Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE

CANADA LANCET.

A Monthly Journal of Medical and Surgical Science, Criticism and News

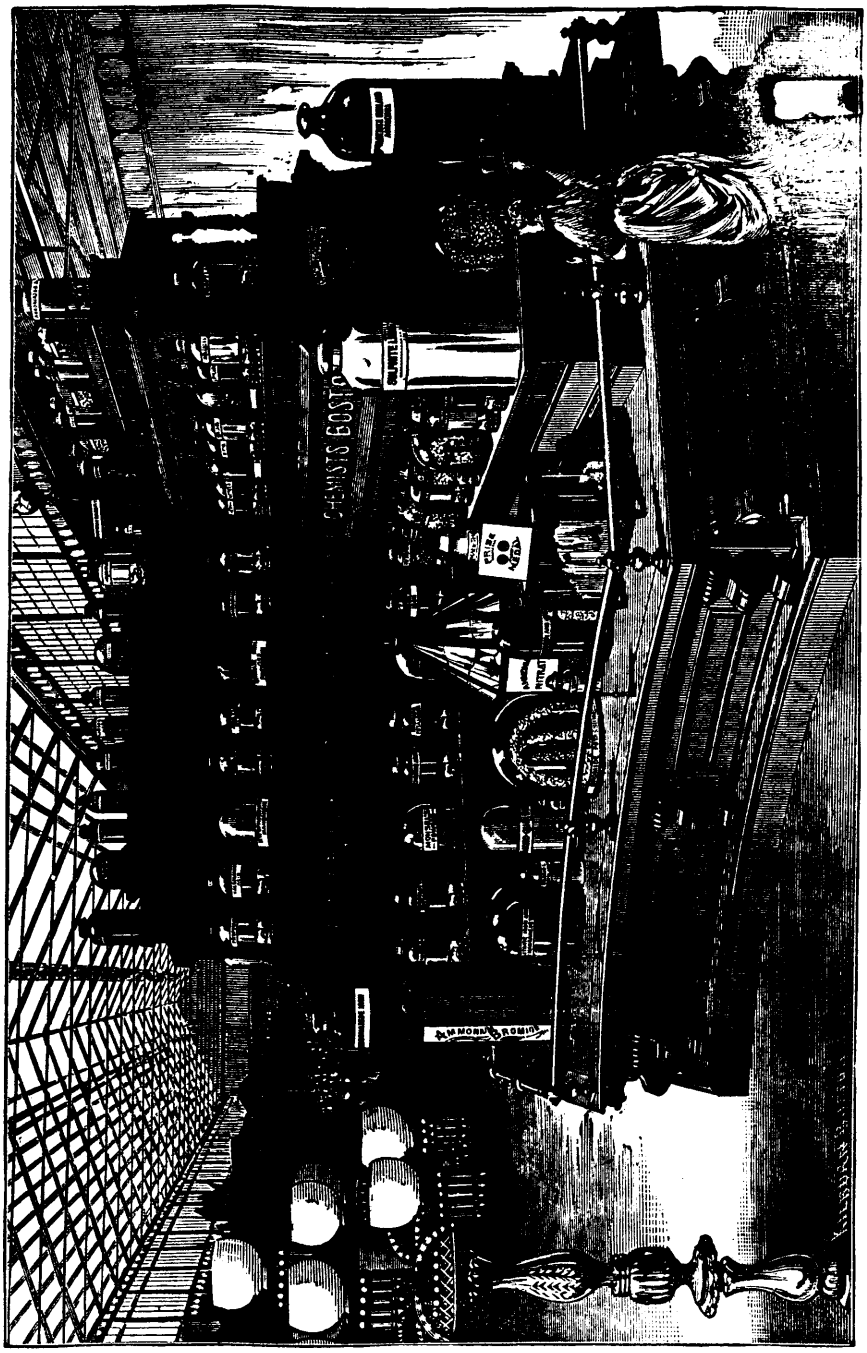
Vol. IX
No. 11.

TORONTO, JULY 1, 1877.

Price 30 Cents
$3 per Annum

CONTENTS.—(Index next page.)

BILLINGS, CLAPP & CO.,



CENTENNIAL EXHIBIT AT PHILADELPHIA, 1876.

MANUFACTURING CHEMISTS, BOSTON, MASS.

INDEX TO CONTENTS.

MÖLLER'S
PUREST NORWEGIAN COD-LIVER OIL.

DR BESCHE, Physician in ordinary to H. M. the King of Sweden and Norway, says: the very best ever prepared for medicinal purposes."
ABBOTTS SMITH, M.D., M.R.C.P., North London Consumption Hospital, says: "It is more easily assimilated and is productive of more immediate benefit than the other kinds of oil are."
DR. RUDDOCKS, M.D., L.R.C.P., M.R.C.S., says: "We are glad to be able to give our emphatic recommendation to so pure a preparation."
J. MARION SIMS, M.D., New York, says: "I have prescribed it almost daily, and have every reason to be perfectly satisfied with it."
DR. L. A. SAYRE, New York, says: "Moller, of Christiania prepares an Oil which is perfectly pure, and in every respect all that can be wished."
N. B. SANDS, M.D., New York, says: "It is remarkably free from impurities."

W. H. Schieffelin & Co., NEW YORK.
Sole Agents for United States and Canada.

FIRST PRIZE FOR ARTIFICIAL LIMBS
AND
SURGICAL APPLIANCES.

APPARATUS of every description made to order, for Paralysis, Hip-joint Disease, Weak Ankles, Club Feet, &c.

JAMES AUTHORS,
16 King Street East, Toronto.

TORONTO, Sept. 17, 1874.

I have much pleasure in being able to testify to the skill, ingenuity, and excellence of workmanship shown in Mr. Authors' surgical appliances. They will bear comparison with those manufactured in any part of the world.

JAMES H. RICHARDSON, M.D., University of Toronto, M.R.C.S. England.

DR. REEVE

CAN BE CONSULTED IN REGARD TO

DISEASES OF THE EYE AND EAR,

At the Tecumseh House, London,

On the First Saturday of every month.

Residence and Office, 22 Shuter, St., Toronto.

BELMONT RETREAT, QUEBEC.

This Institution opened in 1864 as a Private Hospital for the Insane has recently baen considerably enlarged, and now furnishes excellent accomodation for this class of patients. A separate department is also furnished for Inebriates.

Patients are admitted on the certificates of two medical men.—Terms from $6.00 to $10.00 per week quarterly in advance. For further information apply to

G. WAKEHAM, *Proprietor.* or W. WAKEHAM, *Resident Physician.*
P.O. box 1041, Quebec, P.Q.

Willing & Williamson's New Medical Books.

ATTFIELD, JOHN.—Chemistry, General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia ; 7th American, from the 6th English edition. 12mo., pp. 668, Cloth $2.75.

BARTHOLOW, ROBERTS.—Practical Treatise on Materia Medica and Therapeutics. 8vo., pp. 535. Cloth $5.00.

BRISTOWE, JOHN SYER.—Treatise on the Practice and Theory of Medicine ; Edited with Notes and Additions, by James H. Hutchinson, M.D. ; 8vo., pp. 1100. Cloth $5.50.

BROWN, J. H. BALFOUR.—The Medical Jurisprudence of Insanity ; 2nd edition, with References to Scotch and American Decisions, 8vo., pp. 713 : Cloth, $5.00.

CARPENTER, WM. B.—Principles of Human Physiology ; a new American, from the Eighth Revised and Enlarged English edition, with Notes and Additions by Francis G. Smith, M.D., 8vo., pp. 1083 ; Cloth $5.50.

DOBELL, HORACE.—On Coughs, Consumption, and Diet, in Disease. Edited by D. G. Brinton, M.D., 8vo., pp. 222 ; Cloth $2.25.

FOX, TILBURY.—Epitome of Skin Diseases, with Formulæ for Students and Practitioners ; 12mo., pp. 120. Cloth $1.00.

FREY, HEINRICH.—Compendium of Histology. Twenty-four Lectures, translated from the German by George R. Cutter, M.D. Illustrated by 208 Engravings on Wood. 8vo., pp. 224 ; $3.25.

GROSS, SAMUEL D.—A Practical Treatise on the Diseases, Injuries and Malformations of the Urinary Bladder, the Prostrate Gland, and the Urethra, by S. D. Gross, M.D. Third edition thoroughly revised by S. W. Gross, M.D., with 170 Illustrations ; 8vo., pp. 574. Cloth $4.50.

HUXLEY, T. H. AND MARTIN, H. N.—A Course of Practical Instruction in Elementary Biology. 12mo., pp. 244. $1.80.

FOSTER, M. AND LANGLEY, J. N.—A course of Elementary Practical Physiology ; 12mo , pp. 244, $1.80.

MEADOWS, ALFRED.—A Manual of Obstetrics, from the third London Edition, revised and enlarged ; 8vo., pp. 484, Cloth $3.25.

NAPHEYS, GEO. H.—Modern Therapeutics. A compendium of recent Formulæ, Approved Treatment, and Specific Methods in Medicine and Surgery, with an Appendix on Hypodermic Medication, Inhalation, Æration, and other Remedial Agents and Therapeutic Methods of Recent Introduction ; 4th edition, 8vo., pp 609, Cloth $4.00.

ROSENBERG, EMIL.—The Use of the Spectroscope in its application to Scientific and Practical Medicine. Illustrated, 8vo., Cloth $1.25.

RICHARDSON, B. W.—The Diseases of Modern Life, and the Science of their Prevention, cr. 8vo. pp. 520. $2.00.

HAMMOND, WM. A.—Spiritualism, and Allied Causes and Conditions of Nervous Derangement. Illustrated, cr. 8vo., pp. 366, $2.25.

BEARD, G. M. AND ROCKWELL, A. D.—Practical Treatise on the Medical and Surgical Uses of Electricity, including Localized and General Faradization ; Localized and Central Galvanization ; Electrolysis and Galvano Cautery. New edition, revised, enlarged, and mostly re-written, with nearly 200 Illustrations ; 8vo., pp. 794 ; Cloth $6.25, Sheep $7.25.

BIDDLE, JOHN B.—Materia Medica, for the Use of Students ; 6th edition, revised and enlarged, with Illustrations ; 8vo., pp. 435, Cloth $4.00.

DACOSTA, J. M.—Medical Diagnosis, with special reference to Practical Medicine, Illustrated ; 4th edition, 8vo., pp. 835, Cloth $6.00.

DALTON, J. C.—Treatise on Human Physiology ; 6th edition, 8vo., pp. 825 ; Cloth $5.50, Sheep $6.50.

FLINT, AUSTIN, JR.—Text Book of Human Physiology ; 8vo., Cloth $6.00, Sheep $7.00.

KUSS.—Course of Lectures on Physiology ; Illustrated, 12mo., pp. 520 ; $2.70.

ROBERT'S Student's Guide to the Practice of Midwifery ; Cloth $2.25.

TANNER, THOMAS HAWKES.—Memoranda of Poisons ; 32mo., pp. 155, Cloth 75cts.

TYNDALL, JOHN.—Fragments of Science ; 5th edition, revised and greatly enlarged ; Cr. 8vo., pp. 589 ; $2.50.

MAILED POSTAGE FREE TO ALL PARTS OF CANADA.

WILLING & WILLIAMSON,
Medical and General Booksellers,
12 King St. East Toronto.

CODMAN & SHURTLEFF'S

APPARATUSES FOR

Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

BY the Atomizer, any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air-cells, thus opening a new era in the treatment of all diseases of the throat and lungs. (Fig. 15).

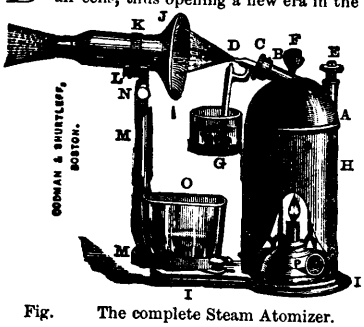


Fig. The complete Steam Atomizer.

It consists of the sphere-shaped brass boiler A, steam outlet tube B, with packing box C, formed to receive rubber packing through which the atomizing tube D passes, steam tight, and by means of which tubes, of various sizes, may be tightly held against any force of steam, by screwing down the cover while the packing is warm; the safety-valve E, capable of graduation to high or low pressure by the spring or screw in its top, the non-conducting handle, by which the boiler may be lifted while hot, the medicament cup and cup-holder G, the support H, iron base I I, the glass face-shield J, with oval mouth-piece connected by the elastic band K with the cradle L, whose slotted staff passes into a slot in the shield-stand M M, where it may be fixed at any height or angle required by the milled screw N.

The waste cup, medicament cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered. It cannot be injured by exhaustion of water, or any attainable pressure of steam. It does not throw spirts of hot water, to frighten or scald the patient. Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tube or the water, can be unpacked and repacked without loss of time. Will render the best of service for many years, and is cheap in the best sense of the word. Price $6; brass parts, nickel plated, additional, $2.50. Neatly made, strong black walnut box, with convenient handle, additional $2.50.

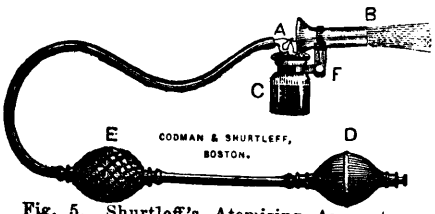


Fig. 5. Shurtleff's Atomizing Apparatus. Pat. March 24, 1868.

The most desirable hand apparatus. Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat and work perfectly in all positions. The bulbs are adapted to all the tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction and Inhalation. Price $4.00. Each of the above Apparatus is supplied with two carefully made annealed glass atomizing tubes, and accompanied with directions for use.

Every steam Apparatus is tested with steam, at very high pressure. Each apparatus is carefully packed for transportation, and warranted perfect. Also,

HAND BALL APPARATUS, (Fig. 5, without shield) with two glass tubes $3 50
THE BOSTON ATOMIZER with two glass Atomizing tubes 2 50
" TREMONT " " " 2 00
GLASS ATOMIZING TUBES, to fit any of our Apparatus, warranted perfect 25
PERFUME ATOMIZER, nickel plated, for toilet use 1 50
SILVER SPRAY " " 1 50
NICKEL PLATED TUBES, for Local Anæsthesia and for Inhalation ..... 75c. to 2 00
RHIGOLENE, for Local Anæsthesia, best quality, packed 1 00
NASAL DOUCHE, for treating diseases of the Nasal Cavity, eight different varieties, each with two nozzles packed $1.20, $1.50, 2.00, 2.50 and 3 50

N.B.—To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter. ☞ For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will send by mail (post-paid), on application, a pamphlet containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulæ of those successfully employed. Also, an article by Dr. L. W. Thudichum, M.R. C.P., on "A New Mode of Treating Diseases of the Nasal Cavity," with his formulæ. Also an illustrated description of the *best Apparatus* for the above purposes, and for producing Local Anæsthesia by Atomization of Rhigolene.

Instruments made to order. Sharpened, Polished, and Repaired.

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, postpaid, on application.

CODMAN & SHURTLEFF,
Makers and Importers of Surgical and Dental Instruments.
13 and 15 TREMONT STREET, BOSTON.

H. J. ROSE, corner Queen and Yonge Streets, Toronto, Agent for the Instruments, also the Pamphlet mentioned.

Mrs. Pearson's Abdominal Supporter.

(Patented Oct. 1870.)

The attention of the Medical Profession is called to the great value of MRS. PEARSON'S Abdominal Supporter in the treatment of Uterine complaints. It is especially adapted to the treatment of partial procidentia uteri, ante or retroversion, and in Leucorrhœa, depending on these defects; by removing the cause it quickly cures the discharge. It is also of great service in a lax or pendulous state of the abdomen and during pregnancy, by giving the much needed support. A perineal pad can be attached to the supporter when required.

The undersigned, having tested its value in their practice, kindly allow reference to them as to its excellence and efficiency.—

E. M. Hodder, M.D., F.R.C.S, E.; Toronto.
N. Bethune, M.D., F.R.C.S., Ed.; Toronto.
Augustus Jukes, M.B., St. Catharines.
Dr. Rowand (M.D., Edin.); Quebec.
W. W. Ogden, M.B., Toronto.
J. Mackelcan, M.R.C.S. E.; Hamilton.
Dr. Henry J. Ridley, Hamilton.
M. Lavell, M.D., Kingston.
H. Blackstock, M.D., Hillsdale.
J. Wilkinson, M.D., Woodbridge.
Edwin Henwood, M.D., Hamilton.
Uzziel Ogden, M.D., Toronto.
H. H. Wright, M.D., Toronto.
Dr. G. L. Mackelcan, Hamilton,
Dr. McDonald, Hamilton.
Edwin Goodman, M.B., St. Catharines.

Price $7 to $10. Please send measurement around largest part of hips.

MRS PEARSON also manufactures an UMBILICAL PAD or support of the greatest value in the treatment of cases of Umbilical Hernia; also SHOULDER BRACES of the most modern and approved styles.

MRS. J. E. PEARSON, 316, Adelaide St. West, Toronto.

* * * * Sugar-Coated Pills are more soluble than Gelatine or Compressed Pills.—*Prof. Remington's paper read before American Pharmaceutical Association, Boston, 1875.*

WARNER & CO'S

PHOSPHORUS PILLS.

PHOSPHORUS is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

LAPSE OF MEMORY, IMPOTENCY, SOFTENING OF THE BRAIN, LOSS OF NERVE POWER, PHTHISIS, PARALYSIS AND NEURALGIA.

The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

This *method of preparing Phosphorus has been discovered and brought to* PERFECTION *by us*, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

Its use in the above named complaints is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames (in the *Dublin Journal*), Dr. Burgess and Dr. Hammond, of New York. The special treatment indicated in these cases is—1st. Complete rest of the mind, especially abstention from all occupations resembling that upon which the mind has been overworked. 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3rd. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish. 5th. *The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.*

☞ PILLS SENT BY MAIL ON RECEIPT OF LIST OF PRICES. ☜

	Price per 100.
Pil Phosphori, 1-100 gr, in each	$1 00
Pil Phosphori, 1-50 " "	1 00
Pil Phosphori, 1-25 " "	1 00
Pil Phosphori, Comp. Phosphorus, 1-100 gr. Ext. Nuc. Vomicæ, ¼ gr.	2 00
Pil Phosphori, et Nucis Vomicæ, Phosphorus, 1-50 gr. Ext. Nuc. Vomicæ, ¼ gr.	2 00
Pil Phosphori, et Ferri, et Nuc. Vom. Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., ¼ gr.	2 00
Pil Phosphori, et Ferri et Quiniæ, Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 2 gr.	2 90
Pil Phosphori et Ferri et Nuc, Vom. et Quinæ, Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., 1-8 gr. Quinia Sulph., 1 gr.	2 90

Treatise on "PHOSPHORUS; Its claims as a Theraputic Agent,"

Furnished on application. Address,

WILLIAM R. WARNER & CO., Manufacturing Chemists,

No. 1228 Market Street, Philadelphia.

Warner & Co's Standard Preparations for sale by

ELLIOT & CO., Wholesale Druggists,

TORONTO, CANADA.

Elixir Ferri et Calcis Phosphatis Co.

LACTO-PHOSPHATES.

FORMULA OF DR. DUSART, OF PARIS.

Compound Elixir of Phosphates and Calisaya,

A Chemical Food and Nutritive Tonic.

THIS elegant preparation combines with a sound Sherry Wine and Aromatics, in the form of an agreeable cordial, 2 *grs. Lacto-Phosphate of Lime* 1 *gr. Lacto-Phosphate of Iron*, 1 *gr. of Alkaloids of Calisaya Bark, Quinine, Quinidine, Chinchonine, and fifteen drops of free Phosphoric Acid to each half ounce.*

In cases convalescing from adynamic fevers, in all conditions of depraved nutrition from indigestion and mal-assimilation of food, in nervous prostration from mental and physical exertion, dissipation or bad habits, in chlorotic or anæmic women, and in the strumous diathesis in adults and children, —it is a combination of great reliability and efficacy, and it may be taken for a protracted period without becoming repugnant to the patient.

When Strychnine is indicated the officinal solution of the Pharmacopœia may be added, each fluid drachm making the 64th of a grain to a half fluid ounce of the Elixir,—a valuable combination in dyspepsia with constipation and headaches. This compound is prepared with great care, and will be maintained of standard purity and strength. Prepared by

T. B. WHEELER, MONTREAL, D. C.

SOLD BY ALL DRUGGISTS.

HORATIO G. KERN,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS, &C.,

Established 1837.

THE subscriber would again remind the Medical and Dental Profession that he still continues to manufacture his celebrated Instruments in all the various branches.

Assiduous attention to the details of the business, which an experience of thirty-five years has afforded, has enabled him to make many improvements in his

Unrivalled Extracting Forceps,

Both as regards their quality and adaption to the purposes for which they are intended, a desideratum which will be appreciated by all wishing to purchase Instruments, that are reliable and of long and well established reputation.

PRIZE MEDAL AWARDED TO

HORATIO G. KERN

INTERNATIONAL EXHIBITION 1876.

All the Latest Improvements and Novelties.

All orders entrusted to his care will be promptly attended to.

☞ Catalogues furnished on application.

Oct. 1873. **HORATIO G. KERN,**
No. 21 North Sixth St., Philadelphia.

Electro-Medical Instruments and Batteries.

FLEMMING & TALBOT,

No. 814 FILBERT STREET, PHILADELPHIA.

HAVING largely increased our manufacturing facilities, we are now prepared to furnish the finest work, with the latest improvements, on reasonable terms.

Portable Galvanic, Faradic, and Caustic Batteries, with complete applying apparatus, and Electrodes and Conductors, in all their varieties, constantly on hand.

Contracts made for the erection of permanent batteries in hospitals, colleges, and private offices.

A full supply of Electro-Medical Books always in store. communications by mail promptly attended to. *Send for catalogue.*

OPENING FOR A PHYSICIAN

A Physician who has a well established practice in a thriving Village in western Ontario, wishes to dispose of his residence and good will of practice. Splendid Country surrounding. This is a good opening for a thoroughly reliable man. For the address apply to the Editor of the CANADA LANCET, TORONTO.

$3000 A YEAR.

A Medical Man wishes to dispose of his property and good will of practice, worth $3000 a year. The property consists of a good dwelling-house, outbuildings, &c., and will be sold at a reasonable price. The Village is surrounded by an excellent farming district. No opposition. For address apply to "Lancet Office," Toronto.

GEORGE TIEMANN & CO.,

F. A. STOHLMANN. ESTABLISHED 1826. ED. PEARCE

67 CHATHAM STREET, NEW YORK.

MANUFACTURERS AND IMPORTERS OF

Surgical Instruments,

RECEIVED

2 Awards at Centennial Exhibition, 1876.

2 First Medals and 1 Honorable Mention at International Exhibition, Santiago, Chili. 1875.

2 Silver Medals and 1 Bronze Medal at International Exhibition, Paris, 1876.

☞ Our Catalogue, numbering 462 pages and containing 1575 engravings, handsomely bound in cloth, can be obtained for cost of binding, 75 cents; postage 22 cents.

HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON MASS.

Ninety-Fourth Annual Announcement, 1877-78.

FACULTY OF MEDICINE:

CHARLES W. ELIOT, LLD., President.
CALVIN ELLIS, M.D., Prof. of Clinical Medicine, Dean.
JOHN B. S. JACKSON, M.D., Prof. of Pathol. Anatomy.
OLIVER W. HOLMES, M.D., Prof. of Anatomy.
HENRY J. BIGELOW, M.D., Professor of Surgery.
JOHN E. TYLER, M.D., Professor of Mental Diseases.
JOHN P. REYNOLDS, M.D., Professor of Obstetrics.
FRANCIS MINOT, M.D., Hersey Professor of the Theory and Practice of Medicine,
HENRY W. WILLIAMS, M.D., Prof. of Ophthalmology.
DAVID W. CHEEVER, M.D., Prof. of Clinical Surgery.
JAMES C. WHITE, M.D., Professor of Dermatology.
ROBERT T. EDES. M.D., Prof. of Materia Medica.
HENRY P. BOWDITCH, M.D., Assis't. Prof. of Physiology.
CHARLES B. PORTER, M.D., Demonstrator of Anatomy and Instructor in Surgery.
FREDERIC I. KNIGHT, M.D., Instructor in Percussion, Auscultation and Laryngoscopy.
J. COLLINS WARREN, M.D., Instructor in Surgery.
REGINALD H. FITZ, M,D., Assistant Professor of Pathological Anatomy.
WILLIAM L. RICHARDSON, M.D., Instructor in Obstetrics.
THOMAS DWIGHT, JR., M.D., Instructor in tology.
EDWARD S. WOOD, M.D., Professor of Chemistry.
HENRY H. A. BEACH, M.D., Assistant Demonstrator of Anatomy.
WILLIAM H. BAKER, M.D., Instructor in Gynœcology.
WILLIAM B. HILLS, M.D., Instructor in Chemistry.

