (To procure sleep).—*Walsh.*

- R Ol. delphinidæ (porpoise oil) . . . . . Oss.

Sig.: A teaspoonful to a tablespoonful after meals.—*West.*

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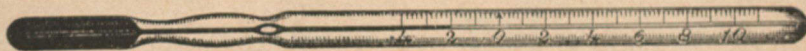
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**R** Ammon. carb. . . . . gr. v.  
 Ammon. iodid. . . . . gr. v+x.  
 Syr. tolu . . . . . f℥ ij.  
 Syr. prun. virg . . . . . f℥ ij.  
 M. Sig.: Take a dose every five hours, alternating with—

**R** Atropinæ sulphat. . . . . gr. j.  
 Morphiæ sulphat. . . . . gr. viij.  
 Acid. sulphuric. arom. . . . . f℥ ij.  
 Aq. menth. pip. . q. s. ad f℥ j.  
 M. Sig.: Five drops every three hours at night. (For night-sweats.)  
 —*W. P. Watson.*

**R** Terpinol,  
 Sodii benzoatis. . . . . āā gr. xv.  
 M. Et div. in capsulas No. x.  
 Sig.: A capsule every hour or two. (To diminish the expectoration and remove its odor.)—*Rabow.*

**R** Ferri sulphatis . . . . . ℥ j.  
 Magnesiæ . . . . . gr. x.  
 Sacch. alb. . . . . ℥ j.  
 Aq. cinnam . . . . . f℥ viij.  
 M. Sig.: Tablespoonful every three hours. (As a tonic.)—*Donovan.*

**R** Iodi . . . . . gr. iij.  
 Potass. iodidi . . . . . gr. vj.  
 Aquæ . . . . . f℥ j.  
 M. Sig.: Ten drops in cold water three times a day. (With glandular disease.)—*S. G. Morton.*

**PLEURISY.—**

**R** Tr. opii deod. . . . . f℥ vj.  
 Tr. aconiti rad. . . . . f℥ ij.  
 M. Sig.: Eight drops in water every hour or two. (In acute stage before effusion.)—*Bartholow.*



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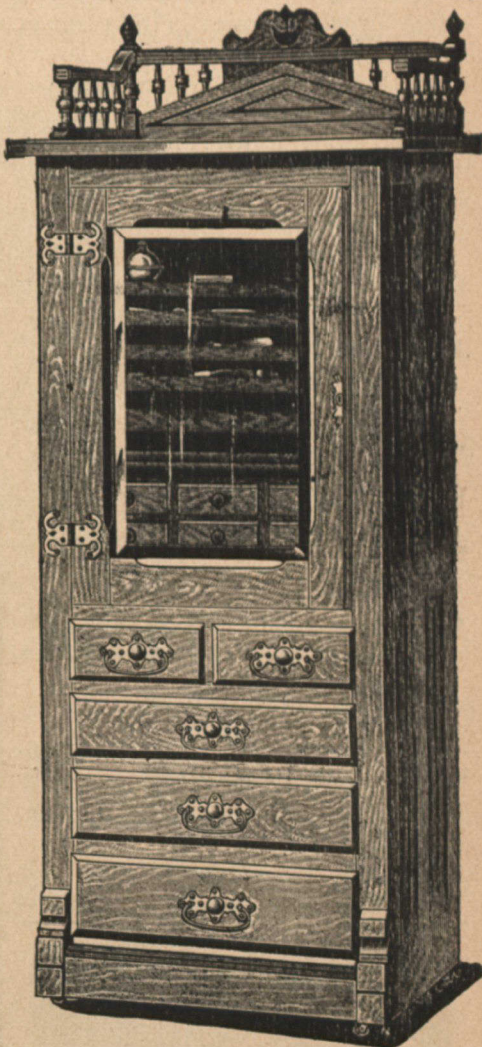
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PLEURISY (*Continued*).—

℞ Potass. acetat. . . . . ʒvss.  
 Spt. ather. nit. . . . . fʒij.  
 Aquæ . . . . . ad fʒviij.

