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THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science,
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(Index next page.)

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No. 10

TORONTO, JUNE, 1882.

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THE CANADA LANCET

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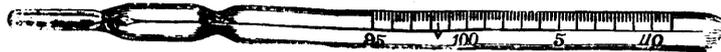
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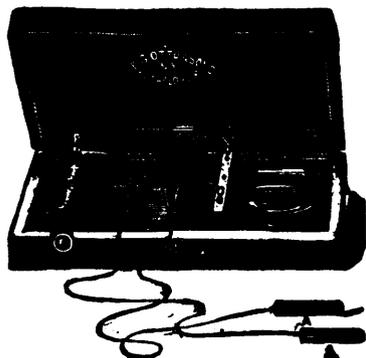
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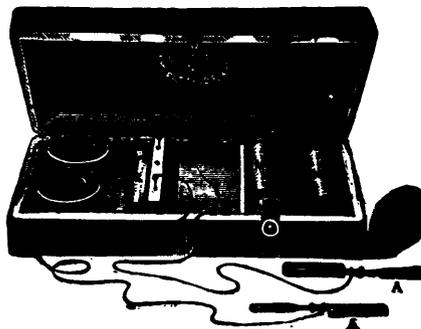
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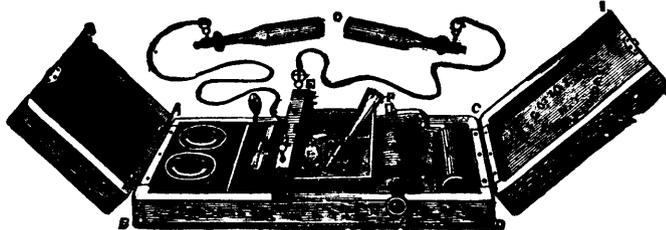
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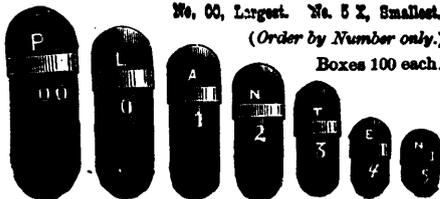
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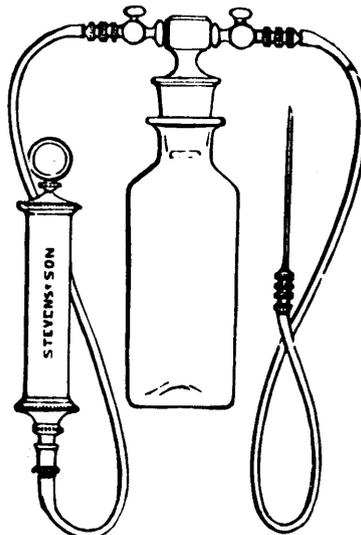
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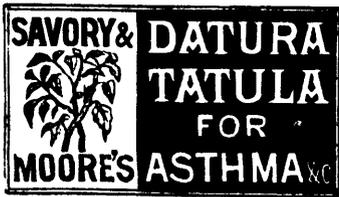


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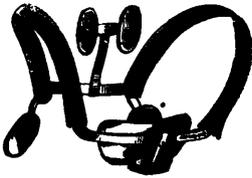
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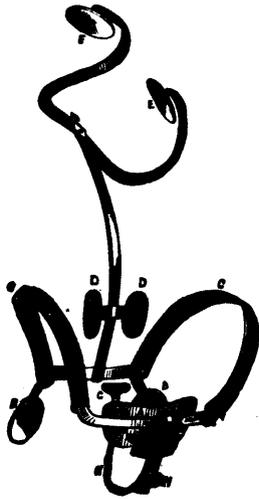
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 FIG. 3.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.
 FIG. 8.

No. 8 is a general and grateful support to the hips, abdomen, chest, and spine, simultaneously, and by itself alone, is ordinarily successful; but when met so particularly in spinal and uterine affections, the corresponding attachments are required.



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FIG. 19.



HOW TO MEASURE FOR ANY OF THESE APPLIANCES

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

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

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Analytical Chemist and Microscopist,

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PHOSPHORUS PILLS.

(PREPARED FOR PHYSICIANS' PRESCRIPTIONS.)

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Dose.—One pill, two or three times a day, at meals.

Therapeutics.—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

2.—PIL. PHOSPHORI CO. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicae, $\frac{1}{4}$ gr.

Dose.—One or two pills, to be taken three times a day, after meals.

Therapeutics.—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating digestion.

3.—PIL. PHOSPHORI CUM NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Nucis Vom., $\frac{1}{8}$ gr.

Dose.—One or two, three times a day, at meals.

Therapeutics.—This pill is especially applicable to *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. Phosphorus and Nux Vomica are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

4.—PIL. PHOSPHORI CUM FERRO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.