Other Instructors:

GEORGE H. F. MARKOE, Instructor in Materia Medica.
FRANK W. DRAPER, M.D., Lecturer on Hygiene.

THE FOLLOWING GENTLEMEN GIVE SPECIAL CLINICAL INSTRUCTION:

FRANCIS B. GREENOUGH, MD., and EDWARD WIGGLESWORTH, JR., M.D., in Syphilis.
JOHN O. GREEN, M.D., and CLARENCE J. BLAKE, M.D., in Otology.
CHARLES P. PUTNAM, M.D., and JOSEPH P. OLIVER, M.D., in Diseases of Children
SAMUEL G. WEBBER, M.D., and JAMES J. PUTNHM, MD., in Diseases of the Nervous System:

PERSONS who hold no degree in arts or science must hereafter pass an *examination for admission* to this School in Latin in the elements of Physics, and in English. French or German will be accepted instead of Latin. The admission examination will be held June 28th both at Boston and Cincinnati; on Sept. 27th at Boston only. Instruction is given by lectures, recitations, clinical teaching and practical exercises, distributed throughout the academic year. The year begins Sept. 27, 1877, and ends on the last Wednesday in June, 1878; it is divided into two equal terms, either of which is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

Instead of the customary hasty oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study; a series of examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during his period of study.

DIVISION OF STUDIES.

For the First Year—Anatomy, Physiology and General Chemistry.

For the Second Year—Medical Chemistry, Materia Medica, Pathological Anatomy, Clinical Medicine, Surgery and Clinical Surgery.

For the Third Year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere, may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class, must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology and General Chemistry.
" " second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.
" " third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

Examinations are also held before the opening of the School, beginning September 24th.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine, additional facilities for pursuing clinical, laboratory and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches:—Physiology, Medical Chemistry, Pathological Anatomy, Surgery, Auscultation, Percussion and Laryngoscopy, Ophthalmology, Otology, Hygiene, Dermatology, Syphilis, Pyschological Medicine, Electro-therapeutics, Gynæcology and Obstetrics. Single branches may be pursued, and on payment of the full fee, also the privilege of attending any of the other exercises of the Medical School, the use of its laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M.D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course. Examination on entrance not required.

FEES.—For Matriculation, $5; for the Year, $200; for one Term alone, $120; for Graduation, $30; for Graduates, Course, the fee for one year is $200, for one Term, $120; and for single courses such fees as are specified in the Catalogue. Payments in advance.

Members of any one department of Harvard University have a right to attend lectures and recitations in any other department without paying additional fees.

For further information, or Catalogue, address

DR. R. H. FITZ, *Secretary*, 108 Boylston Street, Boston, Mass.

DETROIT MEDICAL COLLEGE,

DETROIT, MICH,

SESSION OF 1877-78.

FACULTY.

Preliminary and Regular Sessions.

EDWARD W. JENKS, M.D., President,
Professor of Medical and Surgical Diseases of Women and Obstetrics.

GEORGE P. ANDREWS, M.D.,
Professor of Principles and Practice of Medicine.

JAMES F. NOYES, M.D.,
Professor of Ophthalmology and Aural Surgery.

ALBERT B. LYONS, M.D.,
Professor of Chemistry and Texicology.

THEODORE A. McGRAW, M.D., Treasurer,
Professor of Principles and Practice of Surgery and Clinical Surgery.

C. B. GILBERT, M.D.,
Professor of Materia Medica, Therapeutics and Clinical Diseases of Children.

N. W. WEBBER, M.D.,
Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Clinical Medicine.

Recitation Session.

H. O. WALKER, M.D.,,
Lecturer on Genito-Urinary System and Rectum.

DANIEL LAFERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopœdic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of the Mind and Nervous System.

DAVID INGLIS, M.D.,
Lecturer on Histology, Curator of Museum and Librarian.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of the Throat and Lungs.

F. A. SPALDING, M.D.,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 5th, 1877, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 3d, 1877, and continues five months. During this term all the branches of *General Medicine* and *Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1878, and continues four months. Daily during this term there will be held a lecture, recitation, and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can, will avail themselves of their manifest advantages in supplementing the regular Winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the ***intimate union*** between its *laboratory, clinical* and *didactic* instruction.

FEES.—For Preliminary and Regular Sessions: Matriculation, $5. Hospital fees [good for one year], $10. Lectur Fees, $40. Graduation, $25. Lecture fees to third course students, $25.

For the Recitation Term the Lecture fees are $10, to those who attend the other courses. All others are required to matriculate and take out the Hospital tickets.

All fees payable in advance to the *Secretary*.

Board and Rooms can be obtained at low rates—according to accommodations—from $3 to $5 per week. Announcement and Catalogue, or any other information which may be desired, can be promptly obtained by addressing

LEARTUS CONNOR, M.D., Secretary,

24 CASS STREET, DETROIT MICH.

THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX. TORONTO, JULY 1ST, 1877. No. 11.

ADDRESS DELIVERED BEFORE THE BATHURST AND RIDEAU MEDICAL ASSOCIATION, AT PEMBROKE.

BY J. A. GRANT, M.D., F.R.C.S., EDIN., ETC.. OTTAWA.

Gentlemen :—Time is ever onward and progressive, and in its march intellectual development and scientific results have not fallen short during the past half-year. To-day it is my pleasing duty to congratulate the members of this Association on the increased interest taken in our annual gatherings, and also to mark in a fitting manner, the great kindness of our Pembroke brethren, for the magnificent entertainment extended to all, whose pleasure and good fortune it is, to have been present on so auspicious an occasion. Such re-unions tend to cement us together in the bonds of professional brotherhood, and strengthen those ties which tradition has handed down, from century to century. During the past few months our friend and once warm associate, Dr. Beaubien of Ottawa, has been numbered with the dead. For over a quarter of a century he filled the important position of physician to the General Hospital, and in both the domain of Medicine and Surgery, has made a record alike creditable to his name and that noble institution with which he was so closely identified. By his death the public has lost a warm and charitable man, and in the profession a blank exists, alike to the Anglo-saxon and the French element. Canada since its germinal stage of growth, has benefited by the well-timed co-operation of the English and French speaking population, and no where more so, than in the building up of our "medical institutions." The blending and fusion of these elements of national greatness, has given us that patriotic, zealous, and scientific outcrop it is now our privilege to enjoy. Thus in our new dominion, scientific investigation itself tends to strengthen and consolidate the very fabric that cements us together as a homogeneous people. Not alone in Canada, but in England and Europe has death lessened our ranks, some of our most distinguished men having passed away. First among these must be named the honored veteran of clinical teaching, M. Andral, who died at the age of 78. Also Pitha of Vienna; Steiner of Prague; Traube of Berlin; Chelius of Heidelberg; also Ehrenberg and Stromeyer. In London, no ordinary blank is felt by the death of Sir Wm. Ferguson, a name recognized as a household word in Canada. Letheby, Wilde, Burrows, Inman, Gibb, Laycock, Parkes, Begbie, Campbell de Morgan, and more recently, our much esteemed American brother, Surgeon Bucke of New York, so long identified with weight and pulley extension, in thigh fractures. The death list is far more varied and extensive. The duty of the departed dead was well performed, and the record, an imperishable monument in the scroll of fame.

SURGERY.

In the domain of surgery, Dr. Marion Sims, for the first time on this continent, used Lister's antiseptic precautions in ovariotomy. The patient was 47 years of age, and the operation lasted forty minutes. The case terminated most favorably, and Dr. Sims anticipates the same results in ovariotomy, as obtained in other surgical operations where this method of dressing has been applied. Professor Billroth of Vienna, is one of the most renowned operators in Europe. How peculiar is the combination of qualities of this great man. He is a profound pathologist, an accurate anatomist, a bold and ready operator, great conversational power as a lecturer, an accomplished linguist, an admirable black board delineator. He is said to possess the strength and endurance of a blacksmith on the one hand, and a distinguished reputation as a composer and pianist on the other. In operations all his apparatus is after Lister. Carbolised guage, carbolised oil silk, carbolised caoutchouc, salicylic charpie, salicylic jute, and all the ligatures carbolised catgut, fine silk and fine flax, the two latter saturated in a carbolised solution. Also the instruments used laid out in a carbolised solution, (strength 3 per cent.) contained in shallow porcelain trays. Professor Billroth closes or coapts his wounds well and uses drainage tubes freely. Thus we observe Lister's dressing gaining

ground in some of the principal seats of scientific investigation. In a previous paper I adverted somewhat fully to the investigations of Professor Tyndall at the Royal Society. In January last a second series of experiments made by Tyndall, confirmed his previous statements. Such experiments require great skill, time, and matured thought in their elucidation, and our profession owes much to the practical pursuits of such men as Tyndall, tending greatly to confirm the advanced principles of surgical antiseptic dressings. I shall now advert briefly to the subject of "*Visceral Syphilis*," which has recently called forth considerable remark. Dr. Gee (Jany 20, '77) communicated a paper to the Royal Med. and Chirurgical Society on this subject. The conclusions arrived at, are, that in half the cases of early congenital syphilis, there was palpable enlargement of the spleen, and that in one-fourth the enlargement was considerable. "The degree of splenic enlargement is taken as an index of the cachexia. Out of 28 cases, under twelve months old it was found in 22. Of this peculiar enlargement, little is so far known. Dr. Barlow had one post-mortem and "the enlargement was simple with hardness,' neither amyloid nor gummatous change." The next point of marked interest in syphilis, is the existence of "giant-cells." Dr. Paul Baumgarten of the Pathological Institute Konigsberg, describes the presence of "giant-cells" in syphilomata. These cells have been considered the specific histological criterion of tubercle. They are said to occur in a number of other growths. In one case, Dr. Baumgarten states, a diagnosis of syphilis was almost withdrawn, because of the presence of these giant-cells in a cerebral neoplasm, though the clinical history, and the post-mortem appearances, pointed most definitely to syphilis. Various other syphilitic growths examined most carefully, presented these giant-cells. On this subject we may anticipate much careful examination and the elucidation of many points of great interest both as to syphilis and tubercle.

While discussing cancer cells, I will just advert to the recent interesting experiment of Dr. Nowinsky, of St. Petersburg. He has announced two successful cases, in which a small piece of medullary cancer, taken from the nose of one dog and implanted on a healthy wound on the back of another dog, produced *nodules*, at the seat of inoculation, whose structure resembled that of primary cancer. The examination, was made in the first case, five months after inoculation, and in the second, six weeks afterwards.

The data on this point, although not sufficiently conclusive, (from want of more extended observation), are certainly of a most novel character, and if on further investigation, a substantial basis is arrived at, surgeons generally will use much greater precaution in all operations of cancerous character.

In a previous address I noted a few points, as to the means of controlling hæmorrhage by "*Esmarch's Bandage.*" The main utility of this bandage is in cases of excision; of operations on bones; and of removal of tumours, chiefly of a deep seated character, cases in all of which, it is of vital importance that the tissues may be seen as clearly as possible. Mr. Holmes having noted fully 500 hundred cases, concludes: "The disadvantages which have been attributed to the use of this apparatus, I have never seen. I have never met with recurrent hæmorrhage afterwards, and this I attribute to the *free* exposure of wounds to cold till all tendency to hæmorrhage is over. Nor have we ever seen the least tendency to gangrene. The idea that *pus* may be diffused over '*the cellular spaces*' of the limb by the pressure is, I think, wholly theoretical. I have nothing but good to report of Esmarch's plan, though I do not think amputations are the operations best adapted to display all its advantages."—(*Medical Times and Gazette*, Jan. 6th, 1877.) In both hospital and private practice in and about Ottawa, the experience tends to confirm the admirable opinion of this distinguished surgeon, no unfavorable results having thus far been recorded.

RARITY OF STONE IN THE BLADDER IN OTTAWA.

It is a well attested fact, that cases of stone in the bladder are of rare occurrence in this section of country. During a period of twenty-five years, those noted are as follows: Protestant Hospital, 3; Catholic Hospital, 2; Private Practice, 4 cases. These cases were chiefly the result of local disorders. In this respect the Ottawa country corresponds with Finland, there being a marked absence of any endemic cause for the production of this disease. Dr. Estlander, of Finland, considering the etiology of stone, recognized two groups: "the one in which there is no disorder of the urinary organs, the stone seeming to

be of constitutional origin, and the other in which the calculus clearly depends on local disorder. With the first we have usually associated endemic causes; with the second local disorders, such as affections of the kidney and the various circumstances which prevent timely evacuation of the bladder. It is doubtless difficult to define the precise origin of calculus disease, still I am of opinion that the marked absence of it, in the Ottawa country, is chiefly owing to the great purity of our water, filtered through our extensive Laurentian and Silurian bases, and in addition the simplicity of diet of our people, and the congenial climatic conditions of these regions generally.

The recent meeting of the American Medical Association was one of considerable interest, and was largely attended from all States of the American Union, by the representatives of the various medical associations. The chief points of interest, in the various topics of discussion, were concerning extirpation of the uterus; plaster of paris bandages in fractures of the leg; shortening in fractures of the thigh and caries of the spine, treated by extension and the plaster of paris bandage. Extirpation of the uterus for fibro-cystic disease, is an operation which has engaged the attention of our profession during the past few years. On both sides of the Atlantic, this operation has been undertaken with varied success. Clay, of Manchester; Storer, of Boston; Kœberle, of Strasburg; Wells and Bryant, of London; Sims, of New York; Trenholme, of Montreal, and Dr. Kimball, of Lowell, U. S., number chiefly among those who have performed the operation. The paper of Dr. Kimball, presented to the Association, detailed thirteen cases of extirpation of the uterus, six of which were successful. In the great proportion of the cases, he had been mistaken as to diagnosis. Such, however, is not remarkable, as it is exceedingly difficult, by manipulation to define the exact extent of uterine disease. Bryant lost three out of four; Sims had but two cases, both of which died. Trenholme, two—one recovery, and such is the varied record of all who have operated. On this subject a lively discussion took place, into which Sims, White, of Buffalo, Peaslee and Kimball entered vigorously. The conclusion arrived at, was, that this formidable operation should only be undertaken when the tumour has acquired such dimensions as to threaten life or render what remains miserable.

Dr. Hamilton expressed his opinion, as against the use of Plaster or Paris bandages in fractures of the leg. After extensive observation he has come to the conclusion that this form of bandage soon relaxes its hold on the leg, or the reduction of the limb, soon leaves an interspace between the firm casing of the bandage into which the fingers may be placed, and the concealed action, thus given to the fractured limb, might result more unfavourably than anticipated. The subject of fracture of the femur, and shortening taking place as the usual result, notwithstanding the requisite care and all the modern appliances, was discussed at length in the Surgical section. Dr. Scott, of the Montreal General Hospital, published in the *Medical Chronicle*, of Montreal, Vol. I, (1853) a report of nineteen cases of fractures, all of which recovered without any shortening. Of these 3 were of the clavicle; 7 femur; 8 tibia; 1 fibula, and 1 condyle of humerus. In surgical science as in other departments of thought a degree of uncertainty exists. Hamilton in his admirable work on fractures and dislocations cites the opinions of many of our great authors and the conclusion arrived at in the aggregate is "that broken femurs do, in their experience, rarely unite, without more or less shortening." This opinion has been arrived at from the different plans of treatment adopted and in the hands of world renowned surgeons. The discussion at the American Association was vigourous and somewhat diversified and in the conclusion, a resolution was adopted confirming the expressed opinion. In 30 cases which came under my treatment, in hospital and private practice, I have remarked no after shortening, except in two, when owing to the great power of the thigh muscles and obliquity of these fractures, I found great difficulty in keeping the parts in position. I should not wish to express an opinion contrary to Hamilton who states, "that the average shortening in simple fractures, where the best appliances and the utmost skill have been employed is about *three-quarters of an inch.*" In our courts of law such conclusive evidence is certainly worthy of timely consideration.

DIPHTHERIA IN THE OTTAWA DISTRICT.

In 1860-61 Ottawa city and surrounding country were visited with an epidemic of diphtheria of a severe form attended by an unusual degree of mor-

tality, notwithstanding the varied treatment then adopted. In the open country districts, where there was an ample supply of fresh water, good diet, and every degree of care and attention that could possibly be bestowed. the cases were of the most virulent character and in many instances death ensued suddenly. During the months of August, September and October the greatest mortality was observed. From 1860 to 1877 occasional cases of a much modified character have been observed, the tonsils moderately enlarged and presenting rather a punctiform, closely attached exudation, and just in proportion to the continuous character of the exudation, or membrane, I observed the constitutional symptoms most marked. These cases I classed rather as *pseudo-diphtheritic* being destitute of most of *the true characteristics* of genuine diphtheria. During the latter part of 1876 and January, 1877, I attended fully twenty-five cases, many of which were of an aggravated character and having well-defined constitutional symptoms. Begbie, of Edinburgh, in his instructive essay on "Diphtheria and its sequels," stated his unbiased opinion that we have no *specific remedy* for diphtheria, the disease and its sequels must be treated on the general principles which regulate our practice in fever, in inflammation, and in nervous disorders of asthenic character. To enter upon the treatment of this disease, now so well known to every educated physician is not my present object, but merely to state a few particulars which I have found exceedingly efficacious in the management of those cases which came under notice in the recent epidemic.

Believing as I do most implicitly that diphtheria is a constitutional disease, with a throat difficulty; having the same relation to it, as the throat affection of scarlet fever, has to scarlet fever, I invariably within the past epidemic directed particular attention to the function of the greatest eliminating membrane, the skin. I at once placed the patient under treatment, in a mustard bath, for five or ten minutes, according to circumstances, and when removed, wrapped in flannel blankets for a time, and in a room (63° F.) avoiding currents of air, but having free ventilation and moistened atmosphere, by the escape of steam from a suitable pan on the stove. Should the throat difficulty not lessen on the second day, I repeated the bath, and afterwards used merely a foot bath, each night, until such time as the urgent symptoms gradually subsided. In addition to gargling the throat frequently to remove irritating secretions, I applied once each day—simple tinct. iodine with a small brush, to the tonsils, pharynx, and other portions of muc. memb., as necessity required. When the glands became much enlarged, I applied externally sponges saturated in warm water, covered over with oil silk, and changed frequently, considering such far preferable to poultices. Beef-tea, chicken broth and milk diet, were administered freely. In those cases where the nasal muc. memb. became affected, free injections of warm water were recommended. The system adopted by Trousseau, of destroying by caustics, the false memb. as soon as it appeared in the pharynx or tonsils, I have entirely avoided for many years past, considering such, a dangerous system of practice. As the local manifestations lessened in intensity, glycerine with tannin, also mel. boracis, were found to answer every purpose. Under this plan of treatment in fully twenty-five cases, I have not had a single death, although during the epidemic of 1860-61 I experienced a considerable degree of fatality, notwithstanding all the care and attention I was enabled to devote to this disease.

Beyond regulating the bowels, the usual medicines administered were Liq. Ammon. Acet. and Chlorate of Potass. mixture as required, Once the disease subsided, the system was built up by tonics, and dietetics, bringing about a change of air and scene as soon as circumstances would permit. Paget in his surgical lectures has well expressed, that meddlesome surgery is the worst surgery, and certainly to no disease, would this well timed aphorism more correctly apply than to diphtheria, in which meddlesome practice is the worst of all practice. If we admit the comparative powerlessness of the medical art to prolong life in these terrible diseases, we are not regardless of its value generally.

Sir John Forbes has ably written, that "unremitting attention to these seemingly smaller matters, and the adminstration of remedies rather as auxiliaries towards cure, will bring about results of an infinitely more satisfactory character than can ever await the efforts of the physician who disdains to take so humble a ground of action, but persists in seeking to vindicate for himself and for his art, the heroic character of a controller of nature and a conqueror of disease."

CASE OF INTUSSUSCEPTION.

BY J. P. BROWN, M.B., GALT.

On the 6th of September, 1876, I was called several miles in the country to see Thomas S——, æt. 9 years. I found him suffering from severe abdominal pain. This had existed since the previous afternoon, and was accompanied by nausea and occasional vomiting. The bowels had been constipated for the previous two days. Opening medicine had been administered, but rejected immediately by the stomach. The pain was situated below the umbilicus, and extended to the upper part of the right inguinal region. The parts were tender to the touch and somewhat tympanitic; pulse, 95; temp. 100°. He had retained nothing on the stomach for the previous 24 hours. There was considerable thirst, but cold water and all other fluids were vomited immediately. The patient was naturally of a slight build and delicate constitution.

I ordered an enema, to be given as soon as a syringe could be procured; a mustard plaster to the abdomen, to be followed up by light hot fomentations, and minute doses of Morph. sulph. combined with bismuth.

Sept. 7th, 9 a. m.—Patient had rested better, though with little sleep. Nausea and vomiting slightly abated. Tympanites somewhat greater, also the tenderness on pressure; pulse, 105; temp. 100°. The grandmother, an efficient nurse, had twice used the syringe, but had succeeded in getting very little fluid into the intestine, and that little was immediately expelled without fecal matter. It was with the utmost difficulty that the boy could be persuaded to bear fomentations, their weight being too oppressive. Turpentine stupes were substituted. Former mixture continued *pro re nata;* also Hyd. submur. gr. i every four hours; enema to be repeated.

7 p. m.—No improvement; pulse, 110; temp. 101½°; pain relieved by the morphine mixture; no effect whatever from the enema; great tenderness over a spot the size of a half-dollar, below and to the right of the umbilicus, and radiating from this as a centre. I used the syringe personally, but without effect. Treatment to be continued; abdomen to be rubbed alternately with turpentine and sweet oil, as the lightest weight could not be borne.

Sept. 8th, 8 a. m.—Little perceptible change; tympanites somewhat greater. Suspended Hyd. submur; ordered wine and juice of the orange.

5 p. m.—Dr. Richardson kindly saw the case in consultation. He advised the passage of a No. 12 catheter, as far as possible, up the rectum, with the view of relieving the tympanites. This was done, but the instrument could not be inserted more than a few inches, and no relief was obtained. The pulse at this time was 125; temp. 102°; matter vomited was small in quantity and black. Patient lay on his back, with the knees drawn up. Dr. R. agreed with me in diagnosis and treatment, but recommended a slight modification. He also sanctioned my proposal of forcible injection at my next visit, as the case was becoming almost hopeless.

Sept. 9th, 8 a. m —Patient, if anything, weaker, more haggard, and had passed a very restless night. Without delay I prepared an enema composed of soap and warm water, lard, and oil of turpentine, in all about a quart. The patient was placed on the left side with the knees drawn up. With the utmost difficulty I succeeded in forcing the fluid into the bowel, through an ordinary india-rubber syringe, while the cries of the patient were so piteous that the parents almost every moment begged me to desist.

In the expelled fluid, to our joy, there were traces of feculent matter, the first that had been seen since the commencement of the attack. As might be expected, the patient was very much exhausted. Perfect rest and quiet were enjoined, with small bits of ice to be sucked to allay thirst. In the afternoon I returned. The patient was somewhat easier, so the morphine had not been given. I administered another enema like the previous one, adding a dessert-spoonful of brandy. The difficulty encountered was as great as before; this time, however, the discharge amounted to almost as much again as the enema, accompanied with a large quantity of flatus. The feculent matter was finely divided, quite free from scybalæ, and yellow in color.

Directions were given to administer another enema if the bowels did not operate naturally within six hours; all medicine was suspended, and light diet in small quantities ordered. During the night the bowels operated twice, quite freely; nd on my visit on the morning of the 10th the

patient was convalescing. There was still a good deal of tenderness, but the tympanites had disappeared, likewise the nausea; and as I entered the room the boy was asking for something to eat.

The patient made a good recovery, though ten days elapsed before the soreness left the bowels. The urinary organs remained unaffected throughout the attack. On the 19th of September, I called as I was passing, but the boy was away on a pleasure excursion.

Seven weeks subsequently his father brought him to the office, as he was complaining of loss of appetite and occasional pain in the abdomen. I prescribed a light tonic, with warmer clothing and nourishing diet. On November 26th I was again summoned. The boy had been eating very freely that day of ripe apples, and as a consequence was seized suddenly with violent vomiting and purging, and severe pain in the pit of the stomach. I prescribed bismuth and chalk powder, with a sinapism to the epigastric region, and warned the parents of the danger of a return of the old disease.

