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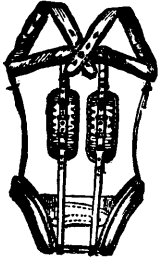
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(Member of the American Medical College Association.)

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GEO. P. ANDREWS, M.D., Professor of Principles and Practice of Medicine and Clinical Medicine.	H. O. WALKER, M.D., Professor of Anatomy and Diseases of Genito-Urinary System.
C. B. GILBERT, M.D., Professor of Obstetrics and Diseases of Women and Children.	E. L. SHURLY, M.D., Professor of Materia Medica, Therapeutics and Laryngology.
N. W. WEBBER, M.D., Professor of Principles and Practice of Surgery and Clinical Surgery.	HAL. C. WYMAN, M.D., Professor of Physiology, and Director of the Physiological Laboratory.
SAMUEL P. DUFFIELD, PH. D., M.D., Professor of Toxicology and Medical Jurisprudence.	J. W. ROBERTSON, M.D., Instructor in Practice of Medicine.
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F. A. SPALDING, M.D., Assistant Clinical Professor of Obstetrics.	MORSE STEWART, JR., M.D., Instructor in Materia Medica and Therapeutics.
J. G. JOHNSON, M.D., Lecturer on Diseases of Mind and Nervous System.	A. B. STEVENS, PH. C., Instructor in Pharmacy.
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The Collegiate Year is divided into two sessions.

THE REGULAR SESSION opens Wednesday, September 8th, 1880, and closes March 1881, (obligatory.)

THE SPRING SESSION opens March 15th, 1881, and closes June 23rd, (optional.)

All candidates for the degree of Doctor of Medicine at the DETROIT MEDICAL COLLEGE must successfully complete the following system of training:

PRELIMINARY EXAMINATION must be passed by all candidates for admission who cannot present satisfactory documentary evidence that their acquirements are equal, if not greater than the standard adopted. Date of Examination, September 6th and 7th, 1880.

GRADED COURSE covers three regular sessions of six months each. The course of instruction has been so arranged as to carry the student progressively and systematically, from one subject to another in a just and natural order.

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DAILY CLINICAL WORK in the HOSPITAL WARDS or DISPENSARIES during the entire last session. For this purpose the Senior Class is divided into small sections, and each section placed in charge of a Clinical teacher for one month. Then the sections change teachers, so that during the session every member of the Senior Class is taught to do clinical work in Diseases of the Eye and Ear, in Diseases of the Larynx, in Diseases of Women, in General Medical Cases, in Surgical Cases, in Diseases of the Skin and in Diseases of the Nervous System and in Obstetrics. Thus the student makes, or assists in making, examinations and in carrying out treatment, writes prescriptions and histories of cases, dresses wounds, applies bandages, watches the progress of pathological processes internal or external, assists at operations, etc.

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<b>FEES.</b> —For Regular Session, Registration, (yearly).....	\$ 5 00
Lecture Fees.....	75 00
Final Examination.....	30 00
Lecture Fees to Third Course Students.....	50 00

Hospital Tickets free to all who take out other tickets.

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Announcement and Catalogue, or more detailed account of the above can be promptly obtained by addressing the Secretary,

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N.B.—Under no circumstances will there be any reduction or remission of any of the published requirements of the College.

# NEW PRINCIPLE FOR THE FAT ASSIMILATION OF FAT

## HYDROLEINE "HYDRATED OIL."

"HYDROLEINE" may be described as partially digested oil, which will nourish and produce increase in weight, in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is emaciation, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE. The ordinary so-called emulsions of Cod Liver Oil and other fats, whether pancreaticised or not, merely remain in the form of a coarse mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers, the deficiency of which is the most prominent symptoms in these cases.

"A great misconception as to the real characteristics of a true pancreatic emulsion has been entertained by many, and but few appear to have studied the different aspects presented by such an emulsion as is produced on fat by the energetic action of pure soluble pancreatin, as contrasted with the coarse mechanical mixtures of oil or fat and water, which are commonly supposed to represent this function of fermentative digestion.

Some seem to think that if a bottle of oil is shaken up with the compounds sold as the active principle of the pancreas, and a yellowish cloud is diffused for a time through the oil, an emulsion has been obtained. So it has, but not the true pancreatic emulsion, which forms an integral portion of the process by which fats are digested and assimilated. From the unvarying result of many hundred trials with the pure, active principles of healthy pancreatic fluid, taken at the time of digestion, I am perfectly convinced that no valuable result has been attained, unless the emulsion formed is as highly refractive of light as milk. The color may vary, according to the oil or fat used, from a far whiter fluid than the densest milk to the opacity and color of Devonshire cream, but unless at least the equivalent of the density of the best milk is produced in oil, when a third of water is held in suspension, no real pancreatic emulsion has been formed.

The mere mechanical mixture formed by common pancreatin is rarely better or more persistent than may be produced by rubbing up oil or fat with a solution of mucilage, or by a warm application of dissolved gelatin, shaken with oil until it becomes cold.

The first essential towards the digestion of fats or oils in the human body is that it shall assume the state of the very finest and most permanent emulsion, and this is only known to be attained when the oil and water is perfectly opaque, from the minuteness of the globules. This is the first function of the pancreatic emulsifying principle, and by this alone can we be certain that it possesses its proper fermentative activity."—Prof. Bartlett's Treatise.

(HYDRATED OIL)

# HYDROLEINE

(WATER AND OIL.)

The efficiency of this Preparation is NOT CONFINED to cases of CONSUMPTION, as from its valuable tonic effect on the nervous system, in addition to its special stimulating action on the organs concerned in the production of Fat in the body, it causes marked increase in weight in persons of naturally thin habit, who do not present any evidence of disease.

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In these treatises, the Chemistry and Physiology of the Digestion of Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

**Copies of these valuable works will be sent free on application.**

### FORMULA OF HYDROLEINE.

Each dose of two teaspoonsful, equal to 120 drops, contains:

Pure Oil.....	80 m (drops.)
Distilled Water.....	35 "
Soluble Pancreatin.....	5 grains.
Soda.....	$\frac{1}{2}$ "
Boric Acid.....	$\frac{1}{4}$ "
Hyochoolic Acid.....	1-20 "

DOSE.—Two teaspoonsful alone, or mixed with twice the quantity of soft water, to be taken thrice daily with meals.

Unlike the ordinary preparation of Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive. Full particulars sent on application to

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Mem. Coll. Phys. Surg. Ont., 1877;

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Mem. R. Coll. Surg. Eng. 1865; M.D., C.M. Univ. McGill Coll., 1865; Fell. Obstet. So. Lond., Eng., 1872; Lect. Mid. Prof. Med. Jur. & Tox. Tri. Med. Sc.

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**JAS. H. BURNS, M.B.,** . . . . "

Mem. Coun. Coll., Phys. Surg., Ont, 1880.

**JAS. E. GRAHAM, M.D.,** . . . . "

M.B., 1859; M.D., 1868, Univ. Tor. Lic. R. Coll. Phys. Lon. 1871.

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One bottle of **Hydroleine** will accomplish greater results than can be obtained by using ten bottles of Cod Liver Oil.

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Hydroleine half pound bottle .....per dozen \$10  
" " " " .....per bottle \$1

N.B.—I will forward to any **Medical man** desiring to test its virtues for himself **one full sized bottle Hydroleine** upon receipt of fifty cents (half price), **express charges prepaid**. This offer only applies to the first bottle.

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The establishment is under the care of a competent physician of long experience in this specialty, who will spare no pains to produce a perfectly *reliable* and *pure* article, which we are prepared at all times to furnish in *fresh* and *active* condition. Our new method Kine Crusts will be found much superior to the ordinary form, though points are recommended as the most reliable form of virus attainable.

All our Virus is put up in strong, *air-tight, sealed packages*, for safe conveyance by mail or express, and will be sent (post-paid if by mail) upon the following terms:—

- Ten large Ivory Points, well charged on both sides . . . . . \$1 50
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- One Crust, new method, in air-tight Glass Capsule, prepared for immediate use . . . . . 2 00
- Also **Humanized Virus**, from HEALTHY CHILDREN, procured for us by physicians of undoubted reliability.
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We will give a fresh supply in case of failure reported within twenty days from Points, thirty days from Human, and ninety days from Kine Crusts. Orders by mail or telegraph answered by return train. Liberal discounts upon large supplies for Cities, Towns, and Institutions.

**Scarifying Vaccinator.** Steel, Nickel Plated. (See Cut.) Each, 25 cents.

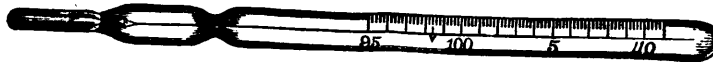
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## Sugar Coated Pills!

HAVE BEEN PRESCRIBED BY PHYSICIANS WITH  
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No higher award could possibly be obtained by any other manufacturer.

Full Price Lists (with Recipes attached) furnished upon application. Physicians are requested to specify (B. & C.) upon prescribing Sugar Coated Pills, and they will obtain the desired effect.

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**PANCREATIC EMULSION or MEDICINAL FOOD, in Consumption and Wasting,** will always take precedence of Cod-Liver Oil, by reason of its introducing the Stable Solid Fats into the system instead of the evanescent fluid fats or oils.

No Oily Emulsions of any kind, not even Cod-Liver Oil itself, can supply the kind of Fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the Saponification, and ultimate Putrefaction, produced by the *Chemical Agents used instead of Pancreatic Juice, so that*

**PANCREATIC EMULSION, or MEDICINAL FOOD,** is the most reliable form of nutriment for counteracting all tendencies to Phthisis and other wasting Diseases. It presents to the Lacteals, Fat in essentially the same condition for assimilation and absorption as in the vigorous human frame, and the agent of the important change is the natural secretion of the Pancreas.

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**PHOSPHORUS PILLS.** 1-32nd of a grain, or any other strength required, non-resinous and perfectly soluble.

**PANCREATISED (Digestive) COD-LIVER OIL.** By combining the Pancreatic Juice with the Oil, the digestion of the latter is easily and rapidly effected, nausea is prevented, and the beneficial properties of the Oil are increased.

**PEPTODYN,** for Indigestion, a Combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, or Ptyalin, etc., forming an invaluable remedy in the treatment of all forms of Dyspepsia and all diseases arising from imperfect nutrition.

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Fig. No. 3 is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

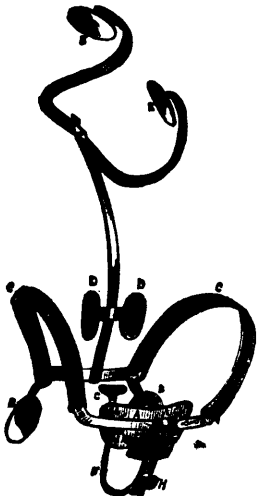
THE IMPROVED BODY BRACE,

FIG. 3.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.

FIG. 2.



General and grateful support to the hips, abdomen, chest, and by itself a case is ordinarily successful; but when not so (particularly in spinal and uterine affections), the corresponding attachments are required.

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Yield Readily to our System of Support.

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FIG. 19.



3rd. From each armpit to corresponding tip of hip bone.  
4th. Height of person. All measures to be in inches. Measure over the linen, drawing the measure moderately tight.

HOW TO MEASURE FOR ANY OF THESE APPLIANCES.

1st. Around the body, two inches below the tips of hip bones.  
2nd. Around the chest, close under the arms.

No. 19. — THE IMPROVED REVOLVING SPINAL PROP, for sharp angular curvature, or "Pott's Disease" of the spine. Recent and important improvements in this have led to its adoption by the most eminent physicians.

# SOLUBLE AND RELIABLE SUGAR-COATED PILLS AND GRANULES,

FROM OFFICIAL AND OTHER RECIPES

MANUFACTURED BY

## WILLIAM R. WARNER & CO.

**1228 MARKET STREET,**

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WARNER & CO'S Pills are unequalled for their medicinal qualities as the best materials enter into their composition, and the utmost care is used in their manufacture. An experience of twenty-two years, with careful attention and study, has enabled us to achieve results otherwise unattainable.

We claim the art of Sugar-Coating which avoids drying the mass so hard as to render it insoluble and inert.

Skilful preparation and the scientific method of manufacture, which we do not hesitate to call our own, are recognized in the acknowledged success attained. We wish particularly to state that our pills will produce the effect expected, and our desire is that Physicians shall be able to realize this in their practice; hence, the necessity for specifying our make when ordering or prescribing.

We would particularly invite your kind attention to our make of

### PILLS OF SOLUBLE BI-SULPHATE OF QUININE

made from pure material, in sizes containing  $\frac{1}{2}$ , 1, 2, 3 and 5 grains each, sold at the same price as the pills of the Sulphate of Quinine. This salt which we are now extensively manufacturing, is by virtue of its greater solubility, offered as an important improvement on the Sulphate.

The following list of Sugar-Coated Pills comprises a variety of combinations of great value, prepared for physicians prescriptions.

FORMULÆ AND THERAPEUTICS.		MEDICAL PROPERTIES.	Dose.	PER 100 EACH.
AGUE,	{ Chinoidin, 2 grs. Ext. Col. Co. $\frac{1}{2}$ " Ol. Pip. Nig. 1-6 " Ferri. Sul. $\frac{1}{2}$ "	-----	Antiperiodic.	2 to 4 75
ALOES, U. S. P.	{ Pulv. Aloes Socot, 2 grs. Saponis, 2 grs. }	-----	Stimulating Purgative. Directed to lower portion Alimen'y Canal.	1 to 3 40
" COMP. (Pil. Gent Comp.)	{ Pulv. Aloes Socot, 1 $\frac{1}{2}$ grs. Pulv. Saponis 1 $\frac{1}{2}$ grs. }	-----	Tonic, Purgative.	2 to 4 40
" ET ASSAFETID.	{ Assafet. da. 1 $\frac{1}{2}$ grs. Pulv. Saponis 1 $\frac{1}{2}$ grs. Pulv. Aloes Socot: $\frac{1}{2}$ gr. }	-----	Purgative, Antispasmodic.	2 to 5 40
" ET FERRI,	{ Zingib. Jam: $\frac{1}{2}$ gr. Ferri Sulph: Exsic: 1 gr. Ext. Conil. $\frac{1}{2}$ gr. }	-----	Tonic, Purgative.	1 to 3 40
" ET MASTICH:	{ See Pil. Stomachicæ. }	-----	Stimulating Purgative.	1 to 2 50
" ET MYRRILLE.	{ Pulv. Aloes Socot, 2 grs. U. S. P. Myrrhæ 1 gr. Croci Stigmat. $\frac{1}{2}$ gr. }	-----	Cathartic, Emmenagogue.	3 to 6 50
" ET NUC. VOMICA.	{ Pulv. Aloes Soc: 1 $\frac{1}{2}$ grs. Ext. Nuc. Vomica, $\frac{1}{2}$ gr. }	-----	Tonic, Purgative.	1 to 2
ALTERATIVE,	{ Mass. Hydragr. 1 gr. Pulv. Opil. $\frac{1}{8}$ gr. Pulv. Ipecac., $\frac{1}{8}$ gr. }	-----	Alterative, with tendency to Mercurial Impression.	1 to 2 50
AMMON. BROMID, 1 gr.	{ }-----	-----	Sedative, Alterative, Resolvent.	1 75
ANDERSON'S SCOTS.	{ Pulv. Aloes Socot, " Sapon Hispan " Fruct. Colocynth. " Gambogiae, Oleum Anisi }	-----	Cathartic.	2 to 5
ANTHELMINTIC,	{ Santonin. Calomet, aa, 1 gr. }	-----	Anthelmintic.	1 to 2 1

**PILLS SENT BY MAIL ON RECEIPT OF LIST PRICE.**

*Orders for Quantities subject to a Liberal Discount.*



# Warner & Co.'s Sugar-Coated Pills.

PER  
100

MEDICAL PROPERTIES. Doses, Each

ANTI-BILIOUS, (Vegetable) { Pr. Ext. Coloc. C. 2½ grs. } { Chinoidin, 1 gr. } { Podophyllin, ¼ gr. }	Cholagogue Cathartic.	2 to 3	50
ANTI-CHILL, { Ferri Ferrocyan. 1 gr. } { Ol. Piper. Nig. 1 gr. } { Arsenic, 1-20 gr. }	Antiperiodic. Applicable to ob- struate intermittents.	1 to 2	100
ANTI-DYSPEPTIC, { Strychnia, 1-40 gr. } { Ext. Belladonna, 1-10 gr. } { Pulv. Ipecac, 1-10 gr. } { Mass. Hydragr, 2 grs. } { Ext. Col. Co., 2 grs. }	Applicable where Debility and Impaired Digestion exist.	1 to 2	100
ANTIMONII COMP., U. S. P. { See Pil. Calomel Comp. }	Alterative.	1 to 3	40
APERIENT, { Ext. Nuc. Vom, ½ gr. } { Hyocscyam, ½ gr. } { Coloc. C., 2 grs. }	Aperient Tonic.	1 to 2	85
ASSAFETIDÆ, U. S. P. 2 grs.	Nerve Stimulant.	1 to 3	40
" COMP. { Assafetidis, 2 grs. } { Ferri Sulph. Exsic, 1 gr. }	Nerve Stimulant.	2 to 4	40
ASSAFETIDÆ, ET RHEI, { Assa fetidis, 1 gr. } { Pulv. Rhei, 1 gr. } { Ferrum, 1 gr. }	Tonic and Nerve Stimulant.	2 to 4	40
BISMUTH, Subnit: 3 grs.	Tonic, Laxative, Nerve Stimu- lant.	2 to 4	75
" Subcarb.: 3 grs.	Sedative, Antiperiodic.	1 to 5	75
BISMUTH et Ignatæ, { Bismuth Sub. Carb. 4 grs. } { Ext. Ignatia Amara, ¼ gr. }	Sedative.	2 to 5	75
" et Nuc. Vomica, { Bismuth Sub. Carb. 4 grs. } { Ext. Nuc. Vomica, ¼ gr. }	Sedative, Antiperiodic, Tonic.	1 to 2	150
CALOMEL, ½ gr.	Sedative, Tonic.	1 to 2	150
" 1 gr.	Alterative.	1 to 3	40
" 2 grs.	" Purgative.	1 to 3	40
" 3 grs.	" Purgative.	1 to 3	40
" 5 grs.	" Cathartic.	1 to 3	50
" Comp. (Plummer's) 3 grs. { Calomel, 1 gr. } { Oxysulph Antimony, 2 grs. } { Gualacum Resin, 1 gr. }	Alterative, Anti-Rheumatic.	1 to 3	40
" ET OPII, { Calomel, 2 grs. } { Opium, 1 gr. }	Cathartic, Anodyne.	1	85
" ET RHEI, { Calomel, ½ gr. } { Ext. Rhei, ½ gr. } { Coloc. C., ½ gr. } { Hyocscyam, 1-6 gr. }	Mild Purgative.	1 to 3	75
CAMPHOR ET EXT. HYOCSCYAMUS, { Camphor, 1 gr. } { Ext. Hyocscyamus, (Eng.) 1 gr. }	Anodyne. Cerebral Stimulant.	1 to 2	50
CATHARTIC Comp., U. S. P. { Ext. Coloc. Comp. 1½ gr. } { Jalapæ, 1 gr. } { Calomel, 1 gr. } { Pulv. Gambogiae, ¼ gr. }	Cathartic.	2 to 4	50
" " Vegetable. { Podophyllin, 1 gr. } { Ext. Colocynth, 1 gr. } { Virgin Scammony, 1 gr. } { Aloes, Soap & Ginger, 1 gr. }	Cathartic.	2 to 3	50
" " Imp. { Ext. Coloc. Comp. 1 gr. } { Podophyllin, Leptandrin, 1 gr. } { Ext. Hyocscyamus, 1 gr. } { Gentian, 1 gr. } { Ol. Menth Pip, 1 gr. }	Cathartic.	2 to 4	50
CHAPMAN'S DINNER PILLS, { Pulv. Aloes Soc. 1 gr. } { Rhei Opt. 1 gr. } { Gum Mastich, 1 gr. }	Stimulating Laxative.	1 to 3	60
CERI OXALAT: 1 gr.	Nerve Tonic.	1 to 3	100
CHINOIDIN, 1 gr.	Tonic, Antiperiodic.	2 to 4	40
" 2 grs.	Tonic, Antiperiodic.	2 to 4	50
" COMP. { Chinoidin, 2 grs. } { Ferri Sulph. Exsic, 1 gr. } { Piperina, ½ gr. }	Tonic, Antiperiodic.	1 to 2	100
CINCHON, SULPH. 1½ grs.	Tonic, Antiperiodic.	1 to 3	75
COCCIA, { Pulv. Res. Scammony, 1 gr. } { Soc. Aloes, 1¼ grs. } { Colocynth, ½ gr. } { Potass. Sulph, ½ gr. } { Ol. Caryophyl, ¼ gr. }	Hydragogue-Cathartic.	2 to 4	90
COOK'S, 3 grs. { Pulv. Aloes Soc. 1 gr. } { Rhei, 1 gr. } { Calomel, ½ gr. } { Sapon. Hispan, ½ gr. }	Purgative.	2 to 4	50
COLOCYNTHIDIS COMP., 3 grs. { Ext. Coloc. Comp. U. S. P. }	Purgative.	2 to 5	80
COLOCYNTH ET HYDRARG. ET IPECAC, { Pulv. Ext. Coloc. Comp. 2 grs. } { Pulv. Hydragr, 2 grs. } { Pulv. Ipecac, 1-6 gr. }	Cholagogue Cathartic.	1 to 3	75
COLOCYNTH ET HYOCSCYAM. { Ext. Coloc. C. 2½ gr. } { Hyocscyamus, 1½ gr. }	Gentle Laxative.	1 to 2	75
COPAIBÆ, U. S. P., 3 grs.	Alterative to Mucous Mem- brane.	2 to 6	50
" ET EXT. CUBEBAE, { Pil. Copalbæ, 3 grs. } { Oleo-resin, Cubebae, 1 gr. }	Alterative to Mucous Mem- brane.	2 to 4	80
COPAIBÆ COMP. { Pil. Copalb. 1 gr. } { Resin Gualac, 1 gr. } { Ferri Cl. 1 gr. } { Oleo-resin Cubeb, 1 gr. }	Alterative to Mucous Mem- brane, Tonic.	2 to 4	80
DIGITALIS COMP. { Pulv. Digitalis, 1 gr. } { Scillae, 1 gr. } { Potass. Nit, 2 grs. }	Arterial Sedative.	1 to 3	50
DIURETIC, { Sapo. Hispan. Pulv. 2 grs. } { Sodæ Carb. Exsic, 2 grs. } { Ol. Bacce Junip, 1 drop. }	Diuretic, Antacid.	1 to 3	50
DUPUYTREN, { Pulv. Gualac, 3 grs. } { Hyd. Chlor. Corros, 1-10 grs. } { Pulv. Opii, ½ gr. } { Ergotine, 1 gr. }	Specific Alterative.	1	50
EMMENAGOGUE, { Ext. Hellebore. Nig. 1 gr. } { Aloes, Socot, 1 gr. } { Ferri Sul. Exs, 1 gr. } { Ol. Sabinæ, ½ gr. }	Active Emmenagogue, Tonic.	1 to 3	140

PILLS SENT BY MAIL ON RECEIPT OF LIST PRICE.