M. Sig.: Tablespoonful every three or four hours. (In pleuritic effusion.)—*Hartshorne*.

℞ Potass. acetat. . . . . gr. xv.  
 Spt. ather. nitro. . . . . fʒss.  
 Vini ipecac. . . . . gtt. iij.  
 Sy. tolu . . . . . fʒss.

M. Sig.: Take four times daily. (In subacute pleurisy.)—*Da Costa*.

℞ Morphiaë sulphat. . . . . gr. ¼.  
 Quiniaë sulphat. . . . . gr. xv.

M. Et div. in chart. No. i. Sig.: Take at once. (To abort an incipient pleurisy.)—*Bartholow*.

℞ Tr. iodinii . . . . . fʒss.  
 Potass. iodid. . . . . ʒij.  
 Aquæ . . . . . fʒij.

M. Sig.: Apply on the affected side of chest.—*Niemeyer*.

℞ Morphiaë acetat. . . . . gr. ss.  
 Potass. acetat. . . . . ʒss.  
 Tr. veratri viridis . . . . . ℥xxiv.  
 Syr. tolu . . . . . fʒss.  
 Liq. potass. citrat. . . . . fʒiiss.

M. Sig.: Dessertspoonful every three hours. (In dry pleurisy.)—*Da Costa*.

℞ Syr. ferri iodid. . . . . fʒiiss.  
 Potass. iodid. . . . . ʒj, ʒj.  
 Syr. sarsaparillaë comp. ʒj.  
 Aquæ . . . . . q. s. ad ʒij.

M. Sig.: Teaspoonful four times daily, in water.—*Anders*.

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PLEURISY (*Continued.*)

℞ Ex. jaborandi fl. . . . . ℥j.

Sig.: Take at once, in a cup of hot water.

℞ Sodii citrat.,  
Sodii acetat.,  
Sodii salicylat. . . . . āā ℥ij.  
Aq. menth. pip. . . . . q. s. ad f℥v.

M. Sig.: Tablespoonful every two to four hours. Hot flannels to chest, sprinkled with laudanum, and a towel pinned tightly around the body; dry diet; rest in bed; flannel under-clothing and night-dress.—*Waugh.*

℞ Potass. iodid. . . . . ℥iv.  
Aquæ . . . . . f℥vj.

M. Sig.: One teaspoonful in milk every four hours, with the following:

℞ Tr. iodinii comp. . . . . f℥ij.

Sig.: Divide the surface of the affected part into three sections, and paint one section each day. (For chronic pleuritic effusion.)—*Bartholow.*

℞ Collod. cum cantharidi. f℥ss.

Sig.: Apply with a brush over a small area, heat quickly, and repeat. (In pleuritic effusion.)—*Ringer.*

℞ Tr. iodinii . . . . . f℥j.  
Potass. iodid. . . . . ℥ss.  
Camphoræ . . . . . ℥ij.  
Spt. rect. . . . . f℥x.

M. Sig.: Apply locally.—*Starr.*

℞ Potass. acetat. . . . . gr. xxx.  
Infus. digitalis . . . . . ℥ij.

M. Sig.: Take every three or four hours. (For effusion.)—*Hughes.*

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℞ Spt. ætheris nitrosi . . . . . gtt. xx.  
 Liq. ammon. acet. . . . . f ʒ ss.  
 Chloroformi . . . . . gtt. ij.  
 Aq. menth. vir. . q. s. ad ʒj.

M. Sig. : One dose. Take every two hours.

℞ Acid. tannic. . . . . gr. xxx.

Div. in pil. No. xv. Sig. : Four to eight pills daily ; one-half in the morning, the remainder in the evening. (In purulent pleurisy.)—*Duboué*.

℞ Mist. ferri et ammon.,  
 Acetat. . . . . f ʒ vj.  
 M. Sig. : Teaspoonful to table-  
 spoonful. (In the second stage)—  
*Potter*.