On my next visit my worst fears were realized. The pain in the stomach had ceased, but had returned again in the right iliac fossa. The bowels had ceased to move, while the vomiting was of its old paroxysmal character. I immediately resorted to the enema, but found it perfectly impossible to inject more than a few spoonsful, and that was passed without change. The patient lingered 36 hours, and died.

My own theory is, that the vomiting caused by the attack of cholera morbus had restored the invagination, and that probably to a greater degree than in the primary attack. Twenty hours before the boy's death, there was a dark spot of mortification visible, as it commenced to form over the seat of the disease. I failed to obtain a post-mortem.

TWO CASES OF TRACHEOTOMY.

BY A. B. ATHERTON, M.D., L.R.C.P. & S., EDIN.,
FREDERICTON, N. B.

CASE I.—July 5, 1876. Called hastily to see a little boy, Robert C, 22 months old, who, half an hour before, had swallowed from one to two drachms of creasote, which had been carelessly left in his reach. Ipecac. wine had been given, followed by half an ounce of castor oil. These had produced a good deal of vomiting. I ordered some more castor oil and milk to be taken ad libitum. A croupy cough had showed itself almost immediately after the accident; and this continued for 5 or 6 hours, accompanied by paroxysms of spasm of the glottis. At the end of this period dyspnœa became so great that tracheotomy was demanded.

P.M. Operation—Chloroform was given, the trachea opened and a double silver canula introduced. The operation gave much relief. Steam was then ordered to be applied by means of a sponge wrung out of hot water. This treatment could only be carried out while the patient slept, as at other times he would not allow it near him.

July 6.—Had a pretty comfortable night; bowels moved freely several times. The tubes were left out this morning for 4 or 5 hours, but they had to be re-introduced after that interval. The inner one had, of course, been frequently removed during the night for the purpose of cleansing. A small moist feather was also used to remove mucus from the tubes and trachea.

July 7.—Breathing rather difficult during yesterday afternoon, but pretty comfortable during the night. Considerable fever present at times. Tubes taken out again this morning.

July 8.—A large plug of inspissated pus and mucus was expelled to-day, apparently from part of the air passages *above* the wound, and since then the patient has breathed much more easily, and mainly through the mouth and nose. The bowels have been rather loose for two days, notwithstanding the use of opiates and milk diet; otherwise doing well.

July 10.—Respiration continues better; bowels more quiet; tongue cleaning; pulse less frequent; appetite good.

July 12.—Bowels now normal. Wound healing under the scab. No dressing allowed by the patient to be applied.

July 15.—Doing well. Wound nearly healed.

CASE II.—Sept. 24, 1876. Bessie M., æt. 14 months, was brought to me from a distance in the country, with the following history. The patient was as well as usual till two days ago, when, while

gnawing at the core of a roasted apple, she was seized with a severe fit of choking and vomiting. Since then the breathing has been steadily increasing in difficulty. At times the spasms were very bad, and the child was thought to be dying more than once on the road hither. Swallowing, pretty good all this time.

When seen by me there was marked stridulous respiration. On sweeping the finger about the pharynx nothing was felt of a foreign body.

Operation.—Chloroform was administered and the trachea opened with relief to the breathing. A probe and French bougie were passed up through the wound into the pharynx. This caused vomiting, but no foreign substance was distinctly felt. A silver canula was put in the trachea, and steam ordered to be applied by means of a hot sponge. Milk diet.

Sept. 25.—Breathing easy; tube removed for 4 hours; had then to be replaced.

Sept. 26.—Tube again removed.

Sept. 27.—As the wound contracted the breathing became worse, and this morning I was obliged to re-introduce the tube. Its re-introduction was comparatively easy, the track of the wound keeping quite well open.

Sept. 28.—Tube removed.

Sept. 30.—Breathing became very difficult again in the night; and thinking that there must be still some foreign body in the pharynx, notwithstanding my inability to find it after several probings, I gave chloroform again and extended my former incision up into that part. By now letting the light from a lamp fall well into the wound I saw something projecting down into the passage from above. This was grasped by a pair of forceps and removed. Its removal required some considerable force, showing pretty firm impaction. It proved to be a piece of the hull of the apple, which had laid longitudinally in the larynx, thus accounting for the probe and the bougie passing up by the side of it, and failing to impinge against its narrow edge.

The tube was again inserted in the trachea.

Oct. 1.—Doing favourably since the removal of the foreign body. Tube removed this morning.

Oct. 3.—On closure of the wound with the thumb and finger, the patient breathes well *per vias naturales*.

Oct. 8.—Wound gradually healing. May be taken home.

Oct. 23.—Reported doing well.

REMARKS.—I have, in the two instances above reported (as also in several others) removed the canula from the windpipe very soon after the operation, in order to get rid of the irritation produced by such a body, and also to allow the respiration to be established as soon as possible by the natural channel. I think too, that in all cases, even when the operation is done for croup or diphtheria, it is better to remove the tube early, and though it may have to be re-introduced in a few hours, that interval of respite is of considerable benefit both for allaying local irritation and for the expulsion or removal of false membrane or inspissated pus and mucus. I believe I have seen the lives of patients considerably prolonged and sometimes saved, by allowing such opportunities for getting away a lump of dry pus and mucus which is apt to form at the extremity of the outer tube, though the inner one may be regularly removed and cleansed.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I send the following for *free* insertion in the LANCET. It cannot be too widely known:

DR. HAMILTON,
SPECIALTIES:
EYE, EAR, SKIN, CHEST, WOMEN,
UPPER WALTON ST., PORT HOPE, ONT.

"And still the wonder grew,
That one small head could carry all he knew."

Like Barnum's Show, the above card seems to have an "overshadowing comprehensiveness."

Yours,

N. A. P.

Selected Articles.

ROTHELN.

BY DR. POLLOCK, CHARING-CROSS HOSPITAL.

The disease known as "Rotheln," or German measles, is perhaps sufficiently rare to make a well-marked outbreak of some interest. It occurred in a family in the N. W. district of London, and nothing is known as to how the infection was originally introduced.

On the 7th of April, one of the boys, aged twelve, came out in a rash about 11 A. M., which had much increased by the evening. He had a

warm bath, and was sent to bed. The next morning he was covered with a red papular rash looking very like measles; the head, face, and neck were a good deal swollen, and the glands in the neck enlarged. There were symptoms of coryza, the eyes were suffused, and the throat rather sore. The rash was nearly gone the next day, and he was soon well.

No other case occurred until the 22nd of April, when one of the girls, aged fifteen, was found to have a mottled-looking rash under the skin upon getting up in the morning. After she was sent to bed, the eruption appeared to come out in red blotches, and then gradually spread all over the body. There were just the same symptoms of coryza in this case; the throat was sore, the tonsils enlarged, and the head, face, neck, and cervical glands a good deal swollen. She had violent headache, and felt very ill for one day and night, after which the symptoms subsided, she gradually became better, and the rash faded away, but left a mottled appearance of the skin, which lasted for several days.

On the evening of the 22nd, another daughter, aged eleven, developed the same symptoms, but in a much milder form, and was well again in a day or two. In this case there was no mottling of the skin left.

On the 24th of April another of the girls, aged sixteen, began to show symptoms of the disorder, and passed through a very severe attack. She was not able to get up until the 29th, when she still felt very week, and the face remained mottled for some time.

On the 25th another boy, aged nine, came out with the rash, and had a mild attack of the disease, which left no mottling.

On the 30th of April the eldest daughter, aged nineteen, who had been absent from the house for six days, came home with a raised mottled rash under the skin, and feeling very sick and ill. After getting warm in bed the rash came out very freely all over her; and the face was swollen, the eyes suffused, the glands in the neck enlarged, the pulse 100, and the temperature in the mouth 101 2°, at 5 p.m. The rash was papular and mottled, not crescentic in arrangement, and looked in places much under the skin, in other parts standing out boldly as red spots. The tonsils were red and swollen; the tongue slightly coated with a brown fur, its papillæ being enlarged and red as in scarlet fever. At the end of a few days she was a good deal better, and was allowed to get up on the 3rd May and lie on the sofa; but the attack left her very weak, and the face was much mottled for some time.

In all the severe cases some amount of "peeling" took place about the lips and nose. The treatment employed was of the simplest kind: rest in bed, light diet, and some saline mixture every four hours.

Remarks.—In the more severe cases the symptoms and appearance of the disorder were well marked, and it was readily recognised as "German" measles. The period of incubation would seem sometimes to be very long, as the first case occurred on the 7th April, and the next not until the 22nd. It may be assumed that the cases which developed on the 22nd, 24th, and 25th, were the result of contagion taken from the first case; but the last, which began on the 30th, was probably taken from one of the cases of the 22nd, as the patient left home on the 24th, and returned ill on 30th. Thus the period of incubation varied from six or eight to fourteen or sixteen days. It may be noticed that the disease was more severe in the older, less severe in the younger, members of the family.—*The Lancet.*

AMERICAN GYNÆCOLOGICAL SOCIETY.

The American Gynæcological Society held its second annual meeting in the hall of the Boston Society for Natural History May 30th, 31st, and June 1st.

The President, Dr. Fordyce Barker, called the meeting to order.

Dr. Storer welcomed the fellows to Boston, and expressed the wish that the present meeting might be as successful as the first had been. The secretary read a number of invitations which had been extended to the fellows of the society during their stay in Boston.

A paper was read by Dr. John Byrne, of Brooklyn, on the Excision of the Cervix Uteri, its Indications and Methods. The writer alluded to the three principal methods of treatment now generally practiced, namely, the scissors or knife, the écraseur, and the galvano-cautery. The latter was by far the best method of operating, although a dangerous hæmorrhage might ensue if the wire were overheated and the parts in consequence cut too rapidly. In all cases the stump should be carefully examined, and any spot not thoroughly charred should be touched with the wire heated to only a dull red heat. He did not believe that any marked narrowing of the cervix ever followed the use of the galvano-cautery. He especially recommended an excision of the cervix in all cases of hypertrophic elongation, or in cancer involving only the cervix.

Dr. Goodell preferred the galvano-cautery in these cases, although he had seen fatal results from its use. In one case a severe attack of peritonitis followed the operation. In two cases a secondary hæmorrhage had proved fatal. He had never seen any occlusion of the uterine canal follow the operation, although he had seen a marked occlusion after the use of nitric acid and even the simple introduction of a sponge-tent. He thought that the

use of the cold wire had, however, this advantage, that it better allowed the mucous membrane to be subsequently brought over the amputated surface. He objected to the use of the phrase cancerous cachexia, and did not believe that such a condition was necessarily a contra-indication to the operation. Moreover, the fact that the uterus is fixed in its position does not necessarily prove that the cancerous disease has actually invaded the adjacent tissue, but it may be due to the fact that a sympathetic inflammation has arisen in the adjoining parts. He had operated in one case of cancer of the cervix in which a period of three years had elapsed without any return of the disease.

DR. DALTON then read a report of the examination of thirty-two sets of ovaries, examined with a view of ascertaining the relations existing between the corpora lutea of menstruation and those of pregnancy. He considered that the corpus luteum had a very close connection with the process of menstruation. He had found that it attained its maximum growth twelve days after the termination of the menstral period. In those cases of suspended menstruation there were found in some cases corpora lutea, but they were much smaller, both in size and weight, showing he thought, that the act of menstruation had a very marked influence on the growth of the corpora. He touched very briefly on the difference found between the corpora lutea of normal menstruation and those of pregnancy, stating that he had not in any way materially changed his views on this point. The paper was illustrated with coloured drawings and models, and was of great interest.

The next paper was read by DR. LYMAN on Dilatation of the Cervix Uteri as an Efficient Means of arresting Metrorrhagia.

Dr. Lyman remarked that dilatation for diagnostic purposes was sufficiently common, but reported five cases of different types of metrorrhagia in order to call attention to the use of dilatation not merely as a means of diagnosis but as a direct method of treatment. He thought that the result in those cases justified him in the suggestion that possibly we may have been too ready to substitute cause for effect, and that the strangulation at the inner os may have been the primary element in the production of hypertrophy of the mucous membrane of the body, and that the practical point for inquiry is whether the real cause of metrorrhagia in all cases, whether of hypertrophy, hyperplasia, fibroid growths, etc., is not to be found in some peculiar condition of morbid innervation of the cervix, which strangulates the circulation, and the removal of which strangulation by laminaria tents arrests the flow as decisively as the removal of the bandage after venesection.

DR. SKENE then read a paper on The Principles of Gynæcological Surgery as Applied in Obstetric Operations. His object was to bring before the society for discussion the advantage of using some of the implements and methods belonging to gynæcology in the practice of obstetrics. He considered that with the use of the speculum the operation of craniotomy could be performed in a much more skillful and surgical way, as the operator could be better able to see what he was doing, and would be much less likely to injure the soft parts of the mother, while at the same time the patient would be subjected to much less pain and inconvenience. He now always, in craniotomy, used Sims's speculum, and took small pieces of the cranium away after having first perforated with a Brauns' trephine. When it was necessary, even the whole child might be taken away in pieces without any fear of injury to the mother. He also recommended its use in those cases in which a dilatation of the cervical canal is desired, and always applied Barne's dilators in this way. In cases of prolapse of the cord, and indeed in most cases of obstetric operations, he thought the use of Sims's speculum of great advantage.

The president, DR. FORDYCE BARKER, delivered the annual address.

The secretary then read a paper by DR. VAN DE WARKER, on The Intra-Uterine Treatment of Flexions. The writer most strongly recommended the use of the stem-pessary, and gave a detailed history of the instrument. In all cases it should be so short as not to touch the fundus uteri. The support should be in the vagina and, to a certain degree, self-adjustable to the motions of the body.

DR. PEASLEE was entirely opposed to the use of stem-pessaries in cases of retroflexion, since the difficulty could be rectified by other methods. In cases, however, of anteflexion there was no other way of keeping the uterus in its normal position. There was no danger in the use of the instrument, if properly applied and carefully watched. In all cases the uterus should be allowed perfect freedom of motion. The instrument used should always be one which can be removed by the patient in case of threatening trouble. He thought that one of the best forms of pessaries in use was that which he had devised, and which was made of tempered whalebone. This will yield in every direction, and will readily adapt itself to the desired position.

DR. THOMAS thought that there was always more or less danger in all instruments which were to be left within the uterine canal. He had, in several cases, seen the most serious results follow their introduction. Cases of irreducible anteflexion cannot be cured, except by a surgical interference. In cases, however, where it is possible to reduce the anteflexion at all, it is usually possible by care to reduce the displacement altogether. He showed the pecularities of several forms of pessaries which he had devised for different uterine

displacements, and explained in detail the methods of their application.

Dr. Noeggerath believed in the use of stem-pessaries, not so much, however, with a view of curing the dislocation, as of relieving the symptoms. It is not possible to relieve an anteflexion by the use of the stem-pessaries. Out of one hundred cases he had seen but three serious accidents follow the use of the stem-pessary, The fact that the patient complains of pain or symptoms of inflamation does not prove that the pessary is the cause of the trouble. The pessary should be introduced only at the patient's house. In cases of dysmenorrhœa the use of the pessary is invaluable. He believed that all cases of ante-flexion were congenital. The seat of the flexion is where the peritonæum begins to cover the body of the uterus. The pain at the menstrual period does not depend on the narrowing of the cervical canal at the point of flexion. A constriction of the os externum, as well as of the os internum is often accompanied with pain. All operations with the knife which extend to the inner os should be in all cases avoided. . . . .

Dr. Battey discussed at length the question as to whether there was a proper field for the operation known as Battey's operation. He gave the details of two additional cases in which he had removed the ovaries successfully, and challenged any one to produce a single case in which the symptoms for which the performance of the operation was recommended continued after the removal of both ovaries. He summed up his paper with the following propositions :—

(1.) In those cases of absence of the uterus in which life is endangered, or the health destroyed by reason of the deficiency, the removal of the ovaries is at once the hopeful and the only means of permanent relief.

(2.) In cases where the uterine cavity or vaginal canal has become obliterated and cannot be restored by surgery, if grave symptoms be present, the removal of the ovaries becomes a last and only resort, and may be hopefully invoked in the case.

(3.) In cases of insanity or confirmed epilepsy, dependent upon uterine and ovarian disease, the operation is justifiable as a last resort and when other means of cure have failed.

(4.) In cases of long-protracted physical and mental suffering, dependent upon monthly nervous and vascular perturbations, which have resisted persistently all other means of cure, the question of a resort to the operation is to be committed to the prudent judgment of the conscientious practitioner in the particular case.

Dr. Trenholme (Montreal) desired to add to these propositions a fifth, namely, that the operation was called for in cases where a severe and exhausting hæmorrhage occurred with the monthly flow, in support of which he cited two cases in which the operation had been successful.

Dr. Peaslee thought that while the operation was profitable in cases where the menstrual molimen occurred with great suffering, and the mental powers begin to flag, yet it was not justifiable in many of the cases in which Dr. Battey considered it warranted. In women near the menopause, in cases of simple ovarian neuralgia, in cases of long standing, in all cases accompanied by a preceding inflammatory history, in all cases where pain is the chief symptom, he considered the operation unjustifiable.—*Boston Med. and Surg. Journal.*

EARLY OPERATION FOR THE CURE OF HARE-LIP.

In the following remarks, I propose advocating the practicability and desirability of operating for the cure of hare-lip very soon; I mean within a few hours after birth. It is no doubt true that this has been occasionally done; but the practice has, as yet, neither received the sanction of our surgical authorities nor has it been fairly tested by experience. As a matter of fact, most surgeons prefer postponing the operation till after the third month. This means that infants suffering from hare-lip are most frequently so feeble and imperfectly nourished, from the first ten days or so after birth till they are over three months old, that an operation cannot be undertaken without unjustifiably hazarding life.

It is perhaps not so well known as it might be, that the mortality attending the rearing of these unhappy little ones is very considerable, more particularly in large towns, where the attempts to hand-feed are too often very injudicious. If the fatality in these cases be so great as I am inclined to believe, at least among the poorer classes in towns, it is obvious that the cause is the absence of the natural nutriment, breast-milk. Consequently, we may safely conclude that if such infants, by early operation, can be placed in a position to obtain their natural nourishment, the cause of fatality will be removed. The practice of early operation, however, can only be recommended when there is a reasonable hope of the infant being afterwards able to take the breast; therefore, where there is no prospect of this end being attained, as in cases complicated with extensive cleft palate, the operation cannot be urged.

An argument in favour of the practice I propose, is the fact that infants, born with this class of deformity, are for the most part strong and in really good condition at birth, and continue so for a week or two, until the attempt to bring them up by hand, even when judiciously managed, begins to tell, and they more or less rapidly fall away, and often have a great struggle for life in the earlier weeks.

Does it not, therefore, appear a prudent thing to take advantage of the inherent vitality of the new-born infant, and operate within twenty-four or thirty-six hours after birth?

It is scarcely necessary to state that there is seldom difficulty in preventing the milk from leaving the mother, during the few days the lip will require to form a sufficiently firm union for the infant to begin to take the breast.

I have lately had two cases under my care, which tend to support the practice I recommend. In the first, which occurred in private practice, I operated, November 2nd, 1876, about twenty-three hours after birth. In this case, both hard and soft palates were completely cleft, therefore, I did not recommend operation, as sucking would necessarily be impossible; however, as it was the wish of the medical attendant, and the parents were extremely anxious it should be attempted, I operated. The fissure was on the left side, and into the nasal cavity. The intermaxillary bone projected very considerably, and required to be cut across on the right side and bent into position. The lip had also to be well freed from its bony attachments on each side. The bleeding was not excessive, and was well controlled by small pads of rolled lint pressed upon the cut surfaces for a few minutes. I used three silver sutures and one entomological pin (the hare-lip pin recommended by Mr. Stokes of Dublin). This latter I removed the following day, when I found union perfect. and in two or three days afterwards I removed the silver sutures. The child bore the operation remarkable well, and the result was extremely gratifying. I have lately been informed it is thriving as fairly well as can be expected, considering it is brought up by hand.

The second case was a feeble and imperfectly nourished infant, five weeks old, which came under my care at the Infirmary for Children, October 18th, 1876. The fissure was on the left side, exposing the nasal cavity, and the anterior half of the palate was cleft to a considerable extent. To my surprise, I found that the mother still retained her milk, and that with assistance by pressure the child was able to obtain a certain, but obviously insufficient, amount of nourishment. The cleft in the palate was very wide, and the intermaxillary bone extremely prominent, necessitating its being divided on the right side and pressed down into its place. The steps and mode of operation were similar to those in the preceding one. In this case, I feared that the immediate effects of the operation, and the interference with the infant's limited supply of breast-milk, might jeopardise its recovery; but I was careful to direct that all the milk drawn from the mother should be given to the child. The result was happily very satisfactory, for on the sixth day the infant was able to suck. It now sucks perfectly, and is thriving well. The cleft in the palate, I am able to state, is quite closed, no doubt by the continuous pressure of the united lip.

The first case adds one more to the few recorded instances of newly born infants successfully operated upon for hare-lip. The second shows that within a few days after operation, an infant is capable of sucking. Indeed, the good results attending these two cases have encouraged me to bring the question of early operation before the profession.— *Dr. Rawdon, Brit. Med. Journal.*

CLINICAL LECTURE ON STRANGULATED HERNIA.

G. F. MAUNDER, F.R.A.S., SURGEON TO THE LONDON HOSPITAL.

GENTLEMEN: By a curious coincidence a case of strangulated hernia has come under my care on the last day of each of my last three in-taking weeks. Each case has some special points of interest.

Case 1.—This was an instance of strangulated inguinal hernia of the left side, reduced *en masse* by the patient himself. I operated upon him successfully; and for the second time within an interval of ten years.

Case 2.—*Femoral hernia; operation: recovery.* (Reported by Mr. Herman Tribe.)—H. MacC——, aged fifty-eight, a blacksmith, was admitted on June 20th, 1876. Ten months ago he observed a swelling in his left groin, which sometimes disappeared. On June 17th the swelling became very hard and painful, and vomiting, which has persisted, set in. On examination to-day (June 20th) a hard globular tumour was found at the seat of femoral hernia. There was slight impulse on coughing (?). The finger could easily be passed into the inguinal canal. The patient still vomited, appeared to be very weak, and his countenance looked haggard. An operation was considered advisable, and the man at once consented. The taxis was not employed by Mr. Maunder, but he opened the sac, which proved to be very thin, at once. A small quantity of turbid fluid escaped, the knuckle of intestine was portwine-coloured, slighty roughened with lymph. A very tight stricture was nicked, and the bowel reduced. The wound having been closed with suture, and a compress and bandage applied, the patient was returned to bed, and a grain of opium administered. Milk diet.

June 21st. He complains of slight pain in the abdomen, but of no tenderness. Temperature 101.5°; pulse 102. To take a grain of opium every six hours. 22nd. Has slept well. There is a little redness and swelling about the wound. Lest decomposing fluids should be pent up, the sutures were removed, and the margins of the in-

cision forcibly separated. A poultice to be applied. 23rd. The redness about the wound has disappeared. The bowels are somewhat relaxed. The appetite is returning. Temperature 99.6°; pulse 96. 25th. The patient has suffered from diarrhœa since yesterday. To take chalk mixture. 26th. Diarrhœa has ceased. Wound suppurating freely. Replace the poultice by water-dressing. 27th. Diarrhœa came on again. July 6th. The patient is convalescent; the wound nearly healed. Zinc dressing. 14th. The patient is quite well, and awaits his truss.

Case 3.—*Strangulated inguinal hernia; operation; recovery.* (Reported by Mr. Herman Tribe.) Samuel S——, aged thirty-three, a builder, was admitted July 18th, 1876. Ten years ago, whilst at work, the patient ruptured himself. He had the rupture at once reduced by a surgeon. Since that time he has always been obliged to wear a truss; the hernia has never given him any trouble. On July 17th he neglected to wear his truss, and after he had been at work a little while the hernia came down. The patient attempted to reduce it, but could not do so. In about an hour's time he was compelled to leave work on account of vomiting. He went home to bed, was in great pain all night, and the vomiting persisted.

On examination a left inguino-scrotal tumour is found, pyriform in shape, tense, and painful. There is marked impulse on coughing (?) The tumour is not compressible. The patient vomits constantly.

Operation, eighteen hours after descent of hernia. The patient having been placed under the influence of an anæsthetic, the taxis was applied for fifteen minutes, but failed to reduce the swelling. Herniotomy was then done. The structures were successively divided by a longitudinal incision over the neck of the swelling until the sac was reached. In this structure a most marked annular depression was both seen and felt, and proved to be the seat of stricture. This grooved portion of the sac was carefully divided by repeated scratches of the knife. Through the small button-hole thus formed omentum showed; and now, when the taxis was again applied, reduction was effected. The wound was closed in the usual way, and a dose of opium administered.