Dose.—*For Adults*—Two, twice or three times a day, at meals; *for children between 8 and 12 years of age*—one, twice or three times daily, with food.

Therapeutics.—This combination is particularly indicated in *consumption*, *scrofula* and the scrofulous diseases and debilitated and anæmic condition of children; and in *anæmia*, *chlorosis*, *sciatica*, and other forms of neuralgia; also in carbuncles, boils, etc. It may be administered also to a patient under cod-liver oil treatment.

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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XIV. TORONTO, JUNE, 1882. No. 10.

Original Communications.

FORWARD DISPLACEMENTS OF THE UTERUS.*

BY J. W. ROSEBRUGH, M.D., HAMILTON, ONT.

That forward displacements of the uterus are frequently met with in practice, and at the same time found difficult to treat satisfactorily is proven, I believe, by the numerous and ingenious attempts made from time to time to devise a suitable and efficient anteflexion pessary. That no instrument yet brought forward has met with general approval and acceptance may be partly accounted for by the fact that it is exceedingly difficult to devise a pessary capable of elevating and maintaining the pelvic organs in their normal positions, without at the same time causing an undue pressure on some parts sufficient to become irritating and uncomfortable. Another reason may be found in the fact that other troubles, such as prolapse of the vagina, and prolapse of the bladder, frequently combine to complicate the displacement of the uterus, and a pessary that does not meet all the requirements of the case must prove inefficient.

If more care were taken in investigating all the symptoms complained of in these forward displacements, as well as in the indications for treatment, more satisfactory results could be obtained by the use of a suitable ante-version pessary. In investigating ante-version symptoms let it be remembered that the vagina is not, as generally described, a circular canal. It has an anterior and posterior surface, triangular in shape, lying in close apposition to each other. It has no side walls, but the anterior and posterior surfaces, which are traversed by numerous rugosities, lie in perfect contact, closing the passage when not separated by some foreign body. The uterus is not a continuation of the

vagina in the curve of the pelvis, but sits fixed in the anterior wall near its upper end, the vaginal portion protruding through almost at right angles for half or three quarters of an inch, frequently impinging upon the posterior wall.

The posterior vaginal wall is supported, and made to curve forward in the anterior half of its length by the wedge shaped perineal body while the posterior portion having no such support is depressed towards the rectum into an oblong spoon-shaped pouch. The anterior vaginal wall, triangular in shape, having no firm attachments, settles down and presses accurately against the lower portion of the posterior wall, while the vaginal portion of the uterus presses down in the pouch behind the perineal body, impinging upon the rectum. This is the normal condition. So long as the pelvic organs remain in a comparatively healthy state the ligaments and natural supports are usually sufficient to maintain them in their proper positions, or with only slight depression, but in delicate females, and especially those subjected to leucorrhœa and other weakening influences the vaginal walls become relaxed and readily yield to the weight of the uterus and superincumbent viscera forced down by intra-abdominal pressure.

The uterus, bladder, or anything which presses upon the vault of the vagina may so force down the anterior wall as to produce a crumpling and partial inversion of the canal into itself, like the finger of a glove. The anterior wall first receiving the weight and pressure yields sooner and more than the posterior wall, and always in the direction of the least resistance. The pressure and weight continuing to force down the anterior wall upon the posterior, it also yields and becomes somewhat displaced downward, and thus the condition becomes abnormal or pathological. Then the anterior wall, relaxed, and lubricated by the leucorrhœal discharge, slides further and further down off the posterior wall until there is complete descent and prolapsus.

The several stages in the descent are in some cases accomplished in a few months, though generally years are necessary. But it is important to keep in mind that at first it is a slight depression only, below the normal condition in the individual which is the starting point; and this should not be overlooked, whenever the patient complains of heavy bearing-down pains referable to the inguinal,

* Read before the Ontario Med. Association in June, 1881.

hypogastric, and pubic regions accompanied by aching in the back and irritability of the bladder an examination will generally reveal a yielding of the anterior vaginal wall with displacement of the uterus and cystocele. To fully appreciate the extent and importance of these displacements, the patient should be examined in the erect posture, for many of them may entirely disappear in the recumbent position. The patient suffering from this trouble is made very miserable. She complains of great misery in and about the regions above mentioned, accompanied by considerable lassitude and weakness. She has a constant sense of a vague, dull, heavy, aching, bearing-down pain, and a feeling that something must come away. The pain is not acute, nor located in any particular spot, but appears to radiate from the pelvis as a centre in various directions. There is an entire absence of sexual desire, and intercourse is painful, repulsive and shunned; or tolerated only with loathsome submission. In addition to great weakness the power of locomotion is so impaired that walking exercise is abandoned and all employment relinquished; and, thus, the patient, if not relieved, sinks into helpless invalidism and in time becomes bedridden. In these displacements the equilibrium in the circulation is lost. The veins are obstructed and unable to convey the blood away as fast as it is thrown in by the arteries; hence the uterus becomes congested, heavy, and enlarged. The vagina being relaxed the heavy organ descends and soon becomes somewhat prolapsed. It then drags upon the vesico-vaginal septum, producing irritation of the bladder and cystocele. As the uterus continues to settle in the pelvis the circulation in the vagina and surrounding structures is more and more obstructed. The vascular plexuses in the connective tissue in the ordinary state, are remarkable for their enormous development, but in prolapse of the pelvic organs, as well as in pregnancy they become turgescient and varicose, and have an almost incredible nervous capacity.