℞ Pulv. sinapis . . . . . ʒ ss.  
 Pulv. lini . . . . . ʒ viij.  
 Aq. bullientis . . . . . q. s.

M. Et ft. cataplasma. Sig. : Make the poultice wet and place it between two pieces of muslin, covered with oiled silk, and renew when beginning to cool. (In pleurisy of children.)—*J. Lewis Smith*.

℞ Magnesii sulphat. . . . . ʒ vi-viiij.  
 Div. in chart. No. viii. Sig. : A powder in two tablespoonfuls of water before food, and no fluids for some time afterwards. (In pleuritic effusion.)—*Hay*.

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- ℞ Tr. opii deodorat. . . . . gtt. xx.
- Tr. digitalis. . . . . gtt. xvj.
- Syr. pruni virg. . . . . f ℥ j.
- Aquæ . . . . . f ℥ iss.

M. Sig.: Teaspoonful every three hours for a child of two years. (For first stage.)—*J. Lewis Smith.*

- ℞ Potass. acetat. . . . . ℥ ij.
- Infus. digitalis. . . . . ℥ ij.

M. Sig.: Teaspoonful every three hours. (To remove effusion.)—*J. L. Smith.*

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- ℞ Tr. veratri viridis. . . . . ℥ xl.
- Spt. æther. nitros. . . . . f ℥ vj.
- Liq. potass. citrat. . . . . f ℥ ivss.
- Syr. zingiber. . . . . ad f ℥ vj.

M. Sig.: Tablespoonful every three hours. (In the early stage.)—*Da Costa.*

- ℞ Potass. iodi . . . . . ℥ j.
- Ammon. chlor. . . . . ℥ iss.
- Mist. glycyrrhizæ comp. f ℥ vj.

M. Sig.: Tablespoonful four times a day, to promote absorption.—*Da Costa.*

- ℞ Pulv. digitalis . . . . . gr. vj.
- Quiniæ sulphat. . . . . gr. xij.
- Ex. opii,
- Ex. ipecac. . . . . āā gr. iij.

M. Sig.: Et ft. pil. No. xii. Sig.: One pill three times a day with the preceding mixture.—*Da Costa.*

- ℞ Ammon. carbonat. . . . . gr. v.
- Ammon. iodidi. . . . . gr. v-x.
- Mucil. acaciæ . . . . . q. s.
- Syr. glycyrrh. . . . . f ℥ j-ij.
- Syr. pruni virg. . . . . q. s. ad f ℥ ii-iv.

M. Sig.: At one dose every three hours.—*Hughes.*

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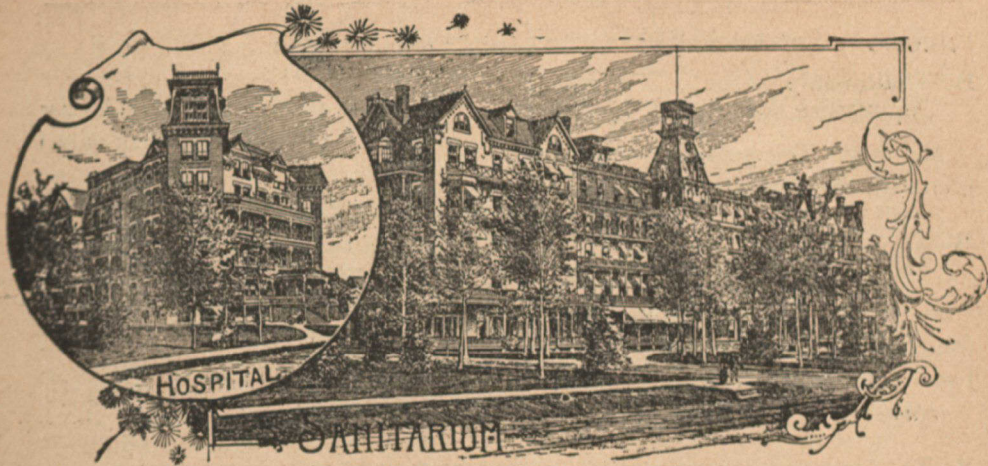
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PNEUMONIA (*Continued*).—

℞ Thallin sulphat. . . . . gr. xxxij.  
Aq. aurant. flor. . . . . f ℥ j.