July 19th. The patient is very comfortable. 20th. Sutures removed. 21st. Bowels spontaneously moved. Slight suppuration with some redness and swelling about the wound, the edges of which Mr. Maunder now forcibly separated. Poultice to be applied. 24th. Redness and swelling have disappeared from the wound. Zinc ointment to be used. August 1st. The patient is quite well, and is only waiting to have a truss.

With regard to Case 1—reduction *en masse*—I shall say nothing to-day, having taken every opportunity of drawing your attention to its importance when the man was in the hospital. It is published in *The Lancet* (July 28th, 1876), and can be referred to by those interested in the subject.

Case 2 is an example of femoral hernia in the male—a lesion of comparatively rare occurrence, though probably less rare than inguinal hernia in the female. Possibly, out of at least 120 herniotomies, some half-dozen of femoral in the male have fallen to my lot. In the present instance the tumour was typical, being globular in shape, seated at the upper and inner side of the base of Scarpa's triangle, whence it could not be displaced to the inner side of the spine of the pubis.

In both Cases 2 and 3 the notes say "there was impulse on coughing." To this I have added a query, as there really was none. It is desirable you should understand, in connection with hernia, the value, as a symptom, of the presence or absense of "impulse on coughing." Supposing the sac to contain bowel, with impulse on coughing, that would be proof that the contents of the intestine, both above and below the point of protrusion, directly communicated, and strangulation would not exist. The absence of impulse would show an absence of intercommunication, and that stricture existed. To avoid error, then, with regard to the presence or absence of impulse, the hernial tumour must be lifted away from the abdominal wall, when the *propulsion*—sometimes mistaken for impulse—communicated on coughing will be no longer felt, and the question of impulse settled. Imagine a patient with a hernia on either side and symptoms of strangulation. The absence of impulse on the one side and its existence on the other would materially help you to decide which to select for exploration. This method of examining a hernial tumour will prevent a very usual mistake. The local tumour and persistent vomiting in both instances led to the conclusion that we had a case of strangulated hernia to deal with, and reduction became the first consideration. This may be effected by the taxis, with or without the aid of the knife.

Question of taxis.—The taxis, a most valuable agent when judiciously applied, may, under some circumstances, be most injurious. You will have observed that I did not employ it in Case 2, but resorted to it for a quarter of an hour in Case 3. Observe the history of the two patients before they came under care. Case 2 had a history of strangulation extending over three days and three nights, and had only been ruptured ten months. Case 3, on the contrary, had been ruptured ten years, and his present symptoms extended over eighteen hours only. As a rule, the longer a person has been ruptured the larger becomes the ring, and the less quickly injurious will be its effect upon the structures which it constricts; and therefore, for the above reasons, I proceeded at once with herniotomy in Case 2, feeling pretty confident that I should not effect reduction, and that I

ought to see the condition of the intestine before reducing it. With case 3, whose hernial history was quite the reverse of Case 2, I fully expected to effect reduction by the taxis, but failed. The unyielding neck of the sac, exposed by the operation, explained the reason. Speaking generally of the taxis, I say: Use it thoroughly once only, aided by an anæsthetic if admissible, or other adjuvant: should it fail, resort to herniotomy. Even a successful taxis cannot but bruise, and that to a dangerous degree, an already much inflamed portion of bowel. This often efficient remedy can be aided by position, the trunk and limb of the patient being so placed as to favour relaxation of all the structures interested at the hernial aperture. As an illustration, I may mention that many years ago a male, the subject of femoral hernia, was under my care among the out-patients. When the patient was recumbent, and his lower extremity, of the side on which the hernia was, extended, moderate taxis failed to effect reduction; but with the thigh flexed, adducted, and rotated inwards, reduction was easy. Doubtless this facility was due to a relaxation of the upper cornu of the saphenous opening of the fascia lata.

Question of opening the sac.—This used to be a much-vexed question, but I fancy surgeons are pretty well agreed that in femoral hernia it is almost immaterial whether the sac be opened or not. Personally I avoid doing so, except under special circumstances, on the good general principle of non-interference. But in the case of an inguino-scrotal hernia I am most reluctant to open it. You will recollect how I pointed out to you the probable position of the stricture in the case of No. 3, and which coincided with the external ring. This I nicked and enlarged, but even then could not effect reduction, and it was only when I reached the sac and showed to you a deep sulcus in this that the immediate obstacle was evident. Mr. Tribe has described the care and caution which I used, and the very small wound which I made in the serous membrane, with a view to enlarge the constricting neck just enough to admit of reduction. I allowed nothing—not even the point of a director, much less my finger—to enter the sac, so as to avoid every risk of peritonitis.

The after-treatment of the wound requires some consideration. I generally close it with the hope of getting primary union, and now and then this has resulted both in hospital and in private practice. But the surgeon must be on his guard, the parts being concealed by compress and bandage, lest decomposing fluids become pent up and give rise to both local and constitutional disturbance. Should one or both arise, as occurred in these cases, the treatment is evident. Some years ago a man of seventy, from Chigwell, had been submitted to herniotomy. He progressed very favourably for several days, when finding him drowsy and somewhat light-headed, with loss of appetite, I examined the seat of the wound, which, though healed, fluctuated. I opened it up, and give exit to some stinking pus. A charcoal poultice was applied. On the next day all unfavourable symptoms had vanished, and the patient recovered.

Of these three patients two suffered a good deal from diarrhœa. It is reasonable to suppose that a portion of intestine injured by compression and inflammatory action would take time to recover its health. To give it rest that it may do so, we generally administer one or more doses of opium to arrest peristalsis, and administer liquid nourishment for a few days. Possibly a subacute enteritis, spreading from the damaged portion of bowel, may account for this relaxed condition. This might be prevented by a method of treatment which commends itself to my judgment, recently suggested by Mr. De Berdt Hovell. It consists in supporting the patient by nutrient enemata for a few days subsequent to operation. Certainly, by this method the small intestines would be left quiescent, and possible perforation be averted.

Your patient must not get up until provided with a suitable truss. No patient who is ruptured should be without his truss, except when he is recumbent. The danger of going without it is illustrated by Case 3. For ten years the man had not been without it, and the hernia had never given him any trouble. He omits to wear it, and becomes the subject of strangulation and herniotomy.—*Med. News and Library.*

HEART DISEASE IN CHILDREN.

In the course of recent visits to the *clinique* of Sir William Jenner, we have collected some notes of his teaching, in respect to current cases of disease under treatment.

In an attack of rheumatism, the disposition to inflammation of the heart and its membranes is in direct proportion to the youth of the patient; the younger the heart, the more readily it is affected; and this is a form of malady likely to increase with years. Parents often hope "the child will grow out of it:" the heart, of course, must grow; but, if the valves be imperfect, they must become more patent as the size increases; whereas, in other patients, the heart having ceased to grow, the mischief at least remains stationary. The fact is, then, that, as regards valvular diseases, children rather *grow into* their trouble than out of it. The pathology of heart disease is also largely a question of age; for instance, if I were to be affected, it would probably be of degenerative character; but if a child, or even one of you, it would almost always be rheumatic. You must, however, bear in mind its possible connection with albuminuria, with sy-

philis, or with congenital defect. Independently of these, it will almost surely be the result of rheumatism, though the attack may have been so slight as to have been forgotten. If you find evidence of cardiac disease, and if you do not get a history of ordinary causes, you must have very equivocal evidence to prove they did not exist. The more improbable any point is, naturally the stronger must be the evidence of it. If Dr. Slade tells me he gets spirit-writing, his proofs ought to be above suspicion. If endocarditis in a child be the *only* symptom present, still it must be taken as strong evidence of rheumatism. I remember a boy who came with no definite complaint; but we found a loud friction sound over the heart; a week afterwards, he got swelling of the joints and other evidence of rheumatism. Another case was more striking, and occurred in the young child of a medical friend. It was found late at night suddenly suffering from great dyspnœa; I was sent for hurriedly in the absence of the father, and found a loud mitral *bruit*, which had never been suspected before. Half an hour afterwards the father returned, to find dead the child that he had left apparently well. It was two years old, and, after much consideration, they remembered that, about twelve months before, its limbs had seemed very tender, and it was uneasy in walking; but these symptoms had passed away and been forgotten; no doubt, they indicated the commencement of the attack. The least sign, then, of such trouble in children should be most carefully watched; and remember the great tendency of the malady to recur, so that, after one attack, care should be constant. *Chorea* has been considered a rheumatic inflammation of the spinal meninges. The rheumatism may be a coincidence, but it is certainly a common one. If there be active endocarditis at the time, I consider it certainly rheumatic; but, in estimating the importance of a *bruit*, inquire whether it varies, is absent from certain beats, or whether it be constant; for if the former, it will often be dynamic from irregular action of the papillary muscles. I remember a child with chorea and a *bruit* of organic character, but no other evident rheumatism. In a week, however, he got urticaria, and later a marked attack of acute rheumatism. Another baby with chorea was intensely fretful, and I found the explanation in signs of acute pericarditis, which, indeed, proved fatal soon afterwards.—*Brit. Med. Jour.*

REMEDY FOR PEICKLY HEAT.—A naval surgeon writes to the *Lancet*:—I should like to bring before the section of the profession practicing in tropical climates the following powder, as a cure for that troublesome skin disease, "prickly heat." I used to suffer myself dreadfully, and tried all the supposed remedies, without deriving any apparent good. In some, carbolic acid, appeared to produce intolerable itching at night. Lately I have seen the local application of sulphate of copper recommended. The powder has the following percentage composition: sulphur sub., 80; magnesia oxidi, 15; zinci oxidi, 5. To be used morning and evening, in the following way: The dry powder being on a plate, a wet sponge is pressed down on it, and a certain quantity will adhere; this is firmly rubbed on the parts affected, fresh moisture and powder being from time to time supplied, the application being continued ten to fifteen minutes each sitting. The parts are then washed clean of the adhering particles. I have never seen the worst cases last beyond four or five days. So complete would the cure be that it would be impossible to say if the person ever had the disease. No smarting attends its use, and after the first application itching is practically at an end. Also in that form of prickly heat resembling urticaria it effects a perfect cure, and the powder used once or twice a week, as described, will keep the skin in a perfect condition.—(*Med. and Surg. Reporter.*)

THE TREATMENT OF SPINA BIFIDA BY A NEW METHOD.

GLASGOW ROYAL INFIRMARY.

In reviewing a *brochure* on the above subject by Dr. Morton, Glasgow Infirmary, the *Lancet* has the following:—The usual treatment of spina bifida by protection and pressure is so very unsatisfactory and so seldom successful, and the accidental or intentional escape of the cerebro-spinal fluid from the sac is so unimormly fatal, that any new method of dealing with this deformity which promises a good result is bound to commend itself to the attention of every surgeon, as these cases of deformity are so very common. The injection of a dilute solution of iodine has been used, more or less successfully, by Velpeau, Brainard, and others; but Dr. Morton has greatly improved on their plans of procedure by employing a fluid with less diffusibility. An iodo-glycerine solution, composed of ten grains of iodine and thirty grains of iodide of potassium, dissolved in an ounce of pure glycerine, is injected, in varying quantities according to the size of the tumours generally about half a drachm being sufficient. The details of the fifteen cases narrated in this *brochure*, most of which have already appeared in the medical journals, are eminently satisfactory, and lead us to hope that we may be able in future to cope much more successfully with such cases. Two precautions seem absolutely necessary, and on them much of the value of the operations depends. A medium-sized trocar and canula must be used, because the iodo-glycerine fluid will not pass readily through a

small canula; and the puncture must be carefully sealed up after the operation by collodion or collodion flexile, lest the cerebro-spinal fluid should escape and so cause the death of the child. The puncture should be made slightly to one side of the middle line and as near the upper part of the tumour as possible. If necessary, the swelling may be reinjected after the lapse of two or three weeks. Dr. Morton began this treatment in 1871; and in his earlier cases tentatively drew off the fluid contents once or twice before injecting the sac, but his later experience would show that this is unnecessary. If, apart from the spina bifida, the child is sound and thriving, and there is no paralysis of limbs or sphincters and no other important deformity, a permanent cure may be reasonably expected; but in case complicated with hydrocephalus neither this nor any other treatment is of much avail. Dr. Morton deserves great credit for having apparently placed under safe and speedy treatment a class of cases which were formerly considered almost beyond hope of recovery.

GENERAL PARALYSIS—FITS—DEATH.

For the report of the following case we are indebted to Dr. G. H. SAVAGE.

The following is a case of great clinical interest as well as of pathological importance. The patient was young, single, and sober in every way. He was of great energy. He had a sister suffering from chronic mania; he himself had had an attack of acute mania and had recovered, there being at the time no suspicion of general paralysis. The patient was Henry J. C, aged 31, a commercial traveller, single. Of late he had been known to have been very sober, and in 1874 he was also reported to have been well conducted in every way. In August, 1873, he was depressed for a time; his employers had pushed him to an extreme degree, and this depression was attributed to overwork. From August, 1873, to March, 1874, he varied, at times being sleepless and depressed, at others fanciful and imagining people made remarks about him. He then became slightly exalted, bought some costly wine, and fancied he was Jesus Christ. No doubt his two last initials suggested this. The patient admitted self-abuse from the age of thirteen till manhood, when for a short time he gave over to sexual excess. Of late he had been too busy and had become somewhat religious, so that recently there had been no sexual abuse. In March, he was admitted into Bethlem. He was typically maniacal, his hair being "electrical," his eyes bright, his complexion sallow. He shouted and rushed about all day, and was noisy and destructive all night. He was filthy in his habits, and spat constantly at doctors and attendants. The following medicines were tried without any good result; bromide of potassium and Indian hemp; succus conii in half-ounce doses; tincture of belladonna in half-drachm doses; tincture of digitalis in drachm doses and morphia in half-grain doses. The excitement was intense till June, when he began to sleep better and his hair became smooth; and he then slowly and steadily improved. After a month at the convalescent home and two months at home, he was discharged, being as well as ever he had been in his life. There was not then the slightest sign of paralysis. From December 1874 to September 1876, nothing was heard of him. He obtained employment, and was careful and energetic as ever. Five days before admission, he suddenly became excited and had extravagant ideas. On admission, he was stout and well nourished. His pupils were small and irregular; his tongue was tremulous; speech halting and thick; skin oily and sallow. He was sleepless and destructive at night. For the first two months, he lost flesh, and the paralysis of the facial muscles became more marked; and, though he had exalted ideas, he no longer talked freely of them. In December, he was much better and attended the weekly dances, where he was rather demonstrative and amorous. In the next month a change occurred; he became quiet and dull, and lost flesh rapidly. If questioned, he said he could not explain his indolence and apathy, but felt as if something was going to happen. He complained of no pain, and no signs of lung-disease could be detected. His circulation became feeble, and his appetite bad. Till February 10th, he rapidly lost ground. On the morning of that day, at 10. 30, he had a fit; he fell down unconscious, but had little or no convulsions. At 11 he had another; and in this there was complete insensibility, with clonic convulsions of both upper and lower extremities, no biting of tongue, and no stertor. His temperature was 98. (During the previous night, he had wet his bed.) The fits recurred, and he had eight before 1 P. M. In the afternoon, he became semiconscious again; but in the evening similar fits occurred; his breathing became stertorous; his temperature rose at 9.30 to 108.5, and he rapidly died.

A *post mortem* examination was made thirty-four hours after death. The calvarium was thin, hard, and congested, with the dura mater adherent throughout. The brain itself was the softest Dr. Savage had ever yet met with, it being almost a pulp and very hard to remove whole. The brain weighed forty-nine ounces and a half. The subarachnoid fluid was in excess. The vessels at the base were atheromatous. On opening the spinal column from below, a large quanity (several ounces) of dark fluid blood escaped from between the arches and the dura mater of the cord. On opening the spinal canal upwards, at the lower and middle cervical regions was found a large dark-coloured clot surrounding the cord. The cord

was somewhat wasted, but there was no marked softening. There were atheromatous changes in aorta, and the larger vessels were all deeply stained in their inner coats.—*(Brit. Med. Journal.)*

PERIOSTEAL SURGERY IN THE UNITED STATES.

We have been favoured with a look at the New Lower Jaw-bone alluded to in our report of the Congress of German Surgeons at Berlin, and which we believe to be, if not a unique specimen, at any rate the first specimen of the sort seen in Europe. We allude to it with the more pleasure, as the operator, Dr. James R. Wood, Emeritus Professor of Surgery in the Bellevue Medical College, is entitled to the great praise of having been one of the pioneers of periosteal surgery, which constitutes such a creditable and instructive chapter in the recent history of surgery. This particular operation was performed more than twenty years ago; and the merit of it consists not only in its having been then a new kind of operation, but in the details of the proceedure, which had to be thought out for the first time, and which have since become recognized principles.

It is a great feat of what we are disposed to call physiological surgery to take away a whole bone, and to do it so carefully and with such preservation of the periosteum as to have it entirely reproduced in perfect symmetry and perfectly *in situ*. The new jaw is smaller than the orignal one, but in no other respects, in form and position, it is a wonderfully perfect reproduction. The patient was a girl eighteen years of age, working in a match factory; hence the phosphorus disease of the jaw, leading to necrosis and the necessity for removal. The operation was done by halves, one half being left for weeks after the removal of the other, so as to steady the parts and determine the proper position of the new jaw, which would otherwise have been dragged down by muscles and cause great deformity. The patient perfectly recovered, and lived three years after. She then died of brain abscess, when the entire skull came into the possession of Dr. Wood. Both he and other operator have frequently repeated these operations with similar success. But the patients are mostly alive, and, as Langenbeck lately said at Berlin, there is not another such specimen in the whole of Europe as the one we now notice.—*The Lancet.*

DEATH OF A MEDICAL PRACTITIONER FROM BLOOD-POISONING.—We regret to notice the death of a practitioner in Greenock from blood poisoning, the result of a *post mortem* examination. About three weeks ago, a young woman named Macdougall, who was pregnant, died suddenly; and, there being a suspicion that death was caused by poison, Drs. Dougall and Robertson, on Friday, April 27th, made a *post mortem* examination of the body, but failed, it is said, to find any appearances indicating death by poison; the intestines and stomach were, however, sealed up and sent to Edinburgh for examination by Professor Maclagan. On the Monday following, Dr. Dougall became unwell, but there was nothing to indicate the cause of his illness except a small cut on one of his fingers which he had made in the course of the *post mortem* examination; he became rapidly worse, and died on Friday last, just a week after the infliction of the injury. Dr. Dougall had practised for some years in Greenock, and was a highly respected member of the profession.—*(Brit. Med. Journal.)*

SCHEME FOR A CONJOINT EXAMINING BOARD FOR ENGLAND.

The following scheme was presented by Sir James Paget at the late meeting of the British Medical Council:—

1. That a board of examiners be appointed in this division of the United Kingdom by the co-operation of all the medical authorities in England—that is to say, the Royal College of Physicians of London, the Royal College of Surgeons of England, the Society of Apothecaries of London, and the Universities of Oxford, Cambridge, Durham, and London; it being understood that, liberty being left to such co-operating medical authorities to confer, as they think proper, their honorary distinctions and degrees, each of them will abstain as far as allowed by law, from the exercise of its independent privilege of giving admission to the Medical Register.—"Section 1. Note *a*. Hereby is intended to secure that none of the qualifications granted by any of the co-operating authorities shall be conferred on any person who shall not have been examined and approved by this board."

2. That the board be constituted of examiners nominated by a committee called herein "the Committee of Reference," and appointed by the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries, in such manner as they shall severally think fit.

3. That examiners be appointed to conduct examinations on the following subjects:—(1) Anatomy; (2) Physiology; (3) Chemistry; (4) Materia Medica; (5) Medical Botany; (6) Pharmacy; (7) Medicine; (8) Surgery; (9) Midwifery; (10) Forensic Medicine; or on such subjects as may be hereafter required.

Questions on Forensic Medicine are to be included among those asked by the examiners on Chemistry, Medicine, Surgery, and Midwifery.

4. That the appointments of examiners be apportioned according to a plan to be agreed upon by the three herein-before-named medical authorities.

5. That the examiners be nominated and appointed annually; that no examiner hold office for more than five successive years; that no examiner who has continued in office for that period be eligible for re-election until after the expiration of one year, and that no member of the Committee of Reference be eligible for nomination as an examiner.

6. That the Committee of Reference consist of two representatives from each of the universities and medical corporations of England.

7. That one-fourth of the Committee of Reference go out of office annually, but that the retiring members be eligible for reappointment, and that the proportionate number of members appointed severally by the co-operating medical authorities be always maintained.

8. That the duties of the Committee of Reference be generally as follows:—(1) To nominate the examiners for appointment by the three hereinbefore-named medical authorities. (2) To nominate on each occasion double the number of persons required to be appointed as examiners. (3) To arrange and superintend all matters relating to the examinations, in accordance with regulations approved by the co-operating medical authorities, or the majority of them. (4) To consider such questions in relation to the examinations as they may think fit, or such as shall be referred to them by any of the co-operating medical authorities, and to report their proceedings to all the said authorities.

(9) That, except as hereinafter provided, there be two or more examinations on professional subjects; and that the fees of candidates be not less than thirty guineas, to be paid in two or more payments.

10. That every candidate who shall have passed the final examination conducted by the board shall, subject to the by-laws of each licensing body and to the provisions hereinafter contained, be entitled to receive the licence of the Royal College of Physicians of London, the diploma of member of Royal College of Surgeons of England, and the licence of the Society of Apothecaries.

11. That every member of an English university who shall have passed such an examination or examinations at his university as shall comprise the subjects of the primary examination or examinations conducted by the board, and who shall have completed not less than four years of medical study, according to the regulations required by his university, be eligible for admission to the final examination; that every candidate so admitted to examination be required to pay a fee of five guineas; and that every such candidate, who shall have passed such final examination, shall on the final payment of not less that twenty-five guineas, and subject to the by-laws of each licensing body, be entitled to receive the licence of the Royal College of Physicians of London, the diploma of member of the Royal College of Surgeons of England, and the licence of the Society of Apothecaries. "Sections 10 and 11.—Note *b*. Provided that if women be admitted to examination by the Conjoint Board they shall not, in passing, be entitled to become licentiates or members of any of the co-operating authorities without the special permission of such authority."

12. That any or either of the co-operating medical authorities shall be at liberty to withdraw from this scheme, and the joint examining board to be constituted hereunder, at any time after five years from the 1st day of October, 1877, upon giving to each of the other co-operating medical authorities one year's previous notice in writing, dating from the 1st of October in that year, of their intention so to do, and that at the expiration of the time limited by such notice, the medical authority giving the same shall be released from all obligation to conform to the terms of this scheme or any rules or regulations which may hereafter be made for giving effect to it.

Appendix to Scheme.—That one-half of the fees received for the examination be appropriated to the payment of examiners, and other expenses incidental to the examinations, in such manner as the Committee of Reference may determine, subject to the approval of the co-operating medical authorities. That the remaining half of the fees received for the examinations be appropriated in the following manner:—Towards the maintenance of the museum of the Royal College of Surgeons as an institution of national as well as professional importance, for its unendowed professorships, and other allied expenses, two-sixths; to the Royal College of Physicians in respect to qualifications to be granted, two-sixths; to the Society of Apothecaries in respect to qualifications to be granted, one-sixth. (Carried.)—*The Lancet.*

CASE OF RUPTURE OF AORTIC VALVE.—Very thin pencils of caustic, such as are sometimes required for intra-uterine applications, may be prepared, according to A. Huber, in the following manner: silver nitrate is fused in capsule, and the liquid drawn up, by slow and cautious suctions, into a glass tube, the calibre of which is a trifle larger than the required diameter of the pencil. Especial care is to be taken that no cavities filled with air-bubbles are produced in the contents of the tube. When entirely cold, the glass tube is warmed by turning over a spirit lamp, until the outer surface of the stick has become soft, when it may be easily pushed out by means of a knitting-needle. With a little practice, very handsome pencils, of considerable length may be obtained in this manner.—*Schweiz. f. Pharm., 1177, 103.*—*New Remedies.*

ECZEMA AND DIABETES MELLITUS.

Dr. J. Braxton Hicks, in a paper read before the Medical Society of London, (*Lancet*, March 31, 1877), said that it "comprises simply the result of my observations on the two diseases here named, without any attempt to do more than draw the attention of this very practical Society to a fact which, as it seems to me, has not obtained sufficient attention.