In seeking to understand the cause of pain in these displacements, it should be remembered that a dense network of nerves is spread over the uterus, bladder and rectum, and that every ligament, even the smallest attached to these parts contains muscular fibres and nerves. The displaced uterus drags upon some parts and causes pressure upon other parts exciting reflex irritation. The nervous

centres become extremely susceptible to the exhausting influences of pain and their tone is being constantly worn down. Then all the other organs, especially those concerned in digestion and assimilation perform their functions imperfectly. This condition is well described by Barnes.

In some cases the mal-nutrition and semi-starved condition induced by the dyspeptic symptoms are associated with a nervous irritability and mental aberration bordering on insanity.

This brief and imperfect description of the lamentable condition in which patients suffering from these displacements are frequently found, is not fanciful nor overdrawn. It therefore behoves every practitioner to carefully and thoroughly investigate the symptoms and cause of distress in these cases, and to resort to every means within his power to alleviate the discomfort and speedily restore the sufferer to health and usefulness.

TREATMENT—In the treatment of these cases the first step to be taken should be the reposition of the diseased organ, and retaining it in place by means of a suitable, effectual and comfortable fitting pessary. This I believe is the proper starting point, and in my experience the pessary does not come in contact with the diseased os uteri—indeed it assists to make a pouch in which the inflamed part rests and is prevented from chafing against the posterior wall of the vagina. Having restored the uterus to its normal position and bolstered it up so as to retain it in place, the suitable local and constitutional treatment can be instituted; and under their combined use a cure can generally be effected.

In the constitutional treatment we must resort to remedies which improve the general health and strength of the patient, and tend to increase the quantity and improve the quality of the blood. We must direct our attention to the stomach and digestive organs; for in these cases a permanent cure can only be effected by invigorating the system and hardening the tissues by means of good nutrition. If the diet has been too poor we must improve it before we can expect any change. We cannot here enter into a discussion concerning the various forms of dyspepsia, constipation, nervous irritation and prostration, and other frequently associated affections complicating uterine disease. The successful practitioner must have a clear knowledge of

these associated conditions and treat them intelligently, according to the indications in each case.

The Pessary—The most efficient anteversion pessary is one that accomplishes a double purpose—one that will fit the natural shape of the vagina, and keep the passage straightened out so that it cannot become "crumpled" down by the descent of an enlarged or heavy uterus, and also hold or push the anteverted organ upward and backward without stretching the vagina. The first object is very satisfactorily accomplished by the Hodge, as modified by Albert Smith, which is nicely adapted to the normal shape of the vagina, but the second object is beset with difficulties, and much ingenuity has been displayed in devising an efficient instrument for the purpose. The attachment to the Smith, invented by Prof. Thomas was a step in the right direction, but no instrument yet brought forward has met with general acceptance.

Having myself experienced considerable difficulty in getting an instrument able to give any relief in anteversion and anteflexion cases, I have devised two different spring pessaries which have afforded surprising comfort to those wearing them. The anteversion pessary consists of a Smith-Hodge instrument, as a foundation, to which is attached, by means of a spring on either side, a cross-bar which passes in front of the uterus, at the vaginal junction, and presses the organ upwards and backwards. The Smith-Hodge part I have found a very comfortable shape for keeping the vagina straightened out, while at the same time making an admirable foundation for the attachment of the spring, which can be made weak or strong according to the requirements of the case in hand. This spring pessary will, I am confident, be found sufficient for nearly all cases of both ante-version and anteflexion, especially when the latter has been previously straightened and converted, as it always should be, into an ante-version. But occasionally we meet with rebellious cases, and those complicated with prolapse of the anterior vaginal wall and bladder, which also must be supported and pushed upwards; and for such cases I have devised a still more comfortable and simple instrument. This, ante-flexion pessary, consists of two parts fastened together by a light spring; the instrument, as a whole, resembling in general shape the Albert Smith. The first part is a crescent shaped Hodge narrowed at the front end to fit the

vagina above the perineal body; the other part is shaped like the front two-thirds of a Smith, having a concave cross-bar looking towards and pressing against the anterior surface of the uterus. The curved point of the Smith projects an inch in front of the Hodge, and the other end overrides it an inch backwards; this part is forced upwards by the spring, lifting and supporting the bladder and anterior vaginal wall, while at the same time pushing the uterus backward into its normal position.