M. Sig.: Teaspoonful every three hours till the fever declines.—*Ostler*.

℞ Tr. aconiti rad. . . . . f ℥ ij.  
Tr. opii . . . . . f ℥ ij.

M. Sig.: Thirteen drops at once, followed by five drops every hour or two. (In stage of congestion).—*Bartholow*.

℞ Tr. ipecac. comp.  
(Squibb) . . . . . gtt. xxxij.  
Tr. aconiti rad. . . . . gtt. xvj.  
Syr. tolu.,  
Aquæ . . . . . āā f ℥ j.

M. Sig.: Teaspoonful every three hours for a child of five years. (In the congestive stage).—*J. L. Smith*.

℞ Quininæ sulph. . . . . gr. ij.  
Pulv. digitalis . . . . . gr. j.  
M. Et ft. pil. No. i. Sig.: Every four hours. (In pleuro-pneumonia).—*Da Costa*.

℞ Sodii iodid. . . . . ℥ iss.  
Morphinæ sulphat. . . . . gr. ss.  
Elix. aromat. . . . . f ℥ ij.  
M. Sig.: Teaspoonful three times a day, with blisters over the apex. (In catarrhal pneumonia).—*Da Costa*.

℞ Ammon. carbonat. . . . . gr. xl.  
Infus. serpentariæ . . . . . f ℥ iv.  
M. Sig.: Teaspoonful every three hours. (As a stimulant about the crisis).—*Bartholow*.

℞ Ex. veratri viridis fl. . . . . f ℥ j.  
Sig.: Four to six minims every hour until the pulse falls to sixty-five or seventy.—*Stroud*.

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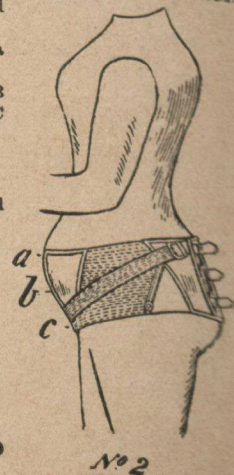
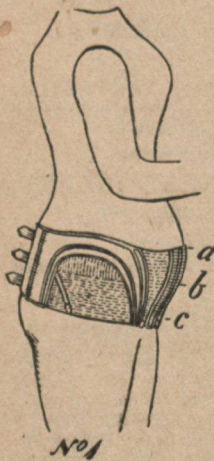
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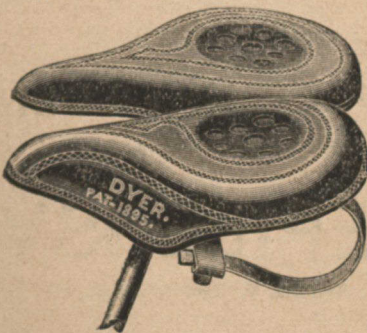
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℞ Ammon. iodid . . . . . gr. xl.  
 Spt. ammon. aromat. . . . . f℥ ij.  
 Elix. aromat. . . . . f℥ j.  
 Aquæ . . . . . q. s. ad f℥ viij.

M. Sig.: One-eighth thrice daily.  
 (In syphilitic lobar pneumonia.)

℞ Ammonii salicylat.,  
 Ammonii carb. . . . . āā gr. v.  
 Spt. ætheris nit. . . . . ℥ xv.  
 Ex. cocæ fl.,  
 Glycerinæ . . . . . āā f℥ j.  
 Liq. am'on. acetat. q. s. ad f℥ ss.