# Warner & Co.'s Sugar-Coated Pills.

**PREPARED BY**  
**100**

**MEDICAL PROPERTIES. Doses. Each**

FEL, Bovinum. { Ox-gall, 2 grs. } Powdered Jamaica Ginger, 1 gr. }	Laxative.	1 to 3	50
FERRI, (Quevenne's) 1 gr.	Tonic.	1 to 3	50
" CARB (Vallet's) U. S. P. 3 grs.	Tonic.	1 to 2	75
" CITRAT. 2 grs.	Tonic.	1 to 4	40
" COMP. U. S. P.	Tonic.	1 to 3	50
" I. DID. 1 gr.	Tonic, Emmenagogue.	2 to 6	40
" LACTAT. 1 gr.	Tonic, Alterative.	1 to 2	65
" PYROPHOS. 1 gr.	Tonic.	1 to 3	50
" VALER. 1 gr.	Tonic.	1 to 3	40
" ET QUAS, ET NUC. VOM. { Fer. per Hydrog., 1 1/2 gr. } Ext. Quassia, 1 gr. } Nuc. Vom., 1/4 gr. }	Tonic, Antispasmodic.	1 to 2	75
" ET QUIN. Cit. 1 gr.	Tonic, Nerve Stimulant.	1 to 2	75
" ET QUIN. Cit. 2 grs.	Tonic, Antiperiodic.	1 to 2	75
" ET STRYCHNIE, 1 three times a day.	Tonic, Antiperiodic.	1 to 2	1 40
" ET STRYCHNIE. { Strychnia, 1-60 gr. } Ferrum per Hydrog. (Quevenne's) 2 grs. }	Tonic, Nerve Stimulant.	1 to 2	75
" ET STRYCHNIE CIT. { Strychn. Cit. 1-50 gr. } Ferri Cit. 1 gr. }	Tonic, Nerve Stimulant.	1 to 2	75
GAMBOGLE COMP. { Pulv. Gambogia, } Aloes Socot, } Zingib. Jam } Saponis, }	Active Purgative.	2 to 5	40
GENT. COMP. { Ext. Gentian, 3/4 gr. } Pv. Aloes Soc. 2 grs. } Ol. Carui, 1-5 gr. }	Tonic, Purgative.	2 to 4	40
GONORRHOEA, { Pulv. Cubebae, 2 grs. } Bala. Copalb. Solid, 1 gr. } Ferri Sulph. 1/2 gr. Vener. Terebinth 1 1/2 gr. }	Tonic, Alterative to Mucous Membrane.	1 to 3	60
HEPATIC, { Pl. Hydrarg., 3 grs. } Ext. Coloc. Comp. 1 gr. } Hyoscyam. 1 gr. }	Cholagogue Cathartic.	1 to 2	90
HOOPER (Female Pills) 2 1/2 grs. { Aloes Socot. } Ferri Sulph. Exsic. } Ext. Hellebore, } Pulv. Myrrh, } Saponis, } Canella, } Zing. Jamaica. }	Emmenagogue.	1 to 3	40
HYDRARGYRI, U. S. P. 3 grs.	Mercurial Purgative.	2 to 3	40
" 5 grs.	Mercurial Purgative.	1 to 2	50
" Comp. { Mass. Hydrarg., 1 gr. } Pulv. Opil., 1/2 gr. } Ipecac., 1/4 gr. }	Mercurial Alterative.	1 to 2	75
" Iod. et Opil. { Hydrg. Iodid., 1 gr. } Pulv. Opil., 1/2 gr. }	Mercurial Alterative.	1 to 2	75
IODOFORMI ET FERRI { Ferrum per Hydrog., 1 1/2 gr. } Iodoform, 1 gr. }	Tonic Alterative.	1 to 2	2
IODOFORM 1 gr.	Tonic Alterative.	1 to 2	1 00
IPEACAC ET OPIL. 3 1/2 grs. (Pulv. Doveri, U. S. P.)	Anodyne, soporific.	1 to 3	50
" 5 grs.	Anodyne, soporific.	1 to 2	65
IRISIN COMP. { Irisin, 3/4 gr. } Podophyllin, 1-10 gr. } Strychnia, 1-10 gr. }	Cathartic, Nerve Stimulant.	1 to 3	50
LEPTAND. COMP. { Leptandrin, 1 gr. } Irisin, 1/2 gr. }	Laxative, Diuretic.	1 to 2	1 00
LEPTANDRIN, 1 gr.	Cathartic.	2 to 4	40
LUPULIN, 3 grs.	Anodyne.	2 to 4	40
MORPHIA COMP. { Morph. Sulph., 3/4 gr. } Tart. Emetic., 3/4 gr. } Calomel, 3/4 gr. }	Anodyne, Febrifuge.	1	1 00
NEURALGIC, { Quina Sulph., 2 grs. } Morphia Sulph. 1-20 gr. } Strychnia, 1-30 gr. } Acid Arsenous, 1-20 gr. } Ext. Aconit., 1/2 gr. }	Tonic, Alterative, Anodyne.	1 to 3	3 00
NEURALGIC. (Brown-Sequard.) { Ext. Hyoscyami, 3/4 gr. } Conil, 3/4 gr. } Ignat. Am., 3/4 gr. } Opil., 3/4 gr. } Aconitl., 3/4 gr. } Cannab. I., 3/4 gr. } Stramon., 1-5 gr. } Bellad., 1 gr. }	Anodyne.	1	2 00
OPII, U. S. P., 1 gr.	Anodyne	1	60
" ET CAMPHORE, { Pulv. Opil., 1 gr. } Camphora, 2 grs. }	Anodyne, Nerve Sedative.	1	80
" ET CAMPHORE, ET TANNIN, { Pulv. Opil., 1/2 gr. } Camphora, 1 gr. } Acid Tannic., 2 grs. }	Anodyne, Astringent.	1 to 3	80
" ET PLUMBI ACET. { Pulv. Opil., 1/2 gr. } Plumbi Acetas. 1 1/2 grs. }	Anodyne, Sedative.	1 to 2	60
PHOSPHORUS COMP. { Phosphorus, 1-100 gr. } Ext. Nuc. Vomica, 1/4 gr. }	Nerve Tonic.	1 to 4	1 50
PHOSPHORUS, 1-50 gr.	Nervine Stimulant.	1 to 2	1 00
PHOSPHORUS, 1-100 gr.	Nervous Stimulant.	1 to 4	1 00
PHOSPHORUS, IRON AND NUX VOM. { Phosphorus, 1-100 gr. } Ferri Carb. (Vallet's) 1 gr. } Ext. Nuc. Vom. 1/4 gr. }	Nervous Stimulant, Tonic.	1 to 3	1 50
POTASS. BROMID. 1 gr.	Nervous Sedative.	2 to 5	75
" 5 grs.	Nervous Sedative.	1 to 2	1 25
" IODID. 2 grs.	Alterative.	1 to 3	85
PODOPHYLLIN COMP. (Eclectic.) { Podophyllin, 3/4 gr. } Leptandrin, 1-16 gr. } Juglandin, 1-16 gr. } Macrotin, 1-32 gr. } Ol. Capsicid, }	Purgative.	2 to 4	75
PODOPHYLLIN ET BELLAD. { Podophyllin, 3/4 gr. } Ext. Bellad., 3/4 gr. } Ol. Res. Capsicid, 1/4 gr. } Saccharum Lact. 1 gr. }	Stimulating Laxative. Mild	1 to 3	75

**PILLS SENT BY MAIL ON RECEIPT OF LIST PRICE**

# Warner & Co.'s Sugar-Coated Pills.

PER  
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MEDICAL PROPERTIES. Doses. Each

PODOPHYLLIN ET HYDRARG. { Podophyllin, 1/4 gr. } " ET HYOSCYAMUS. { Mass. Hydrarg. 2 grs. } " { Podophyllin, } " { Ext. Hyoscyamus, aa 1/2 grs. }	Laxative.	2 to 4	50
PODOPHYLLIN, 1 gr.	Gentle Cathartic	1 to 2	60
QUINIA SULPH. 1/2 gr.	Cathartic.	1 to 1	75
" " 1 gr.	Tonic, Antiperiodic.	1 to 4	90
" " 2 grs.	Tonic, Antiperiodic.	1 to 3	1 40
" " 3 grs.	Tonic, Antiperiodic.	1 to 3	2 75
" " 4 grs.	Tonic, Antiperiodic.	1 to 2	4 00
" COMP. { Quin. Sulph. 1 gr. } { Ferri Carb. 2 grs. } { Acid. Arsenious, 1-60 gr. } " ET EXT. BELLADON. { Quinise Sulph. 1 gr. } " { Ext. Belladon. 1/2 gr. }	Immediately after each meal. Tonic, Antiperiodic.	1 to 2	1 75
" ET FERRI. { Quin. Sulph. } { Ferrum per Hydrag. (Quevenne's) 1 gr. }	Nerve Tonic, Antiperiodic.	1 to 2	1 75
QUINIA ET FERRI ET STRYCHNIA. { Quin. Sulph. } { Ferri Carb. (Vallet's) 1 gr. }	Tonic, Antiperiodic.	1 to 2	1 75
QUINIA ET FERRI ET STRYCH. PHOS. { Strych. Sulph. } { Phos. Quinia, 1 gr. } { " Iron, 1 gr. } { " Strychnia, 1-60 gr. }	Tonic, Antiperiodic.	1 to 2	1 75
" ET FERRI, Valer, 2 grs.	Tonic, Nerve Sedative.	1 to 2	3 50
QUINIA ET FERRI CARB. { Quinia, } { Ferri Carb. (Vallet's) 2 grs. }	Tonic, Antiperiodic.	1 to 2	1 75
" ET HYDRARG. { Quin. Sulph. } { Mass. Hydrarg. 1 gr. } { Oleo-resin, Piper. Nig. 2 grs. } { Iodoform, 1/4 gr. }	Tonic, Antiperiodic.	1 to 2	1 75
QUINIA, IODOFORM AND IRON { Ferri Carb. (Vallet's) 2 grs. } { Quinia Sul. 1/2 gr. }	Tonic, Alterative.	1 to 2	3 00
QUINIA ET STRYCHNIA. { Quinia Sul. } { Strychnia, 1-60 gr. }	Tonic, Nerve Stimulant.	1 to 2	1 75
QUINIA, Valerianate, 1/2 gr.	Tonic, Nervine.	1 to 2	2 00
RHEI ET HYDRARG. { Pulv. Rhei, } { Mass. Hydrarg. } { Soda Carb. Exs. }	4 grs. Cholagogue Cathartic.	2 to 5	80
RHEI, U. S. P. { Pulv. Rhei, } { Saponis, 1 gr. }	Gentle Laxative.	1 to 5	75
RHEI COMP. U. S. P. { Pulv. Rhei, } { Aloes Socot, 2 grs. } { Myrrh, 1/2 gr. } { Ol. Menth. Pip. 1 gr. }	Purgative.	2 to 4	75
RHEUMATIC, { Ext. Coloc. C. 1 1/2 grs. } { " Colchic. Acet. 1 gr. } { " Hyoscyam. 1/4 gr. } { Hydrg. Chlor. Mit. 1/2 gr. }	Anti-Rheumatic, Purgative.	1 to 3	90
SANTONIN, 1 gr.	Anthelmintic.	1 to 3	1 00
SCILLA COMP. U. S. P. { Pulv. Scilla, } { Zingib. Jamaica, 1 gr. } { Gum Ammoniac 1 gr. } { Pulv. Saponis, 1 gr. }	Expectorant, Diuretic.	1 to 3	50
STOMACHICA. (Lady Webster's Dinner Pills, 3 grs.) { Aloes Soc. } { Gum Mastich, } { Flor. Rosae. }	Stimulating Purgative.	1 to 2	50
SYPHILITIC, { Potass. Iod. 2 1/2 grs. } { Hyd. Chlor. Corros. 1-40 gr. }	Specific Alterative.	1 to 2	1 00
TRIPLEX, { Aloes Socot, 2 grs. } { Mass. Hydrarg. 1 gr. } { Podophyllin, 1/4 gr. }	Purgative.	2 to 4	75
ZINCI VALERIAN. 1 gr.	Antispasmodic.	1 to 3	1 00

## GRANULES.

PER  
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MEDICAL PROPERTIES. Doses. Each

ACID. Arsenious, 1-20, 1-30 and 1-50 grs.	Antiperiodic, Alterative.	1 to 2	40
ACONITIA, 1-60 gr.	Nerve Sedative.	1 to 2	75
ATROPIA, 1-60 gr.	Anodyne.	1 to 2	75
CORROSIVE SUBLIMATE, 1-12, 1-20 and 1-40 grs.	Mercurial Alterative.	1 to 2	40
CALOPHYLLIN, 1-10 gr.	Emmenagogue.	1 to 4	40
CAMICUFUGIN, 1-10 gr.	Tonic, Nerve Stimulant.	1 to 4	40
DIGITALIN, 1-60 gr.	Arterial Sedative.	1 to 2	75
ELATERIUM. (Clutterbuck's) 1-10 gr.	Diuretic, Hydragogue, Cathartic.	1 to 2	95
EXTRACT Belladonna, (Eng.) 1/4 gr.	Anodyne.	1 to 3	40
" Ignatia Amara, 1/4 gr.	Nerve Sedative.	1 to 2	50
" Cannabis Indica, 1/4 gr.	Anodyne.	1 to 4	60
" Hyoscyamus, (Eng.) 1/2 gr.	Nerve Stimulant.	1 to 3	40
" Nuc. Vomica, 1/4 and 1/2 gr.	Nerve Stimulant.	1 to 3	40
GELSEMIN 1/8 gr.	Nerve Sedative.	1 to 4	50
HYDRASTIN, 1/2 gr.	Arterial Sedative.	1 to 2	75
HELOININ, 1-10 gr.	Emetic, Diuretic, Cathartic.	1 to 2	95
LEPTANDRIN, 1/2 gr.	Cathartic.	1 to 2	40
" 1/4 gr.	Cathartic.	1 to 4	50
MERCURY. Iodide, 1/4 gr.	Alterative.	1 to 4	40
" Red, 1-16 gr.	Alterative.	1 to 4	40
MORPHIA, Acet. 1/2 gr.	Anodyne.	1 to 2	70
" Sulphate, 1-10 gr.	Anodyne.	1 to 2	80
" " 1/2 "	Anodyne.	1 to 2	70
" " 1-8 "	Anodyne.	1 to 2	80
" " 1/4 "	Anodyne.	1 to 2	1 00
" Valerianate, 1/8 "	Anodyne.	1 to 2	1 00
PODOPHYLLIN, 1-10 gr.	Cathartic.	1 to 4	40
" 1/2 gr.	Cathartic.	1 to 4	40
" 1/4 gr.	Cathartic.	1 to 2	50
" COMP. { Podophyllin, 1/2 gr. } { Ext. Hyoscyam, 1/2 gr. } { Nuc. Vomica, 1-16 gr. }	Cathartic and Tonic.	1 to 2	75
SILVER, Nitrate, 1/4 gr.	Alterative, to Mucous Memb'ne.	1 to 4	75
" Iodide, 1/4 gr.	Alterative, to Mucous Memb'ne.	1 to 4	75
STRYCHNIA, 1-16, 1-20, 1-30, 1-32, 1-40 and 1-60 gr.	Nerve Stimulant, Tonic.	1 to 3	40

PILLS SENT BY MAIL ON RECEIPT OF LIST PRICE.

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## Original Communications.

### ADMISSION OF LUNATICS INTO ASYLUMS.

BY T. MILLMAN, M.D., M.R.C.S., ENG. L.R.C.P.,  
EDIN., &C.

(*Second Assistant Physician, Asylum for Insane,  
London, Ont.*)

Although I have been a comparatively short time in asylum life, still, during that period I have observed so many mistakes made by the profession throughout the province in applying for the admission of lunatics, and the filling up of certificates, that I thought a short paper on these subjects, circulated through the widely spread columns of the LANCET, would be a benefit to us all. I have noticed that the mistakes do not altogether apply to the younger members of the profession, but to the older as well. No doubt the latter may be partially excused on the ground that their time is so much occupied with their general practice and other duties, still, I fancy with a great many of them the mistakes may be partially attributed to carelessness and the neglect of a systematic mode of making the best use of their time.

The law provides two ways by which lunatics can be sent to asylums; first, by the Lieut-Governor's Warrant; second, by the certificates of three medical practitioners. The first mode is adopted in the case of a person who has been committed to gaol as a lunatic, and dangerous to be at large. In gaol he is examined by the gaol physician and some other practitioner, who each fill up a separate certificate, stating the delusions, &c., and that they consider the prisoner insane. These certificates, together with a history of the prisoner, the sworn testimony of friends as regards the actions of the lunatic before being committed, are forwarded to the Provincial Secretary with a request for the

prisoner to be transferred to an asylum. This mode of getting a lunatic into an asylum should never be resorted to except in extreme cases, as where the patient has become suddenly deranged and quite dangerous, so that it is necessary to put him in safe keeping at once. It is, however, also the course that is, as a rule, adopted where paupers and those that have no friends become insane. Instead of sending these to gaol, I think it would be no more than just for municipal councils to go to the expense of having them transferred to asylums by the second mode about to be described; because by the first mode there is, of necessity, considerable delay before the prisoner can be sent to the asylum, and in a recent case of insanity this is of vital importance as regards the prospect of recovery, for the very best accommodation that can be given in gaol to a person afflicted with insanity cannot be compared with that of the asylums, and is far from being conducive to the welfare of the prisoner. A lunatic can be removed to an asylum in two or three days, or even less, by adopting the course of medical certificates; whereas, if he is sent to gaol it will of necessity be as many weeks. I am sorry to say that I am forced to believe that there are quite a number of insane people sent to gaol by their friends, who resort to this course rather than pay three doctors for certificates, notwithstanding they may be quite able to do so. I hope the profession will endeavour to instil a higher moral sense into this class of the community, so that they will have a more charitable feeling towards their unfortunate relatives.

The second mode for the removal of lunatics to asylums is by three certificates properly filled by three legally qualified medical practitioners. When a person becomes insane and unmanageable, the friends usually call in their family physician. He should in the first place satisfy his own mind whether the patient is insane or not; if insane, and especially if a recent attack, he should urge the friends to have the patient sent to an asylum as soon as possible. If the friends consent to this course, the physician should at once write to the Superintendent of the asylum in the district in which the patient lives, asking for an application form. When doing so he should send name of patient, or else the Superintendent will have to write back asking for the name, as in order to keep the books at the asylum correctly,

the name must be entered before the application form can be sent, and thus there is a delay. On receiving the application form the physician should carefully fill it out, and before going any further I should like to make a few remarks as to the manner in which this should be done. In the first place, I consider that it should be, if possible, filled out by a physician, as it is impossible for anyone unacquainted with the science of medicine to see the full value of some of the questions and give the correct answers. Neither is it advisable for others than medical practitioners to investigate some of the cases, especially those of the female sex, *e.g.*, the answer to the question "supposed exciting cause" is frequently given by Justices of the Peace, and others, "suppression or irregularity of the monthly courses." Now is it fitting that a layman should make the inquiries here necessary to ascertain that such is the case? And again, in both sexes where masturbation, syphilis, &c., is part of the cause, it frequently requires the greatest caution and tact of a medical man to find this out.

The first question of the application form to which I will refer is "Habits of Life." The points required from this question, are whether patient is temperate or intemperate, of cleanly or uncleanly habits, of good or bad conduct, active or otherwise; also if there were any marked changes in the habits of the patient after the insanity showed itself.

The next question is, "Whether first attack." In answering this the questioner should be careful to find out if the patient ever had any attacks previous to the present one. If so, he should ascertain the number of these and their duration, as a correct answer to this is of great interest and value to the asylum physicians. "The duration of the present attack," demands a correct answer, since the prognosis of the case depends a great deal on the time that the patient has been insane. These latter questions are frequently answered very incorrectly; for instance, the present is said to be the first attack, whereas it is the second, third, &c., and the attack is said to have lasted one, two or three weeks, as the case may be, although on enquiry by the asylum officials when the patient is brought before them it is found that he has not been well mentally for years. These mistakes are made more frequently in cases of epileptic mania and general paresis, than in other forms of insanity.

"Is the patient epileptic or has epilepsy ever been known in any relative?" This is one of the questions, which it can easily be seen should be answered by a physician, as anyone else might put down any kind of fit as epileptic, for instance, fainting fits, hysteria, &c.

In answering the question, "supposed exciting cause," an effect should not be mistaken for the cause. This is very seldom done by medical men, but frequently by others, *e.g.*, despondency has been put down as a cause in one case, and mismanagement of affairs in another, &c. Frequently the answer to this question is put down "unknown," much more so by lay than medical men, as no apparent exciting cause can be discovered. But where a system is already affected with hereditary taint of insanity, it requires very little to disturb the mental equilibrium.

"Has any relative ever been insane." A correct answer to this is most important, but is often difficult to get, as people are very reluctant to admit that insanity exists in their family. The physician should question the friends closely on this point, and explain to them the great value that a correct answer to this question will be to the Medical Superintendents of Asylums, as the prognosis depends a great deal on whether the insanity is hereditary or not. There is no doubt that fully 50 per cent. of the cases of insanity are hereditary, but judging from the application forms as filled out, there would not be over 10 or 15. Besides finding whether there is insanity in the family the physician should ascertain whether any of the relatives are subject to intemperance, paralysis, chorea, epilepsy or any neurotic disease, as these are more or less allied to insanity. One of the family may suffer from chorea, another from intemperance, another from insanity, &c. Drunkenness is often the result and not the cause of insanity; a very small per centage of the cases of insanity can be attributed solely to intemperance, and the same may be said of masturbation. I earnestly hope that the profession will consider it their duty to get as full and correct an answer to this question on heredity as possible.

"Has the patient ever attempted to injure him or herself or others?" In answering this question it should not only be stated that patients have or have not injured themselves and others, but also whether they are suicidal or homicidal. Care

should be taken not to mistake actions which are the result of delusions for actions prompted by suicidal intentions. A person may refuse food on the ground that it is poisoned, that it will do him an injury, or that it is no use for him to eat as he is going to die. In such a case the motive is not suicidal, but on the other hand it is where a man refuses to eat in order that he may die from starvation. Again, a person may jump from a window to escape from imaginary enemies and be killed. Here the man has not committed suicide, but he has, if he wilfully throws himself out in order to take his life. For the most part patients suffering from melancholia may be considered more or less suicidal.