QUARTERLY REPORT ON THE PROGRESS OF MEDICAL SCIENCE.

BY J. STEWART, M.D., ETC., BRUCEFIELD, ONT.

THE BACILLUS OF TUBERCULOSIS.

Although Cohnheim, in the last edition of his lectures on general pathology brought forward a great array of facts which went to prove the infective character of tuberculosis, he was compelled to admit that up to the present, the virus had escaped attention. This great question is now forever set at rest by the discovery by Koch of Berlin of the true micro-organism which induces tubercular diseases. In order to see the bacilli of tubercular tissues, these have to undergo a special preparation. After the tissue or fluid is dried and warmed on a slide, it is placed for twenty-four hours in a colouring solution of 1 c. c. of methylene-blue in a 1-5 of c. c. of a potash solution diluted in 200 c. c. of water. It is then immersed in a concentrated watery solution of vesuvin which has the effect of depriving all the tissue elements of the blue color communicated to them by the methylene-blue, and leaving the bacilli of a beautiful blue. The tissues are changed from a blue to a brown by the action of the vesuvin. According to Koch's experience all bacilli are changed from a blue to a brown when vesuvin is added, except those of leprosy and tuberculosis. The tubercle bacilli are rod shaped and vary in length from a quarter to half the diameter of a red blood corpuscle. In size and shape they present a striking resemblance to the leprosy bacilli. They are more slender and pointed however. They are found most abundantly where the tubercular process is most rapid and recent. Koch found them always present in tubercular formations except in a few instances, and then only when the disease was arrested. If giant cells are present in

the tuberculous tissues the bacilli are sure to be found within them, and should the process be very chronic, they may only be found in these situations. In eleven cases of human miliary tuberculosis, the bacilli were found in the tubercles present in the lungs in every case, also in those infiltrating the spleen, liver, kidneys and the gray granulations of the pia mater. In twelve cases of caseous broncho-pneumonia the bacilli could only be found in small groups at the edge of the tubercle. They were found very abundant in cavities. In large cavities they are found present with other bacterial forms from which they are distinguished by their different behaviour on the addition of vesuvin. In ten cases of bovine tuberculosis where there were calcified nodules in the peritoneum and lungs they were present. In three monkeys who died from spontaneous general tuberculosis, they were found in the miliary nodules present in the lungs, liver, spleen and lymphatic glands. Koch inoculated 172 guinea-pigs, 32 rabbits and 5 cats with various tubercular substances; gray and cheesy tubercle from the human lung, sputum of phthisical patients, tubercle masses from spontaneous tubercular monkeys, guinea-pigs, and rabbits, from the calcified and caseous lung tissues of cattle infected with bovine tuberculosis. In not a single instance were bacilli absent from the lungs. In order to ascertain whether these organisms are the true cause of tuberculosis or not Koch, performed a large number of culture experiments, using sterilised blood-serum from the ox as his cultivating fluid. If to this fluid be added a small quantity of fresh miliary tubercle, (taking care at the same time to prevent the entrance of any other organism) and then kept at a temp. of 100° Fah. for 10 days, fine white points make their appearance on the surface of the serum. Fresh glasses can be inoculated from this the first culture. Under the microscope the greyish white masses on the surface of the serum are found to correspond exactly to the bacilli in tubercular masses. If a small quantity of the infected fluid be injected into the anterior chamber of the eye or under the skin of an animal or directly into its blood, there results a general tuberculosis which runs a much more rapid course than when the injection is made with ordinary tuberculous material. The first symptoms in guinea-pigs make their appearance in about ten days after the inoculation. Cats and dogs which ordinarily en-

joy an almost complete immunity from tuberculosis are quickly and surely affected.

The parasitic nature of tuberculosis being thus fully established, there remains to be answered; from where do the organisms come, and how do they get into the body? From a series of experiments it was determined that tubercle bacilli only develop at a temp. of from 30° to 41° C. Exposure to a temp. of under 30° and over 42° C. had no effect whatever on them. They differ in this respect markedly from the bacilli of splenic fever which develop readily at low temperatures. It follows from the above experiments that the bacilli of tuberculosis are incapable of development outside of the body. It is very probable that these organisms find their entrance into the system with the inspired air. When it is remembered how numerous they are in cavities it is not at all surprising that the outside air is contaminated with them. Koch found them present in about half the cases of phthisical sputa that he examined. The sputum of patients not suffering from phthisis gave negative results. The bacilli holding sputa when inoculated as surely induces tuberculosis as a piece of miliary tubercle. Even, when the sputum is thoroughly dried it retains its virulence. Koch induced general tuberculosis in four guinea-pigs by the injection of sputum which had been in a dried condition for eight weeks.