M. Sig.: Give at one dose every  
 three or four hours.—*S. S. Cohen.*

℞ Antipyrin . . . . . gr. v.  
 Quinin. hydrochlorat. . . . . gr. ij.  
 Camphor. monobrom. . . . . gr. ss.

M. Sig.: In capsule, as needed.  
 (For fever.)—*Woodbury.*

℞ Quininæ bisulph. . . . . ℥ j.  
 Ol. theobromæ . . . . . ℥ j.

M. Et div. in supposit. No. iv.  
 Sig.: One every eight hours. Also  
 paint the back of the chest with  
 iodine, and envelop in flaxseed jacket.  
 Internally, give digitalis or ergot, in  
 small doses. (In infantile pneumonia.)

—*Waugh.*

℞ Acid. salicylici . . . . . ℥ ij.

Div. in chart. No. vi. Sig.: One  
 powder every two hours until four or  
 five are taken. (To abort an impend-  
 ing attack.)—*Silverthorn.*

℞ Acid. sulph. aromat. . . . . ℥ iij.  
 Tr. opii deodorat. . . . . ℥ v.  
 Syr. prun. virg. . . . . q. s. ad f℥ j.

M. Sig.: Take at one dose for  
 cough.—*Woodbury.*

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PNEUMONIA (*Continued*).—

℞ Morphiæ sulphat. . . . . gr. j.  
 Syr. ipecac. . . . . f̄ ʒ ss.  
 Syr. tolu. . . . . f̄ ʒ iiiss.

M. Sig.: Teaspoonful every three hours to a child of five years. (In the stage of hepatization.)—*J. Lewis Smith.*

℞ Ex. cascariæ sagrad. fl.,  
 Tr. cardamon. comp.,  
 Syr. aurant. cor. . . . . āā ℥ xx.

M. Sig.: Take at one dose as a laxative.—*Woodbury.*

℞ Ammon. carbonat. . . . . gr. iv.  
 Spt. chloroform. . . . . ℥ xx.  
 Aq. camphoræ. . . . . f̄ ʒ j.

M. Sig.: Every three or four hours. (When delirium is present, with small, weak, quick pulse.)—*Waters.*

℞ Liq. potassæ. . . . . f̄ ʒ ii-iv.  
 Ex. hyoscyami. . . . . ʒ j-iv.  
 Syr. aurant. cort.,  
 Aq. cinnam. . . . . āā f̄ ʒ iij.

M. Sig.: A tablespoonful in a wineglass of water every eight hours.—*Van Buren and Keyes.*

PROSTATITIS.—

℞ Ex. opii aquos. . . . . gr. viij.  
 Ex. hyoscyami. . . . . gr. iv.

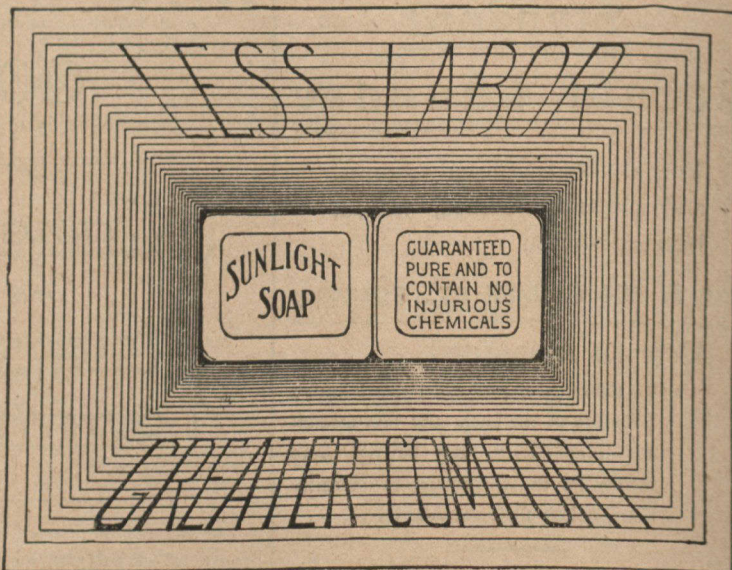
M. Ft. suppos. No. viii. Sig.: Insert one into the rectum and repeat when necessary.—*Martin.*

℞ Potass. bicarbonat. . . . . ʒ iv.  
 Ex. hyoscyami fl. . . . . f̄ ʒ ij.  
 Syr. simp. . . . . f̄ ʒ ij.  
 Aquæ. . . . . q. s. ad f̄ ʒ vj.