The last questions of the application form to which I intend to refer, are those which relate to the financial affairs of the patient. I am satisfied that there is considerable quibbling done by many of the profession in answering these questions. I have seen in this part of the application form the statement made that the patient had no property; but the Bursar not feeling satisfied, wrote to other parties for information and found out that the patient was well to do, the result being that the patient, instead of gaining admission as a pauper was compelled to pay the government rate. From the frequency of such mistatements, the Bursar often jokes the asylum physicians about the conscientiousness and veracity of their fellow practitioners. It would be much better when filling up an application form to state fairly and squarely of what the property of the patient consists, and where it is situated, as far as lies in the power of the physician. When the question is not answered in this manner, the Bursar, not feeling satisfied, requests the Superintendent not to award the case till he has found out from parties living in the neighbourhood of the patient, what is really the financial position of the lunatic. This causes considerable delay, which as I have before stated, lessens the chances of recovery of the patient. As soon as the application form is filled out it should be sent to the Superintendent of the asylum. If he is satisfied that the case is suitable for asylum treatment, and the Bursar has satisfied himself as regards the finances, the blank certificates are sent out provided there is a vacancy.

And now as regards the filling up of these certificates. In this province any three registered

medical practitioners can fill out the certificates, but medical officers of asylums never exercise this privilege, although the law does not provide against their so doing. In England, neither medical officers of asylums nor any physician having an interest in the asylums are allowed to fill them out; and further, the physicians must not be in partnership, related to each other or to the patient; even the medical man applying for the admission is not allowed to fill one of the certificates. In New York State the physicians must be graduates of one of the recognised colleges, must have been in actual practice for at least three years, and must not be officers of or have any interest in the asylum.

In Ontario, each certificate has the statutory laws relating to its filling up printed on it, so that there is no excuse for making mistakes as regards what is legally required. In spite of this I see that a great many practitioners neglect setting forth their qualifications on the certificates, although it is distinctly requested of them to do so, and they also fail to state the profession or occupation of the patient. This I suppose, like a great many other things, must be attributed to carelessness. All these things should be carefully attended to, as the certificate is incomplete without them. I would strongly urge each physician to be careful in filling up the certificate properly, as medical superintendents of asylums are not allowed to admit patients unless the certificates are properly filled out in every particular, and their refusal to admit on them, puts the friends of patients to great expense and inconvenience. In this Province the law says that the patient must be admitted within three months from the date of examination of patient by the physicians. This clause I would like to see the legislature amend. In England only seven days are allowed, and in New York State ten days. I consider ten days quite long enough, for in three months a person suffering from an attack of acute mania might easily recover, yet according to the law, if the friends saw fit, they could compel him to become an inmate of an asylum.

The medical part of the certificate is divided into two sections. 1st. "Facts indicating insanity observed by the physician himself," and 2nd, "Other facts (if any) indicating insanity, communicated to him by others." As the first of these must only contain facts observed on the day of

examination, I would recommend that a 3rd section be added to the certificates, viz.: Facts indicating insanity observed by the physician himself at any time prior to the day of examination. This would more especially apply to the family physician who has possibly known the patient for years.

In filling up the first section, the physician should remember not to state what is of no value, and to state what is of value in as precise a manner as possible. For the points to be noticed in filling out this section, I cannot do better than quote those set forth by Dr. T. N. Brushfield, Medical Superintendent, Brookwood Asylum, Surrey, England, in an able paper lately published in the *London Lancet*:—

“Appearance, especially facial aspect, attitude, peculiarities of dress.

“Delusions (if any) describe them.

“Coherency or incoherency.

“Condition of the memory.

“Any change in the higher emotions.

“Condition of the habits and propensities, especially as to change.

“General demeanour, restlessness, excitement, or depression.

“Other abnormalities.”

In filling up the second section care should be taken to state the leading facts communicated by others, with the names of those affording the information. I frequently see statements made in the first section, which should come under the second:—for instance, “the patient has been restless and has not slept well for some nights;” now in one or two such cases I know for certain the physician never saw the patient before the day of examination. A great many certificates are very imperfectly filled out. Some contain no proofs of insanity at all and are thus of no value; others have a small portion that is of very little importance, but far more that is of no importance at all, while others have statements showing that the physician came to the conclusion that the patient was insane, not from what he observed himself, but from information obtained from others. As it may be of interest, I will here quote two or three certificates that I have seen sent in with patients:

“From his peculiar actions, conversation, being constantly talking on subjects that persons in a proper state of mind would not do, and repeating same.” This certificate is of little value as it stands.

If some of the peculiar actions had been described and some of the subjects of which the patient was talking had been mentioned, the certificate would have been more complete.

“Manner and appearance. Loss of memory, &c., &c., see previous report.” In this case the patient had been in the asylum before, had recovered and was discharged. Here the physician evidently thought the fact of the patient having been in the asylum once was a good reason for his re-admission. This is a mistake, as no matter how often a person has been admitted and discharged, the certificate must be as carefully filled out as if it were for the first admission.

“From her irrelevant remarks in conversation on common subjects. Erratic manner in presence, such as picking her clothes, humming a tune like an *Ophelia* in *Shakespeare's Hamlet*.” Here is a certificate that gives very little information to the point, but contains considerable that might have been left out. Filling out a certificate is a matter of law and not one of poetry.

The next I will not comment upon, but allow the profession to judge for themselves. Facts observed by the physician himself. “Violent fits of insanity. Sudden fits of insanity.” Facts communicated to him by others: “Has been insane before.” This certificate not being accepted, the physician filled out another which I will also quote. Under the first section, “Very violent, talking very violent and saying he was not insane. On marriage he talked like an insane person.” Under the second section: “His brother-in-law told me that he was in the asylum before, suffering from insanity.”

“Having this day examined—of—, We, the undersigned, pronounce him to be insane, and a fit subject for the asylum.” This was signed by three physicians, and the patient was brought to this asylum on the expectation that he would be admitted upon it. No application for his admission had been made. It is needless to say that the friends were very much annoyed when they found he could not be received. Three blank certificates were issued to the friends, who went to the city with the patient and got them properly filled.

The last certificate I will refer to, is not a certificate, as it does not state one fact indicating in-

sanity observed by the physician himself. "The patient does not to-day show any indications of insanity, but from the information communicated to me by his friends and relations, mother, brother and sister particularly, in whose testimony I have the utmost confidence, I do not think he is a fit person to be at large. I am told by them that he is at times uncontrollable and they fear he may commit some criminal act upon himself or others."

I think before closing this paper I cannot do better than quote several suggestions set forth by Dr. Brushfield in the able paper already mentioned, and this the more so, as I fancy only a small number of Canadian practitioners read the *London Lancet*.

1. The physician "should thoroughly understand that he may have to defend all his 'facts' in a court of law, and this alone should make him exceedingly cautious in all his written statements."

2. "To avoid all hearsay evidence under the heading of facts observed by himself."

3. "To remember that all his personal facts must have been observed on the day of examination."

4. "He should report the facts observed by others under the second heading as carefully as those under the first."

5. "He must ever bear in mind that no matter how strongly the facts observed by others may testify to the insanity, the certificate is invalid if the medical man is unable from his own personal observation to adduce such facts as will in themselves show the patient to be insane." In commenting on this clause, Dr. Brushfield states that on returning a weak certificate to be amended, the medical man replied, 'I cannot furnish you with any other facts as proofs of the woman's insanity, probably some of her relations can if you desire them.'"

6. "He should not be satisfied with the record of one decided symptom of insanity (such as a well-marked delusion) to the exclusion of all others. On the contrary, he should examine the patient thoroughly, and at the least, report all the principal symptoms. A certificate which depends upon proof of insanity by the statement of a single delusion would, in an important law case run a possible chance of being disputed as to its tenor and correctness."

7. "He should take care to state all the leading symptoms, e.g., dominant delusions—and as tersely

as possible, consistent with their being properly described and expressed."

8 "He should avoid making any statement under the first heading of the certificate that is not legitimately included under that of 'Facts indicating insanity,' and 'as observed by himself.' Under this title one medical man stated as a personal fact: 'called me a fool.' Irrelevant statements cannot strengthen a certificate, but may assist in making it invalid."

9. "He should remember that any comment upon, or explanation of the symptoms is not required."

10. "When called to a case of insanity, he must not too readily take it for granted that the patient is insane, and especially must this be borne in mind if he be a stranger to the family, and therefore probably unacquainted with the manner and habits of the person he is about to examine. It behooves him to be exceedingly particular, more especially in any doubtful case, in investigating and thoroughly satisfying himself of the nature of the symptoms. Especial care should be taken when the so-called delusion is single. Any statements that are asserted to be delusions, and yet which *might* be true, need the most searching enquiry."

11. "He should take into consideration the existence of blindness, deafness, partial paralysis, malformation, defects in speech, loss of teeth, infirmities of temper, peculiarities of gesture, eccentricities of conduct, or in the mode of speech, &c., many of which cause the person to be examined to be somewhat awkward and ungainly in speech and manner, especially if associated with any nervousness."

12. "He should well consider that the element of any *change* in the habits, conversation, affections, disposition, dress, residence, choice of companions, &c., is of the greatest importance to notice in the certificate."

13. "He should be careful to use proper terms to express his meaning. In the two sentences, 'incoherence of speech and manner,' and 'her manner wild and incoherent' the words 'incoherence' and 'incoherent' used with respect to 'manner' are inapplicable."

14. "Above all, when he has finished writing his certificate, he should be careful to re-peruse it. If it had been done after the certifier had written, 'has an expression of deep dejection and an unsmiling countenance,' it is possible he would have struck out the latter sentence as being superfluous."



## THE TREATMENT OF MALARIAL DYS- SENTERY WITH IPECACUANHA.

BY GEO. A. TYE, M.D., THAMESVILLE, ONT.

Malarial dysentery of a severe type is, some seasons, quite prevalent in Western Ontario. The mortality is large, children and elderly people suffering most. It generally commences with a well marked chill, followed by continued fever; nausea and vomiting occur in the onset of the disease. The tongue inclines to dryness and is covered with a thick brown fur; the skin is dry, and the temperature reaches from 101 to 103° F. There is abdominal pain, often tenderness on pressure, frequent passages of blood and mucus, and severe tenesmus. In a few days the blood disappears, and the mucus discharges contain whitish shreds, but are still as frequent as ever, and there is no abatement of pain. About the tenth day the passages are more fecal in character and offensive in odor; the paroxysms of pain are still unabated.

The treatment generally pursued is the opium and astringent plan, or the laxative method, or a combination of both. The opium and astringent method is unsatisfactory, large doses of opium failing to relieve the pain, and the astringent just as ineffectual in controlling the flux. The laxative treatment gives better results—the administration of castor oil and laudanum is a favorite and useful remedy, and suits mild cases.

Small doses of rhubarb with soda bicarb. and hydrarg. cum. creta often improve the character of the secretions and clean the tongue, especially when aided by full antiperiodic doses of quinine, which are always indispensable in this disease. When the secretions are improved astringents and opium are of service.

This sketch is not intended as a history of this disease and its treatment, but to call attention to an old and well-known method of treatment with Ipecac. I have used it in most severe cases during the last seven years, and carefully noted the history of many—a review of these notes and my experience the present summer, warrants the statement that it is superior to all other methods of treatment. The chief objection is the extreme nausea and sense of great prostration, but these are never alarming or dangerous. The patient

should keep the recumbent posture, take nothing by the mouth but the Pulv. Ipecac. which is best given in capsule, a large sized capsule will contain fifteen grains—one being a dose, repeated every six hours, or the dose may be reduced to ten grains after the first.

The sinapism over the stomach is useful, and the tincture of opium is admissible to aid in retaining the Ipecac.; it is, however, not necessary. The following cases are illustrative of its effects, and the details of more cases would only be a repetition:—

Case I. Aug. 11th, 1877.—Robert K. farmer, æt. 57 years; had been ill three days, and was now confined to bed. He suffers from constant nausea, frequent vomiting, dark brown frothy and bloody dejections of a very offensive odor. Gripping pains occur at intervals, and there is constant pain with tenderness in the left inguinal region. The tongue is dry, and there is great thirst, but the stomach rejects water. The skin is dry and hot. Temp. 103° F., pulse 110, strong and hard. The nature of the medicine was explained to the patient, and twenty grains of Ipecac. in a little water administered and all food and water omitted for three hours; in six hours ten grains were given, and after another six hours, five grains with five grains of hydrarg. cum. creta. These were all retained, the first one causing considerable prostration, profuse perspiration, and in 24 hours the passages were yellow. Pain and tenderness ceased entirely. Quinine was now administered, and he made a rapid recovery.

Case II. July 9th, 1879.—This case illustrates its action upon young children. Mary and Eliza G., æt. 6 and 4 years respectively, presented all the usual signs of acute malarial dysentery—five grains were given to each, and repeated in six hours—next day the fever left and discharges were changed in character; although both felt very ill while under the influence of the Ipecac., no further treatment beyond a mild tonic was required.

Case III—shows that it may be used in cases far advanced, with safety and benefit. John T., æt. 53, has had poor health for the past two years; was attacked with dysentery three days ago. To-day, June 27th, 1880, he has a temperature of 102° F., constant nausea, but no vomiting, labouring for breath, and complains of faintness. Great pain exists, and very frequent bloody pas-

sages. Quinine and Dover's powders were administered for 48 hours with slight relief. Injections of starch water and laudanum were frequently used, producing some ease, but no check to the complaint; passages very fetid. Opium and acetate of lead in large doses failed to control the progress of the disease. Gentle laxatives and alterative powders of rhubarb and hydrarg. cum. creta were employed for a time; the tongue is now rather better, but the pain worse. The patient is very weak and despairs of recovery. I resolved now, the tenth day, to use Ipecac. and ten grains were given every six hours until six doses were taken. The perspiration produced was moderate, the exhaustion considerable, but this was well repaid by the almost entire remission of pain. An occasional dose of rhubarb and soda bicarb. was given and mild astringents followed, with the effect of gradual convalescence. Ipecac. rarely fails; it acts promptly. It seems to cure by removing the cause, and not by restraining the effects. It is a convenient, harmless inexpensive drug, always available. I would not say it never fails; in three cases of twenty-seven it was not followed by improvement, when the system does not tolerate it, the emesis produced seems to have a good effect.

While writing this the *London Lancet* for July 17th came to hand, containing a very interesting article on the treatment of Tropical Dysentery, by Dr. Courtenay, Government Medical Officer at Lucea, Jamaica; he says, "Within the past three years I have had to treat upwards of 200 cases of dysentery, and I can safely assert that until I absolutely adopted the Ipecacuanha treatment my results were anything but satisfactory, and since then some of the most apparently hopeless cases have made a rapid recovery." I cannot better conclude than in Dr. Courtenay's words, when he says, "My utmost expectations will be fully realised if this very imperfect outline of the treatment of dysentery enables any one to grapple with a disease that admits of no parleying, and if the reopening of the subject is sufficient at least to arouse the attention of those who feel difficulty in yielding up present ideas."

#### CLINICAL NOTES FROM THE COUNTRY.

BY F. STRANGWAYS, M.D., BEETON, ONT.

CASE I.—Jos. McA., æt. —, gave following history: Was in Alliston on the fifth November last; was drunk and got into a general bar-room fight.

He was certain he was only struck by a man's fist; his face was badly bruised and cut. That night epistaxis commenced. Such remedies as cold water and charms were used all night with no effect. Next day it ceased a little, but kept on bleeding slowly. On the 7th I was called; face still swollen; cuts healing very well; he says he always bleeds for a long time when cut. Administered tr. ferri. mur. in large doses and ordered him to keep very quiet in the recumbent position. Bleeding increased; gave a large dose of alum and injected a weak solution into the nasal cavities which apparently checked it a little. Called again in the evening; bleeding freely; very weak and dizzy; vomiting large quantities of blood; refuses all kinds of nourishment. The injection had cleaned the cavities out but had not checked the bleeding, as it ran down the throat. The posterior nares had been plugged with clots. I requested permission to plug but the friends were too nervous to allow me. I made a strong decoction of oak bark and put it in a pail which was placed five feet above the patient's head. The cavities were filled with this tea by means of a tube. In about ten minutes the bleeding stopped entirely and did not return for two days, when the same treatment stopped it at once, to commence again after five days intermission. The oak bark infusion was used with final success.

On the third of December I was called to see him again. He complained of dizziness which was so severe that he could not sit up. He also drew my attention to his right eye-brow where I found a depression of bone about half an inch square, which could not be detected before on account of the swelling. This explained the persistency of the epistaxis, which must have been caused by rupturing some vessel in the frontal sinus. He thought his dizziness was caused by the depressed bone, and was very anxious about it. I gave him a strong dose of calomel and jalap at once and 20 grs. of bromide of potassium every four hours.

4th. No improvement. There is no pain; no feverish chills, in short nothing but dizziness. Applied cold water constantly to the head and opened the bowels freely with podophyllin.

5th. No improvement; still no other symptoms; gave quiniæ sulph. grs. xv., and pot. bromide grs. xxx.

6th. Feels perfectly well, except that he is a

little deaf. Dizziness occurred once afterwards, and was cured by the quinine and bromide mixture. I believe the dizziness was caused entirely by malarial poison, though I have not learned of any similar case of constant vertigo with no other symptom caused by the marsh miasm; nor can I find a recorded case of fracture of the frontal bone by a blow of a man's fist.

CASE II.—John Law asked me for medicine for his son Willie, five years of age, who was suffering from diarrhoea. I gave him pulv. cretæ aromaticus cum. opio. This checked the diarrhoea but made him very sick. Two weeks afterwards I was requested to see him. Found him very weak and emaciated, with a very bad, sallow complexion. His father said he was treated for peritonitis two months previously by a 'popular' medical man. I learned the symptoms of his so called peritonitis, and decided in my own mind that the diagnosis was wrong; that the child might have suffered from enteritis, but most likely from lung trouble. I stripped and examined the chest; the right side was normal, but the left appeared very large and distended. Respiratory murmur was very loud on the right side and absent on the left. There was dulness over the whole of the left side, and the heart displaced two inches to the right. The breathing was very rapid; tongue brown and tending to dryness; temperature 103°; total anorexia; severe headache and deafness; skin cold and damp. My diagnosis was empyema which had caused the diarrhoea and was now causing septicæmia. Being seven miles from home and having no trocar and canula with me, I opened the chest with a broad lance, piercing the skin opposite the lower border of the eighth rib, and then drawing it up to the space between the seventh and eight ribs plunged it in. Before operating I used an exploring needle to be certain that there was purulent matter present. About a quart of the fluid escaped, when signs of syncope appearing, I put a compress over the opening, and gave him brandy, quinine and iron.

Next day, 1st September, found the tongue cleaner, skin more natural; breathing less hurried and appetite returning. Could not let out more than a pint to-day on account of impending syncope.

Sept. 2nd. Still improving; temp. 100°; respiratory murmur heard in the upper part of the

chest. He is cheerful; appetite good. A little over a quart of matter was taken away which appeared to be all there was. An antiseptic poultice of linseed meal and carbolic acid was put over the opening.

Sept. 3rd. Still improving; temperature natural; heart returning to normal position; respiratory murmur heard in nearly two-thirds of proper lung space. Gave syr. ferri. iodidi, with quinine, and discontinued the poultice, as there had been no discharge, and used lard as a dressing. Did not see him again for six weeks.

Oct. 18th. He was brought to my office. Found him strong and fat, with a healthy complexion; the heart has returned to the normal position, and the respiratory murmur is heard over the whole lung, which has expanded to the natural size, but there is still a discharge. Applied a fly blister and gave him the following: R. Quinix Sulph. grs. xx, Ferri. Sulph. grs. xxx; Acid Sulph. M. xxx, aquæ ad. ʒiv. Sig. A teaspoonful in water before meals.

Nov. 12th. Much better; the discharge is almost stopped; ordered same treatment again which cured him of everything except that he inclines a little to the right side.

I send you this as I think my treatment, which can hardly be called modern, was very successful, and leads me to depend less upon the superiority of new remedies and plans over old ones, because their authors can quote a few successful cases. I also wish to draw attention to the immense quantity of purulent matter which escaped amounting to over 2½ quarts, and to the mode of opening the chest by the valvular or flap-like opening into the pleural cavity which prevented all ingress of air while it permitted a free egress of matter.

CASE III.—Mr. V. attacked with pleurisy. Treated by ordinary means; but a small amount of effusion took place. On the tenth day when coughing much more violently than usual, a viscid fluid was raised. Mucus rales were heard in the lower part of the lung. He continued to cough up this fluid freely for nearly three days; total amount was about 1½ quarts. Recovery was complete, the effusion disappearing as the expectoration went on. The history, complete absence of symptoms of lung trouble, and the nature of the fluid convinced me that the fluid came from the pleural cavity, and yet no air entered it.

## AFFECTIONS OF THE EYE OCCURRING IN CONNEXION WITH GONORRHOEAL RHEUMATISM.

BY G. S. RYERSON, M.D., L.R.C.P. AND S. EDIN.—  
TORONTO.

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At a recent meeting of the Toronto Medical Society, a paper was read by Dr. McFarlane, on "Gonorrhœal Rheumatism." I drew the attention of the Society to certain affections of the eye occurring in this connexion, but owing to the lateness of the hour I was unable to go as much into detail as I should have liked, and as the subject deserved. I have thought it would be of practical value to bring my remarks more in extenso before the profession, as constitutional treatment which is successful as regards the eye may also be of use in dealing with other phases of this generally intractable malady.

I do not propose to discuss that severe form of inflammation of the conjunctiva which results from the introduction of gonorrhœal matter into the eye, but those occurring in connexion with the later manifestations of gonorrhœal rheumatism.

These affections have long been recognised and described by various authors, as Mackenzie, Wordsworth, Hutchinson, Lawrence and Brodie. The accounts given by the last two are particularly clear. Lawrence<sup>1</sup> describes two types which he regards as rheumatic affections of the eye, excited by gonorrhœa. (1) A mild purulent inflammation of the conjunctiva; and (2) iritis and scleritis of a severe character. He gives notes of eleven cases. Brodie's<sup>2</sup> account is masterly. The eye is usually affected during the gleet stage, or after the discharge has ceased. It is most commonly monocular but may begin in one eye and pass to the other. There is a great tendency to relapse. This may occur many times and over long periods. The eye affection may be simultaneous with urethral discharge and joint trouble, or may follow

either of these. This latter most commonly obtains. The conjunctivitis is mild, and principally attacks the palpebral portion of the conjunctiva, but is attended with much œdema.

Iritis and scleritis are much more serious complaints. The pain, lachrymation and photophobia are great, thus contrasting strongly with the corresponding syphilitic affections. There is much effusion; the aqueous humor is turbid with flocculi of lymph. The cornea is hazy and dotted with adherent lymph, especially at its lower part. The sclerotic injection is intense. The iris is swollen and discolored, and the pupil is dilated as in ordinary serous iritis. Owing to the interference with the nutrition of the cornea by the increased pressure it sometimes sloughs, or it may ulcerate in connexion with mild conjunctivitis.

The *treatment* consists in the exhibition of mercurials until there is slight discomfort when the teeth are snapped together. Its beneficial effect is soon manifested. A solution of atropine (grs. iv. ad. ℥j. aq. dest.) should be dropped into the eye when iritis or scleritis is present. If the œdema of the conjunctiva is considerable it should be freely scarified. When the purulent discharge is present, mild astringents should be used as zinc sulph. or aluminis.