The growth of tubercle bacilli is very slow, and for this reason, in order to infect an animal with certainty it is necessary to introduce the virus into the peritoneal cavity, subcutaneous tissues or the anterior chamber of the eye. Infection from the surface of a wound or from the cornea, is very exceptional. This is the reason why persons are not infected who having cuts on their hands make post mortem examinations of patients who have died from phthisis. The two great sources of tuberculosis are (1) from the sputum, clothes, &c., of the infected person; (2) from the lower animals. According to veterinary surgeons tuberculosis of the mammary glands of cows is not at all rare. In cases of this kind there would be direct admixture of the milk and the tubercle bacilli.

These admirable researches of Koch had not been a week published before they were confirmed by another eminent worker in the same field of pathology—Baumgarten of Königsberg. A short time previous he discovered similar organisms in the tubercular tissues of guinea-pigs.

THE PATHOLOGY OF PNEUMONIA.

Ever since the discovery by V. Recklinghausen and Lukomsky of a micro-organism in erysipelas, observers have been at work trying to find a similar cause for croupous pneumonia. The similarity between the two diseases led Klebs to investigate this matter. He discovered spherical monads in the secretion of the bronchial tubes and in the fluid of the central ventricles in a case of croupous pneumonia. Eberth found, in a case of suppurative meningitis, complicated with pneumonia, micrococci in the pulmonary exudation, and also in the inflamed pleura and pia mater. Koch, in a case of acute pneumonia following relapsing fever, found similar organisms in the alveolar exudation and in the capillaries of the lungs and kidneys. The latest investigator in this department of pathology is Friedlaender, of Berlin, who has investigated eight cases of acute genuine pneumonia, and in every case with a successful result. The search was made in the fibrinous effusion of the bronchial tubes and in hardened sections of the lungs and pleura.

The micro-organisms found were almost constantly of similar size and form, ellipsoidal micrococci, almost a micro-millimeter in length and one-third less in breadth. They were generally found in pairs, and sometimes in long chains. Within a single alveolus thousands of them can be seen during the stage of red hepatization. During the stage of grey hepatization they are not so numerous. In the majority of the cases they were not discovered in the alveolar or bronchial walls. In one case (a typical one), a very large number of them were found in the lymph spaces of the interstitial connective tissue and in the endothelium of the lymphatic vessels. The lymphatics appeared to the naked eye as silvery threads. The presence of colonies of micrococci in the lymphatic vessels is, according to Friedlaender, of great significance, as it demonstrates that these micro-organisms can pass into the current of the circulation and develop in the living tissues.

In answer to the question, Are these organisms the cause of the pneumonia? Friedlaender observes that anatomical investigations cannot alone give a certain answer. That pneumonia is caused in this way is favored by the above considerations and the analogy between it and other acute infec-

tious diseases. Its frequent occurrence as the result of cold ("Erkältungspneumonie") constitutes a difficulty in accepting this theory of its causation.

It is, therefore, as yet unknown whether this micro-organism is a primary formation or a result of the inflammatory process in the lung.

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LACERATION OF THE PERINEUM, INVOLVING THE SPHINCTER AND THE RECTO-VAGINAL SEPTUM — OPERATION.

BY N. WASHINGTON, M.D., ORANGEVILLE, ONT.

The case I am about to describe came under my notice on the 23rd of October, 1881, during her confinement. Mrs. C., æt. 32; healthy during the greater part of her life until she met with the above mishap, which occurred during her first delivery with instruments. She has been confined three times since then, at full term; children all living. During her last confinement, on examination, I found to my great surprise an extensive laceration. The rent involved the sphincter ani and extended up the recto-vaginal septum about 1½ inches. On making due inquiry, I found that she had suffered this infirmity for over nine years, unable to control the action of the bowels in the retention of the fæces or the escape of flatus. This state of things necessitated close confinement, in fact almost absolute seclusion from society. This, in connection with the inexpressible abhorrence and loathsomeness of herself, produced a careworn look, and very materially affected her health. Under these distressing circumstances she very willingly consented to an operation. This was hastened by the period of lactation, after this confinement, being much shorter than usual. Therefore on the 1st of February, 1882, assisted by Dr. Carbert, who carefully administered the anæsthetic, which consisted of chloroform, the operation was commenced. The day before, necessary arrangements had been made by the administration of a tablespoonful of