"Now, in doing so, it must not be supposed that I am ignorant of the observations made by many physicians, that there is very frequently in diabetes considerable irritation of the vulva in women, and orifice of the urethra in men, and that not infrequently this symptom has led to the first suspicion of the presence of diabetes. Dr. Dickinson and Dr. Pavy, amongst others, have pointed this out clearly enough, and more recently Dr. Wiltshire, in a paper before the Harveian Society, has pointed out that, beside simple irritation, there is reason to believe there is a change in the nerve-tissue of the vulva. But the fact to which I now wish to direct attention is, that in cases of eczema of the general surface, and notably of the female genitals, there is in a very large majority distinctly pronounced diabetes also. Perhaps I may state this more faithfully by saying that, of those women who have applied to me as obstetric physician on account of eczema of the genitals, I have found about eight or nine out of ten with diabetes mellitus in a decided form.

"But I have further to add that, although it was principally in consequence of the affection of the genitals that they applied to me, yet, at the same time, there was clear evidence of eczema on other parts of the body, so freely, that there could be no doubt but that the eczema was a general and not a local trouble—I mean produced by local irritant. And one would expect to find that those who may think it worth while to carry out observations for themselves will meet with a like result.

"It may be that in a person predisposed to eczema the saccharine urine is more specially irritating, and thus may give earlier signs of the condition. But in almost every case the eruption has extended into the groins and lower portion of abdomen, far away from the contact of the urine. I am not in a position to say how far all cases of general eczema are associated with diabetes; this I leave to others with more opportunities of studying both diseases in both sexes. Yet one would not be surprised to find the frequency of the combination considerable, when it is borne in mind that blood laden with sugar is most probably irritating; and also that pathologists incline to the opinion that both diseases are dependent on neurotic states. Be this as it may, the practical value of this knowledge is this—that we may be in many cases treating the eczema for any length of time by the most approved plans without any satisfactory result, till, on finding the diabetes, we treat this disease, and then very markedly there is a subsidence of the very distressing symptoms of the eczema, till, by continuing the treatment, in the majority we reduce the trouble, if not to a cure, yet to a very tolerable condition.

"The treatment which I have employed has been the usual avoidance of sugar and substances tending to its formation, but not carried to quite the rigid extent advised by some, because I have found a slight relaxation of the very irksome rules more honestly followed, and for a longer period, than where restriction is excessive. I have generally giving codeia twice daily. Patients remark that this remedy has a decided effect over the irritation—a result to be expected if only regarded as a general sedative; an effect it has in common with all opiates in alleviating the severe annoyance of the prickly itching of eczema. I have generally given bark with arsenic and other tonics, such as iron, etc., according to the condition of the patient.

"I have not brought forward a series of 'cases,' because the fellows of this Society are well acquainted with both diseases, and doubtless can call to mind the severe sufferings of women, often near the climacteric change, where the whole genitals, the upper thighs, and lower abdomen are covered with eczema, which often extends two or three inches up the vagina and between the buttocks, behind the ears, sometimes in the scalp and fingers.

"Before I had been in the habit of examining the urine of every case of this kind, I had a patient of about fifty years of age, some years of whose life were scarcely tolerable on account of this form of eczema, and who had been treated by all the remedies for that complaint. After two or three years she said to me, 'I do not know if it is of any importance to tell you, but I was many years ago pronounced to have a mild condition of diabetes.' I then examined her urine frequently, and found always full evidence of sugar.

"The nearly last case of eczema which came to me said her life for some four or five years had been a burden to her from eczema of the genitals, lower abdomen, and thighs. She had taken medicine continually for it, without any relief; and, as a last resource, had come to me. She had had no sleep at night, and was worn out. Her urine proved to be very heavily laden with sugar. She was treated for diabetes, and in a very few days the eczema was better, and in three weeks had so much relief that she could get sleep, and no longer dreaded the future; and I expect from my observation of other cases, so long as she diets herself, she will complain but little of the eczema.

"Since writing the foregoing I have found a

note in Trousseau as follows: 'With this perversion of the functions of the skin coincides another accident which has been observed rarely in men, much more commonly in women; it is an eczematous eruption attacking the genitals; and which is accompanied by a very distressing itching.' He then says, when in women of some age you find this eczema, not dependent on the leucorrhœa nor on menstruation, then our ideas should flow towards glycosuria; but I do not find any allusion to the general condition of eczema.

"Dr. Dickinson, in his new edition on Diabetes, cap. iv., notices the eczematous state of the vulva as peculiar to the disease, and often the first sign by which it may be recognized, and more rarely the orifice of urethra and glans is affected. At another part he remarks, 'Prout gives it as the result of his experience that carbuncles and malignant boils, and abscesses allied to carbuncles, are always accompanied by diabetes; this rule, however, appears to be by no means without exception.' He further says, 'Prout thought that there was a connection between cutaneous eruptions and diabetes, the eruption in his view preceding the disease; but later observations have shown this association to be at least infrequent; lichen has occasionally been noted in the course of the disease.'

"My experience shows me a very frequent association, and in a case I saw some weeks since of a lady with very severe but chronic carbuncular sloughs of the cellular tissue in all parts of the trunk, there had been most severe eczema for three years previously, and it was found on examining the urine that it was highly charged with sugar. My object in bringing this subject before this Society is to direct attention to the association of diabetes with general eczema, in order that our knowledge may be made more definite in the matter."—*Monthly Abst. of Med. Science.*

Ovariotomy at Melbourne.—A case of rather peculiar nature, which occurred at the Alfred Hospital, Melbourne, has given rise to considerable discussion amongst the profession at the antipodes. It was that of a woman operated upon in the hospital for ovarian disease, and in whose abdomen, after death, a sponge and a pair of small bulldog forceps were found. The *Anstralian Medical Journal* (No. 187) reproduces the report of the Hospital Committee, and gives a long account of the inquest held on the exhumed body of the patient. The post mortem was made by Dr. Glendenning, resident surgeon of the Alfred Hospital, who stated: "After prolonging the incision I found about three quarts of bloody fluid, and a sponge, about 2½ inches in diameter, semi-floating near the upper end of the incision. I then felt about with my hand, and got the bulldog forceps outside the peritoneum. They were situated between the muscles and the peritoneum, secured to the blood vessel to which they had been originally attached. The vessel was detached from the surrounding tissue, so that the forceps hung by a strip of fascia." A great deal of evidence was offered at the inquest, some of which went to show that the presence of the foreign bodies had nothing to do with the fatal issue, inasmuch as the amount of cancerous disease found in the vicinity of the ovaries precluded all hope of recovery. Ultimately a verdict was returned that the deceased died from shock, exhaustion, and hemorrhage from a surgical operation, and that there was no blame attached to the operator, Mr. Robertson. The jury also begged that attention might be called to the way in which the consultation-book of the hospital was kept, and the manner in which consultations were held in that institution.—*The Lancet.*

Hydrobromate of Quinia in Diseases of Children.—In a communication to the *Allgemeine Medicin. Central-Zeitung*, (No. 53, 1876), Dr. Steinitz, of Breslau, gives the result of his experience of the use of hydrobromate of quinia in children's diseases.

He used it in an extensively prevailing epidemic of whooping-cough, giving it generally in a mixture composed of three to five parts of hydrobromate in one thousand of syrup; the dose being a teaspoonful every two hours. In no case was it necessary to use any other remedies. The whooping-cough had in twenty-three cases lasted on an average ten weeks, and in fifteen others twelve weeks, and in the use of the remedy the paroxysms became, in the course of a week, less frequent and milder. No after-effects on the alimentary canal were discovered. Three deaths occurred, all in very atrophic and scrofulous individuals, in whom other complications were present. Dr. Steinitz takes the opportunity of remarking that he prescribed in several cases the extract of castanea vesica, which has been extolled as a remedy, but without good results.

He also used the hydrobromate of quinia in nine cases of spasm of the glottis. Three of the patients died after only a few paroxysms. The remaining six recovered. The medicine was prescribed as stated above, and was borne well. In all the six cases the attacks diminished, at times varying from the third to the fifth week in intensity as well as in frequency; and the duration of the disease was in no case longer than from four to six months. The result is satisfactory when compared with the previous course of the disease under the use of other medicines, such as bromide of potassium, oxide of zinc, valerian, and musk, none of which could be borne for several months together.

Dr. Steinitz has also given the hydrobromate of quinia in the dental convulsions of children, but

cannot as yet speak of its efficacy in this malady. He regards it, however, as deserving a trial.—*London Med. Record*, Feb. 15, 1877.—*St. Louis Medical and Surgical Journal.*

EXTIRPATION OF THE UTERUS.—Dr. Noeggerath performed the operation of extirpation of the uterus at this hospital on May 11th. The patient suffered from cancer of the fundus. The operation consisted in cutting through the vagina anterior to the cervix, and separating the uterus from the bladder. The galvanic knife was then used to divide the vagina posteriorly. A large gum-elastic catheter, armed with a ligature, was then carried up along the anterior and down the posterior surface of the uterus, entering in front of the cervix and emerging behind it. To this was attached the chain of the *écraseur*, which was tightened, and gradually one side of the uterus was freed from its attachment. A similar procedure resulted in separating the attachments on the other side, and then the uterus readily slipped out of the vagina. On examining the uterus the cervix was found to be perfectly normal. In the fundus, however, a cancerous mass was found, which extended down to the os internum. During the operation only a slight amount of blood was lost. This was due, in great part, to the fact that after incisions were made through the vagina a steel dilator was used, so as to enlarge the openings sufficiently to admit of the ligature and chain of the *écraseur* being carried around the fungus.—*N. Y. Med. Journal, June, '77.*

TREATMENT OF HYDATID TUMORS OF THE LIVER *The Lancet*, April 7, 1877).—Dr. Wadham, after reporting a case of double hydatid tumor of the liver, which was rapidly destroyed by paracentesis of each cyst and withdrawal of its fluid contents, proceeds to remark that the principal means suggested for the cure of these cysts were: 1. Simple acupuncture. 2. The electrolytic treatment (which consists in puncturing the cyst with two fine needles, attached, by means of metallic wires, to the negative pole of a galvanic battery, and applying over the integument in their neighborhood a moistened sponge connected with the positive pole). 3. Paracentesis, and withdrawal of the fluid contents of the cyst by some form of aspirator. 4. Puncture, with a view of allowing the cyst to be subsequently destroyed by suppuration. Of these methods he considered the last, in whatever way performed, needlessly painful, always tedious, and open to many sources of danger. Acupuncture and electrolysis, even if they could be relied upon, had also both of them the disadvantage of leaving for a long time in suspense the success or failure of the operation; the gradual dispersion of the tumor, when so treated, often occupying many months. If the cures following these forms of operation were, as he believed, simply due to the gradual escape of the fluid contents of the cysts into the cavity of the peritonlum, he considered that in paracentesis and withdrawal of the fluid by some form of aspirator, we had a safer and a far more expeditious mode of treatment. This latter was, therefore, the operation for which he had a decided preference. The instrument which he had used, instead of any form of aspirator, was the same that he had frequently employed in paracentesis of the chest. It was simply a double-action glass syringe, which admitted of the fluid being gradually withdrawn from the cyst without the admission into it of any air. It had, in his opinion, the advantage of allowing the operator to regulate, in a manner not possible with an aspirator, the amount of force employed in withdrawing the fluid, and enabling him to judge, by the resistance experienced, when the operation should cease.—*Medical Times.*

TREATMENT OF CARBUNCLE.—When the carbuncle is seen early, puncture it, and with a camel's hair pencil, or small pointed stick, introduce into the opening thus made the pure and undiluted acid. If the disease has made greater progress, and one or more small acne-like pustules have made their appearance on the tumor, these are carefully opened, which can be done without causing pain, and the acid introduced at each opening, as before indicated. The effect of the acid when first applied, especially if it touch a denuded surface, is to produce a sharp stinging pain, which is, however, of but momentary duration. The next is local anæsthesia, and the patient is, for a time, perhaps hours, free from pain. Carbolic acid possessing in a notable degree anæsthetic, antiseptic and caustic properties, would seem to be peculiarly adapted to the treatment of the disease under consideration, which is usually attended with great pain, sloughing, and an intolerable odor. Its use in my hands has certainly seemed to diminish the pain, correct the odor and arrest the sloughing process with much promptitude. After the acid had been applied, collodion should be several times painted over the carbuncle, and beyond it, a few lines, on the uninflamed skin. *All the openings are to be left free*, in order to give egress to discharges. Each layer or film of the collodion should be allowed to dry before another is put on. This dressing may be renewed once daily, and the collodion previously applied, if partially detached, should be peeled off before a new application is made. If the part on which the carbuncle makes its appearance be covered with hair, this should be cleanly shaved off, otherwise the collodion will be difficult to remove, and at the same time cause considerable pain. It is interesting to watch the collodion as it contracts upon the diseased tissues. The skin, previously red and swollen, will in a few minutes be seen through the transparent gun cot-

ton, to have become pale and depressed, as the pressure gradually empties the engorged capillaries. If the disease is advanced, and sloughs have become partly separated, they are not unfrequently forced out, or brought so near the openings as to be readily detached with scissors. The pressure does not give rise to pain, but on the contrary, generally affords much relief to the suffering patient. The application of collodion in this disease has other advantages. It limits the extent of the disease in decreasing the vascularity of the part, and in this way lessens the inflammatory action going on, and probably also prevents the absorption of pus. It also protects the surrounding skin from contact with the discharges, which, as is well known, are capable of producing, if not an an extension of the disease, numerous small boils, which are of themselves an exceedingly annoying complication. Should, however, any such pustules or boils be formed in the course of the disease, they can be cut short by touching them with carbolic acid. After the carbuncle has been treated with the acid and collodion, it should be protected from contact with the clothing, by covering it over with a piece of old linen or cotton cloth, saturated with sweet oil, or spread with carbolic acid cerate. —(*Dr. Dibrell, Med. and Surg. Reporter, Phila.*)

Operative Treatment of Varicose Veins.—Schede. (*Wiener Med. Zeitung*, 1877. No. 8.) In the first year the writer accomplished in ten patients the artificial obliteration of the varicose veins of the leg, by ligation, in the following manner: After a bandage was applied around the thigh sufficiently firmly to make the varices swell up, the latter were exposed by an incision, carefully isolated and ligated with catgut, at the distal and proximal ends. Then the veins were cut through, between both ligatures, and the cutaneous wound was closed by interrupted silk sutures. The whole operation was performed under the carbolized spray, and an antiseptic dressing was applied afterwards. The limb thus operated upon was placed securely on a splint, in order to prevent any motion, and to obviate the breaking off of thrombi and their introduction into the circulation. The first dressing was, as a rule, not changed till the fifth day, when the sutures were removed. Although then the wound was healed, the patient was not allowed to get up till the fifteenth day. The result of this treatment was perfect, concerning the complete absence of dangerous complications and of violent reaction. Lately the doctor has simplified his method by substituting the subcutaneous ligature. Where the vein is to be obliterated, a prepared catgut is passed around it, with a curved needle, without any cutaneous incision. The desired number of ligatures thus put in place, a piece of strong rubber tubing, of about the thickness of the little finger, is put on the skin, following the course of the vein operated upon. The ligatures are tied over this tubing, while an assistant is compressing the latter. The elastic tension of the rubber suffices to keep the ligatures perfectly tight and the opposite walls of the vein in permanent apposition. After twelve hours, one half of the ligature is removed, and after twenty-four hours, the balance. By this time, the rubber has made a deep groove into the skin, and is kept in its place by an antiseptic bandage, at least one week. After this period, the cure can be considered as completed. As a remarkable fact is mentioned the total absence of any decubitus, though the skin has been so long submitted to continued pressure by the rubber tubing.—*Chicago Med. Journal.*

Remedies in Sleeplessness.—In a recent exchange, Fothergill, after discussion of the cause of sleeplessness, tabulates as follows the remedies which have hitherto been most highly recommended for this complaint:—

1. Opium is indicated when sleeplessness is caused by pain; when irritation of the vascular system is present, aconite and antimony are to be combined with it.

2. Hyoscyamus is of service when sleeplessness depends on disease of the kidney.

3. Chloral hydrate is inefficacious in sleeplessness dependent on pain, though it is a hypnotic *par excellence* in the sleeplessness of fever, particularly in children. This remedy is injurious in ill humor, brain exhaustion, and in the sleeplessness of melancholy.

4. Bromide of potassium acts as a sedative either on the brain cells or the vessels of the brain; it is indicated in those cases where peripheral irritations are present, and it is very beneficial in the sleeplessness which is the result of maladies of the pelvic organs.

5. Alcohol is a powerful hypnotic in those cases in which sleeplessness comes from sorrow, ill humor, and mental disturbances.—*Boston Med. Jour.*

Enteric Fever; Beef-tea v. Milk; Hæmorrhage.—(*Clinic by Sir W. Jenner*).—"In a case, now at the fourteenth day, there is looseness of the bowels. On examining the stool, I find a separate undigested curd of milk. This curd has acted as an irritant and induced the diarrhæa, therefore you must thin the milk, and replace it more or less by beef-tea. It has been too much the fashion to give much milk without due regard to its digestion. As remedies you may give some starch with bismuth in enema." At the next visit, some hæmorrhage (of which the patient was kept in ignorance) was reported by the nurse. On inspection it was found to be about half a pint of dark fluid blood. "Now, the most important point is, that this

patient do not sit up for any purpose. A case which occurred during my student days impressed me very much. He had had hæmorrhage like this, but did not seem very bad; his pulse was 84; his mind clear; he was allowed to rise to the night-stool; the hæmorrhage recurred, and ended fatally in a few minutes. A mesenteric artery had been opened. You must then, by position, take off the weight of the blood-column. Omit milk altogether, the curd might irritate; give beef-tea and arrow-root; a little softened bread; a little brandy, two drachms every three or four hours, to improve the nerve-tone; give him three grains of acetate of lead with acetic acid every four hours, and an opiate enema night and morning. Observe there is no great distension of abdomen, and there is no tremor. I conclude the ulceration is not deep. *When tremor is disproportionate to other nerve-symptoms, it indicates more depth of ulceration.*" The patient did well.—*Brit. Med. Jour., Oct. 28.*

CONCUSSION AND COMPRESSION.—The diagnosis between concussion and compression is easy enough in well-marked cases, but often the symptoms are so obscure and complicated that it is almost impossible, at first, to determine the exact nature of the case. Not unfrequently the case is clearly one of concussion at first, but, as soon as reaction sets in, symptoms of compression develop themselves, in consequence of cerebral hæmorrhage. The following are the chief points which enable one to diagnose the nature of the case :—

CONCUSSION.	COMPRESSION.
1. Insensibility always takes place immediately on receipt of injury.	Insensibility, although sometimes present from the first, generally comes on gradually.
2. Breathing difficult, intermittent, sometimes sighing, but never stertorous.	Breathing slow and laborious, sometimes stertorous and accompanied with "puffing" movement of cheeks and lips.
3. Pulse sometimes quick, small and thready, and intermittent.	Pulse slow, full and bounding, easily compressible.
4. Pupils generally contracted.	Pupils generally dilated.
5. Skin sensitive to prick of pin, or to pinching.	Sensation of skin lost.
6. Surface of body cold and pale.	Surface of body warm, and moist, and of natural color.
7. Patient can be roused so as to answer questions.	Patient cannot be roused.
8. Vomiting and retching are very common symptoms.	Vomiting and retching absent.

THE VALUE OF SCHOOLS OF MEDICINE TO HOSPITALS.—Sir Henry Thompson presided at the anniversary festival of the University College Hospital on Wednesday evening last. A large company of the supporters of the hospital, including the principal members of the medical staff and some of its most distinguished former pupils, assembled. Going out of the ordinary routine of speeches on such occasions, Sir Henry Thompson entered upon a forcible and lively vindication of the immense value to hospitals of the association with them of medical schools. Such a theme needs little enforcement for a medical audience; for we all know that the presence of medical students in a hospital not only gives force, vigor, and exactness to the work of the principal medical officers, but affords to the patients the valuable assistance of a large staff of skilled clinical assistants, whose daily work it is to investigate thoroughly the histories of their diseases and watch and report their symptoms, and to perform all those minor offices immediate between nursing and medical and surgical direction which are known as minor medicine and surgery. Sir Henry Thompson by no means exaggerated the value to every hospital of the presence in the wards of students of medicine. It is, however, very doubtful that benefit is fully appreciated by the outside public, who are much more disposed to be acted upon by vulgar prejudices in this matter. The excellent statements Sir Henry Thompson made, which we are glad to see reproduced at length in the leading papers of the day, will have a very useful effect, especially at the present moment.—*Brit. Med. Jour.*

TREATMENT OE PLACENTA PRÆVIA.—Dr. R. Davis, of Wilkesbarre, in his address on Obstetrics before the Medical Society of the State of Pennsylvania, in May last, advocates the following plan of treatment of placenta prævia, which is a material modification of Barnes' operation. As soon as the os uteri will admit two or three fingers, pass the hand into the vagina. Ascertain by sweeping the finger around between the placenta and uterus (without disturbing their connections) on what side the separation of the placenta is most extensive. That will always be the side of the least extensive attachments. Introduce two or three fingers, on that side, up between the placenta and uterus until the border of the placenta, where the membranes begin, is reached, severing the attachments as you go, if any remain; then hook the fingers over the border and draw the placenta forcibly down and pack it closely to the other side. The membranes will of course, come down with it, and will protrude through the open mouth of the womb. Rupture the membranes at once, and empty the womb of its waters as thoroughly as possible. The head, if it presents, and if pains are active, will now engage in the os, and will crowd the placenta to the side of the cervix, on one side, and will block up the open mouths of the vessels upon the recent seat of the placenta on the other, *and the hemorrhage will cease.* In every case in which I have resorted to this procedure, such has been the happy result, and I have been left free either to allow the labor to end naturally or to end it myself by the forceps.—*Amer. Jour. Med. Science.*

HOT WATER A REMEDY FOR POST-PARTUM HEMORRHAGE.—Dr. G. Jacobi, late graduate of Bellevue College, now assistant of Professor Schroeder, in Berlin, writes to his preceptor, Dr. Waterman, as follows: "I attended, last night, in the lying-in hospital, a case of profuse post-partum hemorrhage, which I was unable to control with the usual means, and had to send for Professor Schroeder, who immediately arrested the bleeding by an injection of hot water, 50° C."

ANOTHER CASE OF GASTROTOMY.—M. Lannelongue, of Bordeaux, reports that he has practised this operation under the following condions: A man who had been suffering from stricture of the œsophagus for six months, found himself utterly unable to swallow any liquid food. Passage of instruments was impossible, and the patient was much enfeebled. Accordingly, gastrotomy was done in pursuance of the plan adopted by Me. Verneuil in his successful case. No difficulty was met with in the operation, and the patient was fed for twenty-six days, but pulmonary trouble led to a fatal issue. At the autopsy the disease was found to be epithelioma of the œsophagus, and perforation had taken place into the bronchi. It was also seen that the stomach was perfectly adherent to the abdominal wall. M. Lannelongue therefore gives in his adherence to the view that gastrotomy is a rational operation, believing that it is indicated wherever life is threatened from aphagia. To insure success, Verneuil's method should be rigidly followed, one of the principal points he lays down being that the stomach is to be firmly fixed to the abdominal wall by the careful insertion of numerous sutures before the artificial opening is made.—*Journal de Medecine*, May, 1877.—*Med. Review, N.Y.*

BASEDOW'S DISEASE IN A CHILD.—Chovstek describes (Medizinskoie Obozrenie, April, 1876), a case of Basedow's disease which ocurred in a girl, twelve years of age, whose parents had always been healthy. The patient has always enjoyed good health, though she was paler than her sisters. During the course of the last two years the child gradually became more pallid, readily became fatigued, and frequently complained of pain in the chest. One month previous to entering the hospital her mother noticed a swelling of the neck and projection of the eyes. Cardiophthalmus was never noticed. On entering the hospital Dr. Chovsteck noticed a remarkable protrusion of the eyeballs; the superior palpebræ were removed two to three lines from the cornea, and did not follow completely the movements of the eyeball upward and downward; the pupils were moderately dilated and reacted. The carotid and thyroid arteries were dilated, and pulsated more strongly than usual. The thyroid gland was remarkably increased in size; the cardiac impulse was strong, and extended over several intercostal spaces. The heart sounds were normal. Other organs healthy. The patient was treated several days with a weak continuous current, three minutes at each sèance. No improvement noticed. There was a pulsation of the pulmonary artery, probably due to hypertrophy of the right ventricle.—*N. Y. Med. Jour.*

MILITARY SERVICE IN THE TURKISH ARMY.—In reply to several correspondents, Dr. Elmslie sends the following letter to the London *Lancet* in answer to those who desire to learn something of the position, &c. of English medical officers in the Turkish army. As I had a commission as surgeon in the Turkish army during the Turco-Servian war, I will state what the position then was, and which I have reason to believe still is.