The *prognosis* is in general favorable. Nearly all cases will yield to the free use of mercurials. It is of great importance to use atropine early and frequently (every hour), in the cases of iritis.

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### Correspondence.

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To the Editor of the CANADA LANCET.

SIR,—The exposure through the secular press of Buchanan, the American Bogus Diploma man, has its interest for the medical profession in Canada as well as the United States.

An analysis of the list of graduates furnished with diplomas by Buchanan and Payne, is rather startling to the average Ontario practitioner who fancies he has the honor of belonging to a society whose doors are locked and guarded, so that none but those fully qualified can gain access to his sanctuary.

The following list gleaned from the *Philadelphia Record*, will show that there are other means of getting into the garden without entering at the gate:—

(1.) Venereal diseases of the eye—London, 1830.

(2.) Diseases of the joints, 5th edition.

Those marked with an asterisk appear in the *Ontario Medical Register*, \*J. Adams, S. Bean, Richard C. Butler, J. Brown, J. Brady, Geo. Benton, P. A. Campbell, Wm. Cavnon, J. H. Carpenter, H. Cox, \*G. A. Clark, S. J. Clark, Geo. Calder, Pierre Demme, Edward Dawning, \*James F. Danter, James A. Dingman, William A. Devlin, George C. Eggart, W. G. Trailigh, M. M. Field, Daniel C. Fry, David Girdnir, Thos. W. Gegan, G. Goodman, \*N. Hopkins, Joshua Kilfrick, \*Thos. Hossack, P. H. Herron, John K. High, \*J. F. Halstead, J. H. Hawke, A. W. Hutchins, Joseph B. Hill, James Hutchison, J. B. M. Hoff, George Ingliss, J. R. Johnstone, \*J. K. Johnstone, Wm. Johnstone, W. H. King, \*J. P. Kay, Owen C. Knight, Robert Kenney, Kindwendeshon, Charles King, \*Robert Mark, D. K. Moore, J. C. Moorehouse, T. P. McDonald, F. McIntosh, \*Norman McGregor, John L. Newton, James R. Post, \*Thomas Quinn, C. Rutherford, C. B. Robbins, \*Hugh H. Rae, \*A. B. Rose, Thomas Robinson, H. Shone, W. R. Sherbenford, Laughlin Sutherland, J. H. Sutherland, \*John M. Sinclair, Daniel L. Steel, Benj. H. Southard, Alexander Stark, John Steel, Eliz. St. Maria, J. S. Toque, Job Wilson, William Watters, L. Wilkie, J. Philip, Alexander Adam, George F. Hunter, Alexander Stark, Robert W. Stirling, John L. Wideman, Peter Barkey, W. L. Bullis, D. D. Cordon, \*S. S. McConnell, A. Cheney, \*C. M. B. Cornell. E. Drew, E. A. Duclos, W. A. Durand, H. A. Kilburn, \*W. Lutes, \*Joseph Morrison, \*Robert McQuillon, \*James Newell, Edward Robillard, A. M. Ross, H. A. Sommers, J. M. Wilkinson, T. D. Whitcher, P. A. Waters, E. S. Wiggins.

A shrewd suspicion has long been entertained by those who have some opportunities of knowing, that registration was not a very difficult thing to get, by those who had no fear before their eyes of section 39 (and its subsections) of the Ontario Medical Act.

This communication is respectfully dedicated to the Registrar, and the Medical Detective, Mr. Smith, whose combined efforts, if properly directed, might result in elimination of certain effete and extraneous matter from the body medical.

Yours, &c.,

CHIRON.

## CANADA MEDICAL ASSOCIATION.

### MINUTES AND PROCEEDINGS.

The thirteenth annual meeting of the Canada Medical Association was held on the 1st and 2nd of September, in the Parliament Buildings, Ottawa.

Among those present, and whose names appeared on the register, were Drs. David, E. Robillard, Howard, Gardner, Montreal; Botsford, St. John; J. A. Grant, J. Sweetland, Ottawa; Mostyn, Almonte; Sullivan, Kingston; D. Clarke, Toronto; T. T. Burgess, London; J. H. Bray, Chatham; J. T. Mullin, Hamilton; W. Osler, F. Buller, Montreal; Burritt, Peterboro; Workman, Canniff, J. Fulton, R. A. Reeve, A. A. Riddell, A. H. Wright, R. Zimmerman, Toronto; R. W. Powell, H. Hill, Ottawa; J. D. Macdonald, Hamilton; H. T. Pattee, Plantagenet; T. H. Duplessis, Richmond, Que.; G. T. Shepherd, James Bell, Montreal; W. H. Hingston, Montreal; R. Howard, St. Johns, Que.; E. Playter, Toronto. J. W. Whiteford, W. Wilson, S. Wright, A. Rogers, Ottawa; W. B. Malloch, Brockville; Jas. Cassells, Three Rivers, Que.; D. O'Brien, Renfrew; J. Stewart, Brucefield; H. P. Wright, Ottawa; T. J. Harrison, Selkirk, Ont.; A. A. Henderson, Ottawa; P. A. McDougall, C. Church, Ottawa; W. Marsden, C. S. Parke, Quebec; Geo. Ross, Montreal; W. Ewing, Hawksbury; J. G. Cranston, Arnprior; J. H. S. Brunel, Montreal; T. B. Bently, Ottawa; F. McEwen, Carleton Place; V. H. Moore Brockville; J. W. Pickup, Brockville; A. Lamarche, L. C. Prevost, A. L. Smith, E. A. Lachapelle, J. P. Rottot, Montreal; J. D. Kelloch, Perth; J. D. Lafferty, W. W. Dickson, Pembroke; J. Mann, Renfrew; D. Beatty, Richmond; A. Worthington, Clinton; E. C. Malloch, Ottawa; Munro, Lanark; G. H. Groves, Carp; J. A. Campbell, Seaforth; R. H. Preston, Newboro; A. Robillard, Ottawa; G. H. Preston, J. G. Baird. A number of the above were elected members at the present meeting.

The President, Dr. Howard, took the chair at 10.15, and on opening the session requested all the ex-presidents to take seats on the platform.

Dr. Grant, on behalf of the Committee of Arrangements, announced the programme of proceedings, and that the adjournment for luncheon would be from 1 to 2 each day.

The minutes of the last day's meeting of last session were then read and confirmed.

Drs. Brodie, of Detroit, Brush, of Utica, and Goodwillie, of New York, delegates from the American Medical Association, were elected honorary members and invited to take seats on the platform. Dr. Brodie acknowledged the compliment.

Dr. Canniff moved, seconded by Dr. J. D. McDonald, "That the President's address be the first order of business after recess." Carried.

On the motion of Dr. Marsden, seconded by Dr. McDonald, the By-laws on the order of business were suspended for the present.

Dr. Mullin reported for the Committee on Fees, &c., as follows: "That it is not desirable to insist upon the payment of the annual fee except by those who are present at the meeting." The report was adopted.

On the order of business being resumed, the President called upon the Standing Committees to report.

There was no report from the Committees on Medicine or Surgery.

Dr. Gardner read an interesting report on Obstetrics.

Dr. Lester, of Oswego, Ill., requested permission to attend the meeting, which was granted most cordially.

Dr. Botsford read his report on Sanitary Science, which was discussed by Drs. Brodie, Playter, Brush, Workman and Grant.

Dr. Osler then read his report on "The Progress of Pathology," when it was moved by Dr. Canniff, seconded by Dr. Sweetland, "That the discussion on the Reports by Drs. Gardner and Osler be taken up to-morrow morning. Carried.

On the motion of Dr. Workman, seconded by Dr. Botsford, the following gentlemen were named as a "Committee of Nomination":—Drs. Marsden, Robillard, Osler, Ross, Canniff, McDonald, Hill, Grant, Clark, and Botsford.

The President named Dr. McDonald Chairman of the Medical Section, and Dr. Ross Secretary; Dr. Canniff Chairman of the Surgical Section, and Dr. McDougall Secretary.

The meeting adjourned at 1 o'clock.

#### AFTERNOON SESSION.

The President being absent, it was moved by Dr. Workman, seconded by Dr. Marsden, "That Dr. Botsford take the chair." Carried.

The minutes of the morning's meeting were read and confirmed.

The President then resumed the chair and read a very able and interesting address of which we give the following epitome:—

He stated that it was now 13 years since the Association was formed in Quebec, and he believed that beneficial results had followed its organization. Instances of objects gained, more particularly in regard to the curriculum of medical students, were quoted. It was their duty to bring to the notice of their legislators the necessity of paying due attention to sanitary matters and vital statistics. As physicians had they done their duty in this matter? In this connection he congratulated the association that their efforts to get the general Government to adopt a system of health registration had been successful to an extent at least. The papers read

at the meetings of the Association had led to a large dissemination of scientific knowledge. Having referred to some of the good which they had achieved, he would refer to other objects which they ought to seek to attain. If he did not advocate a general system of registration of deaths, births and marriages, it was because it had already been referred to. For the same reason he would not refer to a voluntary system of registration of diseases. He believed that a compulsory system of registering infectious diseases would yet have to be adopted in Canada. Reference was made to the treatment of inebriety. Confirmed drunkenness was often a disease, as well as a vice. He thought that in dealing with this question legislation was first necessary, and he alluded to steps in this direction already taken in Nova Scotia and several States of the Union. He believed that a similar measure to those named would have to be adopted here, or one similar to the Habitual Drunkards' Act passed in England last year. Another step was that Government aid should be given to the establishment of inebriate homes. He saw no reason why a portion of the money obtained for the manufacture, and sale of liquor should not be devoted to the establishment of these homes. In some places aid was obtained from this source. He quoted Hon. Dr. Parker, of Nova Scotia, as urging the granting of aid from the Dominion Government to the establishment of inebriate asylums. He urged that medical examinations at coroners' inquests should not be conducted without the presence of trained experts; also, that a Council of Health should be established for each Province of the Dominion, with a Central Board at Ottawa. A Central Board should consist of a physician, a surgeon, a chemist, a practising physician as a health officer, a veterinarian, a statistician, a sanitarian, an engineer, an architect and a lawyer. He also thought that the President of the Board should be given a seat in the Cabinet. They could do a good deal more towards obtaining these desired ends than by reading papers at their annual meetings, and he believed it to be the duty of the members of the profession in Parliament to agitate these questions until they obtained what was desired. Members of the Association could also do a good deal by enlisting the support and influence of their local members. He urged upon medical men the support of the association and thought that valuable results followed from members meeting each other at the annual gatherings. He thanked the American Medical Association for the reception extended to the Canadian delegates; the National Board of Health of the U. S. for sending him copies of the Bulletin, their official record, and closed by expressing the hope that the Canada Medical Association might have a prosperous and enduring future.

On motion of Dr. Botsford, seconded by Dr.

Workman, the meeting then resolved itself into sections.

#### SECOND DAY.

The president took the chair at 10:30. The minutes of yesterday afternoon's session were read and confirmed.

Dr. McDougall, as Secretary, reported the proceedings of yesterday's Surgical Section.

The discussion of Dr. Gardner's report on Obstetrics was then opened.

Drs. Campbell, Bray, Wright, Workman, Brodie, Goodwillie, Dickson, Harrison, Pickup, Moore and Mullin having spoken, Dr. Gardner replied to several important questions put to him.

The general Secretary then read telegrams just received expressing regrets at not being able to be present at this meeting from Drs. T. K. Holmes, of Chatham, W. H. Brouse, Prescott, and Atherton, of Fredericton.

Dr. Hingston then made some remarks on the treatment of hæmorrhage, but no discussion was allowed by the President, when Dr. Osler's report came up, and Drs. Mullin, Howard, Fulton and Hill spoke on it, and Dr. Osler replied.

The President then requested the Vice-President for Ontario, Dr. Hill, to take the chair, as he wished to read the report of the special committee on sanitary matters appointed at the last meeting, but as it was a very lengthy document, he would explain its purport and only read extracts, concluding with proposing "That the President elect, Drs. Oldright, Grant, Botsford, and Larocque be a committee to continue communication with the Dominion Government with the view of securing a grant towards carrying out an effective system of health registration."

At Dr. Fulton's suggestion the names of Hon. Dr. Brouse and Dr. Strange, M.P., were added to the committee.—Carried.

Dr. Fulton thought it would be well for a deputation to wait upon the Government at once relative to the matter.

Dr. Grant said that most of the ministers were away, and nothing could be done now.

According to the plan submitted to the Government, it is proposed to have a statement made of the number of cases of each disease coming under the notice of the physicians reporting, to accumulate facts regarding the peculiar features of the locality, such as the drainage, water supply, topographical features, etc. This information is to be obtained from physicians. A review of the reports received would be issued every two weeks, stating the diseases which were most prevalent in the different localities, and whether the number of cases of the disease had increased or not since the previous report. Special attention would be devoted to pointing out the expense of contagious and infectious diseases, and such information would be

given relative to public health as might be considered of service to all interested therein. Copies of this review would be furnished to the Minister of Agriculture, to the Secretary and President of each Medical Society, to the Mayors and Health Officers of each city, town, or municipality, as well as to every physician reporting. In cases of epidemics special reports could be made. An annual report would be prepared for the information of the Government, which would contain a digest of the reports received during the year, and disease charts might also be prepared to accompany this report, showing the most prevalent diseases in the different localities. The data contained in the reports would also be compared with the meteorological returns, so that the influence of the weather might be investigated.

The Association then, on motion, resolved itself into sections.

#### AFTERNOON SESSION.

A quorum being present at 3 o'clock, on motion, Dr. Botsford took the chair. The minutes of the morning's session were read and confirmed.

The President entered during the reading of the minutes and assumed the chair.

It was then moved by Dr. Fulton, seconded by Dr. Bray: "That the following committee be appointed to consider the propriety of adopting some uniform system of classification of disease for the guidance of the profession in Canada, and report at the next meeting of this Association, viz., Drs. Workman, of Toronto; Ross, of Montreal; McDonald, of Hamilton; Atherton, of Fredericton; and Parker, of Halifax.—Carried.

The Association then went into sections.

At 5.45 the President resumed the chair of the General Session.

On motion of Dr. Osler, seconder of Dr. Campbell's notice at last meeting, the following was adopted: "That the time devoted to the reading of any paper, except addresses on special subjects, which at a previous meeting had been assigned to a member, shall not exceed thirty minutes."

Dr. R. P. Howard gave notice of motion for the next meeting: "That By-law chap. 7, first clause of section 2, be amended to read as follows: 'Every permanent member shall pay the treasurer two dollars at every annual meeting which he attends.'"

The Secretary then read the report of the Committee on Necrology, drawn up by Dr. Fulton, giving the names of thirty-one members who had died since our last meeting.

Dr. Botsford, for Dr. Hingston, then moved, seconded by Dr. Sweetland, "That in view of the discussion on over brain-work and cram in schools, elicited by Dr. Grant's very important paper on "Gymnastics of the Brain," the following be a

committee to report at the next meeting of this Association in reference to this subject, viz., Drs. Grant, Workman, D. Clark, Hingston, Larocque, Botsford and Playter."—Carried.

Dr. Canniff moved, seconded by Dr. Sullivan, "That it is the unanimous opinion of this Association that at the present time there is no subject demanding the attention of legislators in this country of greater importance than that of public health, and that in order that Canada may not be behind other countries in this important matter, it is most desirable that both the Dominion and Provincial Governments should, with as little delay as possible, legislate and provide means for the better promotion of the public health throughout this Dominion, and that the General Secretary furnish a copy of this resolution to the Secretary of State."—Carried.

The Treasurer's report was then read, and Drs. Henderson and Buller were named Auditors.

Dr. Marsden presented the report of the Nominating Committee, which was adopted. The next meeting is to be held in Halifax, N.S., on the first Wednesday in August. The following officers were selected:—Dr. Canniff, of Toronto, for President; Dr. David, of Montreal, General Secretary; Dr. Robillard of Montreal, Treasurer. For Ontario—Dr. J. A. Mullin, Vice-President; Dr. Adam Wright, of Toronto, Secretary. For Quebec—Dr. Fenwick, of Montreal, Vice-President, and Dr. Belleau, Secretary. For Nova Scotia—Dr. Parker, Vice-President, and Dr. Lawson, Secretary. For New Brunswick—Dr. J. Christie, Vice-President, and Dr. P. Inches, Secretary.

Committee of Arrangements—Dr. Parker, Dr. Wickwire, and Dr. Jennings, of Halifax, with power to add two to their number.

Publication—Dr. Zimmerman, of Toronto and Drs. Osler and Campbell, of Montreal, together with the Secretary and Treasurer.

Practice of Medicine—Drs. A. P. Reid, of Halifax, Holmes of Chatham, Ont., and Taylor of St. John, N.B.

Surgery—Dr. Farrell, of Halifax, Dr. Sullivan of Kingston, and Dr. Brunel of Montreal.

Obstetrics—Dr. J. Ross, of Toronto, R. S. Black of Halifax, and Dr. Henderson, Ottawa.

Therapeutics, &c.—Dr. J. Stewart, Brucefield; Dickson, Pembroke; Bray, Chatham.

Necrology—Drs. Lachapelle, Montreal; S. Z. Earle, St. John, N.B.; Fulton, Toronto.

Education—Dr. Bayard, St. John, N.B.; Dr. Robillard, Ottawa; Pickup, Brockville.

Climatology and Epidemic Diseases—Dr. Playter, Toronto; Dr. Oldright, Toronto; Dr. Larocque, Montreal; Dr. Allison, St. John, N.B.; Dr. Jennings, Halifax.

Ethics—Dr. Macdonald, Hamilton; Drs. Hingston and Robillard, Montreal; Dr. Parker, Halifax; Dr. Grant, Ottawa; Dr. Botsford, St. John;

Dr. Prevost, Ottawa; Dr. D. Clarke, Toronto; Dr. Osler, Montreal; Dr. Sweetland, Ottawa.

The Nominating Committee recommend that the President shall exercise his discretion in appointing delegates to any sister scientific associations.

Moved by Dr. Botsford, seconded by Dr. Hill, "That the usual honorarium be paid the General Secretary and the expenses of the Treasurer be allowed that officer, and that the best thanks of the Association be tendered both these gentlemen."—Carried.

It was then moved by Dr. Mullin, seconded by Dr. Canniff, "That a general certificate be issued by the General Secretary to enable members of the profession to have the advantage of the reduction of rates in travelling enjoyed by members of the Association, and that such certificate be supplied through the Local Secretaries to the Secretaries of all Medical Societies."—Carried.

The customary votes of thanks to the Speaker of the House of Commons, the President, the railways, etc., were passed, after which the Association adjourned.

#### MEDICAL SECTION.

September 1st.

The Medical Section was opened at 4 p. m.—Dr. J. D. Macdonald (Hamilton), chairman; Dr. Ross, secretary.

Dr. Workman read a paper translated from the Italian on the subject of "Localization of Brain Disease." The case was that of an epileptic patient whose mental faculties were very deficient, but whose vegetative functions were normal. Measurement showed marked atrophy of the limbs of the left side; after death there was found great atrophy of the right hemisphere, inflammation of the meninges, with purulent exudation over a great part of the surface, and sclerosis of the optic thalamus of the same side. The clinical and pathological features of the case tended strongly to support current views regarding the localization of cerebral functions.

Dr. Osler read a paper on "Spastic Spinal Paralysis." The patient exhibited well-marked clinical features of spastic paralysis. The autopsy showed that the process of sclerosis was not confined to the lateral columns only, but extended over a much wider area. The writer concluded that spastic spinal paralysis was not a distinct pathological affection, but might originate secondarily to certain local changes.

Dr. Ross having seen the patient readily diagnosed it as a typical example of spasmodic paralysis. The actual lesions present in the case did not correspond with those mentioned by the classic writers.

Dr. Fulton read a paper on Pseudo-Hypertrophic Muscular Paralysis. A general account of



this rare disease was given and a report of the case he had observed. The patient, aged 24, was present, and, being stripped, was examined by the members. This case will be published in an early number of the *Lancet*.

Dr. R. P. Howard showed photographs of two well marked cases, both boys which had come under his observation.

September 2nd.

The medical section was opened at 12 m.

Dr. Hill read a paper on "The Discarded Practice of Venesection." The disuse of bleeding at the present day was in his opinion due in great measure to a change of type in disease within the last thirty or forty years. He thought that the lancet would yet be employed more than at present. He recommended bleeding especially in the early stages of fever, in pneumonia and in puerperal convulsions.

Dr. Botsford sympathised with the views of the writer. Prof. Gross styled venesection "one of the lost arts." Fashion, has of course much to do with this, but he felt satisfied that it arose partly from the great advances in pathology of late years.

Dr. R. P. Howard said that there was much diversity of opinion as to change of type. Modern physicians are much more successful in the treatment of pneumonia than those who lived in the days of bleeding. He believed that now-a-days the nervous element was more prominent—the condition of neurasthenia, was more frequent,—and thus a different treatment was required.

Dr. J. Campbell said that many persons had a strong feeling against bleeding and this gave rise to reflections when a case ended fatal y, and hence many physicians were thus deterred from employing venesection. He had employed it successfully in three cases of puerperal convulsions.

Dr. Lafferty said that many old fashioned people blamed the doctor if he did not bleed.

Dr. Brush never saw venesection practised. He stated that Dr. Austin Flint had an attack of pneumonia; his attendants advised bleeding; he repeatedly objected; finally, the distress becoming more urgent, he requested to be bled, which was done and he was relieved.

Dr. Osler had seen great benefit from bleeding in pneumonia. Relief was immediate. He would also recommend it in the early stages if there was very high fever; and in some forms of chronic valvular disease to relieve fulness of the right heart.

Dr. Ross said several had spoken of bleeding in puerperal convulsions. He would ask on what grounds was it here employed? It was at one time supposed that this symptom arose from congestion of the brain, which bleeding relieved, but few now entertain this view. He thought that the chief indication was to allay the irritable state of

the motor nerve centres by the administration of chloral hydrate.

In the afternoon session Dr. Grant read a paper on "The Gymnastics of the Brain." He said that he felt it his duty to read a few notes on this question in view of the forced pressure to which the brain was subjected during the scholastic period. The physical well-being of the pupils should be considered as well as the acquirement of knowledge. The mental and physical progress of the pupil should advance equally, otherwise growth in either case would be one-sided. He urged the importance of an intimate knowledge of the construction of the brain and its relations to other parts of the body, and dwelt particularly on the necessity of caution in overstraining the mental power. Not until the seventh year should children be sent to school and regular mental work be commenced. Children sent to school too young were frequently injured with spinal and other diseases. He condemned the pursuance of a system of "cramming" and hot-house vegetation. For children under seven years' education should be conducted in the form of play. He was opposed to over-stimulating the young mind, as in later days its bad effects would be felt. Proper sanitary inspection of schools was advocated as a means of staying the evils of over-taxation of the nerve tissues, and good light, ventilation, etc., supported.

Dr. Brodie, of Detroit, concurred in the object of the paper, and warmly assailed the whole system of cramming.

Dr. D. Clarke, condemned the school architecture as defective and the cause of much illness among the pupils and children. The schools were crammed with too many pupils for their space, and little or no arrangements for perfect ventilation were made. The cramming of pupils, too, was dangerous. He desired to see two-thirds of the present studies, especially the fanciful, lopped off the list for the common schools, and merely the radical studies taught there.