castor-oil, which acted freely, and on the following morning one grain of opium in powder. Prior to the administration of chloroform, an ounce of brandy in some water was given, a practice I would recommend to every practitioner before the administration of any anæsthetic. The patient being fully under the influence of chloroform and the bladder emptied, the operation was commenced by removing the hair in close proximity to the laceration. With a pair of scissors curved on the flat and a scalpel, I carefully dissected a thin film from the margins of the rent in the recto-vaginal septum, then by cautious dissection with the scalpel and occasionally with the scissors, from below upwards, I denuded the lacerated surfaces. This I found to be somewhat tedious, owing to the uneven surfaces, which were full of elevations and depressions as if considerable sloughing had taken place at the time of the laceration. The operation was also somewhat hindered by free oozing of venous blood which was occasionally very profuse, owing no doubt to the fact that the parts are very largely supplied with valveless veins. The occasional spirting of a little arterial twig, also delayed the operation slightly, but was readily controlled by torsion, in the absence of "serrefines," which I greatly prefer. Having thoroughly prepared the surface, I then proceeded to close the wound or rent by means of a curved perineum needle (curved at right-angles to the holder or handle), using a carbolized catgut ligature in the recto-vaginal septum. The next ligature was introduced so as to embrace the lacerated sphincter muscle, being introduced by a curved perineum needle (curved parallel with the handle). It was introduced on a level with the lower margin of the anus, and about half-an-inch to the left of it, and carried backwards and upwards so as to embrace the posterior wall of the vagina. From this point the needle—armed of course with silver-wire—was returned to the opposite side and made to emerge at a corresponding point to its introduction. The remaining sutures, three in number, were passed in the same arched direction, each suture rising about half-an-inch or possibly a little more above the preceding, and the last one including a portion of undenuded mucous membrane of the posterior wall of the vagina. The ends of the sutures were clamped with number two perforated shot. The sutures arched in this manner, including so much tissue,

serve two purposes, first, that of giving greater firmness to the hold of the ligatures, and secondly, aiding very materially in checking hæmorrhage, which occasionally is very troublesome. I introduced the catheter again to draw away any residuum of urine, and after tying the knees together in the usual manner the patient was removed to bed, and one grain of powdered opium given to allay the irritation.

The after treatment consisted in carefully watching the patient and attending to any little irregularity that might occur. One grain of opium was given every four, six or eight hours, as the symptoms demanded. The urine was removed twice every twenty-four hours, and this was very much facilitated by attaching a piece of rubber tubing to the end of the catheter. The diet was principally milk, eggs or the white of egg, beef tea, toast, biscuit, etc. The greatest difficulty in the after treatment was chiefly due to the collection of gases in the intestines, not only to the very great annoyance of the patient in giving rise to pain and producing a false alarm, but to me also in removing or causing a free exit, which was best facilitated by the introduction of a male gum-elastic catheter, and allowing it to remain *in situ*. At the expiration of eight days I injected four ounces of olive oil and allowed it to remain six hours. I then gave a dose of oleum ricini, followed in a few hours by a soap-and-water enema. This was of no avail whatever. The rectum was distended with hardened fæces which no oil could penetrate. After laboring a considerable time without effect and gastric trouble setting in, I concluded to remove the fæces. Next day I took out some of the upper stitches and found that union had taken place perfectly, with the exception of a small place included between the upper two stitches. The circular anal ligature I left in a few days longer than is usually recommended, but without the least inconvenience, however, to my patient, and I firmly believe of great advantage in assisting to strengthen the anus or new sphincter during defecation. After the fifteenth day I removed the circular anal ligature, and from that time nature has become more accustomed to the "new departure."

At present the health of my patient is very good and she has so far recovered, that she can now say to her formerly uncontrollable fæcal evacuations, "Thus far shalt thou go and no further." Besides

that fearful dread which hung over her head and that detestable loathsomeness being removed, she is enabled to go out into society with a free heart and a cheerful countenance.

The operation occupied three-quarters of an hour, but the time could have been materially shortened had the perineum needles been longer, and had I been supplied with "serrefines" to control the jetting arteries.

There is a degree of satisfaction attending an operation of this kind, in contemplation of the terrible condition of the patient to herself as well as to her relations and her husband, and the happy union which has been effected "which knows no misery nor feels no shame."

Correspondence.

MEDICAL BENEVOLENT SOCIETY,

To the Editor of the CANADA LANCET.

SIR,—The article in the May issue of the LANCET, on the rewards of professional labour, revived in my mind a subject I have thought of for several years, that is, the possibility and the judiciousness of forming upon a solid basis, a Medical Benevolent Society, whereby each member of the profession could, by the payment of a yearly sum, leave something more than a name to his widow and family, at his death. The rates of Life Insurance Companies are so high as almost to preclude the possibility of his doing so. For instance, a man of thirty years of age, in order to insure a couple of thousand dollars at his death, will have to pay about forty or fifty dollars a year, quite a rent.

Now, I am not sure how many registered physicians there are in Ontario, but we will assume that there are two thousand—the payment of, we will say, two dollars apiece upon the death of any member of the profession, would be a very material assistance to his family. I would very much like, Mr. Editor, to see something of this kind done, and I beg that you will use your influence and the influence of your journal, to bring it to the notice of the profession, that we may have a full expression of opinion upon it, and by so doing you will much oblige,

Yours truly,

MEDICUS.

Reports of Societies.

HURON MEDICAL ASSOCIATION.