M. Sig.: A dessertspoonful every two to four hours.—*Martin.*

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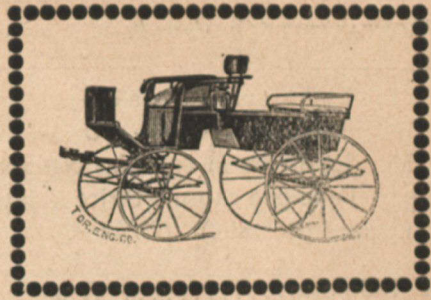
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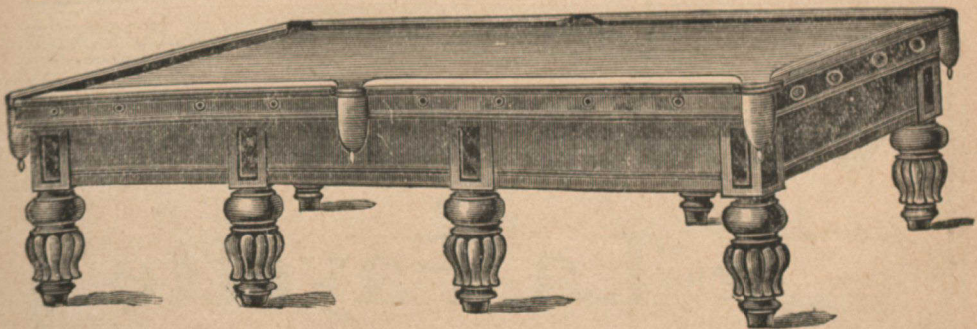
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PROSTATITIS (*Continued*).—

℞ Ergotinæ,  
Pil. hydrargyri pulv. āā ℥j.  
Saloli. . . . . ℥iij.

M. Et divide in capsulas No. xx.  
Sig.: Take one capsule thrice a day.  
(Enlarged prostate).—*Gerhard*.

℞ Iodoform. . . . . ℥ss.  
Ol. theobromæ,  
Ceræ flavæ. . . . . āā ℥j.

M. Et ft. suppos. No. v. Sig.:  
One night and morning. (In chronic  
enlargement).—*Martin*.

℞ Leeches to the perineum.

℞ Ex. opii aquos . . . . . gr. viij.  
Ex. belladonnæ . . . . . gr. ij.

M. Ft. suppos. No. viii. Sig.:  
Introduce one into the rectum, and  
repeat on return of pain.

℞ Tr. cantharidis. . . . . f℥ss.

Sig.: One to five drops in water  
three times a day.—*Ringer*.

Very hot or very cold water injected  
into the rectum, against the prostate,  
through a two-way rectal tube, from  
two to four quarts at a time, three or  
four times a day.

℞ Carbonis animalis . . . . . gr. iij.  
Ammon. chlor. . . . . ℥j.  
Ex. conii. . . . . gr. ij.  
Pulv. glycyrrhizæ . . . . . q. s.

M. Ft. bolus. Sig.: One three  
times a day. (In swelled and scir-  
rhous prostate).—*Magendie*.

## PROSTATORRHEA.—

℞ Ex. hydrastis fl. . . . . f℥j.

Sig.: Twenty drops in water three  
times a day.—*Bartholow*.