Dr. Botsford referred to the fact that children were provided with improper food for building up healthy bodies, and apart from that were, by undue exhaustion of the brain draining other parts of the system of their due proportion of power and strength in order to maintain the brain.

Dr. Campbell, of Seaforth, condemned the practice of sending children to school before their seventh year was reached.

Dr. Workman, of Toronto, condemned the system of competitive examinations, and thought the relations between the Common and High Schools were too close. The system of making the Government grant to High Schools contingent on the number of prize pupils was a very injurious one. He considered that they were educating their children too fast.

Dr. Bray defended the high schools on utilitarian grounds, but he thought that gymnasiums should be connected with them for the development of the muscles and physical structures.

Dr. Macdonald said that the establishment of gymnasiums only added one fatigue to another. An ecclesiastical Synod was now considering the question of education, and if the Medical Association did not take immediate action the Synod would do so first.

After further discussion it was moved by Dr. Bray, seconded by Dr. Burgess, "That the principles embodied in Dr. Grant's paper are approved of by this Association, and are well worthy of the consideration of the educational authorities of the Dominion." Carried.

Dr. Stewart, of Brucefield, Ont., then read a paper on "The Preventive Treatment of Hemicrania by Cannabis Indica." He gave a synopsis of 15 cases with results, showing the efficacy of that drug in certain cases.

Dr. R. P. Howard said that Dr. Seguin had recently directed attention to this remedy. He was proud to find such a valuable contribution to this subject by a Canadian physician.

Dr. Ross read Dr. J. A. Sewell's paper on "Tea as a Therapeutic Agent." He gave several cases observed by himself in which strong infusion of tea had acted as an antidote to the toxic effects of opium.

Dr. Marsden read a paper on "Moveable Kidney or Ectopia Renalis." He alluded to the rarity of the disease, cases in which it was likely to occur, causes, and other points of interest.

Dr. Burgess read a paper on "The beneficial and toxic effects of the various species of Rhus." He had seen a large number of cases of poisoning by these plants when on a surveying expedition among the Rocky Mountains. Lotions of lead were the best local application. Rhus was useful in certain forms of skin disease and in some other affections.

#### SURGICAL SECTION.

September 1st.

The Surgical Section was opened at 2:30 p.m. Dr. Canniff, Chairman; Dr. McDougall, Secretary.

Dr. Goodwillie read a paper on the "Surgery of the Antrum of Highmore." The patient who was the subject of the paper, Dr. Munro, of Lanark, was present. He also exhibited an atomizer for the introduction of finely powdered medicine into the nasal cavity.

Dr. Clark then read a paper on "Brain Lesions." He thinks the brain can stand more ill treatment than any other organ of the body. He does not agree with the views of Ferrier in regard to localization of functions. There are no satisfactory lines of demarcation in the brain, even the sulci form only partial divisions between the convolu-

tions. He agrees with Richet that the basal and cerebellar ganglia are the centres, and bases his opinion on the fact that the base is much better supplied with blood than the cortex, and also on the want of uniformity in the symptoms when portions of the brain are removed, as by accident. He gave a number of cases, chiefly from the records of military surgeons of the late American war, to support these statements.

Dr. Reeve read a paper on "Plastic Operations on the Eyelids." He advocated transplanting large portions of skin thoroughly freed from subcutaneous tissue and accurately applied. They should also be large, as there is great contraction.

Dr. Hingston made some remarks on the method of treating the graft by keeping it warm by means of hot water and scraping off the under surface until it resembled white kid. In reply to the question, how does the skin unite? Dr. Reeve said that lymph is effused and soon becomes permeated with vessels, and union occurs throughout the whole under surface of the flap at once.

September 2nd.

The section was opened at 12 noon. Dr. Canniff in the chair.

Dr. Hingston read a paper on "The Surgical Treatment of Wounds." He dwelt chiefly on the methods of obtaining union by first intention, and showed that attention to certain details, which by many might be thought unimportant, was necessary. He advised absolute cleanliness of the wound; cleanliness of the surgeons hands and those of his assistants; perfect coaptation of the surfaces of the wound, recommended forcipressure or acupressure to check hemorrhage; objected to the use of adhesive plaster or bandages, opposed the use of drainage tubes in fresh wounds, or warm or cold water dressings. He used adhesive plaster to make extension of flaps and prevent perforation of the flap after amputations.

Dr. Brodie said the simplest procedures were the best; hot water to arrest hemorrhage and cleanse the wound, and then as little interference as possible.

Dr. Fulton does not adopt Lister's appliances, because they prevent primary union; he opposes the use of drainage tube in anticipation of suppuration.

Dr. Stewart stated that blood clot may become organized in wounds under Lister's treatment.

Dr. Canniff thinks a clot in a wound may sometimes become organized, but it is not a blood clot; it is a "clot of fibrin coloured with blood."

Dr. Sullivan asked Dr. Hingston how he arrested hæmorrhage?

Dr. Hingston said in reply that he arrested hæmorrhage by forceps pressure; never by torsion, and seldom by ligature, and then only the largest vessels. He leaves the wound open to glaze. He

was opposed to Listerism, and said that in an article recently published by a Montreal surgeon, a number of cases treated by this method were reported, and in not a single instance had union occurred by first intention; whereas in his own practice this was of frequent occurrence.

Dr. Bell said that in the cases referred to, primary union had occurred in every single case. They were all major amputations, and drainage tubes were inserted at the angles of the wound; primary union took place readily.

The Section adjourned at 1.30 p.m.

On re-assembling at 3 p.m.,

Dr. Canniff read an excellent paper upon a case of "Resection of Elbow Joint." There was very little time for discussion.

Dr. Buller also read a very interesting and instructive paper on "Mastoid Disease."

Dr. Wright asked if chills were indicative of formation of pus? Dr. Buller said one chill indicates the formation of pus; a series of chills, septicæmia or pyæmia.

Dr. Reeve used a special drill for such cases; drilled into the mastoid in twenty or thirty cases, without any bad results; thinks many cases of ear disease are due to use of nasal douche; recommends boracic acid in both eye and ear.

#### THE DINNER.

In the evening at the Russell the Medical Association were tendered a banquet by the medical profession of Ottawa and its vicinity. Dr. Hill, of Ottawa occupied the chair. Dr. Cranston, the 1st Vice, and Dr. Robillard, the 2nd Vice chair. The Committee of Management, was comprised of J. A. Grant, Chairman, and Drs. Mostyn, Sweetland, Dickson, Malloch, Bentley, Powell, Wright, Laferty, Baird, Kellock, Giles, and Whiteford. The cloth having been removed, at the instance of the Chair, the toasts of "The Queen," "The Prince of Wales and the Royal Family," "The Governor-General and Princess Louise" were duly honoured.

The toast of the "Army, Navy, and Volunteers" was suitably acknowledged by Dr. Smith, of the Montreal Cavalry; Dr. Malloch, of the G.G.F.G., Ottawa; and Dr. Bentley, of the Ottawa Field Battery. The latter gentleman directed attention to the unsatisfactory treatment of the medical staff in connection with the volunteer or militia system of Canada, and animadverted upon the Government's policy in sending out the surgeons on camping duty this year without supplying them with medicines or medicine chests.

The toast of "Her Majesty's Ministers" passed without speeches, there being no member of the Cabinet present, but that of the "Canada Medical Association and President" was acknowledged by Dr. Howard, who referred to the unflinching interest taken in the Association by the medical profession.

After a few further complimentary remarks, he

proposed the toast of "The Ontario and Quebec medical Councils."

Dr. Mostyn responded on behalf of the Ontario Council, and Dr. Rottot for the Quebec College.

The Chair proposed "The Medical Profession," associated with the name of Dr. Grant, of Ottawa, who referred to the self-sacrificing services rendered on many occasions by the medical profession in times of war or pestilence. He enumerated the names of many eminent lights in the medical profession of the world, and also those of one or two Canadians as examples of men who have rendered by their studies great public services.

Dr. Sweetland, of Ottawa, in proposing the toast of "Our Guests" offered a few suitable remarks, during which he threw out the suggestion that the time had arrived for the Medical Association to abandon its peregrinations, and to settle down for annual conferences at the capital of the Dominion, which was by far the most suitable place.

On behalf of the guests responses were made by Dr. Brodie, of Detroit; Dr. Botsford of St. John, N. B.; and Mayor Mackintosh, of Ottawa.

Dr. Hingston, of Montreal, in responding, characterized the Convention now meeting in the House of Commons building as the most important assemblage that had ever met within its walls.

Dr. Cranston, First Vice-President, proposed the toast of "Our Sister Professions," which was acknowledged in a neat and witty speech by Mr. Lasch, Deputy Minister of Justice. Mr. McLeod Steward and Dr. Wilson, of Ottawa, also responded.

Several other toasts, such as the "Educational Institutions," "The Press," "The Ladies," &c., were suitably honoured and responded to, interspersed with singing, which brought a pleasant evening's entertainment to a close at an early hour in the morning.

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### Selected Articles.

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#### SECONDARY DEGENERATION OF THE SPINAL CORD.

Amongst the contributions continually being made to the science of Medicine, not the least important are the courses of lectures annually delivered by Professor Charcot at Paris, and uniformly published in the *Progrès Médicale*. The *Brit. Med. Journal*, June 26, 1880, contains the following digest:—Of these are two series: one being given at the École de Médecine by Dr. Charcot in his capacity of Professor of Pathological Anatomy to the Faculty; the other at the Hospice de la Salpêtrière in his capacity of Physician to that institution; and whether he be treating essen-

tially of the anatomical side of disease, as in the former course, or of the clinical, as in the latter, Professor Charcot generally succeeds in introducing new and striking observations into his teaching, and in rendering his lectures interesting and suggestive, not only for his immediate audience, but also for the profession at large. The plan which M. Charcot adopts for his systematic course at the École de Médecine is each year to select some one branch of pathology, and to follow it up closely, rather than to extend his range over a wider area at the cost of thoroughness; and last year his choice fell upon the pathological anatomy of the so-called "systematic" lesions of the spinal cord. By the term "systematic" he means those lesions which, though extending throughout the greater part of the length of the cord, confine themselves more or less accurately to one region in its transverse section. Ever since careful microscopical examinations of diseased spinal cords have been made, it has been recognised that there is a strong tendency for morbid conditions to affect it in a curiously partial manner; that a lesion of one of the white columns, or of one horn of grey matter, tends to spread, not by involving the neighboring white substance of other columns or other contiguous regions of grey matter, but by advancing along the column or horn of grey matter first attacked, until perhaps this portion of the cord is more or less affected throughout the whole of its extent. Familiar instances of this fact are to be found in the affection of the posterior columns seen in cases of locomotor ataxy, and of the anterior horns in infantile paralysis and progressive muscular atrophy.

This regional circumscription of morbid processes in the spinal cord is of great interest, not only from the pathological but from the physiological point of view. As was remarked by Professor Charcot at the commencement of his course, the study of the normal cord had done comparatively little to aid physiologists in elucidating the problems relating to its functions. The landmarks by which anatomists could divide it into separate regions are too few to be of much practical service; collections of nerve-fibres having widely different functions are tied together into a compact whole incapable of anatomical subdivision; and the organ is too small and too sensitive to allow of anything more than rough experiments being made by physiologists. Owing, however, to the tendency of various diseases of the spinal cord to pick out certain functional regions and to confine themselves mainly to these regions, it has become possible to arrive at much more accurate conclusions regarding the functions of different parts of the cord than had previously been the case; and there can be no doubt that the next few years will result in the discovery of many new facts to add to those which have already come to light.

One of the most interesting facts to which Professor Charcot called special attention in his lectures, was the existence of certain bundles of fibres in the antero-lateral columns, which are peculiarly liable to undergo secondary degeneration in connection with lesions involving the motor regions of the cerebral hemispheres. This secondary degeneration is seen in many cases of old-standing hemiplegia, and it affects two separate tracts situated on opposite sides of the spinal cord; for instance, a patient, who has suffered from left hemiplegia the result of some lesion in the motor tract of the right cerebral hemisphere, will be found to have secondary degeneration of a band of fibres in the right half of the spinal cord forming part of the antero-lateral column and lying close to the anterior median fissure; and of another band of fibres in the left half of the cord, also forming part of the antero-lateral column, but situated in its posterior part. These bands are known as the "direct" and the "crossed pyramidal tracts" respectively. They differ from other portions of the white matter of the spinal cord, in being directly connected with the surface of the brain. This connection has been proved in two ways: firstly, by the fact that at the time of birth, when the rest of the spinal cord has arrived at a high degree of development, but the brain is still in a comparatively early stage, these particular bundles in the cord correspond strictly in their degree of development to that seen in the brain; they have not arrived at their proper relative size, and the nerve-fibres of which they are composed have not yet received their sheath of medullary substance. The second proof lies in the onset of the secondary degeneration above described. In both instances, it is possible to trace the course of these fibres with fair accuracy. After passing up the cord to the medulla oblongata, they form the anterior pyramid of that body, the "crossed" band by its decussation giving rise to the well-known decussation of the anterior pyramids; thence they can be traced through the pons Varolii and crus cerebri to the posterior half of the internal capsule, by which they pass to the motor region of the cortex in the neighborhood of the fissure of Rolando. They thus constitute a series of commissural fibres passing directly from the surface of the brain to the spinal cord, without communicating in their passage with any of the large ganglionic masses at the base of the brain. Any lesion of the brain which affects either those portions of the cortex from which they arise, or those portions of the internal capsule, of the crus cerebri, or of the pons in which they lie, will give rise to secondary degeneration of these tracts. On the other hand, no lesion of the large ganglia, of the anterior half of the internal capsule, or of any other portion of the cortex than that near the fissure of Rolando, will cause any change in these tracts.

The central origin and the course of the fibres composing the pyramidal tracts having thus satisfactorily been determined, it still remains to trace them to their peripheral destination. This has proved less easy than the former task. Only two solutions were at all probable; the one being that the fibres pass straight into the anterior roots of the nerves, and the other that they pass into the grey matter and become directly connected with the cells of the anterior horns, which would thus act as intermediary agents between them and the nerve-roots. Two facts oppose the first hypothesis. In the first place, the anterior roots are at birth highly developed, at which period the pyramidal tracts, as before said, are in an embryonic condition. This does not seem as though the two sets of fibres can be directly continuous. In the second place, in cases where degeneration has become exceedingly marked in the pyramidal tracts, it is very rare to find any degeneration of the anterior roots of the nerves. On the other hand, some recent observations made by Professor Charcot and others tend to prove the direct connection of the fibres of the pyramidal tract with the large cells of the anterior horns. It is a well-known fact that these cells maintain the nutrition of the muscles; and as these cells almost always remain healthy in cases of hemiplegia, it is very rare to find marked degeneration of the paralyzed muscles in such cases. In certain instances, however, Charcot has seen rapid wasting of muscles on the paralyzed side supervene in patients suffering from hemiplegia, and in whom the presence of secondary descending degeneration had been indicated by rigidity of the paralyzed limbs, the symptom most commonly seen in such cases. In these instances, he has invariably found after death that the degeneration involved the anterior horns in addition to the usual pyramidal tracts; and though he has not found it easy in practice to trace degenerated fibres from the pyramidal tracts to the cells of the anterior horn, he feels justified in assuming that the connection exists, and that the cell-degeneration is directly due to an advance of the retrograde change from the pyramidal fibres. Thus it has been possible to trace a fasciculus of nerve-fibres from its central connection with the cortex of the brain to its peripheral distribution in the muscles.

There is one other point of interest to which Professor Charcot called attention in connection with the pyramidal tracts. It has long been known that only a portion of the fibres forming the anterior pyramid in the medulla oblongata decussate, though it has generally been found that by far the larger proportion of the fibres do so. Some little time ago, Flechsig, to whose researches much of the information contained in Professor Charcot's lectures is due, published a series of observations on the anterior medullary pyramids. He ascertained that the decussation is liable to great varia-

tions, and he grouped these variations into three chief types. In the first type, there is a partial decussation, presenting the same characters on the two sides. In the great majority of cases, the band of decussating fibres is very much larger than the band which does not decussate, generally in the proportion of ten or fifteen to one. But the proportion is very variable, and in extreme cases it is entirely reversed, only a very small proportion of fibres decussating. In the second type, a complete decussation takes place on both sides; whilst in the third type, there is partial decussation on one side and complete decussation on the other. To the wide variability in the amount of decussation seen in the case of the first type, we may trace the existence of those strange but well-authenticated cases of hemiplegia in which the paralysis takes place on the same side as the lesion of the brain.

The change we have just described is a *descending* degeneration following a lesion higher in the cranio-spinal axis than the seat of degeneration. Professor Charcot devoted several lectures to the study of *ascending* degenerations; in other words, to those which occur in the spinal cord or its upward prolongation as the result of lesions situated *below* the degenerated fasciculi. Space will not allow us to go fully into these changes; but it may be said briefly that two sets of fibres are liable to undergo this degeneration; 1. A thin band forming the extreme outer portion of the posterior half of the antero-lateral column, and known as the "direct cerebellar fasciculus"; 2. That portion of the posterior column which borders the posterior median fissure, and which forms the well-known posterior median column of Goll. There is, in addition, a degeneration of the rest of the posterior column for a short distance above the seat of the original lesion. These degenerations only result when the original lesion occupies the white matter of the cord; a simple lesion of its grey matter, as in infantile paralysis or progressive muscular atrophy, being wholly powerless to produce them. It would appear, however, that ascending degenerations of this kind may occur, not only as the result of lesions in the spinal cord itself, but of disease of the nerves after their exit from the cord. At present, the number of clinical observations in proof of this conjecture is very small indeed, but it will probably be found that, when the attention of the profession has been more widely drawn to this series of phenomena, the number of strictly authentic cases of this nature will be largely increased.

We have given but a mere outline of the subject of secondary degenerations of the spinal cord, but we think we have said enough to indicate the great importance that attaches to them in the elucidation of the problems relating to the anatomy and physiology of the cord. Many points still require to be cleared up, but the surest way of arriving at a

further knowledge of the functions of its different parts, is to combine full and accurate clinical observation of cases where these functions are modified, with careful microscopical examination of the cord in such cases after death.

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TRANSVERSE PERINEAL URETHROTOMY IN OBSTINATE STRICTURES.—Practical surgeons have long been aware of the difficulties attending external urethrotomy in cases of obstinate and old-standing stricture. Dr. Ruggi (*Buletino delle Scienze Mediche*, February, 1880), gives particulars in two cases which, unable to find the urethra by the ordinary longitudinal incision, he had recourse to a transverse one, with complete success. The first case occurred in an individual aged fifty-four, whose urethra, from the meatus of the bulb, was impermeable to the smallest bougie. The author, considering that in such a case Syme's operation would be unsuitable, laid bare the perineal triangle formed by the corpora cavernosa, cut through the soft portions at the base of this triangle, carrying his knife parallel with the fascia media, and taking care not to go sufficiently deep to divide the dorsal veins of the penis. The urethra was at once recognized by the thickness of its walls, though the canal was so contracted as scarcely to allow the smallest-sized instrument to pass into the bladder. In the second case, the author had succeeded in passing a small bougie as far as the seat of the stricture, but here it doubled upon itself, and could not be made to proceed further. The patient was aged fifty-three, and his perineum was the seat of several fistulæ. In this case, the perineal incision was crescent-shaped and measured ten centimetres. The appearance of the parts was so altered, that the longitudinal incision did not enable him to find the urethra; this, however, he discovered readily enough on making a large and deep transverse cut. The portion of urethra anterior to the wound was dilated from behind forwards by the urethral dilator, and a gum-elastic catheter with its stylet by this means passed. The perineal fistulæ were slit up, and as much of the brawny cicatricial tissue removed as possible. The patient left the hospital after a stay of two months, perfectly cured. The author gives certain directions for this operation; he makes his external incision, guided by the raphe, if this still exists; if not, then as nearly as possible in the position where he thinks it ought to be. Hemorrhage is best restrained by Péan's hemostatic forceps. When he considers that the level of the urethra has been reached, he enlarges the margin of his incision, and changes it from a longitudinal into a transverse one. He points out that in this procedure, there is little danger from hemorrhage from either veins or arteries, inasmuch as the median artery

of the perineum, the arteries of the bulb and other vessels, have, in the majority of cases, been obliterated by the peri-urethral infiltration. Should hemorrhage, however, supervene, the temporary application of the hemostatic forceps will always be found sufficient to check it.—*London Medical Record*.

TAMPONING THE VAGINA.—A roller-bandage is considered by many to be an excellent material for plugging the vagina, and it certainly answers the purpose better than those previously mentioned. In some respects, however, a substance that I have used very largely seems to me to be preferable. I refer to lamp-wicking. This material is always to be had, even in the smallest hamlet, and requires no further preparation than to be freed from any extraneous matter that may have clung to it—a work that may easily be done as the tampon is introduced. If it is thought desirable to impregnate it with some disinfectant or other solution, it may readily be done without unwinding the original balls. The wicking absorbs liquids rapidly and in great quantity, and a considerable lump of ointment may quickly be incorporated with a wad of it—a matter of some importance when it is desired to make use of a medicated tampon.

The rapidity with which the wicking tampon may be introduced depends chiefly upon the calibre of the vulvo-vaginal ring. A single strand of wicking is so slender that it may easily be tucked in through a very small orifice, and in this way the vagina may be slowly but completely packed. Where the ostium vaginae is capacious, on the other hand, several thicknesses of the wicking may be slowly but completely packed. Where the ostium vaginae is capacious, on the other hand, several thicknesses of the wicking may be gathered into wads and inserted one after another. Usually, then, the application of a wicking tampon is a rapid proceeding. As the portions of wicking are inserted one after another into the vagina, the speculum, whether it be held by a nurse or by means of a mechanical contrivance, should be steadied with a finger held between its shank and the perinæum. Thus we avoid forcing the instrument against tender parts. When enough of the wicking has been introduced, it is to be cut off at a point two or three inches distant from the vulva. The mass of the tampon is then to be supported by the finger while the speculum is withdrawn. When the tampon is to be removed, the patient simply makes traction upon the portion of wicking that was left hanging from the vulva, and the mass within the vagina is unwound as the traction proceeds; consequently no large wad has to pass the vaginal orifice, and the extraction of the tampon is painless.

Besides the advantage of its greater absorbent property, I find that wicking is better adapted to

the easy and rapid performance of such a proceeding as I have described than any of the other substances mentioned, including the roller-bandage. Moreover, it is sometimes desirable to tampon the cervical canal, or to introduce a medicinal agent into the uterine canal in such manner as to insure its prolonged contact with the endometrium. For such purposes an inch or more of the end of the wicking may be stiffened with gelatine, and then, after having been dipped into the liquid to be applied, be introduced into the canal by means of a pair of dressing forceps. If care is taken not to coat the whole circumference of the wicking with the galetine, the liquid medicament readily permeates the stiffened wicking, and a considerable quantity of it may thus be introduced into the uterine canal. Enough more wicking is then inserted into the vagina to act as a tampon, and when this is removed, the portion originally introduced into the uterus comes out with it. I have found it convenient to prepare a number of pieces of wicking, each a foot or more in length, and stiffened at one end. When used, one of these is tied to the free end of the ball of wicking, and thus the vaginal and the intra-uterine portions of the tampon are made continuous.