1, He receives £25 from his Excellency Mushurus Pasha (the Turkish Ambassador, 1, Bryanstone-square, London) to defray travelling expenses to Constantinople. When he arrives there he presents himself to the Seraskierat (War Office), in Stamboul, and receives a month or six weeks' pay in advance.

2. The pay ranges from £12 to £20 a month, and each surgeon receives also rations and forage, which he is allowed to draw once a month in kind or money.

3. The field for practical work is immense, and, above all, the English surgeon is in *sole* and *full* charge of his regiment, ambulance or hospital, &c., and is not in any way hampered by the native doctors.

4. Each medical officer is provided with a *pharmicién*, and also with a horse and two or three orderlies.

5. The climate, on the whole, is magnificent (though very hot in summer, and very cold in winter), and the scenery is grand in the extreme.

6. The best route is to leave London any Thursday evening for Paris and Marseilles, sailing from the latter place by one of the steamers of the Messageries Maritime Compagnie at five o'clock on Saturday afternoon, arriving at Naples on Monday, Athens on Wednesday, and Constantinople on Friday.

No one should take out more luggage than is absolutely necessary, but simply two suits of clothes (one thin, and the other thick), as he must wear Turkish uniform when out there, which is purchased wonderfully cheaply in the bazaars of Stamboul—drawers, jerseys, flannel shirts, paper collars, warm socks, two pairs of stout boots, a strong pint metal flask, a Whistler's British bulldog revolver and holster, a good strong knife, a Macintosh sheet, a few leather straps, and some soap. A large bottle of chloroform in a wooden case, a set of amputating instruments, with a good sound tourniquet, and a pair of bullet forceps and probe. Some good qui-

nine is a *sine quâ non*, as intermittent fever is very prevalent, especially under the mountains and near the banks of the Danube, Moritza, and Morava rivers, where miasmata abound, camps being pitched without the slightest deference to hygienic principles. Astringents (especially opiates or pills of nitrate of silver with opium, or sulphate of copper with opium) are invaluable, as obstinate diarrhœa or even dysentery attack the stranger at first. He need not take out brandy, as Mr. Nunn, at the English Stores, Constantinople, keeps the best; but a few tins of Du Barry's Revalenta Arabica and Liebig's Extract of Meat will be worth their weight in gold, should he be taken ill in camp, and, from personal experience, I don't think anyone should go into the Turkish camp without these things in the medical chest, as the food up the country is simply execrable!

He need not expect to make much money in Turkey; but if he cares for journalism, he will find, as I myself found (being the special correspondent of a leading London newspaper), that it is both pleasant, instructive and lucrative.

It is *imperatively* necessary to obtain a passport from the Foreign Office (price 2s.) and to forward it to the Turkish Embassy to be stamped with the Ottoman *visa*.

Medical Items and News.

TAYUYA: A NEW REMEDY IN SYPHILIS.—M. L. Faraoni, in a pamphlet published in the course of last year, states that Ubicini found in Brazil a tribe who suffered much from lues venerea, and who employed with success a plant having the local name of "Tayuya." The plant (Dermophylla pendulina) belongs to the family of Cucurbitaceæ, and grows in the primeval forests of Brazil. The alcoholic extract of the root is the part employed, and it may be injected subcutaneously in doses of fifteen grains. It is almost always successful, relapses are rare, and mercury and iodine are practically rendered unnecessary.—*The Lancet.*

COLONIAL MEDICAL DEGREES.—The *Lancet* says: "The project of registering colonial degress involves the question of "reciprocity." The colonies continue to re-examine men holding British qualifications before they are admitted to practice in those outlying provinces of Her Majesty's dominions. While this practice prevails, we fail to see the perfect fairness of requiring that degrees granted by universities over which the Medical Council of the home country has no sort of control, should be admitted as the sole ground of a claim to national privileges.

—Sir Thomas Watson, M. D., though now in his 86th year, continues to write for the scientific and literary journals with all his wonted grace and force of style.

TO PREVENT THE FORMATION OF MILK, Dr. Peaslee, of New York, recommends that the breasts, after delivery, be tightly strapped by means of adhesive plaster. In five cases he reports perfect results.

CHOLERA MIXTURE.

℞ Mist. cretæ..... ℥j;
Spts. chloroformi..... gtt. xv;
Tinct. opii..... gtt. iv.

M. To be taken every two or four hours.

CHRONIC GLEET.—Chronic gleet is being cured in Vienna by medicated bougies composed of gelatin combined with tannin or other suitable astringent. The bougie is passed into the urethra to remain until it is dissolved.

Dr. Sutton, the last survivor of ninety-eight surgeons and assistant surgeons with Nelson at Trafalgar, died recently. He had been over seventy years in the English naval service.

DEATH FROM NITROUS-OXIDE GAS.—The *Lancet* of April 7th reports the death, in Manchester, on March 27th, of a surgeon who had taken nitrous-oxide gas for the purpose of having some teeth extracted. The anæsthetic was administered by the dentist in the usual manner, and the operation was completed, when it was found to be impossible to rouse the patient. The *post-mortem* examination disclosed fatty and valvular disease of the heart.—*N. Y. Med. Jour.*

TO MAKE LEECHES BITE PROMPTLY.—Place the leeches in a glass half full of cold water. Cleanse the part to which they are to be applied carefully with warm water, and then apply the glass containing the leeches to the part. They attach themselves with surprising rapidity. The patients often speak of the bites appearing to be simultaneous. When the animals have all become attached, allow the water to escape into a sponge, or cloth, so as not to wet the patient.—*Gaz. Med. Ital. Lomb.*, Dec., 1876.

CITRATE OF CHINOIDINE IN FEVERS.—From the original investigations of Buchner, recently repeated by Haller at the General Hospital of Vienna, it has been ascertained that the citrate of chinoidine is about as successful as the sulphate of quinine in the treatment of intermittent fever, while the cost of the former is very much less than that of the latter. Haller gives a drachm of the citrate in three ounces of water and half an ounce of cinnamon water, for two or three hours during the apyrexia. Of forty cases thus treated, only one had a return of the fever, and this one was also cured by larger doses.—*Ibid; N. Y. Med. Jour.*

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.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, JULY 1, 1877.

THE METRIC SYSTEM.

Some medical gentlemen having expressed, in our hearing, the difficulty which they met with in understanding and converting readily the Metric system into the duodecimal (or prevailing) system of weights and measures and *vice versa*, we devote a small portion of our space in this issue to an explanation of it, and take advantage of the opportunity thus afforded to give our readers a very convenient table for practical use in reducing Apothecaries' weights to those of the Metric system, which will be found sufficiently exact for all purposes.

The Metric system is founded on the Metre, which is the length of a bar of metal carefully preserved in Paris, from which copies have been taken for use. This unit of measure was decided upon by a number of French philosophers who wished to establish an universal unit of weights and measures. The metre or unit of measure having been decided on, it was desired to have a simple relation between the measure of volume and that of weight, and they determined to take as their *unit* of weight, the weight of one cubic centimetre of pure water of the temperature of 4° Centigrade, 39⅕° F., weighed at Paris. This weight or unit of weight was termed a *gramme*, or in English *gram*, and is divided like the metre into tenths, hundredths and thousandths, called respectively deci-, centi- and milli-grammes, whilst to the tens, hundreds and thousands of grammes the names of deka-, hecto- and kilo-grammes are given.

The metre, on which the whole system hinges, is, like all other standards of length, an arbitrary length. When the standard metre was prepared, it was intended to give it a length which would have some reference to the earth's circumference, and it was given the length of one ten millionth part of the distance from the equator to the pole as measured by the French geometricians. However, this was afterwards found to be not quite correct, as the distance from the pole to the equator has been found to be somewhat greater than was then supposed. But the correctness or incorrectness of this estimation of distance cannot affect the unit of an arbitrary system like this.

The measures of area or Square Measure and those of capacity or Cubic Measure are easily obtained; there are square metres and square deci, centi and milli-metres; there are also cubic metres and cubic deci, centi and milli-metres; and there are the square and cubic measures, derived from the multiples of the metre in the same way. The word Litre is used to signify one cubic decimetre, rather less than an English quart.

The metric system when familiarised will be greatly preferred to any other; its relation to weights of all denominations, to measures of length, capacity and surface, being so simple, as to be within the perfect comprehension of a child. Besides being a decimal system, it is in perfect harmony with the universal method of counting. Under the old system of tables, the various deno minations of weights and measures have no such relation to each other. For the sake of affording the fullest information respecting this system, which, having already been adopted in most countries, is now sought to be made the universal standard among men of science in Britain, the United States and Canada, we give the units of the system with their multiples and sub-multiples.

THE UNIT OF LENGTH is the Metre, derived from the measurement of the quadrant of a meridian of the earth.

THE UNIT OF SURFACE is the Are, or the square of ten metres.

THE UNIT OF CAPACITY is the Litre, which is the cube of a tenth part of a metre.

THE UNIT OF WEIGHT is the Gramme, which is the weight of that quantity of distilled water, at its maximum density, which fills a cube of the one-hundredth part of the metre.

The following table, taken from "Attfield's Chemistry," will still further illustrate the subject; observing always that multiples are denoted by Greek words, as "Deka" (ten), "Hecto" (hundred), "Kilo" (thousand); and sub-divisions by

Latin words, as "Deci" ($\frac{1}{10}$), "Centi" ($\frac{1}{100}$), "Milli" ($\frac{1}{1000}$):

Quantities.	Length.	Surface.	Capacity.	Weight.
1000.	Kilo-metre	.....	Kilo-litre	Kilo-gramme.
100.	Hecto-metre	Hectare	Hecto-litre	Hecto-gramme.
10.	Deka-metre	.....	Deka-litre	Deka-gramme.
1.	Metre	Are	Litre	Gramme.
.1.	Deci-metre	.....	Deci-litre	Deci.gramme.
.01.	Centi-metre	Centi-are	Centi-litre	Centi-gramme.
.001.	Milli-metre	.....	Milli-litre	Milli-gramme.

Were the system universally adopted, this table is all that is necessary to be learned. For the use of practitioners we give below a table, for the conversion of the different denominations:

Milligramme	0.01543	of an	English	grain.
Centigramme	0.15432	"	"	"
Decigramme	1.54323	"	"	"
Gramme	15.43235	"	"	"
Dekagramme	154.32349	"	"	"
Hectogramme	1543.23488	"	"	"
Kilogramme	15432.34880	"	"	"

The following comparison table, for reducing Apothecaries' weights to those of the metric system, will be found exact enough for all practical purposes:

		Apothecaries' weight		
Grain,	$\frac{1}{10}$	"	=	0.006 grammes.
"	$\frac{1}{8}$	"	=	0.008 "
"	$\frac{1}{6}$	"	=	0.011 "
"	$\frac{1}{4}$	"	=	0.016 "
"	$\frac{1}{2}$	"	=	0.032 "
"	$\frac{3}{4}$	"	=	0.048 "
"	1	"	=	0.065 "
"	2	"	=	0.13 "
"	3	"	=	0.194 "
"	5	"	=	0.324 "
"	7	"	=	0.453 "
"	9	"	=	0.583 "
"	15	"	=	1. "
"	20 (℈j)	"	=	1.296 "
"	60 (ʒj)	"	=	3.89 "
Drachms,	8 (ʒj)	"	=	31.1 "

Men of science and promoters of the metric system hope, ere long, to be able to converse in any language intelligently on scientific subjects, through the adoption of an universal system of weights and measures.

Dr. Peacock has resigned the position of Physician to St. Thomas' Hospital, London, and Dr. Ord is a candidate for the vacant post.

HOME HOSPITALS.

A public meeting has lately been called by the Lord Mayor of London, England, to consider the advisability of establishing an Association for the following purposes:—1st. To provide hospital treatment, skilled nursing, a convalescent institution, and other accommodation for the benefit of all classes when attacked by illness who can afford to pay, and for the assistance of the medical profession generally. 2nd. To provide, furnish, maintain, and regulate such buildings with fittings and conveniences for the benefit and comfort of patients and others. 3rd. To co-operate with the managers of the present hospitals supported by private charity, with the object of preventing the abuse of hospitals by people who can afford to pay for their treatment. 4th. To provide for the assistance of the medical profession, and for the benefit of the public, a well-regulated hospital, to which the former can send, with confidence, private patients who can afford to pay adequately for the accommodation which they require, and in which the patients will have the advantage of being treated by their own doctor. With our very limited means, as contrasted with the great wealth of England, we could of course only in a far-off way imitate this scheme of our English brethren; but should it be found to be a paying investment in England, we doubt not that our capitalists here would embark small ventures in a similar institution. An English exchange says, regarding this subject:—"The gift of the philanthropist is no doubt one of the grandest offerings man can lay on the altar of humanity. The return he gets is not profit; he has made no investment—in the vulgar sense—but he reaps a harvest of comfort differing altogether in kind, from the mere receipt of dividends. But the proposal to establish a 'Home Hospital' for the well-to-do, to which admission should be on payment, and on payment only, might, we quite agree, be carried out on such a plan as to add the pleasures of profit to the ecstasies of philanthropy, and pay a fair rate of interest to investors who advance the funds for the foundation of such an institution." But the public should see that the scheme is not appropriated by persons who have private ends to serve. No institution of the kind can well command the confidence of the public if it is started

for the personal ends and advantage of one or two individuals. If appeals are made to found such a Hospital, there must be no cloud, nor the shadow of a cloud, over the motives behind the curtain. The machinery must be public, and all the names of the guarantors beyond cavil or question. There is no reason why the scheme should not pay. It ought to pay, for it responds to a want, which in its extent and ramifications might almost be called National. On this subject, the editor of *Financial Opinion* remarks :—"We have reason to believe, indeed we know, that the scheme has attracted most serious attention. We understand, however, that the sponsors have wisely determined to begin on a moderate scale, and to feel their way to success step by step, instead of plunging blindly into deep water. Twenty thousand pounds, with proper trustees, would probably suffice to begin with." We have for a number of years had private rooms for paying patients in our General Hospital, but the accommodation for such has been very limited, and the danger to patients whose complaints require operative procedure, from erysipelas, more or less prevalent in a general hospital, has been an insurmountable barrier to their general use. Could not a sufficient amount of money be raised on this scheme in Toronto, for the building of a small "Home Hospital" in some elevated and healthy locality of the city? We believe that the above scheme, if under proper regulation, will be the means of meeting a serious public want; that it will be of great service to the profession in treating a numerous class of cases in respect to which great difficulties at present often arise in the course of medical practice; and that it deserves to meet with the general support of the public and the profession.

AMERICAN MEDICAL ASSOCIATION.

The twenty-eighth annual meeting of the American Medical Association took place in Chicago on the 5th, 6th, 7th and 8th ult., and was largely attended, upwards of 700 delegates being present. Dr. Bowditch, President, delivered the annual address. The Canadian delegates present—Drs. Hingston, Grant and Buck—were accommodated with seats on the platform. Meetings were held by the different sections, and many interesting and valuable papers were read and discussed. On the subject of Union between the American and Canadian Medical Associations which was mentioned in the President's address, the committee reported against it, and expressed the opinion that the present system of intercourse by delegates served to meet the requirements. The session in its scientific aspect was more successful than many of its predecessors. The thorough organization of the sections is a great improvement on the old way of conducting the Association.

Dr. P. G. Robinson, of Missouri, delivered the address on Medicine, which was a review of the progress during the past year. He alluded to the outbreak of typhoid in Lancashire, Eng., from impure milk, and the cure of a case of rabies by strychnine. He then passed on to a consideration of the use and advantages of salicin and salicylic acid in the treatment of rheumatism; gelseminum in the treatment of facial neuralgia, coca and several other articles.

In this section Dr. Morris, of Maryland, read a paper on the effects of remedies in small doses. He believed that the true physiological effect of remedies might best be obtained by the administration of small doses frequently repeated; that the effect of remedies is greatly increased by combination and manner of preparation; and that large doses of medicine frequently acted as irritants, producing an abnormal state of the blood, as narcotism, iodism, ergotism, bromism, etc.

Dr. White, of Buffalo, gave the address on Obstetrics. He referred to the formation of the American Gynæcological Society; he next passed in review the books and pamphlets published on this branch last year, and commented upon them. He concluded by noticing favorably the growing feeling in favor of the use of the forceps in midwifery.

In the section on Surgery, Dr. Hamilton opened the proceedings, after which Dr. Hodgen, of Missouri, read a paper on the value of extension in the treatment of fracture of the femur, which elicited considerable discussion. He was opposed to plaster of Paris dressings and pulley apparatuses, and stated his belief that oblique suspension was the only suitable method. With regard to shortening in fractures of the thigh, Dr. Hingston, of Montreal, offered the following resolution, which was adopted :—"That in fractures of the thigh, notwithstanding the judicious employment of every

mechanical contrivance hitherto devised, shortening of the limb is of frequent occurrence." Dr. Sayre, on the following day, entered his protest against the above resolution, on the ground that it was a confession that the profession could not properly treat a fracture.

In the section on State Medicine, Dr. E. M. Hunt, of New Jersey, read a very able and eloquent paper on Public Hygiene, in which he congratulated the profession and the public on the great and increasing attention paid to this most important subject, and recommended the more thorough teaching of sanitary science in all the medical schools.

The question of revising the U. S. Pharmacopœia was laid over for another year. Many matters of interest to the profession were discussed, and many papers read, which we have not space to allude to at present. Dr. T. G. Richardson, of Louisiana, was chosen President for the next year, and Buffalo was named as the place of meeting, on the first Tuesday in June, 1878.

THE RELATIONS OF THE PROFESSION TO THE PUBLIC.

The duties and relationship of the medical profession to the public are of the most sacred and confidential character, and any breach of so sacred a trust strikes a ruthless blow at the general confidence reposed in the profession by a confiding public; and not only should society, but more particularly the profession, mark with its utter detestation all offences of this nature. We are led to this remark by certain occurrences which lately took place in Montreal and Halifax. Both gentlemen to whom we allude, were held high in the estimation of their friends, respectably connected and of good standing in the profession. Such conduct as theirs would have been inexcusable in any one, but a lunatic, much more so in members of the medical profession, whose relations with the public and duties to their patients demand the most rigorous fidelity and purity of heart. With regard to Dr. Mondelet, no young man could have started in life under more favorable circumstances, and no one probably could have made more speedy and hopeless shipwreck. Nothing short of sterling integrity will suffice among members of a profession where fidelity to every interest is of such vital importance to their patients, to the public and to their own success. Every medical man, and we are happy to bear testimony to their general purity of conduct in these matters, should be like Cæsar's wife, "above suspicion."

> "Detraction's a bold monster and fears not
> To wound the fame of princes, if it find
> But any blemish in their lives to work upon."

Even among members of the profession, calumny and detraction have too often been unsparingly used, openly and secretly, as a means of injuring a rival, by unprincipled men whose only stock-in-trade is made up of gossip and scandal-mongering, flaunted under the guise of sanctity and a high-toned sentiment for professional purity. By such means some of the brightest and best of our profession have from time to time had to suffer unmerited ignominy. Let the medical atmosphere be purified and kept pure, and let each other's characters be held a sacred trust, until some open violation makes it necessary to condemn, and then let the condemnation be unmeasured and effectual. At the same time let us stand ever ready to throw the broad mantle of charity over the weaknesses and foibles of our fellows, remembering that,

> "That vermin, Slander, is bred in abject minds,
> Of thoughts impure, by vile tongues animate."

COLONIAL MEDICAL DEGREES AND BRITISH MEDICAL COUNCIL.

Remonstrances have come from the Dominion of Canada against the exclusion of legally-qualified Canadian practitioners from recognition under the medical law of the mother-country, and particularly as to the grievance and detriment which they suffer in their relation to the *Merchant Shipping Acts* of the home Legislature. The grievance (stated in general terms) is, that medical degrees or licenses which have been conferred under the authority in British Possessions outside the United Kingdom, and which respectively entitle to practise in the particular Imperial Province in which they are granted, give at present no professional status in other parts of the British Empire; and the question of principle which the Council had to determine was that of admitting such degrees or licenses to be registered as qualifications under the Medical Act.

Mr. SIMON moved the following resolution, which was seconded by Dr. STORRAR, and carried :—

"That Medical qualifications granted under legal authority in any part of Her Majesty's dominions outside the United Kingdom, and entitling to practise in such part should be registrable within the United Kingdom on the same terms as qualifications are granted within the United Kingdom, but in a separate alphabetically arranged section of the Register.

CANADIAN MEDICAL ASSOCIATION.

The annual meeting of the Canadian Medical Association will be held in Montreal, on the 12th of September. An Address and Reports are expected from the following gentlemen :

Dr. Hingston, *President*,—Address.

Drs. George Ross, Mullen and Sweetland,—*Medicine.*

Drs. J. H. Richardson, Oldright and Kincaid,—*Surgery.*

Drs. James Ross, Strange and Rosebrugh,—*Obstetrics.*

Drs. Fulton, D. Clarke and Hornibrook, —*Therapeutics, New Remedies and Medical Jurisprudence.*

Drs. Osler, Graham and Farrell,—*Necrology.*

Drs. Howard, Hodder and Parker,—*Medical Education and Literature.*

Drs. Marsden, Playter, Baynes, Tye, Martin, Larocque, Ross (Quebec), Botsford, Canniff and Jennings,—*Climatology.*

Those having papers to read should notify the General Secretary, Dr. David, Montreal, to that effect. Arrangements will be made for reduced fares to those attending the meeting.

VENTILATION OF SEWERS. — One of our exchanges refers to a plan of ventilating sewers, of a practical character, suggested by Judge Coursol, of Montreal. It consists in running up metal pipes at intervals along the road-side, higher than the houses, to carry off the sewer-gases into the air. The pipes could be made ornamental, and might be placed so as to be no obstruction. This idea is based on the plan now adopted in connection with ventilation of water closets in dwelling houses. It is practicable, and well worth a trial.

DISPOSAL OF SEWAGE.—The Massachusetts State Board of Health recommends, that no city or town shall be permitted to discharge sewage into any stream or pond whatever, without first purifying it by the most effective known processes, certain existing rights being duly allowed for, and an immunity from nuisances being guaranteed ; that no sewage, whether purified or not, be allowed to enter any pond or stream used for domestic purposes ; that irrigation be adopted, by way of experiment, where some process of purification of sewage is required, and that cities shall have power to take lands for that purpose; and that every city and town having over four thousand inhabitants, be required to appoint a Board of Health. It is further recommended that no manufactory be established in the future for carrying on trades that yield refuse matter, or shall be permitted to discharge polluting substances into any stream or pond used as a source of domestic supply.

The only proper means of disposal for sewage and city offal is by converting it into *compost* suitable for gardeners' use, thereby returning to the soil enriching elements of which it is constantly being deprived for the production of food.

SCHOOL FOR TRAINING NURSES.—It is proposed to establish a school for training nurses in connection with the Toronto General Hospital. Miss Goldie, Lady Superintendent of the Hospital, will assume the management. She has had considerable experience in the Franco-Prussian war and in British and Continental hospitals, and is therefore eminently qualified for such an undertaking. It is proposed to take in about twenty young women, and distribute them in the different wards, where they will have to discharge the duty of the nurses already in the place. The period of residence will be about six months, and the fee will be $50 for the period, which includes board and lodging. Appropriate lectures will be given during the session by medical gentlemen in the city. Those wishing to enter should apply to Miss Goldie at once.

WOORARA IN TETANUS.—The hypodermic injection of woorara, in quantities of from $\frac{1}{10}$ to $\frac{1}{2}$ a grain, has been used with excellent results in traumatic tetanus (Schmidt's Jahrbucher).

THE "SPHYGMOGRAPH" — NEW PROCESS OF REGISTERING.—One of the most remarkable applications of photography is that by which it is now made to register, and in the most accurate manner, the mechanical action of the human heart. The device by which this result is attained is, indeed, a triumph of inventive skill. It consists of a thin india-rubber bag, to which a short glass tube is attached; sufficient mercury is poured into the apparatus to fill the bag and a portion of the tube, and the instrument is then placed over the heart of the person to be examined. Arranged in this manner every pulsation of the heart is indicated by a corresponding movement of the mercury in the tube, and, by suitable photographic apparatus, provided with a moving sensitive slip of paper, a perfect registration of the extent and rate of the pulsations is obtained. The interesting fact is made known by this process that the fall of the pulse sometimes takes place in successive horizontal lines and sometimes in ascendant lines, the column re-ascending two or three times before falling altogether.