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THE CLEVELAND IN SWITZERLAND.—In a letter to the State Department, United States Consul Benjamin H. Ridgley, who is located at Geneva, Switzerland, writes: "The presence of the American bicycle as an article of commerce in French Switzerland is fairly assured. The Geneva dealers in bicycles are an extremely difficult coterie of merchants in so far as American wheels are concerned. They have the idea that the American wheel is too light and fragile for the active and hard service to which bicycles are put in Switzerland, and the several efforts that have heretofore been made to introduce American machines have proven quite ineffective. Three weeks ago, however, an American machine, made by the Lozier Manufacturing

Company, at Toledo, Ohio, was shown here by a representative of the company, who was introduced through the agency of this consulate, and the wheel in question was so perfectly, solidly and nicely constructed that the best known and most extensive firm of dealers here was promptly won over, and not only accepted the agency of French Switzerland, but gave a cash order for a number of the machines. This I regard as a notable triumph for American bicycles, and if the wheels which have been ordered should prove as strong and serviceable in use as they are nice and beautiful in construction, England and France will no longer control the market for first-class bicycles in French Switzerland.

" Washington, D. C., Feb. 10th, 1896.

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DR. SEVERIN LACHAPELLE, Editor-in-Chief of the *Journal of Hygiene*, in two well-written articles, recently published on the virtues of the

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| " Calcium.....          | 3.3338 "         | Alumina.....              | .5830 "       |
| " Magnesium.....        | 59.0039 "        | Silica.....               | 1.3694 "      |
| Iodide of Sodium.....   | .2479 "          | Density.....              | 1.0118 "      |
| Bromide of Sodium.....  | .8108 "          |                           |               |

I hereby certify that I have analyzed a sample of "St. Leon Water," taken from the bulk from the store cellars in Montreal, and I am able to confirm the general result of the analysis published by Dr. T. Sterry Hunt., F.R.S., published in the report of the Geological Survey, 1863; also the analysis of Prof. C. F. Chandler, of Columbia College, New York, made in 1876.

(Signed) JOHN BAKER EDWARDS, Ph.D., D.C.S., F.C.S., and ex-Professor of Chemistry and Public Analyst.

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As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles ; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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Medical Letters may be addressed to . . . .

Mr. FELLOWS, 48 Vesey Street, New York.

# NOTES ON THE TREATMENT OF GOUT, RHEUMATISM, ETC.

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It is admitted that the presence of an excess of uric acid in the system gives rise to the symptoms of gout and rheumatism.

It is known that in such cases the normal alkalinity of the blood current is much reduced, while the excretions are strongly acid.

It is also known that the restoration of the normal alkalinity is followed by excretion of the uric acid and by alleviation of the symptoms.

The difficulty hitherto has been the bringing about of a rapid restoration of the alkalinity of the blood current and at the same time securing elimination of the uric acid in the system. Alkalies and alkaline lithium salts have been employed with more or less success, but the continued administration of alkalies tends to bring about cystitis (B. M. J., July, 1895), whilst lithium when administered in alkaline solution does not exert any great solvent action on the uric acid.

One of the most useful discoveries of recent years is the determination of the fact that in gouty and rheumatic patients the administration of certain organic acids causes a much more rapid and satisfactory restoration of the alkalinity of the blood current than when alkalies are employed.

When the alkalinity is restored, and not till then, lithium will exert its solvent action on the uric acid concretions.

The further discovery has now been made by Dr. E. C. Kirk, and independently by Dr. Haig, that by combining an organic acid with lithium, an ACID

salt can be prepared which possesses much greater solvent properties in cases of uricacidæmia than is possessed, by lithium when administered alone, after exhibition of acids. The reason for this lies in the fact that the lithium is set free in the system at the point where its activity is required, and elementary bodies in the nascent state are always much more active than when in combination.

This acid salt has been termed **TARTAR-LITHINE** and is manufactured by

**McKESSON & ROBBINS, 91 FULTON ST., NEW YORK**

who will be happy to send samples and literature on application.

The results from the administration of **TARTARLITHINE** so far obtained have exceeded expectations. It appears to be a specific in most cases.