When the tampon is used simply as a vehicle for medicinal applications, I usually direct that it be removed on the day following that of its insertion, or sooner, if it gives rise to any pain or serious inconvenience. In such cases I generally apply it but twice a week. When, however, a continuous mechanical action is desired, it may be used three times a week—a fresh tampon being introduced at once after the cleansing which should follow the removal of its predecessor. In other than hæmorrhagic cases no unpleasant result follows the retention of the tampon for forty-eight hours continuously.—*Dr. Foster, in N. Y. Med. Journal, June 80.*

**THE QUININE MANIA.**—*Dr. Snowden, in the Med. and Surg. Reporter, Sep. 11, '80,* calls attention to the unnecessary use of quinine as follows: Forty years ago the sulphate of quinine was used as an antiperiodic, in diseases assuming the periodic form, and, occasionally, as a tonic in other diseases; now it is a general panacea; for where is the disease in which it is not used? Young and old, weak and strong, get their quinine. If the infant a few weeks old sneezes, the mother or nurse cries out, "the baby is getting cold and must have some quinine;" and quinine it gets, as regularly as its nourishment. The elegant lady, who, in consequence of her indolent habits or the exposures attendant on fashionable life, does not feel quite well, reclines on her lounge, or lolls in her easy chair and calls for her "keeneen."

After describing the diseases in which quinine is

useful, *Dr. Geo. B. Wood* wrote, "but in all these cases it greatly behooves the physician to examine well the condition of the system, and before resorting to the tonic (quinine), to ascertain the real existence of an enfeebled condition of the functions, and the absence of such local irritations or inflammations, especially of the stomach or bowels, as would be likely to be aggravated by its use."

Who stops to do this now? If a patient's temperature is too high, or too low, quinine brings it to the normal standard all the same. Irritable brains or stomachs must take care of themselves, for quinine is infallible.

The tyro, need not trouble himself about the therapeutics of quinine. If we accept the practice of the present day, it is omnipotent for good and at the same time harmless.

Who can say that the brain troubles of typhoid fever are not exaggerated by the excessive use of this remedy in that disease?

Is there no risk in giving it to the infant, whose brain is already predisposed to diseased action by teething, etc.?

This general use of quinine is a fine thing for the manufacturer, but for the physical and financial benefit of the community, let us stop the unnecessary use of this drug.

**VALUE OF CONSULTATIONS.**—There is probably no city in the civilized world in which medical consultations are proportionately so infrequent as in Philadelphia. There is certainly a wide-spread feeling against calling them among the profession. This feeling is based not so much upon a question as to their value to patients as upon a fear that they will injure the physician who calls the consultant. Very many doctors evidently have the feeling that asking that *Dr. Secundus* be called in is equivalent to saying that *Dr. Secundus* knows more or is more skilful than they. It is true that a consultation may be asked for in such a way as to give rise to this impression; but this is the result of the awkwardness of the physician. A little tact on his part will leave behind the conversation with the friends of the sick the feeling that he is a very careful doctor, one who wants in every way to do the best possible thing for his patient, and will thereby strengthen rather than loosen his hold upon the family.

Talking, a few weeks ago, upon this point with a neighboring practitioner, he said, "I never call any consultations. Some weeks ago *Mr. —* was ill, did not improve, and finally asked that I would call in *Dr. Jones*. I did so. The patient got well, and the family was transferred to the list of *Dr. Jones*." The family here was lost, not, as was thought, because the doctor was willing for a consultation, but because he was unwilling. If he had been quicker, and had suggested the consultation before the patient demanded it, *Dr. —*, having

been called in at his request, would not have attended the family afterwards. For here come in the ethics of the matter. If Dr. Secundus is called in by the family in spite of the attending physician, he, to our thinking, is not justified in refusing afterwards to attend the family. On the other hand, if he is introduced or called in by the family doctor, he is bound by every tie of equity, and also of self-interest, to refuse to attend that family subsequently, even if pressed so to do.

The words that have just been written apply to a much wider district than our city limits. Some few weeks since, whilst upon a professional visit some distance from the city, we heard a doctor of the neighborhood roundly denounced for allowing a patient to die. On attempting a defence, we were met with the statement, "What we blame Dr. — for is not the death of the patient, but that he did not give him the best possible chance by calling a doctor from the city. Money was no object to the family, and why didn't he tell them how ill the patient was, and suggest bringing some one from Philadelphia? then if death had come everybody would have been satisfied that all that could be done had been done."

The *raison d'être* of the consultation is not only the physical benefit of the patient, but the satisfaction of the family.—*Med. Times*.

**THE NON-CONDUCTIVITY OF FAT.**—Dr. Boland of the Boston Lunatic Hospital, in the *Cincinnati Lancet and Clinic*, says: "I have had a case illustrating in a remarkable degree the non-conductivity of fat. While making an autopsy on a stout, very obese woman who died at the end of a week of acute mania, I found the portal temperature 110.5° F. She had then been dead two hours and fifteen minutes, and had been washed and laid out and had an ice tank on her chest and abdomen for fifteen minutes prior to commencing the autopsy. Her axillary temperature taken carefully twenty minutes before death was 107° F. Was it a case of post mortem rise? No other striking lesions but those usually associated with high fever were found, *i. e.*, fluid blood, soft spleen, œdema of the arachnoid, etc."

The physiological temperature of the blood in the portal vein is put down at 207°, when the surface heat is 98½° or 99°, so that the difference here was not abnormal. And it is abundantly seconded that pre-agonic elevations sometimes reach a very high degree. The interesting feature connected with this case is the persistence of the interior heat after bathing, ice application, etc.

**THE MIRACLE OF THE IODIDES.**—Who shall say that therapeutics is without its romance? It was before the laryngologists, in the days of the second Empire, eight and twenty years ago. R— was the first tenor of Paris. Scarcely any one could sing

even second to him, and he held the French capital enslaved within the compass of his gamut. But suddenly his song ceased. Days passed and he came not on the boards. Was he tired?—perhaps. Weeks went by and he warbled not. Was he not well? He was not well. Then weeks ripened into months and months into years, and R— had been consigned to the brilliant past of the opera. But one day, after a silence of two years, it was announced that he would sing again, and in his old role, in *Favorita*. What a rush there was to see the resurrection, and to judge if the tradition of his song were true! The emperor was there with Eugénie; Magnan, commander of the garrison, a hundred thousand strong; the admiral of the fleets; De Morgny, in all his supposed brilliancy; and what concerns us most, the *Ecole de Médecine* was out in full force; and Ricord was there in the zenith of his fame. R— never sang better. His melody came by the gushful. The storm of applause shook the roof. Rising even above the rest of the din, quaking the towers somewhat, were the plaudits of Ricord—Ricord who notoriously knew not one note from another, save those upon the Bank of France. Marshal Magnan sat beside him. "How comes it, Ricord," he said, "How comes it thou cheerest the music so vociferously—thou who diagnosest not between A minor and B flat?" Then answer him the great Ricord, "Hang the music, Magnan (*sacre musique!*); it is the Iodide of Potassium!"—*Louisville Medical News*.

**IODOFORM FOR CHANCRES.**—"All chancres are best treated with iodoform; under its use, healthy sores heal rapidly, creeping sores generally cease to spread, and sluggish ones take on healthy action." My own experience supports this statement most fully. I cannot explain the manner in which it acts, but that it does have a most remarkable effect in promoting and healing, not only of ordinary chancres, but of many other sores, I can have no possible reasonable doubt. It is what I might call a *reliable* remedy, and often saves one a deal of trouble; its effects seem almost magical. You sprinkle a little of the crystals, powdered or unpowdered, over the sore, cover this with a bit of dry lint, or vaseline spread on lint, and at your inspection next day, you find that healing has progressed rapidly; the sore has filled in considerably if it is a deep one; there is but little discharge and no smell; and you have only to repeat the dressing, and so go on, from day to day, until the healing is complete.—*Practitioner*.

**STRUCTURE OF THE BLOOD CORPUSCLE.**—As microscopic appliances and knowledge increases history repeats itself in the battle now occurring between Heitzman and Curtis's disciples. Haller, in 1757, in "*Elementa Physiologicæ*," resolved



the solid parts of animals and vegetables into the "fibre" and an "organized concrete." The fibre being to the physiologist what the line is to the geometrician, "Invisibilis estea fibra, solâ mentis acie distinguimus." A reaction against the fibre theory took place in 1779, when Prochaska and others down to the present century, adopted the views of Leuenhoeck, who in 1687 announced the "globular" structure of the primitive tissues of the body. Huxley, Virchow, Bennett, Todd and Bowman, Beale and others, have finally elaborated the cell doctrine into its present more satisfactory shape; but another Haller, Dr. Heitzman, of New York, purposes to land us a century back by claiming the discovery of a trabecular structure for the cell. Dr. L. Curtis, of this city, repeated Heitzman's observations, and publishes his views in the New York *Microscopical Journal*, going to show that blood corpuscles have no trabecular or fibrous appearance, but are made up of very minute granules or corpuscles, which Heitzman has mistaken for fibres, just as the old test objects, such as diatoms, and podura scales were at one time supposed to be striated, and are now known to have been so considered, because improperly observed.—*Chicago Medical Gazette*.

DISINFECTION OF THE STOOLS IN TYPHOID FEVER BY CHARCOAL.—M. Maurel, a naval surgeon, stated at the therapeutical Society (*Lyon. Med.*, May 23), that the fetid stools in typhoid fever are easily disinfected by administering one and a half or two grammes of Belloc's charcoal. The absorption of putrid matters is obviated, and the favorable issue of intestinal ulceration is assured. The charcoal may even destroy the infectious agent, and it suppresses the fetid odor of the stools. Dr. Guèneau de Mussy observed that for the prevention of auto-infection Chomel was in the habit of giving chloride of lime in typhoid cases, and that he himself has for a long time past administered for the same object salicylic acid in rice water, sometimes adding a little lemon-juice. M. Constantin Paul, in imitation of Polli, administers the hyposulphite of soda in enemata when the intestine is gravely affected, using them cold in typhoid fever, and tepid in dysentery. As to the action of charcoal, judging from the fact that when it gains admission to the lungs it sometimes causes chronic pneumonia, he fears that it might cause too much irritation of the Peyerian patches; it does not combat flatulence as an absorbent, but as a stimulant, restoring their vitality to the tissues and exciting them to fulfill their functions. M. Grellety observed that Dr. Bouchard gives a tablespoonful of charcoal every three hours. The fetid odor disappears, and neither hemorrhage nor other accident is produced. The statistical results of this treatment are very favorable.—*Medical Times and Gazette*.

PREVENTIVE TREATMENT OF POST-PARTUM HEMORRHAGE—DR. ENGLEMAN, *St. Louis Medical Journal*.—

1. Careful attention to every detail, and strict observance of obstetric rules in every case of labor.
2. The administration of a full dose of ergot as the head enters the vaginal orifice.
3. Should hemorrhage threaten, follow the uterine fundus with the firmly superimposed hand.
4. Express the placenta by Crêdè's method, and retain a firm grasp upon the fundus.

TREATMENT OF AN EXISTING HEMORRHAGE.—

1. External manipulation, pressure, and friction with the cold hand, or with ice.
2. Ergot—best subcutaneously, one or two large doses, whilst other manipulations are in progress.
3. Introduction of the hand into the vagina, and if no contractions follow, into the uterus; removal of the clots and irritation of the surface, in order to stimulate contractions.
4. The subcutaneous administration of ether.
  - 4a. Ice or vinegar, if at hand, may now be tried in the uterine cavity, but if they fail must not be persisted in.
  5. The hot water douche, which, if it is not followed by the desired contraction, will at least stimulate the patient, and cleanse the cavity, so that the final, safest and most reliable remedy may be resorted to.
  6. The iron swab—This may be used at once, if the introduction of the hand and the subcutaneous injection of ether fail, or after a trial of the hot water douche; but in desperate cases must be resorted to at once, without using time with other less reliable methods.

THE TREATMENT OF DIPHThERIA BY CARBOLIZED CAMPHOR.—M. Peraté has, according to *Bulletin de Therapeutique*, July 15, 1880, for the last two years used carbolized camphor for the treatment of diphtheria. He paints the surface with a pencil dipped in the following mixture:—Carbolic acid, 9 grams; camphor, 25 grams; alcohol, 1 gram, diluted with equal parts of the oil of sweet almonds. The paintings are made every two hours in the day, and every three hours in the evening; then, after some days, they are divided by periods of three, four, or five hours, according to the improvement of the patient. These paintings are made over the whole extent of the false membranes, and with troublesome children the pencil is plunged as deeply as possible to the bottom of the throat, being of course, previously drained. The mixture has an extremely disagreeable taste, to which, however, the patient soon becomes accustomed. M. Peraté has been very successful with this plan of treatment.—*Med. and Surg. Reporter*, Sep. 11, '80.)

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAILLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, OCT. 1, 1880.

## CANADA MEDICAL ASSOCIATION.

The thirteenth annual meeting of the Canada Medical Association was held in Ottawa on the 1st and 2nd ult., and was presided over by Dr. R. P. Howard, of Montreal, with his usual tact and ability. The attendance was large, about 100 members being present, and the meeting was in every respect a most interesting and successful one. The weather was delightful, although a little warmer than usual for the season of the year. The President's address, an epitome of which will be found in another column, was masterly and instructive and was well received by the association. His remarks on inebriety and inebriate homes were well timed and in the right direction. Drunkenness, though often a vice, is no doubt frequently a disease, and requires to be dealt with by the Legislature of the country. A most complete and efficient statute was passed a few years ago, in Nova Scotia, mainly through the efforts of the Hon. Dr. Parker, of Halifax, N.S., to provide for the interdiction and cure of habitual drunkards, to which the President alluded. Under this statute a friend, relative, or creditor may petition against an habitual drunkard, and the Judge, if he is satisfied of the necessity of the application, directs him to be incarcerated in an inebriate asylum until he is declared by the officials to be cured. Similar enactments are also in force in many of the States of the neighboring Republic. These institutions for the relief and cure of drunkenness, inasmuch as the greater number of drunkards are paupers, should be maintained at the expense of the public exchequer, either directly or indirectly. It is only right that a portion of the

revenue derived from the importation and manufacture of alcohol, and the license to sell liquor, should be applied to the maintenance of institutions for the cure of those who have been the victims of this legalized traffic. This plan of supporting such institutions has actually been carried into effect in some parts of the State of New York, Illinois, and Minnesota, and would no doubt be found to work equally well in Canada. Another subject of considerable importance alluded to was the necessity of employing skilled pathologists to assist in conducting post-mortem examinations at coroner's inquests, &c. It must be admitted that but few general practitioners are sufficiently well versed in pathological appearances, either macroscopic or microscopic, to warrant them in giving a definite opinion regarding the lesions that may be found post-mortem. Nor is it to be expected; pathological anatomy and histology is a special department of medicine, requiring special study, and it is no discredit to the ordinary practitioner, that he is not prepared, and therefore does not feel competent, to give a definite opinion as to the character and effect of the various morbid appearances that may be found in the cadaver. Even in Great Britain and the continent a practical knowledge of pathological anatomy is rarely acquired even by the most eminent physicians and surgeons. In Germany official experts are appointed to conduct the post-mortem examinations in every medico-legal case. If the expert's report is unsatisfactory to the prosecution or defence, it is sent to a court of appeal, consisting of experts of national reputation. In other matters the address was replete with useful information and valuable suggestion.

It was much to be regretted that there were no reports on medicine and surgery, but the report on Obstetrics and Gynæcology was an admirable set off. It was a most excellent resumé of the progress in these important branches during the past year, and the practical points elicited considerable discussion. Dr. Osler read the report on the "Progress of Pathology," which was also well received. He also showed pathological specimens of the brain and spinal cord which were examined by the members.

In the Medical Section over which Dr. McDonald presided with his usual kindness and courtesy, some valuable and instructive papers were

read. A short digest of some of these will be found on another page. There seemed however to be scarcely sufficient time for a full discussion of some important papers, and we trust this may be remedied at future meetings. Dr. Grant's paper on Mental Hygiene, and the over-education of young children, was much needed, if it can only be made to reach our educationists and bring them to a sense of their duty in this respect.

In the Surgical Section, so ably presided over by Dr. Canniff, the President elect of the Association, some interesting and practical papers were read and discussed. The paper by Dr. Hingston on the "Surgical Treatment of Wounds," excited considerable interest and discussion. Drs. Clark, Canniff, Reeve, and Burgess, also read papers in this section, all of which were favorably received. Dr. Goodwillie, of New York, read notes of a case of disease of the antrum of Highmore, and exhibited the patient, Dr. Munro of Lanark. The members took a deep interest in this case. An abscess had formed in the antrum and the trephine had been employed by his former attendant to evacuate it, but the opening had not been made sufficiently far back to accomplish this. Dr. Goodwillie made another opening and succeeded in emptying the cavity completely, which resulted in a cure.

Several instrument makers and pharmacutists were present with displays of their goods. Prominent among the exhibitors was Dr. J. W. Thomas the advance agent of the firm of Reid and Carnrick, of New York, with a fine display of their admirable maltine preparations and samples of lacto-peptine. These preparations are growing in favor every day, and are now prescribed daily by nearly all the leading physicians in Canada and the United States. A new preparation of maltine with *peptones* has recently been introduced to the notice of the profession as a constructive. It consists of the nutritive elements of beef, combined with maltine in such a way as to prove acceptable to the most enfeebled stomachs.

The social element of the meeting was all that could be desired. The dinner, which took place on the evening of the first day, was largely attended and reflected great credit upon the committee of arrangements. The post-prandial speeches were unusually good. The next meeting will be held in Halifax, N.S., on the 3rd of August, 1881.

## COLOR BLINDNESS.

Attention has been directed of late years to the serious importance to the public at large of the occurrence of blindness for certain colors in railroad officials and pilots. To Prof. Holmgren, of Upsala, Sweden, is due the credit of having not only brought the subject into prominence, but also of having invented the most perfect system of testing the color sense, viz., by colored worsteds. Dr. Joy Jeffries, of Boston, has, with characteristic energy, brought the matter to the cognizance of the United States authorities and public, and we are glad to say with good results.

A defective color sense is of much commoner occurrence than might be supposed. According to statistics, compiled by various authors, no less than 4 per cent. of a large number of persons examined were deficient in a greater or lesser degree. Dr. Joy Jeffries states in the *London Lancet*, that of 30,000 persons examined by him, fully 4 per cent. were more or less color blind. It is much more frequently met with in the male than in the female sex.

The same author gives in his book, "Color Blindness, its Dangers and Detection," numerous statistical statements as to its frequency among railroad officials. We will reproduce some of these here. Dr. Edmund Hansen, of Copenhagen, Denmark, tested 1084 persons, 50 women, on the Danish railroads—31 men (2.87 per cent.) were congenitally color blind. Prof. Holmgren, in Sept., 1878, had tested 7,953 railroad employes and found 171 (or 2.15 per cent.) color blind. Prof. Donders, of Utrecht, examined 2,203 employes on the railroads of Holland. Of these 152 were more or less color blind. Dr. E. Sintl, Central Inspector of an Austrian road, had tested the large number of 41,444 railroad employes and found 319 color blind. We think there must have been some defect in the method of testing or a larger proportion of color blindness would have been found. We could go on much longer quoting statistics, but we think these are sufficiently conclusive. The great majority of these cases were blind for red and green, the colors of the signal lamps and flags, signifying safety and danger. It may be asked, "If there are so many color blind railway men, why have not more accidents occurred from this cause?" The answer is, because by

practice they get, in general, to distinguish the colors of the lights by their intensity, but as fog or smoke alters the intensity, so it changes the color to the color blind. This was clearly proved by Dr. Bergin in the case of a Swiss engineer. Moreover, many accidents have occurred from this cause.

In Sweden, Denmark, and some parts of Germany, laws have been enacted making it obligatory that all soldiers, sailors and pilots shall have their acuteness of vision and color sense tested. Lately and principally owing to the initiative of Dr. Joy Jeffries, the Federal Government of the United States, and those of several individual States, have also passed laws to this effect. The Legislature of Connecticut has further enacted that re-examinations shall be made after any disease of the eyes; after injuries affecting the head or eyes; after disease of the brain; after long illness; after any mistake or act which may call in question the visual powers; and when the board of health shall order it.

This is a subject which should interest greatly the travelling public, because of the danger to life and limb attending the employment of color blind persons by railroads; the shareholders, because of damage to railroad interests caused by accidents, and the directors, because of the immense moral responsibility they incur by neglecting a most fruitful and avoidable source of accident. We feel most strongly that the time has come when this important matter should be brought prominently before the people of this country, and that the Legislature should be invoked to pass enactments rendering travel safer by removing one more cause of disaster.

#### ONTARIO MEDICAL COUNCIL ANNOUNCEMENT.

We have received the new announcement issued by the Medical Council for 1880-81, and are much pleased with it. As will be seen by reference to page 11, after July 1st, 1881, the High School Intermediate Examination, with Latin, and either French or German, in every case becomes the ordinary standard entitling to registration as a matriculated student. The papers of former Intermediate Examinations can be obtained from the Department of Education, Toronto, for a few (15) cents, and these will show intending students

the nature and extent of what they are expected to pass. Having this examination conducted at the various High Schools throughout the country, and having in these institutions regular classes to prepare candidates for it, will be a great advantage alike to High School teachers and students. A portion of the press is agitating the desirability of giving candidates for this examination credit for what they do, provided they pass in several of the subjects, and permitting them to go up at a future time for those departments only in which they have failed. We hope this suggestion will be adopted, because, after all, it is fair and right. The old Medical Council, in sanctioning the plan of rejecting any student who failed in only one subject of his matriculation examination—the decision upon this vital matter, being in the hands of only *two* gentlemen at most—did more than anything else to create dissatisfaction with the examination, and a wish for a change. By the adoption of the High School Intermediate, the Council has given great satisfaction to all concerned. We wish it, and we predict for it, full success. Most of the arbitrary regulations, which disfigured previous Council announcements, have, we are glad to say, disappeared. Attendance during four winter sessions is required of all students. This is only right—not at all too much, and will provide the public with more thoroughly taught medical men. Graduates of Universities outside the Provinces of Ontario and Quebec are required to spend one winter session, or two, according to the number of winter sessions, whether two or three, attended before graduation. The Council did not see its way clear to refund the fees of unsuccessful students; but a rule has very wisely been adopted under which a *Second* examination will be given, free of charge, in such cases. This only covers the professional examinations.

Altogether the announcement is a very creditable one, both as regards appearance and contents. The profession throughout the country has been greatly pleased with the publication in these columns of a digest of the proceedings of the Executive Committee. All our brethren should know what is being done in this important Committee of what is virtually our Medical Parliament, and the publication from time to time of similar digests will go far to interest the profession in the whole business of the Council in an increas-

ing degree. Since our last number no meeting has been held. Indeed the Committee, most wisely, on the score of economy, has determined to hold meetings only when these are absolutely required by important business.