The regular meeting of the Huron Medical Association was held in Clinton, on Tuesday, April 4th, Dr. Holmes, of Brussels, president, in the chair. The following members were present: Drs. Holmes, Worthington, Gillies, McLean, McDonagh, McMicking, Williams, Scott, Graham, Duncan, Hurlburt and Stewart.

Dr. Duncan of Seaforth exhibited a second well-marked example of *Jacksonian Epilepsy*. The patient, a female child, aged 38 months, was in good health, until she was eleven months old, when the present difficulty commenced suddenly with convulsions confined to the right arm, leg and right side of the face, which lasted, it is said, for six hours, and was followed by paralysis of the convulsed parts of some weeks duration. From this time up to the end of the child's second year, no regular fits occurred, but soon afterwards they were very marked, and when very severe the left side of the body was affected, but it was never paralyzed like the right side. Speech was confused and incoherent after the attacks. For several months the attacks only occurred once a month. During last October they became very frequent—as many sometimes as fourteen in a single day. Since, she has been taking bromide of potassium, and now they only happen once in the six weeks. During the attacks, the head is drawn to the right side, and the eyes are turned to the left. When the child awakens her right extremities are found to be paralyzed. The paralysis however lasts but a few hours as a rule. The child is often fretful, and when gentle pressure is made on the left ear she becomes quiet and falls asleep. Memory and intelligence good. She formerly appeared to be conscious during the attacks, but lately she has not been so. Three members of her grandfather's family were epileptic.

Dr. Graham, of Brussels, showed a woman, aged 49, who has Dupuytren's contraction of the little and ring fingers of both hands.

Dr. Gillies, of Teeswater, showed a well-marked example of infiltrating carcinoma of the right breast with secondary deposits in the pleura in a woman, aged 47.

Drs. Stewart and Hurlburt, of Brucefield, showed

a boy, aged three-and-a-half years, with left hemiplegia following unilateral (left) convulsions. The child who was convalescing from scarlet fever was seized on the 14th of January last with convulsive movements of the left arm, leg and face, which lasted for eight hours. On the following day the child was still unconscious with a pulse of 140, and a temp. of 104° F., but there was no return of the fits. On the 16th of January, the left arm and leg were found to be completely paralyzed, in which condition they remained for a week. Since then, there has been a gradual improvement, but the child still drags his left leg. The left arm has almost completely recovered with the exception of some of the complex hand movements. The urine never contained any albumen, nor was there discovered at any time any deficiency in the quantity of urea. It is probable that both the convulsions and paralysis in this case were brought about by a meningeal hemorrhage.

ONTARIO BOARD OF HEALTH.

The first meeting of the Provincial Board of Health, constituted by the Act passed at the last session of the Ontario Legislature, was held in Toronto on the 9th ult., the following members comprising the Board:—Dr. William Oldright, Toronto, (Chairman); Dr. H. P. Yeomans, Mount Forest; Dr. F. Rae, Whitby; Dr. C. W. Covernton, Dr. J. J. Cassidy, and Dr. J. Hall, Toronto; and Dr. P. H. Bryce, Guelph, Secretary. The Chairman delivered his opening address, which was published in full in the *Toronto Mail*. The small pox epidemic in Windsor was the first matter discussed, and instructions forwarded to the local Board of Health. A letter was read from Dr. Baker, Secretary of the Michigan Board, respecting immigrant inspection. Dr. Cassidy read a report of the proceedings at the Sanitary Convention lately held at Greenville, Mich. Drs. Covernton and Yeomans, who had been deputed to investigate the cause of the prevalence of typhoid fever at Sarnia, read their report. They attributed the cause to the impure water supply. Recommendations were adopted which will be forwarded to the town council. A committee was appointed to draw up a set of by-laws for the government of the Board.

In the evening session, after routine, it was moved by Dr. Cassidy, seconded by Dr. Yeomans, "That advice be telegraphed to the Mayor and Police Magistrate of Windsor concerning the epidemic of smallpox there, and that a copy of the Health Act of 1882 be mailed to these gentlemen." Carried.

It was then moved by Dr. Rae, seconded by Dr. Cassidy, "That the report from the Committee of the Whole, concerning the report of the Committee of Investigation appointed to examine into the epidemic of typhoid fever in Sarnia, be received and adopted; and further, that a copy of the report and its endorsement, with recommendations by the Board, be forwarded to the Mayor of Sarnia." Carried.