PRESENTATIONS.—Dr. Lett, of the Asylum for the Insane, London, on his leaving for Toronto, was presented with a handsomely prepared address by the London Medical Association. It spoke of the regret felt at his departure, and the services he had rendered the Association in the contribution of papers on the special branch of the profession which he had followed. The address was signed by Dr. Payne, Secretary, and the members of the Association.

Dr. Metcalf, of the Toronto Asylum, was also the recipient of a beautiful silver service and an address from the employees, and a handsome piece of plate by the officers of the Asylum, on the occasion of his removal to the London Asylum. Dr. Clark, the Medical Superintendent, in a short speech expressed his sincere sorrow at losing the services of so efficient an officer. Dr. Metcalf would fill his new position with honor to himself and credit to the institution.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—D. Fraser, M.D., Trinity College, Toronto, has successfully passed the examination of the Royal College of Surgeons, England, and was admitted a member of that body on the 23rd of May last.

NEW METHOD OF CURING ANEURISM.—In the June issue of the *N. Y. Med. Journal* is described a method of curing aneurism, which is somewhat novel. It consists in suspending, by means of a pulley, a conical shaped bag filled with shot, so as to compress the artery, above the aneurism. The apex of the cone, which is not pointed, but about an inch in diameter, has a piece of cork or india-rubber fitted into it. The weight of the bag of shot is about twelve pounds, and the pressure is regulated by means of the pulley suspended from the ceiling. The pressure is usually applied lightly for the first twenty-four hours, after which it is gradually increased.

SPREAD OF DISEASE BY FUNERALS.—There are no doubt many instances, both in town and country, where diseases are disseminated at funerals, by people congregating in and about the residence of persons who have died of scarlet fever, diphtheria, measles, whooping-cough and other contagious diseases. This consideration leads to the question of the propriety of private funerals in all such cases—instead of the old-fashioned public, or church funerals. The health authorities should also insist upon the family of the deceased publishing with the announcement of the death, the particular contagious disease of which the patient had died, so as to give suitable warning in advance.

TRINITY MEDICAL SCHOOL.—Trinity Medical School, whose affiliation as the Medical Department of the University of Trinity College was so unjustly cancelled by the Senate of Toronto University, and which received a separate Act of Incorporation during the last session of the Legislature in order to enable it to affiliate with any "University or Univertities," has become re-affiliated with Toronto University. A member of the Faculty will be placed upon the Senate of that University to look after the interest of the School. Students attending the School will have the fullest advantages of all the honors the Provincial University has to bestow.

GYNÆCOLOGY.—Authors of books, pamphlets, essays, theses, etc., upon Gynæcological or Obstetric subjects, in all languages, are requested to send such to Dr. Chadwick, Sec. to Am. Gynæcological Society, Boston, in order to insure the insertion of their titles in the current Bibliographical Index, which will be published each year in the Transactions.

DELINQUENTS.—It becomes our duty to speak a word or two to those who have for some time past received the benefits of this journal, without in any way contributing to its support. We cannot afford, in the face of these hard times, to continue sending it unless the arrears are paid up. We have endeavored to be as lenient as our circumstances would allow, and in many instances we have been amply repaid, both financially and by the gratitude of those we have favored in this way; but what shall we say of the attempt on the part of some medical men that we could name, to repudiate the payment of a just debt, on the paltry and dishonorable plea that "they never ordered the journal," and this, be it remembered, after having taken it from the post-office regularly and appropriated it to their own use, for two and in some instances *three* and *four* years!!!

APPOINTMENTS.—R. McDonald, Esq., M.D., of Ottawa, has been appointed Surgeon of the Penitentiary in Manitoba. Hon. Dr. O'Donnell has been re-elected President of the Manitoba College of Physicians. Dr. Haggarty, of London, has been appointed Medical Superintendent of the Northwestern Territory, charged with the duty of vaccinating the Indians; he will be stationed at Battleford. John Gunn, M.D., of Ailsa Craig, to be an Associate Coroner for the county of Middlesex. John Carroll, M.D., of Don Mount, to be an Associate Coroner for the county of York. A. J. Campbell, M.D., of Gravenhurst, to be an Associate Coroner for the District of Muskoka.

THE CALEDONIAN SPRINGS.—The Caledonian sulphur springs of the lower Ottawa have been long and favorably known as affording great relief in many confirmed cases of chronic rheumatism, more especially where the patients can avail themselves of the baths by a residence at the springs. A large hotel has therefore been erected, at considerable expense, in connection with the springs, and will be open from June to October in each year. Intending visitors will do well to secure rooms at the earliest moment, as there is likely to be considerable demand, especially during the warm weather.

The meeting of the Ontario Medical Council is announced to take place on the 3rd inst.

VASELINE.—This is a fatty extract, prepared from coal oil, free from smell, having an amber color, with a translucent, jelly-like appearance. It is now superseding lard, in Pharmacy, for the basis of ointments. It is also used in the New York hospitals as a lubricator for catheters, speculums, etc., instead of olive oil, having been found superior for that purpose. This substance possesses a well-known invigorating influence upon the growth of the hair, and prevents Alopecia. A pomade made of it, and perfumed with otto of roses, is *a la mode* as a hair dressing among the fashionable.

REMOVAL.—The Registry office of the College of Physicians and Surgeons, Ont., has been removed to old King's College building in the Queen's Park, Toronto. This change is in consequence of the Government having sold the building in which the Registry office was formerly located. The Registrar, Dr. Pyne, who is always attentive and obliging, will be found in the office as usual during office hours, between 1 and 3 o'clock p.m. His private residence is 219 Gerrard St. East.

THE QUACKS.—Detective Smith is still hunting up the quacks. At Burford, "Dr." Cuttle was fined $20. At Bell River, "Dr." Lemire was fined $25. J. H. Christie, of Merritton, was fined $25; Christopher Zegher, of Tavistock, son of Peter Zegher, previously fined, was mulcted $25, and N. Kenney, Woodstock, $20 and costs. Informations have been laid against a number of others in the Province.

AMERICAN DERMATOLOGICAL ASSOCIATION.—The first annual meeting of this Association will be held at Niagara Falls on the fourth day of September next. The titles of all papers to be read at any annual session shall be forwarded to the Secretary, L. D. Bulkley, M.D., New York, not later than one month before the first day of the session.

Reports of Societies.

BRANT COUNTY MEDICAL ASSOCIATION.

The regular quarterly meeting of the above Association was held in the Kerby House, Brantford, on Tuesday, June 5th. The following members were present:—Drs. Digby, (President,) Dr. Philip

(Vice-President), Dr. Harris, (Secretary-Treasurer), Drs. Griffin, Henwood, Cooke, Kitchen, Burt, Clarke, and Bown. A large amount of miscellaneous business was disposed of, after which the meeting adjourned to be convened again at Brantford on the first Tuesday in September.

BATHURST AND RIDEAU MEDICAL ASSOCIATION.

The annual meeting of the Bathurst and Rideau Medical Association was held at Pembroke, (or rather on Board the steamer *John Egan* as she proceeded up the Ottawa River.) There were about 40 members present, amongst whom were Drs. Grant, (President,) Hill, Sweetland, Wright, Mallock, McCrea, Carmichael, Lynn, Logan, Beatty, Baird, Mostyn, Patterson, Burns, Pickup, Ferguson, O'Brien, McEwen, Kellock, Munro, Giles, Irwin, Dickson, Lafferty, Desloges, McAdam, McIver, Forbes, Ward, McIntosh, Judge, Mann, Pare and Rattray. The minutes of last meeting were read and approved. The President then delivered an able and interesting address, which will be found in another column.

A vote of thanks was tendered the President for his eloquent and instructive address, with a request for its publication in the CANADA LANCET.

A discussion then followed upon the topics opened up by the President's address, in which Drs. Dickson, Mostyn, Giles, Pickup, Hill and others participated.

Dr. Pickup read a report of two cases occurring in the practice of Dr. Cranston, of Arnprior, the latter being unavoidably absent; the first case being of medullary cancer, occurring in the upper jaw of a woman and which was successfully removed. The second case related to a peculiar injury which was inflicted on the jaw of a man by a violent blow from a piece of wood, and the special steps taken for the restoration of the parts.

A vote of thanks was tendered to Dr. Cranston, and he was requested to publish his paper in the CANADA LANCET.

Cases for discussion were introduced by Dr. Lafferty on Traumatic Tetanus, by Dr. Giles on peculiar uterine discharge.

The President appointed Dr. Kellock, of Perth; Lafferty, of Pembroke; and Sweetland, of Ottawa, to prepare and read papers at the next meeting.

The committee on the code of ethics was re-appointed to report at next meeting.

Dr. Mostyn brought up the question of fees for examination in cases of life assurance, and a motion was adopted directing the secretary, Dr. Lynn, to ascertain, in writing, the opinion of each medical man in the division upon the matter, and report at next meeting.

Dr. Beatty submitted a motion opposing yearly examination of medical students who study out of Ontario, as prescribed by the Medical Council, as being unnecessary and expensive.

The election of officers was then proceeded with.

Dr. Sweetland moved, seconded by Dr. Kellock, that the Secretary be instructed to prepare and transmit to the widow of the late Dr. Beaubien a letter of condolence expressive of their esteem for her late husband, and sympathy in her bereavement.

Votes of thanks were then tendered to the President and officers, which were duly acknowledged.

Books and Pamphlets.

CHEMICAL AND MICROSCOPICAL ANALYSIS OF THE URINE, by G. B. Fowler, M.D., New York. Published by G. P. Putnam's Sons. Toronto: Willing & Williamson.

A CASE OF RECURRING SARCOMATOUS TUMOR OF THE ORBIT IN A CHILD, by Thomas Hay, M.D. Philadelphia: Lindsay & Blakiston.

DIAGNOSIS OF URETHRAL STRICTURE BY BULBOUS BOUGIES, by J. W. White, M.D. Philadelphia: J. B. Lippincott & Co.

Births, Marriages and Deaths.

At Londonderry, N. S., on May 16th, the wife of James Kerr, M.D., of a son.

On the 29th of May, A. L. McDiarmid, Esq., M.D., of Bryanston, to Mary Amelia, daughter of the late Robert Ferguson, of London township.

On the 5th of June, George W. Wright, M.D., of Berlin, Ont., to Mrs. Carrie Walker, widow of the late Robert Walker, Esq., M.D.

On the 6th of June, A. J. Sinclair, M.D., of Paris, Ont., to Amelia, daughter of Captain McBride, of Port Burwell.

On the 1st of May, of gastric fever, E. B. Sparham, M.D., of Kemptville, aged 58 years.

*** *The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps with the communication.*

THE IMPROVED TROMMER'S EXTRACT OF MALT.

This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract as given by S. H. Douglas, Prof. of Chemistry, UNIVERSITY OF MICHIGAN, Ann Arbor:

"TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your EXTRACT OF MALT: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.7,12; Alkalies, .377; Water, 25.7. Total, 99.958.

"In comparing the above analysis with that of the Extract of Malt of the GERMAN PHARMACOPŒIA, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

"Yours truly, SILAS H. DOUGLAS,
"Prof. of Analytical and Applied Chemistry."

This invaluable preparation is highly recommended by the medical profession as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

By many American physicians, and among others by such foreign authorities (German, French, and English) as Niemeyer, Trousseau, and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult and "irritable" digestion, loss of appetite, sick headache, chronic diarrhœa, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A sngle dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE AND ONE HALF POUNDS of the Extract. PRICE $1.00.

In addition to the Extract of Malt with Hops, the attention of physicians is invited to the following combinations:

Improved

TROMMER'S EXTRACT OF MALT, FERRATED.

Each dose contains four grains of the Pyrophosphate of Iron. Particularly adapted to cases of anæmia. PRICE, $1.00.

Improved

TROMMER'S EXTRACT OF MALT, WITH CITRATE OF IRON AND QUINIA.

Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anæmic state following autumnal fevers in chlorosis, enlarged spleen, carbuncles, boils, &c. It is a pleasant tonic, the bitter taste being very effectually disgaised. Each dose contains four grains of the Citrate of Iron and Quinia. PRICE, $1.50.

Improved

TROMMER'S EXTRACT OF MALT, with HYPOPHOSPHITES.

Far superior to any of the "Syrups" of Hypophosphites, and invaluable in anæmia, scrofulous, tuberculous, and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, &c., it is very efficacious. This combination is, in certain cases, even more efficient in exhaustion from undue lactation than the Extract of Malt with Hops. PRICE, $1.50.

Improved

TROMMER'S EXTRACT OF MALT, with the IODIDES OF IRON and MANGANESE

The experience of the late Sir J. Y. Simpson and others in the use of this combination of salts has been fully confirmed by more recent experience. Particularly recommended in anæmia dependent upon scrofula, phthisis, cancer, the syphilitic cachexy, enlarged spleen, and in chlorosis where Iron alone has failed. Each dose contains one grain each of the Iodides of Iron and Manganese. PRICE, $1.50.

Improved

TROMMER'S EXTRACT OF MALT, with ALTERATIVES.

Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium, and Potassium. This combination of the most potent alteratives with tonics and restoratives has been successfully employed in the different forms of disease dependent upon the "modified scrofulous diathesis," as general perverted glandular action, disease of the bones and cartilages, catarrhal affections of the eye, ear, and nasopharyngeal mucous surfaces, eczematous, and other cutaneous eruptions, in rheumatic arthritis, scrofulous rheumatism, &c. PRICE, $1.50.

PREPARED BY

TROMMER'S EXTRACT OF MALT CO.,

FREMONT, OHIO.

For Sale by Wholesale Druggists throughout the United States and Canada.

SAVORY & MOORE, 143, New Bond Street, London, beg to call the attention of the Profession generally, to some of the later preparations brought out in England, the purity, and uniform strength of which can be guaranteed.

GENUINE

PANCREATIC EMULSION and PANCREATINE.

The reputation of these preparations is now so thoroughly established, that they may be said to be the only remedies of the description recognized and prescribed by the leading members of the Medical Profession. No small portion of their popularity is to be ascribed to the fact, that they are palatable to the most fastidious, keep good in *all* climates, and are readily miscible in water, milk, &c. In all cases where Cod Liver Oil fails to afford relief, or cannot be retained by the stomach, Pancreatic Emulsion and Pancreatine are the *only remedies* to supply its place, increasing weight, and ensuring strength and appetite; whilst in many cases they prove a most valuable adjunct to the Oil, which they assist in digesting.

PANCREATINE WINE. A most pleasant vehicle for administering Cod Liver Oil, with which if shaken, it readily forms an Emulsion. This preparation when prescribed by itself will be found to be a powerful assistant to digestion, and as a remedy for this purpose is largely used in England.

PANCREATISED COD LIVER OIL: A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

PEPTODYN, the New Digestive. Digests all kinds of Food—the FARINACEOUS, FIBRINOUS, and OLEAGINOUS, (being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.)

Five grains of the Powder digests—100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch.

BEST FOOD FOR INFANTS, As Supplied to the Royal Families of England and Russia. Feeding Infants on the best, *i. e.* the most *nourishing* and *easily digested* Food, has recently occupied much of the attention of the Profession, and the fallacy and danger *of employing Starch*, in the *form of Corn Flour* and other *high-sounding titles, has been repeatedly pointed out.*

This Food resembles Mother's Milk more closely than any other kind, containing the highest amount of nourishment in the most digestible and convenient form.

DATURA TATULA, for Asthma and Chronic Bronchitis. Recommended by the Profession as a remedy of great power and usefulness in cases of short and difficult breathing, spasmodic coughing, &c. Grown only by Savory and Moore, and prepared in all forms for smoking and inhalation.

Wholesale of Messrs LYMAN, CLARE & Co., and Retail of the Principal Druggists in the Dominion and America.

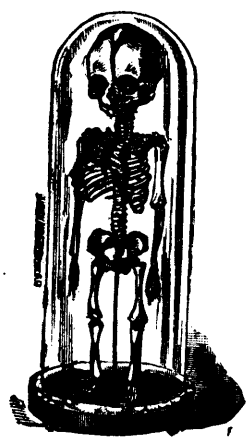
John Reynders & Co.,

(Late of Otto & Reynders,)

No. 309 Fourth Avenue, New York,

(UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,

Manufacturers and Importers of



SURGICAL

AND

Orthopœdical Instruments,

SKELETONS,

AND

ANATOMICAL

PREPARATIONS.

The Manufacture and Importation of every article used by Physicians and Surgeons our Specialties.

Our Illustrated Catalogue and Price List mailed on application, enclosing twelve cents for Postage.

MEDICAL DEPARTMENT

OF THE

University of Buffalo,

BUFFALO, N.Y.

SESSION OF 1877-'78.

Preliminary Term begins . . Oct. 3.
Regular Term . . . . Nov. 7.

FEES.—Matriculation, $5.00. Faculty, $100,00. Perpetual Ticket, $150.00. Graduation Ticket, $25.00.

For further information or circular, address

THOS. F. ROCHESTER, M.D., Dean,

BUFFALO, N.Y.

$4000 A YEAR.

A Medical man wishes to dispose of his property and good will of practice worth $4000, or would sell good will of practice, and rent dwelling house, out-houses, &c. The County Town is surrounded by an excellent farming country. Practice has been as high as $7000, but on account of ill health have had to reduce to above figures. For address apply to LANCET OFFICE, TORONTO.

PURE COD-LIVER OIL,

Manufactured on the Sea-Shore, by HAZARD & CASWELL, from Fresh and Selected Livers.

The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

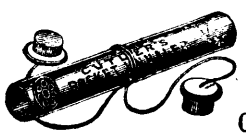
The Three Best Tonics of the Pharmacopœia: IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & Co. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each desert-spoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia.—This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonio-Citrate of Bismuth in each table-spoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

CASWELL, HAZARD & CO., CHEMISTS AND DRUGGISTS, New York.



CUTLER'S POCKET INHALER

AND

Carbolate of Iodine Inhalants

A REMEDY for all NASAL, THROAT and LUNG Diseases, affording relief in some cases in a few minutes.

This instrument is gotten up on an entirely new principle, and is well adapted to the treatment of all those diseases of the air passages requiring efficient inhalation. It is endorsed by many leading practitioners, and commends itself to all desiring an apparatus.

Dr. George Hadley, Professor of Chemistry and Pharmacy in the University of Buffalo, in a carefully considered report upon its merits, concludes in these words:

"On the whole, this Inhaler seems to me, to accomplish its purposes, by novel, yet by the most simple and effectual means; to be philosophical in conception, and well carried out in the execution."

Always ready, no danger of breaking or spilling, besides being as safe and efficient in the hands of the novice as the adept. Made of Hard Rubber, it may be carried about the person as handily as a pencil case, and used regardless of time or place. Patented in the United States, England and Canada. Over 50,000 now in use in this country.

Price $2, including Inhalant for two months' use. Neatly put up and sent by mail free, on receipt of price. Extra bottles of Inhalant, 50c. Liberal discount to the trade. Kept by all druggists. Send your address and receive our descriptive circular, post-paid.

W. H. SMITH & CO.,

402 and 406 Michigan St., Buffalo, N. Y

Samples to Physicians free by mail on receipt of $1.

Awarded the only Medal and Special Diploma for Improved Pharmacopœia, Medicinal, and Mechanical Plasters, in Rubber Combination, over all Foreign and American Competitors, at **Centennial Exhibition.**

SEABURY & JOHNSTON,

MANUFACTURERS OF

Officinal, Medicinal, Spread, Porous, Silk, Mustard, Muslin Tracing Cloth, Kid, Corn, Bunion, and Court

PLASTERS.

Office, 30 Platt St., New York. Factory Brooklyn.

Direct producers of every conceivable Plaster used in Surgery and Pharmacy, of the most approved and improved character.

Special Formulæ made to order.

Every article guaranteed to be of strict Pharmacopœia strength, and incorporated with the most reliable Extracts and Drugs.

Belladonna Plaster.—We incorporate the Officinal Alcoholic Extract only. Recent analysis, fairly conducted by competent chemists, emphatically condemns the Inspissated Extract as a mild and unstable product, representing but one half or less than one half of the strength of the U. S. P. Alcoholic Extract of Belladonna. The following result, published in the *American Journal of Pharmacy*, in April, 1876, page 145, is furnished for your consideration, which indicates the following percentage of Atropia in the respective Extracts:—

Alcoholic Extract Belladonna, U. S. P.	2,571
Allen's English Extract	1,411
Herring's " "	1,179

The practitioner, as well as ourselves, has but one choice.

Rubber Adhesive Plaster is applied without heat or moisture Very flexible, conforms instantly to the skin, is perfectly water-proof contains no irritating property. Has no equal in counter-extension. Can be had on twilled linen. Adhesion is greatly increased by having it in porous form.

Mustard Plaster. An improvement over best French makers. Is spread on flexible muslin instead of paper.

Blister Plaster. Always reliable. Is more active than the Cerate. Is not impaired by age.

Capsicum Plaster. The best rubefacient known—mild, continuous, and stimulating. We do not incorporate the oleo-resin. We use the crude drug in sufficient quantity. Does not blister.

JUDGE'S REPORT (Condensed); Originality: The successful application of Rubber as a base for all Medicinal and Mechanical Plasters. **Reliability:** And general excellence of Manufactures.

The trade supplied by all Wholesale Druggists in Canada.

The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexion of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases.

Price—to Physicians, $8.00; to Patients, $12.00.

Instruments sent by mail, at our risk, on receipt of price, with 20 cents added for postage; or by express, C.O.D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER CO.,

296 West Lake Street, Chicago, Ill.

Our valuable pamphlet, "Some Practical Facts about Displacement of the Womb," will be sent you free on application.

Holiday, Wedding, or Birthday Present.

AUTOMATIC CRYSTAL FOUNTAIN.

Self-Acting; Requiring no Pressure of Water.

Blue Glass Basin and Globes, mounted on a Golden-Bronze Standard, with Polished Marble Base.

No springs, weights, or hidden mechanism, but a simple law of hydrostatics practically applied.

The apparent absence of motive power excites general wonderment and surprise.

Always reliable, and in order.

A little Cologne added to the water makes it a delightful

Perfume Fountain,

at slight expense, as the water is used over and over again.

Height to top of Basin, 21 in.

Price Complete, $15.

More elaborate styles furnished; also Fountains for Garden or Lawn upon same principle. Address for Circular,

JAMES W. TUFTS,
33 to 39 Bowker Street,
BOSTON, MASS.

DIATOMS

FINE SLIDES BY NEW PROCESS,

From Virginia Maryland and California. 60 cents each. Four for $2, post-paid. Discount to trade. Circular free.

C. L. PETICOLAS,
635 8th Street North,
RICHMOND, VA.

CALEDONIA SPRINGS!

The Grand Hotel, accommodating three hundred guests, will be open from

May 31st to October.

ROUTES BY BOAT OR RAIL FROM MONTREAL OR OTTAWA.

As a Summer resort, Caledonia Springs is unsurpassed while the efficacy of the waters and baths in all Rheumatic Cutaneous and Chronic diseases generally, is fully attested by the many wonderful cures effected and the testimony of G. W. Campbell, A.M., M.D., Montreal; J. A. Grant, M.D., F. R. C. S. Edinburgh, Ottawa; Dr. Merrin, Quebec; Dr. W. H. Brown, Prescott; Dr. H. Hill, Ottawa, and many other leading practitioners.

The Waters shipped. Agents wanted. Send for circular. Address the Grand Hotel Co., Ottawa, or Caledonia Springs.

J. SWEETLAND, M. D., President.

K. ARNOLDI, Sec.-Treas.

BRIGHAM HALL,

CANANDAIGUA, NEW YORK.

AN ASYLUM FOR THE INSANE OF THE PRIVATE CLASS, INCORPORATED BY SPECIAL ACT IN 1859.

Inquiries may be addressed to

DR. D. R. BURRELL,
Resident Physician.

GOTHIC HALL.

Established 1846.

B. A. MITCHELL & SON,

114 Dundas Street West, North Side,

LONDON, ONT.

We beg leave to draw the attention of the Physicians of Ontario to our preparations of

Tinctures, Elixirs, Fluid Extracts and Syrups,

Which we warrant as good, if not superior, to American preparations which flood our markets. Our laboratory is managed by a practical chemist, who is also a graduate of medicine, and knowing the wants of the profession, we ask for a share of their patronage, knowing that our goods will compare with any, not only in regard to quality but in price. Physicians will confer a favour by calling on us when in London. Correspondence promptly attended to; private formulas prepared. We also have in stock a full line of

TRUSSES, ELASTIC GOODS, SHOULDER-BRACES, SUPPORTERS, SURGICAL INSTRUMENTS,

at New York prices. ☞Send for quotations; price-list and catalogue sent to any address.