#### THE BRITISH MEDICAL ASSOCIATION.

The forty-eighth annual meeting of the British Medical Association was held at Cambridge, England, under the presidency of Professor Humphrey, and was a most successful gathering. The attendance was large and included many prominent men from the United States and the Continent. The place of meeting was planned by Mr. Hart, editor of the *British Medical Journal*, with the special view of an agitation which has been going on against the authorities, who have for so many years excluded medicine from the University of Oxford. Professor Humphrey has for several years fought a gallant and nearly successful battle against the traditions of the University of Cambridge, and in his annual address on "University Medical Education," he alluded in no uncertain way to the duty of the sister University of Oxford in regard to medical education, and what remained to be done. The address on medicine was delivered by Dr. J. B. Bradbury, lecturer on Physic at Cambridge on "Modern Scientific Medicine," and was an able review of what was now being done by instruments of precision, as the microscope, thermometer, ophthalmoscope, sphygmograph, laryngoscope, stethometer, &c. The address on Surgery was given by Mr. Timothy Holmes of St. George's Hospital, author of "System of Surgery," on "The Life and Works of Sir Wm. Ferguson." He discussed with masterly ability the subject of conservative surgery, which Ferguson did so much to advance, and especially the surgery of diseased joints. He pointed out that during the last twenty years, excision has been much less employed in active disease of the knee, but more frequently in chronic disease in lieu of expectant treatment. His tables show that excision, is on the whole, much less extensively practiced than formerly, and the mortality has been much lessened of late years,—comparing Holmes' tables with Swain's in 1869—from 24 to about 9½ per cent. Holmes is not an advocate of Listerism, nevertheless, he points to the great results obtained by excision

performed antiseptically, the mortality being only 7 to 113 cases in two hospitals, while in Ferguson's practice it was 15 in 40 at the time he delivered his lectures in anatomy and surgery, toward the end of his life.

A most interesting event was the ceremony of conferring the honorary degree of LL.D. upon a number of distinguished persons. The gentlemen selected for the honor were Brown Sequard; Donders; Gross of Philadelphia; Sir Wm. Jenner; Sir Wm. Gull; Sir Geo. Burrows; W. Bowman; Rev. Samuel Houghton, (the cleverest man in Ireland); Dr. O'Connor, of Cork; Lister; Simon; and Andrew Wood of Edinburgh. All passed off nicely with the usual amount of jest, until Sir Wm. Gull's turn came, when a storm of hisses and groans arose from every part of the hall, which continued for fully ten minutes. This hostile demonstration was owing in great measure to the part Dr. Gull had played in the recent row at Guy's Hospital, in which he figured very badly. A nurse under the new regime was recently tried for manslaughter of a patient and condemned to three months imprisonment. The patient according to Dr. Pavy's evidence, suffered from pulmonary phthisis, and because she soiled her bed, the nurse, as a punishment, put her into a bath without medical authority, and left her there for a considerable time. She rapidly sank and died. At the trial Dr. Gull came forward and testified that the patient had tubercular disease of the brain, of which she died, disregarding entirely the opinion of his colleague Dr. Pavy, without even a discussion with him on the subject. His conduct also in the case of the Ex-Emperor Napoleon where he chose to dissent from the views of the other eminent medical men present, and signed a separate report of the cause of death; and his treatment also of Prof. George Johnson in the Bravo poisoning case are still fresh in the memory of the profession. It must have been very humiliating for a man in his position, and in presence of so many eminent men from all parts of the world, to have encountered such a chilling reception.

The work of the various sections was carried on with great vigor and earnestness, and much good work in the cause of medical science and humanity was accomplished.

Sir James Paget, in the section of Pathology, delivered a magnificent address on "the Relations

of Vegetable Pathology to Animal Pathology." In the ophthalmic section there were present Donders, Bowman, Critchett, Priesky Smith, and others, who took part in the discussion on glaucoma. Donders and Bowman both acknowledged they knew nothing of the true pathology of glaucoma.

Lister in his address gave an interesting account of the recent results of investigations by Pasteur and others on splenic apoplexy and fowl-cholera; by which in both cases not only have the specific organisms been identified which produce the disease, but the means of prevention have been ascertained, so that it ought to be, and will be, quite possible in the future, to take means to prevent the occurrence of these scourges of our herds and poultry-yards.

The social side of the meeting was quite in keeping with the event. The entertainments were on a grand scale, and were the source of favorable comment from everybody.

**RESUSCITATION FROM FREEZING.**—It must not unfrequently fall to the lot of practitioners in remote districts to be called upon to call back to life apparently frozen persons. Dr. Laptschinski has recently given to the world the results of his experiments on this subject. The animals used were frozen by being kept for some time in a room with a temperature of 17°C., or by packing them in freezing mixtures. In each experiment three sets of dogs were used. One was warmed quickly in a bath of 46°C., the second in an atmosphere of 30°C., and the third by a slow and gradual rise of temperature, beginning at 0°C. All were well rubbed. The normal state was most quickly restored by rapid heating in the hot bath. This can sometimes restore life when other means are insufficient. Quick resuscitation, contrary to generally received opinion, is less apt to be followed by fever than when slowly produced. Fourteen dogs out of 20 died in the cold room, notwithstanding rubbing; 8 out of 20 died in the warm room, but the warm bath saved life in every instance.

**TRACHEOTOMY SUPERSEDED.**—In the *British Medical Journal*, July 24, 31st, Dr. McEwen of the Glasgow Royal Infirmary, advocates the use of tracheal tubes by the mouth instead of tracheotomy.

He gives three cases to which he had recourse to the tubes, and their use was attended with very good results. Two were for the relief of œdema glottidis, and one to occlude hemorrhage from the larynx during an operation. The practical conclusions which he draws from these cases are as follows: 1. Tubes may be passed through the mouth into the trachea not only in chronic, but also in acute affections, such as œdema glottidis. 2. They can be introduced without placing the patient under an anæsthetic. 3. The respirations can be perfectly carried on through them. 4. The expectoration can be expelled through them. 5. Deglutition can be carried on during the time the tube is in the trachea. 6. Though the patient at first suffers from a painful sensation, yet this passes off, and the parts soon become tolerant of the presence of the tube. 7. The patient can sleep with the tube *in situ*. 8. The tubes, in these cases at least, were harmless. 9. The ultimate results were rapid, complete, and satisfactory. 10. Such tubes may be introduced in operations on the face and mouth, in order to keep blood from gaining access to the trachea, and for the purpose of administering the anæsthetic; and they answer this purpose admirably.

**MASKING THE ODOR OF IODOFORM.**—Having observed that ether only temporarily masks the odor of Iodoform, and Oil of Peppermint only imperfectly, Dr. Lindemann (*All. Med. Centralzeitung*) proceeded to experiment, and found that Balsam of Peru masked the odor completely. He recommends the following formulæ:

R. Iodoform, 1 gram.	R. Iodoform, 1 gram.
Bals. Peru, 2 "	Bals. Peru, 3 "
Vaseline, 3 "	Spts. Vini Rect., "
M. et. f. ung.	or Glycerin, 12 "

**THE NOTORIOUS DR. BUCHANAN.**—It appears we were in error when we stated that Dr. Buchanan, of bogus diploma notoriety, had jumped off the ferry-boat and drowned himself in the Delaware river. He was merely personated by some one else, and in the mean time made good his escape under an assumed name, to Windsor, Canada, which he intended to make his base for further operations. He has been re-captured, however, in Port Huron, by the efforts of Mr. Norris, of the *Philadelphia Record*, who was the chief agent in breaking up the "Col ege" in Philadelphia, and is now in safe custody.

ELIXIR CHLOROFORMI COMPOSITUS.—Prof. Mc-Nutt, of the University of California, (*Western Lancet*), gives the following formula as a substitute for chlorodyne, viz :

R	Morph. mur.	- - -	gr. ½
	Chloral hyd.	- - -	
	Chloroform.	- - -	aa ʒ ss.
	Tinct, cinnab. ind.	- - -	
	Tinct. capsici,	- - -	
	Acid. hydrocyan. dil.	aa	M xx.
	Spts menth. pip.	- - -	M x.
	Syr. sassafras co. ad.	- - -	ʒ j.
	Dose—ʒ j.		

He has named it Elixir Chloroformi Compositus, and recommends it as a most efficient remedy for many purposes and under many circumstances; for instance, in whooping-cough, asthma, emphysema, cough of many phthisical patients, in many cases of hysteria, and especially in many cases of dysmenorrhœa.

INTERNATIONAL MEDICAL CONGRESS, 1881.—The seventh session of the International Medical Congress will be held in the University of London, England, from the 3rd to the 9th of August, 1881, under the presidency of Sir James Paget, and under the patronage of Her Majesty the Queen and H. R. H. the Prince of Wales. The work of the Congress will be carried on in fifteen Sections. Those who intend to read papers are requested to furnish abstracts of the same to the Secretaries of the respective sections before the 30th of April next. All communications should be addressed to Wm. McCormac, Secretary-General, 13 Harley street, London, W.

MONUMENT TO CLAUDE BERNARD.—We have been requested by Dr. Seguin, of New York, to state that he has been appointed by the Paris Committee having charge of the subscription for a monument to Claude Bernard, as their representative in America, and appeals to the members of the medical profession to subscribe to this worthy project. We need scarcely remind our readers of the great debt we owe to the labors of the illustrious physiologist whose memory we are asked to honor in this way. All inquiries, cheques or postal orders should be addressed to Dr. E. C. Seguin, 41 West 20th street, New York.

TRINITY UNIVERSITY, M.D., C.M.—The authorities of the University of Trinity College, Toronto, have decided to confer the degree of M.D., C.M.,

upon all medical graduates in future. Candidates will be required to write an approved thesis on a medical and surgical theme. Those who have already received the degree of M.D., may obtain the additional C.M. by writing an approved thesis on a surgical subject.

NEWSPAPER ADVERTISING AGAIN.—We have, on several occasions, animadverted somewhat severely upon the conduct of some of our country confrères, in publishing their operations in the secular press. Recently we have had our attention called to instances which have occurred nearer home, in one of which our own name was associated. The case to which we refer was one in which Dr. Aikins was reported in the Toronto papers, as having performed the most wonderful operation in the Toronto General Hospital, of removing a portion of the tongue, assisted by Drs. Fulton and Watt. On a subsequent occasion, Dr. Aikins performed the most extraordinary operation of "removing the half of the lower jaw, and scarcely a drop of blood was lost." Drs. Bethune, Thorburn, Ogden, Temple, Kennedy, Grassett, Canniff, Cassidy and Fulton, have each of them performed capital operations, such as ovariectomy, lithotomy, amputations, etc., in the Hospital, but no reporter has dared, so far, to make improper use of their names in connection with such operations.

Dr. O'Reilly, the efficient Medical Superintendent of the Hospital, has again and again forbidden the reporters of the city papers to publish operations, especially with the name of the operating surgeon attached, yet the practice continues in reference to one member of the operating staff, which argues that they receive encouragement from some source, or that there is collusion between the reporters and the surgeon referred to, or some of his friends.

We regret very much that a letter, signed "Country Practitioner," which appeared in the August number of the *Lancet*, was calculated to give offence to some of our medical friends in Hamilton. From a casual reading of the letter before it went to press, we did not think the remarks were so sweeping in their character as they really were, as nothing could be further from our intention than the publication of anything that could reflect on the profession of Hamilton as a body.

**VIVISECTION.**—The memorial recently presented to Mr. Gladstone, urging him to do all in his power for the absolute abolition of vivisection, was signed by "one hundred representative men," among them, Cardinal Manning, Prince Lucien Bonaparte, Alfred Tennyson, Robert Browning, James Anthony Froude, John Ruskin, the head-masters of Rugby, Harrow and several other large schools; twenty-one physicians and surgeons, and thirty-seven peers, bishops and members of Parliament. The memorialists take the ground that vivisection, even with anæsthetics, should by law no longer be allowed, and they quote the opinions of Sir William Ferguson, Sir Charles Bell and Dr. Syme, that "it has been of no use at all and has led to error as often as truth." They add that the utility, if proved, would not in this case excuse the immorality of the practice.

Dr. Leffingwell's paper, "Does Vivisection Pay?" which recently appeared in *Scribner's Monthly*, excited much discussion among London papers. It is said that Dr. Wood's reply in the September *Scribner*, presents the other side with equal force.

**ONTARIO MEDICAL ASSOCIATION.**—The formation of a Medical Association for the Province of Ontario has been repeatedly spoken of as most desirable, but no action has hitherto been taken to accomplish it. The matter has again quite recently been mooted, and steps are about to be taken with the view of inaugurating such an association. We trust that the proposition may be favorably received by the profession of Ontario, and that the "Ontario Medical Association" may soon be an accomplished fact. Such an organization will have our warmest support. We would be pleased to hear from our confreres in different parts of the Province in reference to this matter.

**CALCIUM SALICYLATE IN SEROUS DIARRHŒA OF INFANTS.**—In the proceedings of the King's County Medical Society, N.Y., for September '80, will be found an interesting and instructive article by Dr. Hutchins on the treatment of serous diarrhœa of infants by means of salicylate of calcium. He treated twenty-seven cases of this disease in infants between the ages of two months and two and a half years, within the past three months with this drug alone, and in all the cases the disease was promptly and permanently controlled. The

dose was from 3 to 5 grains every two or four hours. The vomiting was controlled as soon as the medicine began to show its effects on the discharges, and the drug was well tolerated.

**FETID PERSPIRATION OF THE FEET.**—This extremely unpleasant condition has been successfully treated by Dr. Ortega (*Le Praticien*) by baths of chloral, 1—50. It acts as a parasiticide to the cryptogam, which develops in the excessive perspiration of the feet in certain persons. In Dr. Ortega's case the feet were greatly swollen and fissured. In two days the swelling had subsided and the fissures were healing kindly.

**POISONOUS CARBONATED DRINKS.**—Attention has recently been called to the dangers likely to arise from the tin-washed copper fountains in use in the soda-water business. The syrup tanks after having been in use some time are not unfrequently found to contain verdigris. It is proposed to remedy this evil by using tin-lined steel instead of copper, from which any contamination of the soda water is impossible.

**ELECTRO-THERAPEUTICS.**—In an early number of the *Lancet*, Dr. A. M. Roseburgh will take up the subject of the medical uses of electricity, at the request of several subscribers. This will be a practical paper on the subject, to which his previous paper on Electro-Physics will form an appropriate introduction.

**BRANT COUNTY MEDICAL ASSOCIATION.**—At the regular quarterly meeting of the above Society, held in Brantford, on the 7th ult., the following gentlemen were elected officers for the ensuing year:—Dr. Dickson, of Paris, President; Dr. Kitchen, of St. George, Vice-President; Dr. Harris, of Brantford, re-elected, Secretary-Treasurer.

**FISSURED NIPPLES.**—Dr. Lewis King of Sedalia, uses a solution of pure rubber in naphtha for this painful affection. This forms a film over the fissured surface which resists moisture and enables the infant to continue to suckle.

**APPOINTMENTS.**—Dr. Henry Peterson, formerly of Berlin, Ont., has been appointed Lecturer on Materia-Medica in the Fort Wayne College of Medicine, Indiana. We beg leave to congratulate the Dr. upon his recent appointment.



Dr. Covernton, Assistant Physician of the Hospital for Insane, Hamilton, has been transferred to a similar position in the Toronto Asylum.

The death of Von Hebra, the great continental authority on skin diseases, is announced in our exchanges.

### Reports of Societies.

#### THE MICHIGAN STATE BOARD OF HEALTH.

(Reported for the Canada Lancet.)

The regular quarterly meeting of this Board was held at Lansing on July 13. The following members were present: Dr. R. C. Kedzie, President, Rev. Dr. D. C. Jacokes, Dr. Henry F. Lyster, Dr. J. H. Kellogg, and Dr. Henry B. Baker, Secretary.

Dr. Lyster called the attention of the Board to syphilis—a disease to which but little attention was paid by sanitarians, but which causes much sickness and many deaths in this State. He was requested to prepare a paper on the subject and present it at the next meeting of the Board.

The resignation of Dr. H. O. Hitchcock, of Kalamazoo, as a member of the Board, and the appointment of Prof. E. A. Strong, of Grand Rapids, by the Governor, were announced.

The secretary presented a communication from F. G. Russell, city attorney of Detroit, suggesting that the state board address a letter to the mayor and aldermen of that city, recommending the organization of a board of health, and the appointment of a health officer.

Dr. Lyster said there was no way of getting reliable statistics relative to sickness and mortality in Detroit. The record of interments is the only source of information, and is not reliable, as the reports to the city clerk are voluntary, and there are many interments (especially of Israelites) outside the city. The old board of health was not efficient because unwieldy, but the "sanitary squad," of the police force, does some efficient work in enforcing the ordinances relative to garbage, etc. The city police, however, oppose the appointment of a health officer, fearing it will interfere with the work of their "sanitary squad." It was suggested that perhaps the people of Detroit did not wish the real facts relative to sickness and death disclosed. Drs. Lyster and Baker were ap-

pointed to prepare a plan for a board of health in that city and endeavor to secure its adoption.

A communication was presented from Hon. H. W. Lord, Secretary of the State Board of Correction and Charities, relative to pauperism as a result of sickness. After some discussion relative to the amount of pauperism caused by sickness, and the extent of the field over which a study into the subject should reach, a committee was appointed to investigate the subject, to be known as "the committee on the relations of preventable sickness to taxation," with Dr. J. H. Kellogg as chairman.

The remainder of the forenoon session was principally occupied with routine work and the perfection of details for examining and marking the standing of candidates in the examinations in sanitary science inaugurated the following day, and which requires "The replies on each set of topics shall be marked on a scale of 10, and an average standing of 70 per cent on all topics shall be necessary in order to pass the applicant." One who successfully passes the examination receives a certificate that he is considered qualified to act as health officer of any township, city, or village in Michigan.

A paper on "Unsanitary conditions in our Public Schools," by G. E. Corbin, M.D., of St. John, was read. The paper consisted of details of overcrowding, bad-ventilation, and the sickness resulting therefrom, which came under his personal observation. The paper will be published in the report for 1880.

Two valuable papers by A. W. Nicholson, M.D., of Otiwilla, were presented. One was on "Ozone," and contains details of numerous experiments; and one on "Periodic Fevers," containing detailed records of cases and coincident meteorological conditions. The papers were accepted with thanks, and ordered printed in the annual report for 1880.

The Secretary reported that he had edited and prepared for publication the proceedings, etc., of the Sanitary Conventions held at Detroit and Grand Rapids during the past winter, and the copy was in the hands of the printers.

Dr. Kedzie said he had received a request from gentlemen in Chicago to enter upon an investigation of adulterations of foods, and had replied that the Board had no funds. He stated that the adulteration of sugar with glucose was increasing rapidly, and was being done more skilfully. That adulteration with pure glucose did not endanger health, but the sugar was not so sweet. The manufactured glucose, however, was unhealthful to take into the stomach, because of poisonous substances which are always associated with it. Dr. Lyster said a prominent candy dealer had informed him that all candies, excepting rock-candies, were composed in part of glucose. Dr. Kedzie said nearly all syrups were made from glucose.

The Board adjourned until October 12, 1880.

## Books and Pamphlets.

NERVOUS EXHAUSTION (*Neurasthenia*). By Geo. M. Beard, M.D. William Wood & Co., N. Y.: Willing & Williamson, Toronto.

This is another of the cheap and valuable publications, for which the medical profession are indebted to the enterprising company above named. It treats of a morbid condition of the nervous system, which seems every day to be becoming more and more prevalent in the United States, and it is to be feared it is far less uncommon in Canada than it was in the days of our grandmothers.

Dr. Beard's field of experience has, no doubt, been one of very ample dimensions, and his book indicates that he has cultivated it both sedulously and skilfully. He tells us that "in this country, nervous exhaustion (*neurasthenia*) is more common than any other form of nervous disease"; but, strange to say, we learn from him a little farther on that, "it is at once the most frequent, most interesting, and most neglected nervous disease of modern times." This is an announcement for which we confess we were totally unprepared, and we imagine that no small majority of both the medical profession, and the reading community at large, must share in the surprise evoked by the revelation; for as long as memory enables us to go back in the annals of charlatanism, as exhibited in the newspaper advertisements and other media of gulling publicity, we can safely say, that if *neurasthenia*, or in plain English, nervous exhaustion, or debilitation, has been "*the most neglected nervous disease*," the fault cannot be classed against the benevolent promulgators of details of its symptomatology, nor against the incredulity of their dupes, and much less against the illiberality of the press.

It is well, however, that a man of recognized ability and keen observance, such as we have been led to regard Dr. Beard, should stand forth, outside the crowd of trading specialists, and lay before his professional confreres, the rational conclusions of his practical experience; and we must say that a careful perusal of the book now under notice has afforded us both gratification and desirable instruction. It will be impossible for any practitioner, whose daily routine brings him into contact with that class of patients who labour under an ever-varying agglomeration of heterogeneous, nondescript, and almost nondescribable ailments, to rise from this book

without the assurance that he has gained many valuable hints, which he may utilize without detriment to his financial solvency; and surely, in these tight times, this is no trivial recommendation of any contribution to medical literature. We do not venture too far when we aver that investment in Dr. Beard's *Neurasthenia*, will, to any medical reader who digests its contents *scientifically*, bring him back more than compound interest; for should his disbursements and labour bless him with no larger returns than the enrichment of his catalogue of mystical nosologic terms, which he may keep in store for inviting opportunities, he must feel convinced that he has largely enriched his armoury.

Take, for example, the following excerpt from one of the chapters, in which the author, obligingly to weak Greek scholars, gives the English equivalents of his ponderous classic jaw-dislocators.—*Astraphobia*.—fear of lightning. *Topophobia*.—fear of places. *Agoraphobia*.—fear of open places. *Claustrophobia*.—fear of narrow closed places. *Anthropophobia*.—fear of man—of society. *Gynephobia*.—fear of women. *Monophobia*.—fear of being alone. *Pathophobia*.—fear of disease. *Pantophobia*.—fear of everything. *Photophobia*.—fear of being afraid. *Mysophobia*.—fear of contamination—dirt.

There now, junior saw-bones, if you only knew how judiciously to bring into action the above pieces of medical ordnance, we shall expect from you grateful acknowledgment for the supply placed at your disposal; and if you will only venture a little further, and buy and read Dr. Beard's book, we shall be grievously disappointed if you neglect having followed our advice. Every medical man, who has been twenty years in practice, knows that far more money is to be made from the treatment of diseases, or pseudo-diseases, which nobody understands, than from those which are well understood. The latter are either soon cured, or they carry off the patient; but obscure, or fancied diseases last long, and as they generally obtain most largely among the rich and luxuriant, they should be very considerably dealt with. The physician who pooh-poohs such maladies, must be alike devoid of good manners, and sound sense.

A MANUAL OF THE PRACTICE OF SURGERY. By W. Fairlie Clarke, Assistant Surgeon to Charing Cross Hospital. New York: William Wood & Co. Toronto: Willing & Williamson.

In illustration of the revolution in the Art of Medicine and Surgery within a few centuries, a short extract from a work of Thomas Gale, entitled "Office of a Chirurgeon," printed in 1586, may not be uninteresting to our readers:—"I remember when I was in the warres at Mutterell in the time of that most famous prince King Henrie

the VIII., there was a great rabblement there that took upon them to be churgeons. Some were sow gelders, and some horse gelders, with tinkers and coblers. This noble sect did such great cures, that they got to themselves a perpetual name; for like as Thessalus' sect were called Thessalians, so was this noble rabble for their notorious cures called dogge leeches; for in two dressings they did commonlie make their cures whole and sound for ever-so that they neither felt heate nor cold, nor yet no manner of paines after." Let us reflect for a moment on the state of general medical knowledge not much more than a century ago, when the student once admitted to practise never dreamed, and in truth had scarcely an opportunity of adding to his information further than as his own experience instructed him; and contrast it with the present state of things, when the student, besides the lectures which he is called upon to attend, and the endless number of valuable text books—in their numerous illustrations, teaching by the eye—which constantly are issuing from the press at prices within the means of all, also the facilities for revising the lessons of his pupillage from the pages of the weekly and monthly medical journals of Europe and of this continent, disseminating also in their pages the discoveries and experience of the great masters of our art. This wonderful diffusion of professional knowledge by the medical press is accomplished without a single drawback, and the work before us is another illustration of the great advantages the students of the present day enjoy over their predecessors. We confidently recommend this valuable contribution to practical surgery both to students and practitioners.

THE PRACTITIONER'S REFERENCE BOOK, by Richard J. Dunglison, A.M., M.D., second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

The demand for a second edition, so soon after the publication of the first volume shows that this work is appreciated by the profession. It fills a want of the busy practitioner by furnishing him with a ready reference, when time was not at command to examine larger and more complex treatises for matters of detail. The present volume has been increased about one-half by the addition of new and important recipes, modes, tables, &c. &c. Its chief value lies in its easy reference to facts which one has already learned as well as the principles upon which they are based, but which require to be burnished up for the occasion.

FUNCTIONAL NERVOUS DISEASES.—By L. PUTZEL, M.D., Physician to the Clinic for Nervous Diseases, Bellevue Hospital, &c., &c. New York: Wm. Wood & Co.

This is another of the valuable series issuing from the press of the spirited publishers who are so largely contributing to the advancement of practical medicine on this Continent. Dr. Putzel's contribution to the literature of the neuroses will be found worthy of the diligent perusal of every practitioner who desires to obtain useful clinical and therapeutical knowledge of the diseases treated of in this interesting and instructive treatise. The work is restricted to the four important forms of chorea, epilepsy, neuralgia and peripheral paralysis. The clinical details, so clearly and succinctly presented in it, had it no other merit, cannot fail to command the careful attention, and to contribute to the practical enlightenment of the intelligent reader. At the end of the volume a very useful catalogue of the medical books obtainable from W. Wood & Co., is furnished, with their respective prices.

AMERICAN NEWSPAPER DIRECTORY for 1880, by Geo. P. Rowell & Co., New York.

This is, without doubt, the best newspaper directory that has ever been published in America. The work shows evidence of honest and careful revision, and is creditable to the bureau from which it is issued. Geo. P. Rowell & Co. have done much good work in the advertising business, and deserve well of the public.

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### Births, Marriages and Deaths.

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At Truro, N.S., August 8th, the wife of W. S. Muir, M.D., L.R.C.P. & S. Ed., of a son.

In Petrolia, on the 16th ult., the wife of Dr. J. Dunfield, of a son.

On the 25th of August, 1880, Dr. M. Stalker, of Ripley, Ont., to Margaret, elder daughter; and Dr. D. A. Nelles, of Waterford, Ont., to Helen, second daughter of J. E. Berkeley Smith, Bursar of University College, Toronto.

On the 2nd ult., Dr. E. Sullivan, of Toronto, aged 27 years.

On the 13th ult., Dr. Wilson, of East Halifax, by accidental drowning.

# BEEF IRON AND WINE.

*Extract of Beef, Citrate of Iron and Sherry Wine.*

In this preparation are combined the stimulant properties of WINE and the nutriment of BEEF with the tonic powers of IRON, the effect of which on the blood is so justly valued. For many cases in which there is

**Pallor, Weakness, Palpitation of the Heart,**

with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. The peculiar feature of this combination is that it

**COMBINES NUTRIMENT WITH STIMULUS.**

In the majority of cases, along with failure of strength, and indeed as one cause of that failure, there is an inability to digest nourishing food. Hence it is very desirable to furnish nourishment in a form acceptable to the stomach, at the same time we excite this organ to do its duty. On the other hand, again, wine stimulus although needed, is ill borne if given by itself, producing headache, excitement, and other symptoms which may be avoided by the addition of nutritious substance, such as the ESSENCE OF BEEF.

Iron also can be taken in this way by the most delicate or sensitive woman or child, to whom it may be inadmissible as usually given. Prompt results will follow its use in cases of sudden exhaustion, arising either from acute or chronic diseases, and will prove a

**Valuable Restorative for all Convalescents.**

As a Nutritive Tonic it would be indicated in the treatment of impaired nutrition, impoverishment of the blood, and in all of the various forms of general debility. Each tablespoonful contains the Essence of one ounce of Beef, with two grains of Citrate of Iron, dissolved in Sherry Wine. With a view to making the article more palatable, a portion of the beef is in the first place partially roasted, as experience has shown that it is better borne by the stomach, and can be administered for a longer period when this is done.

**Adult Dose:**—One tablespoonful between meals, and when suffering from fatigue or exhaustion

**Dose for Children** should be reduced according to the age.

We trust physicians will be careful to direct our *manufacture of BEEF, IRON and WINE*, as numbers of persons make mixtures called by the same name, and claiming equal merit. We can only say the reputation of this medicine was created by OUR PREPARATION, and it is almost exclusively prescribed by our leading physicians.

**JOHN WYETH & BROTHER.**

CHEMISTS,

1412 Walnut St., Philadelphia.

HYPOPHOSPHITES  
OF  
**LIME AND SODA**  
WITH  
**COD LIVER OIL.**

This preparation represents in a convenient form one of the most efficient and popular remedies in cases of a **Pulmonary Character**, with tendency to **Hemorrhage**, **Loss of appetite**, **Cough**, and especially when attended with **Emaciation**.

The **Hypophosphites with Cod Liver Oil**, may be given also with great advantage in **Anemia**, **Chlorosis**, to **Nursing Mothers**, and in all cases of **Nervous Exhaustion** and **General Debility**.

Since the first introduction of the "**Hypophosphites of Soda, Lime and Iron**," separately or combined, in the treatment of the large class of wasting diseases, (of which consumption is the most prominent and familiar type). The confidence of the medical profession in these articles has steadily increased.

**Phosphorus** itself, which theoretically is strongly indicated in these cases, as a stimulant to the nervous system, and thus indirectly as a promoter of nutrition, cannot be so disguised or sheathed with demulcents as to be tolerated by the stomachs of many patients who would otherwise be greatly benefitted by its use. It must be chemically combined, and introduced into the organism in such a form as to favor its absorption and assimilation. Precisely this is done when **Hypophosphorus acid**, with one or more of the alkaline bases above mentioned, is properly prepared. The stomach receives it without irritation; it is taken up along with other food and carried into the economy, to be there resolved, and to supply the waste which often constitutes the first link in a chain of morbid actions.

It is in cases of pulmonary disease, with emaciation, cough, debility, hemorrhage and the whole train of too-well known symptoms, that the benefits of this article are most manifest. In many other wasting disorders, both in children and adults, the same indications are presented.

The advantages derived from **Cod Liver Oil** in the same class of affections need hardly be dwelt upon. We use a strictly correct expression when we say that the tissues are "burning up" they are really being consumed to maintain the temperature—often much above the normal standard—of the body. **Cod Liver Oil** takes their place as a fuel. By its introduction into the economy, and its consumption there, the living elements of the organism are enabled to retain their structure, and restored to their proper nutrition and functions.

By combining the **Hypophosphites with Cod Liver Oil** the latter in a finely divided state, by our peculiar process of emulsifying, and so disguised as to be inoffensive to even a delicate stomach, we are enabled to afford at the same time a stimulant to the nervous system, and a promoter of nutrition, as well as a fuel which takes the place of the wasting tissues.

It would be easy to dwell at much greater length upon the claims of this valuable combination on the favor of the medical profession and the public; but we feel assured that the foregoing brief statement, founded upon physiological and chemical facts, and borne out by the constantly increasing testimony of experience, will commend itself to those who give it their unbiased consideration.

We would only say further, that this preparation, like every other bearing our name, is composed of the very best materials, and made up with the utmost care. We are, therefore confident that it will fully maintain our assertions in regard to it.

**ADULT DOSE**—One half to a tablespoonful three times a day. An hour before or after meals is the best time to take it.

Children may take one to two teaspoonfulls as often. For Infants decrease in proportion to age.

Each tablespoonful contains six grains of chemically pure **Hypophosphite Salts**, manufactured expressly for this preparation, with scrupulous care and combined at once to avoid any chemical change.

SHAKE THE BOTTLE WELL BEFORE USING.

**JOHN WYETH & BROTHER,**  
CHEMISTS,  
PHILADELPHIA.

# COMPRESSED TABLETS OF CHLORATE OF POTASH.

*For Hoarseness, Bronchial Irritation, Sore Throat,  
Diphtheria, Croup, etc., etc.*

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves Hoarseness; and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognized by many of the most eminent Physicians.

As the taste of this article is not disagreeable, we have prepared it in the form of Compressed Tablets, thus giving the patient the full benefit of its action, undiluted with Sugar, Gum or other vehicles, which would not only prevent its effects, but which sometimes themselves offend the stomach.

The Lozenges usually contain about twenty-five (25) grains of gum and sugar, with two grains of the Chlorate of Potash, while each of these Pills contains simply five grains of the Chlorate, all of which dissolved in the saliva, acts on the affected mucous membranes.

If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as while the solution is but temporary, the tablet really acts as a continuous gargle.

In an exhaustive and interesting paper read before the Philadelphia County Medical Society, by Thomas M. Drysdale, M. D., (published in the *Medical and Surgical Reporter* of March 17th, 1877,) he gives a detailed statement of results of the administration of this salt. His experience in the treatment of very many cases, induces him to claim it as almost a specific in Diphtheria and Pseudo-Membranous Croup. He says "it is not claimed that it will cure diphtheria in every instance, for we will meet with malignant cases in all epidemics of acute infectious diseases which will resist every remedy, or, rather, where the patients are so thoroughly poisoned by the infection that they will die before any medicines can act upon them. But, in fact, so efficient do I consider chlorate of potassa, used in the manner which has been recommended, that I regard it quite as much a specific, if we may use such a word, for this disease, as is quinine in intermittents, or mercury in syphilis."

JOHN WYETH & BROTHER,  
Manufacturing Chemists,  
PHILADELPHIA.

# WYETH'S DIALYSED IRON.

(*FERRUM DIALYSATUM.*)

*A Pure Neutral Solution of Oxide of Iron in the Colloid Form. The Result of Endosmosis and Diffusion with Distilled Water.*

PREPARED SOLELY BY

**JOHN WYETH & BRO.,**  
PHILADELPHIA.

This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the *very best* mode of administering

## IRON

in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of free acid, which is dependant upon the perfect dialysation of the solution. The samples of German and French Liquor Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron, by not giving rise to a blood red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior), the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store to supply such an emergency.

Full directions accompany each Bottle.

In addition to the Solution, we prepare a Syrup which is pleasantly flavored, but as the Solution is tasteless, we recommend it in preference; Physicians will find our **Dialysed Iron** in all the leading Drug Stores in the United States and Canada.

**PERRY DAVIS & SON & LAWRENCE,**  
*General Agents for the Sale of*

**MESSRS. JOHN WYETH & BROTHER'S**  
ELEGANT PHARMACEUTICAL PREPARATIONS  
In the Dominion of Canada.

**DE DUDLEY'S EMULSION DE**  
 OF PURE  
**NORWEGIAN COD LIVER OIL**  
 — PANCREATINE —  
 AND  
**DE LACTO-PHOSPHATE OF LIME DE**

FORMULA.—Each fl. oz. contains six grs. of Pancreatine, sixteen grs. of Lacto-Phosphate of Lime, twenty-five pr. ct. of Glycerine, and fifty pr. ct. of Norwegian Cod-Liver Oil.

**THE ONLY PANCREATIC EMULSION MADE IN AMERICA.**

This preparation is respectfully submitted to Physicians, as being ALWAYS reliable. Although well aware that Cod-Liver Oil Emulsions have fallen into deserved disrepute, yet we are confident this will stand any test or trial it may be subjected to. It contains no GUM ARABIC, TRAGACANTH, ALBUMEN, SACCHARINE OR ALKALINE MATTER; therefore, it will not SAPONIFY, FERMENT, nor RANCIDIFY. The addition of PANCREATINE insures rapid and complete assimilation, enabling patients with very weak stomachs to easily retain and digest it. *Guaranteed to keep in any climate. Physicians supplied with samples (express paid) on application.*

**DUDLEY & CO., Pharmaceutical Chemists,**  
 423 FULTON STREET, BROOKLYN, N. Y.

Laboratory, 397 and 399 Pearl Street.

Messrs DUDLEY & Co. : *Dear Sirs*—Though your EMULSION has not been before the profession a long time, still I have used it quite extensively in my practice, and can truly say I think it one of the most elegant preparations of Cod-Liver Oil I have ever prescribed. I find it can be readily taken and borne by the most delicate stomach, and the PANCREATINE and PHOSPHATES make its administration desirable in a large number of cases other than phthisical. In fact, there are few cases of mal-assimilation and general debility in which its administration will not do good—and it gives me pleasure to recommend it to my professional brethren.

HOMER L BARTLETT, M.D., Brooklyn, N.Y., Consulting Surgeon Kings County Hospital.

We are quite confident many physicians are deterred from prescribing Cod-Liver Oil Emulsions, simply because they are suspicious of the so called pure oil they are represented to contain. To prove that we use absolutely pure Norway oil, we respectfully submit the following guarantee:

Messrs. DUDLEY & Co. : *Gentlemen*—We hereby guarantee the Cod-Liver Oil we sell you, to be "TRUE NORWEGIAN COD-LIVER OIL," of W. H. SCHIEFFELIN & CO., 170 and 172 William St., New York.

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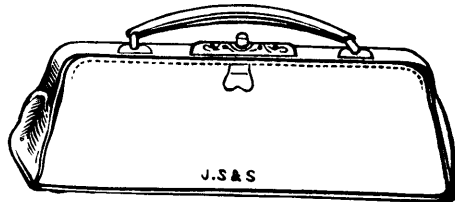
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15 inches long, 6 inches high, containing Barnes' Craniotomy Forceps, Midwifery Forceps, Perforators, Frenum Scissors, Blunt Hook and Crotchet, Catheter, 4 Stopped Bottles, 1 Chloroform Drop Bottle. Price, \$26.

Bag only, Superior Morocco, Gilt Fittings, - - - - \$6 00  
 " " Plain Fittings, Chamois - - - - -  
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The mercury is easily seen, and there being no air spec, the liability to loose the registering needle is obviated, should by any accident the whole of the mercury be shaken into the cup it will register the next time it is driven up by the temperature.

PRICE IN CASE, - - - - - \$2 50.  
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Guaranteed of Standard Strength and Quality.

## FLUID EXTRACT OF ERGOT.

This most important preparation is made the subject of special care and attention, not only in regard to the details of manipulation but the quality of the crude drug, which is perhaps the most important consideration. The finest ergot obtainable is always employed, and physicians using this extract may rely on producing the specific effects of the drug,

## NEW REMEDIES.

Preparations of New and Rare Drugs.

ALSTONIA, Dita Bark.	BOLDO, Peumus Boldo, Leaves.
ARECA, Betel Nut.	CERCIS CANADENSIS.
AVA, Kava-kava Root.	CASCARA SAGRADA.
BAEL, Bael Fruit.	COTO, Coto Bark.
BERBERIS AQUIFOLIUM.	USTILAGO MAIDIS, Corn Ergot.
COCA LEAVES.	GRINDELIA ROBUSTA.
DAMIANA LEAVES.	JABORANDI.
DROSERA, Sundew.	KOOSO.
EVENING PRIMROSE.	MISTLETOE.
EUCALYPTUS.	RHUS AROMATICA.
FUCUS VESICULOSUS.	SANDAL WOOD.
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GOA POWDER. etc.	CHAULMOOGRA OIL, etc.

Chemically pure CHLOROFORM, ETHER, and OL. TEREBINTH, for Anæsthetic purposes.

## CANADIAN MALT EXTRACT.

This is made by a recently devised process by which the greater portion of the Diastase is retained in an active condition.

Several combinations are manufactured :—MALT with PHOSPHATES, MALT with COD-LIVER-OIL and PHOSPHATES, and MALT with HYPOPHOSPHITES.

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All the Official Compounds kept in stock, also a full line of Pharmaceutical Preparations generally.

## GELATINE-COATED PILLS.

A full supply in stock.

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# Dr. J. Collis Browne's Chlorodyne

IS THE ORIGINAL AND ONLY GENUINE.

## ADVICE TO INVALIDS.

If you wish to obtain quiet refreshing sleep, free from headache, relief from pain and anguish to calm and assuage the weary achings of protracted disease, invigorate the nervous media, and regulate the circulating systems of the body, you will provide yourself with a supply of that marvellous remedy discovered by DR. J. COLLIS BROWNE (late Medical Staff), to which he gave the name of

## CHLORODYNE,

and which is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is the best remedy for Coughs, Consumption, Bronchitis, Asthma.

CHLOROD effectually checks and arrests those too often fatal diseases—Diphtheria, Fever, Croup, Ague.

CHLORODYNE acts like a charm in Diarrhoea, and is the only specific in Cholera and Dysentery

CHLORODYNE effectually cuts short all attacks of Epilepsy, Hysteria, Palpitation, and Spasms.

CHLORODYNE is the only palliative in Neuralgia, Rheumatism, Gout, Cancer, Toothache.

Meningitis, &c.

### Extract from *Indian Economist*.

"We direct the attention of medical men to a fact observed some years since by ourselves, and corroborated by our subsequent experience, that Dr. J. Collis Browne's Chlorodyne is in many cases of Low Fever immensely superior to Quinine in curative power. We cannot persuade ourselves that the true value of Dr. J. Collis Browne's Chlorodyne is yet properly appraised in India. . . . It may be given with absolute safety even to a child three days old. Were medical men but to make a fair and exhaustive trial of it we are persuaded that it would work a revolution in the treatment of two-thirds of the diseases to which children are subject. Its curative power is simply amazing."

"Earl Russell communicated to the College of Physicians that he had received a despatch from Her Majesty's Consul at Manilla, to the effect that Cholera had been raging fearfully, and that the ONLY remedy of any service was CHLORODYNE."—See *Lancet*, Dec. 1, 1864.

FROM W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., England.

Formerly Lecturer of Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an Anti-Spasmodic and Sedative. I have tried it in Consumption, Asthma, Diarrhoea, and other diseases, and am most perfectly satisfied with the results."

FROM DR. THOMAS SANDIFORD, Passage West, Cork.

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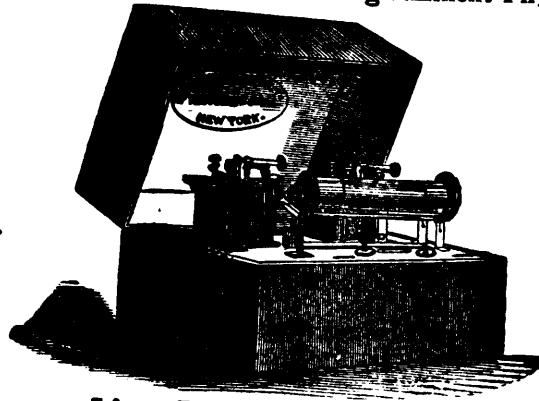
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**RALPH N. ISHAM, M.D.,**

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Professor of Medical and Surgical Diseases of Women, and of Clinical Gynecology.

**E. O. F. ROLER, A.M., M.D.,**

Professor of Obstetrics and Diseases of Children.

**SAMUEL J. JONES, A.M., M.D.,**

Professor of Ophthalmology and Otology.

**J. H. HOLLISTER, M.D., Cor. Sec. and Registrar,**

Professor of General Pathology and Pathological Anatomy.

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**HENRY GRADLE, M.D.,**

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THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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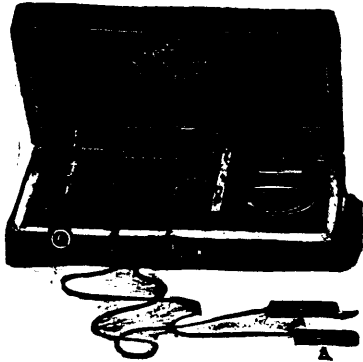
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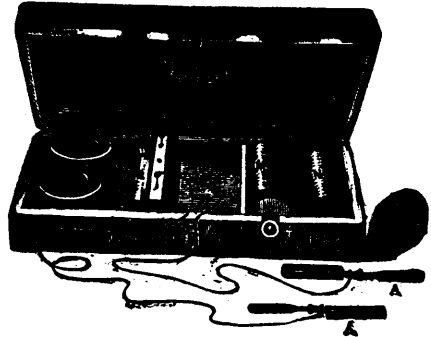
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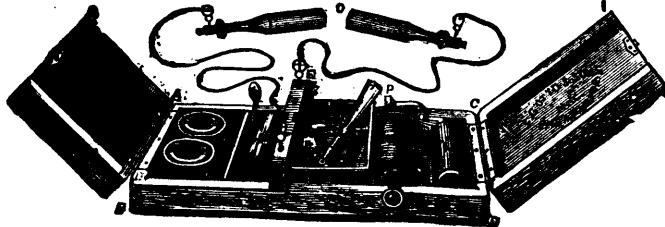
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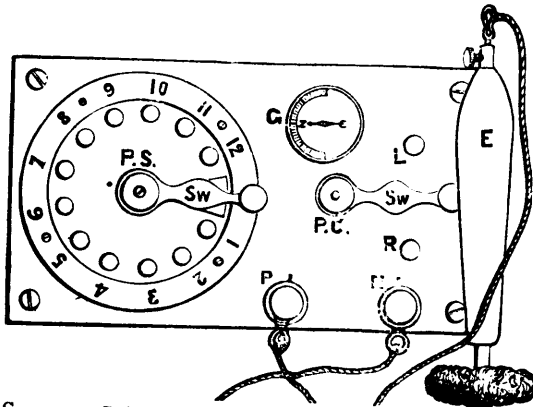
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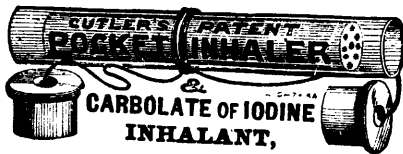
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