PETROLEUM JELLY

VASELINE

The attention of physicians, druggists and hospitals, is called to this article, and to the fact that it is favourably regarded and extensively used both in the United States and England, by the profession, and by pharmacists for OINTMENTS, CERATES, &c.

As a dressing for WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES or ERUPTIVE DISEASES, and all contused and inflamed surfaces, it is not equalled by any known substance.

In the treatment of **COUGHS, COLDS, CROUP, DIPHTHERIA, and of THROAT and CHEST** complaints, the best results are obtained. 25c., 50c. and pound bottles $1.00.

VASELINE was awarded a Grand Medal and Diploma at the Centennial Exposition, Philadelphia, 1876. Report of Judges. "Novelty great value in pharmacy, unequalled purity, and superiority of manufacture." Professor Wm. Odling, F.R.S., Great Britain; Professor C. F. Chandler, New York; Prof. Rudolph Van Wagner, Germany; Prof. F. A. Genth, Pennsylvania; Prof. I. F. Kuhlman, France; J. W. Mallet, Virginia. **Pomade Vaseline, Vaseline Cold Cream, Vaseline Camphor Ice,** are all exquisite toilet articles made from pure Vaseline, and excel all similar ones. **25c., 50c. and $1.00.**

AGENTS—Lymans, Clare & Co., Montreal, and Lyman Bros., Toronto.

J. H. GEMRIG,

MANUFACTURER OF

SURGICAL

AND

ORTHOPŒDICAL INSTRUMENTS,

109 SOUTH EIGHTH ST., PHILADELPHIA.

Aspirators, Axilla Thermometers, Hypodermic Syringes, Nelaton's Catheters, Plaited Satin Sewing Silk for Surgical purposes, Hawksley's Metallic Stethoscopes, Elastic Stockings, Apparatus for Club Foot, Bow Legs, Spine Diseases, &c.

Illustrated Catalogue and Price List sent on application.

AN INDISPENSABLE REQUISITE

For every Teacher, Advanced Student, Intelligent Family,

THE BEST ENGLISH DICTIONARY:

Webster's Unabridged.

The best practical English Dictionary extant."—*London Quarterly Review, Oct., 1873.*

From the Chief Justice of the United States:

Washington, D. C., Oct. 25, 1875.—The book has become indispensable to every student of the English language. A Law Library is not complete without it, and the Courts look to it as of the highest authority in all questions of definition.—MORRISON R. WAITE.

FOUR PAGES COLORED PLATES.

Published by **G. & C. MERRIAM** SPRINGFIELD, MASS.

SOLD BY ALL BOOKSELLERS

University of the City of New York.

MEDICAL DEPARTMENT:

410 East Twenty-Sixth St, opposite Bellevue Hospital, New York City

THIRTY-SEVENTH SESSION.—1877-78.

Faculty of Medicine:

REV. HOWARD CROSBY, D.D. LL.D., Chancellor of the University.

ALFRED C. POST, M.D., LL.D., Professor Emeritus of Clinical Surgery; President of the Faculty.

CHARLES INSLEE PARDEE, M.D., Professor of Diseases of the Ear; Dean of the Faculty.

MARTYN PAYNE, M.D., LL.D., Professor Emeritus of Materia Medica and Therapeutics.

JOHN C. DRAPER, M.D., LL.D., Professor of Chemistry.

ALFRED L. LOOMIS, M,D., Professor of Pathology and Practice of Medicine.

WILLIAM DARLING, A.M., M.D., F.R.C.S., Professor of Anatomy.

WILLIAM H. THOMSON, M.D., Professor of Materia Medica and Therapeutics.

J. W. S. ARNOLD, M.D., Professor of Physiology and Histology.

JOHN T. DARBY, M.D., Professor of Surgery.

J. WILLISTON WRIGHT, M.D., Professor of Obstetrics and Diseases of Women and Children.

FANEUIL D. WEISSE, M.D., Professor of Medical and Surgical Anatomy.

R. A. WITTHAUS, Jr., M.D., Associate Professor of Chemistry and Physiology.

JOSEPH W. WINTER, M.D., Demonstrator of Anatomy.

Post Graduate Faculty:

D. B. ST. JOHN ROOSA, M.D., Professor of Ophthalmogy.

WM. A. HAMMOND, M D., Professor of Diseases of the Mind and Nervous System.

STEPHEN SMITH, M.D., Professor of Orthopœdic Surgery.

J. W. S. GOULEY, M.D., Professor of Diseases of the Genito-Urinary System.

MONTROSE A. PALLEN, M.D., Professor of Gynœcology.

HENRY G. PIFFARD, M.D., Professor of Dermatology.

A. E. MACDONALD, M.D., Professor of Medical Jurisprudence.

JOSEPH W. HOWE, M.D., Clinical Professor of Surgery.

THE COLLEGIATE YEAR is divided into three Sessions:—A Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 16, 1877, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the Third of October, 1877, and end about the 1st of March, 1878.

The location of the new College edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals, with the least possible loss of time. The Professors of the practical chairs are connected with the Hospitals, and the University Students ars admitted to ALL THE CLINICS given therein FREE OF CHARGE.

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College Building. Five Didactic Lectures will be given daily in the College Building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, &c., Physiology, Surgery and Obstetrics, upon the subjects of their Lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March, and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

THE DISSECTING ROOM is open throughout the entire Collegiate year; material is abundant, and is furnished free of charge.

STUDENTS WHO HAVE STUDIED TWO YEARS may be admitted to examination in Chemistry, Anatomy and Physiology, and if successful, will be examined at the expiration of their full course of study, on Practice, Materia Medica, and Therapeutics, Surgery and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

FEES:

For Course of Lectures	$140 00
Matriculation	5 00
Demonstrator's Fee, including material for dissection	10 00
Graduation Fee	30 00
Post-Graduate Certificate	30 00

For further particulars and circulars, address the Dean,

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East, 26th St., New York City.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1877-78.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1876-77 will commence on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number ana order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, October 3, 1877, and end about the 1st of March 1878.

Faculty:

ISAAC E. TAYLOR, M.D., Emeritus Prof. of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery.
FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VANBUREN, M.D., Prof. of Principles and Practice of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
EDMUND R. PEASLEE, M.D., LL.D., Prof. of Gynæcology.
WILLIAM M. POLK, M.D., Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
APLPHEUS B. CROSBY, M.D., Prof. of General, Descriptive, and Surgical Anatomy.
R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.
EDWARD G. JANEWAY, M.D., Prof. of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARMMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Opthalmology and Otology.
JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.
EDWARD L. KEYES, M.D., Professor of Dermatology, and adjunct to the Chair of Principles of Surgery.
EDWARD G. JANEWAY, M.D., Professor of Practical Anatomy. (Demonstrator of Anatomy.)
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.
A. A. SMITH M.D,. Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didatic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session will consist chiefly of Recitations from Text Books. This term continues from the first of March to the first of June. During this Session there will be daily recitations in all the Departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College Building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00
Martriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	30 00

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations. Clinics, and Lectures	35 00
Dissecting (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of Lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anotomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address

PROF. AUSTIN FLINT, JR.,
Secretary Bellevue Hospital Medical College.

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.

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

CHLORODYNE acts like a charm in Diarrhœa, 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 pet 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, Diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It was the most efficacious remedy I ever used, affording relief in violent attacks of Spasms within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of Spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From Dr. B. J. BOULTON & Co., Horncastle.

"We have made pretty extensive use of Chlorodyne in our practice l. tely, and look upon it as an excellent direct Sedative and Anti-Spasmodic. It seems to allay pain and irritation in whatever organ, and from whatever cause. It induces a feeling of comfort and quietude not obtainable by any other remedy, and seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after effects."

From J. C. BAKER, Esq., M.D., Bideford.

"It is without doubt, the most valuable and certain Anodyne we have."

CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

CAUTION.—The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words "Dr. J. Collis Browne's Chlorodyne."

Vice-Chancellor WOOD stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the whole story of the Defendant, FREEMAN, was deliberately untrue.

Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

Chemists throughout the land confirm this decision that Dr. J. C. BROWNE was the Inventor of CHLORODYNE.

Sold in Bottles at 1s 1½d., 2s 9d., 4s 6d., each. None genuine without the words "Dr. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp. Overwhelming Medical Testimony accompanies each bottle.

SOLE MANUFACTURER—J T. DAVENPORT, 33 GREAT RUSSELL STREET, BLOOMSBURY, LONDON.

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.

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

CHLORODYNE acts like a charm in Diarrhœa, 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 pet 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, Diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It was the most efficacious remedy I ever used, affording relief in violent attacks of Spasms within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of Spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From Dr. B. J. BOULTON & Co., Horncastle.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent direct Sedative and Anti-Spasmodic. It seems to allay pain and irritation in whatever organ, and from whatever cause. It induces a feeling of comfort and quietude not obtainable by any other remedy, and seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after effects."

From J. C. BAKER, Esq., M.D., Bideford.

"It is without doubt, the most valuable and certain Anodyne we have."

CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

CAUTION.—The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words "Dr. J. Collis Browne's Chlorodyne."

Vice-Chancellor WOOD stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the whole story of the Defendant, FREEMAN, was deliberately untrue.

Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

Chemists throughout the land confirm this decision that Dr. J. C. BROWNE was the Inventor of CHLORODYNE.

Sold in Bottles at 1s 1½d., 2s 9d., 4s 6d., each. None genuine without the words "Dr. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp. Overwhelming Medical Testimony accompanies each bottle.

SOLE MANUFACTURER—J. T. DAVENPORT, 33 GREAT RUSSELL STREET, BLOOMSBURY, LONDON.

Elixir Ferri et Calcis Phosphatis Co.

LACTO-PHOSPHATES.

FORMULA OF DR. DUSART, OF PARIS.

Compound Elixir of Phosphates and Calisaya,

A Chemical Food and Nutritive Tonic.

THIS elegant preparation combines with a sound Sherry Wine and Aromatics, in the form of an agreeable cordial, 2 *grs. Lacto-Phosphate of Lime* 1 *gr. Lacto-Phosphate of Iron,* 1 *gr. of Alkaloids of Calisaya Bark, Quinine, Quinidine, Chinchonine, and fifteen drops of free Phosphoric Acid to each half ounce.*

In cases convalescing from adynamic fevers, in all conditions of depraved nutrition from indigestion and mal-assimilation of food, in nervous prostration from mental and physical exertion, dissipation or bad habits, in chlorotic or anæmic women, and in the strumous diathesis in adults and children, —it is a combination of great reliability and efficacy, and it may be taken for a protracted period without becoming repugnant to the patient.

When Strychnine is indicated the officinal solution of the Pharmacopœia may be added, each fluid drachm making the 64th of a grain to a half fluid ounce of the Elixir,—a valuable combination in dyspepsia with constipation and headaches. This compound is prepared with great care, and will be maintained of standard purity and strength. Prepared by

T. B. WHEELER, MONTREAL, D. C.

SOLD BY ALL DRUGGISTS.

HORATIO G. KERN,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS, &C.,

Established 1837.

THE subscriber would again remind the Medical and Dental Profession that he still continues to manufacture his celebrated Instruments in all the various branches.

Assiduous attention to the details of the business, which an experience of thirty-five years has afforded, has enabled him to make many improvements in his

Unrivalled Extracting Forceps,

Both as regards their quality and adaption to the purposes for which they are intended, a desideratum which will be appreciated by all wishing to purchase Instruments, that are reliable and of long and well established reputation.

PRIZE MEDAL AWARDED TO HORATIO G. KERN

INTERNATIONAL EXHIBITION 1876.

All the Latest Improvements and Novelties.

All orders entrusted to his care will be promptly attended to.

☞ Catalogues furnished on application.

Oct. 1873. **HORATIO G. KERN,** No. 21 North Sixth St., Philadelphia.

Electro-Medical Instruments and Batteries.

FLEMMING TALBOT,

No. 814 FI BERT STREET, PHILADELPHIA.

HAVING largely increased our manufacturing facilities, we are now prepared to furnish the finest work, with the latest improvements, on reasonable terms.

Portable Galvanic, Faradic, and Caustic Batteries, with complete applying apparatus, and Electrodes and Conductors, in all their varieties, constantly on hand.

Contracts made for the erection of permanent batteries in hospitals, colleges, and private offices.

A full supply of Electro-Medical Books always in store. communications by mail promptly attended to. *Send for catalogue.*

GOOD OPENING FOR A PHYSICIAN

A Physician who has a well established practice, worth $3000 a year, wishes to dispose of his residence and good will of practice. Splendid farming country surrounding. No opposition. For the address apply to the Editor of the CANADA LANCET, TORONTO.

$3,000 A YEAR.

A MEDICAL MAN wishes to dispose of his Property and Practice in a flourishing village, surrounded by a splendid country. No opposition. Price $2,000, on easy terms of payment.

For address, apply to LANCET Office.

GEORGE TIEMANN & CO.,

F. A. STOHLMANN. ESTABLISHED 1826. ED. PFARRE.

67 CHATHAM STREET, NEW YORK.

MANUFACTURERS AND IMPORTERS OF

Surgical Instruments,

RECEIVED

2 Awards at Centennial Exhibition, 1876.

2 First Medals and 1 Honorable Mention at International Exhibition, Santiago, Chili. 1875.

2 Silver Medals and 1 Bronze Medal at International Exhibition, Paris, 1876.

☞ Our Catalogue, numbering 462 pages and containing 1575 engravings, handsomely bound in cloth, can be obtained for cost of binding, 75 cents; postage 22 cents.

HENRY J. ROSE,

WHOLESALE AND RETAIL DRUGGIST—COR. QUEEN AND YONGE-STS.. TORONTO.

The following prices of a few of the leading requirements of the profession will serve as a guide to intending purchasers, subject to market fluctuations, quality being esteemed of the first importance. Tinctures, Syrups and Liquors are kept in 8 oz. bottles, and the price quoted includes the bottle. ☞ Terms Cash less 5 per cent. discount. Corrected to Apl. 1st, 1877.

		$ c
Acid, Carbolic	oz.	0 20
" Sulph. Ar	8 oz. bot.	0 07
" Hydrocyan	1 "	0 23
Ammon. Carb	lb.	0 25
Æther, Nit	8 oz. bot.	0 22
" Sulph	"	33
" " Co	"	28
Antim. Pot. Tart	oz.	0 08
Argenti Nit. fus	"	1 20
Balsam Copaib	8 oz. bot.	0 55
Bismuth, Car	oz.	0 20
Cerri Oxalas	"	0 30
Chloral Hy rate	"	0 13
Chlorodyne	"	0 15
Chloroform	lb.	1 20
Cinchon, Sul	oz.	0 50
Ergot, pulv	"	0 15
Emp. Lyttæ	lb.	1 25
Ext. Belladon	oz.	0 20
" Colocynth Co	"	0 12
" Gentian	"	0 05
" Hyosciam, Ang	"	0 20
" Sarza Co., Ang	"	0 30
" Nucis Vom	"	0 75
" Taraxacum	"	0 07
Fol. Buchu	"	0 50
" Senna	"	0 30
Gum Aloes Soc	"	0 90
" " pulv	"	1 10
" Acacia, pulv	"	0 60
Glycerine, pure	lb.	0 30
Ferri, Am. Cit	oz.	0 12
" et Quin. Cit	"	0 65
" Citro, phos	"	0 18
Ferrum Redact	"	0 15
Hydrarg, Chlor	"	0 10
" C Creta	"	0 07

		$ c.
Iodine, resub	oz.	0 40
Jalapin	"	1 75
Lin. Saponis	8 oz. bot.	0 24
Liq. Ammon	"	0 17
" Arsenic	"	0 20
" Bismuth	"	0 40
" Donovan	"	0 28
" Opii Sed	"	1 30
" Potassæ	"	0 17
Mist. Ferri Co	8 oz. bot.	0 20
Morph. Sul	oz.	4 00
" Mur	"	4 00
Ol. Crotonis	"	0 15
" Jecoris Asselli	lb.	0 25
" Olivæ Opt	"	0 30
Opium	oz.	0 65
Powd	"	0 75
Pil. Aloes	gross.	0 30
" " et Ferri	"	0 30
" " Myr	"	0 38
" Assafœtid	"	0 30
" Cath. Co., U. S	"	0 45
" Hydrarg, Mass	lb.	1 00
" " Subchlor. Co.	gross,	0 30
" Rhei. Co	"	0 35
" Podophyllin, Co	"	0 40
Plumbi Acet	lb.	0 25
Potass. Acet	"	0 60
" Bicarb	"	0 35
" Bromid	"	0 85
" Iodid	"	5 00
Pulv. Creta Co	"	0 75
" " C Opio	"	1 00
" Ipecac	"	2 60
" " Co	"	2 25
" Jalapa	"	1 50
Quinæ Sul	oz.	3 90

		$ c
Rad. Rhei. pulv	lb.	2 00
Santonine	oz.	1 25
Sodæ Bicarb	lb	0 14
" Potass. Tart	"	0 32
Spir. Camphor	8 oz. bot.	0 24
" Ammon. Co	"	0 25
Syr. Aurant	"	0 20
" Codeia	"	0 90
" Ferri Iod	"	6 40
" Strych. Phos. Co	"	0 70
" Hypophos	"	0 45
" Phosph. Co	"	0 40
" Senegæ	"	0 38
" Scillæ	"	0 20
Tinct. Aconit	"	0 24
" Arnica	"	0 24
" Calumb	"	0 20
" Camph. Co	"	0 20
" Cardam. Co	"	0 24
" Catechu	"	0 20
" Cinchon Co	"	0 20
" Colch. Sem	"	0 20
" Digital	"	0 30
" Ergot	"	0 40
" Ferri Perchlor	"	0 18
" Gentian Co	"	0 20
" Hyosciam	"	0 20
" Iodine	"	0 45
" Nucis Vom	"	0 24
" Opii	"	0 50
" Rhei Co	"	0 30
" Valer	"	0 20
" Verat Vir	oz.	0 20
Ung. Hyd. Nit	lb.	0 60
" Zinci	"	0 4
Vin. Ipecac	8 oz. bot.	0 30
" Antim	"	0 20

A full assortment of Trusses, Shoulder Braces, Supporters, &c., &c., at the lowest rates. Arrangements have been made for a constant supply of reliable Vaccine—Scabs, $2; Half-Scabs, $1. Enemas from 75c.

DR. MARTIN'S COW-POX VIRUS

Absolutely Pure Non-Humanized Vaccine Virus.

Obtained by the method of

TRUE ANIMAL VACCINATION,

Instituted by Prof. Depaul of Paris, in April, 1866, from the famous case of Spontaneous Cow-Pox at Beaugency, in France, and inaugurated in America in September, 1870, by Dr. Henry A. Martin, with virus and autograph instructions from the hand of Prof. Depaul. Our establishment is by far the largest and most perfect in the world.

LARGE IVORY "LANCET" POINTS, PACKAGES OF
10 .....$2.00.
5 ..... 1.00.

PRIMARY CRUSTS (SCABS), MOST CAREFULLY SELECTED.....$5.00.

All Virus is fully warranted efficient. It will be packed to go with perfect safety by mail. Full directions for use accompany each package. Remittances *must* accompany order. Safe delivery of Virus insured.

DR. HENRY A. MARTIN & SON,

Boston Highlands, Mass.

ESTABLISHED 1836. *NEW YORK.*

INTERNATIONAL EXHIBITION, PHIL., 1876.
AWARD
For "General Excellence in Manufacture."

H. PLANTEN & SON.

224 William Street.

GELATINE CAPSULES.
OF ALL KINDS. ALSO,
Empty Capsules (5 Sizes).

New Preparations added continually. Samples and Price-Lists sent on application.

The Canada Lancet,

A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

The independent organ of the Profession, and the largest and most widely circulated Medical Journal in Canada.

Issued promptly on the 1st of each month.

Subscription $3 per annum in advance. Single copies 30 cents, for Sale by
WILLING & WILLIAMSON, TORONTO.

Office at Dudley & Burns, Printers, Colborne Street.
Rear Canadian Bank of Commerce.

All Communications containing Remittances, Drafts or Post-Office Orders, to be addressed to J. FULTON, M.D., Manager, Toronto.

DR. DE JONGH'S

(KNIGHT OF THE LEGION OF HONOUR—FRANCE; KNIGHT OF THE ORDER OF LEOPOLD—BELGIUM.)

LIGHT-BROWN COD LIVER OIL.

SELECT MEDICAL OPINIONS.

Sir HENRY MARSH, Bart., M.D., T.C.D.,

Physician in Ordinary to the Queen in Ireland.

"I have frequently prescribed Dr. De Jongh's Light-Brown Cod Liver Oil. I consider it to be a very pure Oil, not likely to create disgust, and a therapeutic agent of great value."

Dr. JONATHAN PEREIRA, F.R.S.,

Author of "The Elements of Materia Medica and Therapeutics."

"It was fitting that the author of the best analysis and investigations into the properties of Cod Liver Oil should himself be the purveyor of this important medicine. I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, *whom I regard as the highest authority on the subject.* The Oil is of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that for medicinal purposes no finer Oil can be procured."

Dr. EDWARD SMITH, F.R.S.,

Medical Officer to the Poor-Law Board of Great Britain.

"We think it a great advantage that there is one kind of Cod Liver Oil which is universally admitted to be genuine—the Light-Brown Oil supplied by Dr. De Jongh. It has long been our practice, when prescribing the Oil, to recommend this kind, since, amidst so much variety and uncertainty, we have confidence in its genuineness."

Dr. BARLOW,

Senior Physician to Guy's Hospital.

"I have frequently recommended persons consulting me to make use of Dr. De Jongh's Cod Liver Oil. I have been well satisfied with its effects, and believe it to be a very pure Oil, well fitted for those cases in which the use of that substance is indicated."

Dr. PROSSER JAMES,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

"I have always recognized your treatise on Cod Liver Oil as the best on the subject, and adopted its conclusion as to the superiority of the Light-Brown over the Pale Oil. I have the less hesitation in expressing myself in this sense since I am only endorsing the opinion sent to you more than twenty years ago by Dr. Pereira, my illustrious predecessor in the chair of Materia Medica at the London Hospital."

Sir. G. DUNCAN GIBB, Bart., M.D., LL.D.,

Physician and Lecturer on Forensic Medicine, Westminster Hospital.

"The experience of many years has abundantly proved the truth of every word said in favor of Dr. De Jongh's Light-Brown Cod Liver Oil by many of our first Physicians and Chemists, thus stamping him as a high authority and an able Chemist whose investigations have remained unquestioned."

Dr. LETHEBY,

Medical Officer of Health and Chief Analyst to the City of London.

"In all cases I have found Dr. De Jongh's Light-Brown Cod Liver Oil possessing the same set of properties, among which the presence of choleic compounds, and of iodine in a state of organic combination, are the most remarkable. It is, I believe, universally acknowledged that this Oil has great therapeutic power; and, from my investigations, I have no doubt of its being a pure and unadulterated article."

Dr. LANKESTER, F.R.S.,

Coroner for Central Midalesex.

"I consider that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as Dr. De Jongh. He has also written the best Medical Treatise on the Oil, with which I am acquainted. Hence I deem the Cod Liver Oil sold under his guarantee to be preferable to any other kind as regards genuineness and medicinal efficacy."

Dr. BANKS,

King's Professor of the Practice of Physic at the University of Dublin.

"I have in the course of my practice extensively employed Dr. De Jongh's Light-Brown Cod Liver Oil, and I have no hesitation in stating that I consider it the best of all the specimens of Oil which have ever come under my notice. The fact of so able and accurate an observer as Dr. De Jongh subjecting the Oil to careful analysis previous to its exposure for sale, is a sufficient guarantee of its purity and excellence."

Dr. EDGAR SHEPPARD,

Professor of Psychological Medicine, King's College London.

"Dr. Sheppard has made extensive use of Dr. De Jongh's Light-Brown Cod Liver Oil, and has great pleasure in testifying to its superiority over every other preparation to be met with in this country. It has the rare excellence of being well borne and assimilated by stomachs which reject the ordinary Oils."

DR. DE JONGH'S LIGHT-BROWN COD LIVER OIL.

Is supplied ONLY in IMPERIAL Half-Pints, Pints and Quarts, which are sealed with BETTS' Patent Metallic Capsules impressed on the top with DR. DE JONGH'S Stamp, and on the side with his Signature, and which are labelled under the Pink Wrapper with his Stamp and Signature, and the Signature of his Sole Consignees.

WITHOUT THESE MARKS NONE CAN POSSIBLY BE GENUINE.

Sold by all Respectable Chemists and Druggists throughout the World.

SOLE CONSIGNEES

ANSAR, HARFORD & CO., 77, STRAND, LONDON.