The Board met again May 10th. After routine, the secretary was instructed to write to Dr. Coventry, of Windsor, asking him to take every precaution against the spread of small-pox. The Committee on By-laws reported as follows: That meetings of the Board be held in Toronto in February, May, August, and November; that committees be appointed on food, drinks, and their adulterations; on water supply, poisons, explosives, etc. Dr. Yeomans read a draft circular to be sent to the clerks of the different municipalities in the Province, asking that sanitary measures be strictly enforced. Dr. Covernton said that if these measures were enforced they would have as perfect a system of sanitary legislation as existed in any part of the continent. It was decided to have the circular printed and distributed. It was also decided to have extracts from the statutes bearing on public health printed and circulated with the circular. There was some discussion on the appointment of a medical practitioner to examine immigrants passing through the city, but no steps were taken, the matter being left to Hon. Mr. Hardy. At the meeting in the evening a resolution of the Michigan Board of Health, asking the co-operation of the Ontario authorities with regard to the inspection of immigrants, was submitted. A proposal for the registration of statistics regarding diseases was referred to a committee, to report at the June meeting. Circulars were sent to different municipalities and medical men, calling their attention to the provisions in the Health Act. Dr. Covernton explained the Rochdale system with reference to

the disposal of excreta and also advocated the establishment of public urinals. The chairman mentioned that Dr. Anderson had been appointed health officer at Niagara and that Niagara was taking steps towards aiding the work of the Board.

May 11th, 1882.

The Board met again this morning to complete unfinished business. After routine, the secretary was instructed to procure the necessary exchanges of sanitary literature, and also to procure a seal for the Board.

Moved by Dr. Covernton, seconded by Dr. Yeomans, and carried:—"That the digest of the Provincial laws for the guidance of municipal councils relative to the powers vested in them by the statute for the suppression of infectious and contagious diseases be submitted to the Attorney-General for his approbation, and that three thousand copies be printed for distribution; also, that three thousand copies of the circular to clerks of municipallities be printed, instead of one thousand."

A resolution was also moved by Dr. Covernton, seconded by Dr. Yeomans, and carried, recommending the adoption of a by-law by city or other municipal authorities to prevent the construction of any building on a site which has been filled up with garbage, or other offensive material, until the oil has been examined and approved of by the city engineer or health officer.

It was moved by Dr. Yeomans, seconded by Dr. Covernton, and carried, that the Secretary be instructed to procure a supply of reliable vaccine for the use of medical practitioners.

The question of establishing a vaccine establishment in this city was brought up, and a special committee was appointed to make the necessary enquiries and report at next meeting.

An account for \$105 for travelling expenses, incurred by members of the Board, was passed.

A suggestion by Dr. Wells, of Barrie, that in order to prevent the spread of contagious diseases, all premises where such diseases have existed should be disinfected, was approved of. On motion the Board went into Committee of the Whole to consider the supplementary report regarding the water supply and sewerage of Sarnia. The Board recommended that instead of taking the water from Sarnia Bay, as at present, the Corporation should extend a water pipe into Lake Huron, a distance of only two miles from the city.

After votes of thanks to the physicians, members of the Council and inhabitants of Sarnia; Dr. H. B. Baker, secretary of the State Board of Health, Michigan; Mr. John K. Allen and Dr. Nicholson, Secretary's Department and others, for the courtesy shown to members of the Board during their recent visit to their respective localities, the meeting adjourned.

Selected Articles.

LINEAR RECTOTOMY.

BY JOHN ASHHURST, M.D., PHILADELPHIA.

The case I bring before you to-day, gentlemen, is one of some standing. The patient, a middle-aged man, has been suffering from several openings near the anus, causing him considerable pain and inconvenience.

I made a superficial examination a few days since, in which I thought I detected, besides the sinuses, a stricture situated low down near the sphincter. This feeling of constriction may, however, have been due to the violent contraction of the sphincters, the patient not being etherized, and the pain consequent upon the examination being considerable. To-day I propose to have ether administered, and to make a thorough examination, and if I find a stricture I will perform the operation introduced by Verneuil under the name of *linear rectotomy*, using the *ecraseur* as recommended by that surgeon. In some cases, where the stricture is high up, we must rely on dilatation by means of rectal bougies. I have brought several of these with me that you may see the various instruments used in strictures of the rectum; they may be either simply conical, or provided with bulbous extremities, and by their proper use much good may be accomplished, and the patient afforded great relief.

Linear rectotomy has been performed where the stricture has extended as high as four inches above the anus; this is as high up as it is safe to go without risk of opening the peritoneum, and even here, should hemorrhage occur, there would be great difficulty in checking it, so that I advise you to rely on dilatation and not on rectotomy if the stricture extends beyond two-and-a-half inches. In this case I find the stricture near the anus, and the operation will therefore not be particularly dangerous, while it will afford the best prospect of relief. Contrary to what is generally supposed, fistulæ, in cases of rectal stricture, open more often below the stricture than above.

It is very easy to understand how an obstruction in the canal might by the retention of irritating materials cause ulceration and fistulæ, communicat-

ing with the bowel above the stricture ; but it is not so easy, at the first glance, to see why they should open below ; this is, however, as I said, very commonly the case, and the fact has a physiological explanation.

In the latter part of the normal act of urination, we have one or more rapid contractions, termed by French writers the "*coup de piston*," which expel the last drops of urine, but if from prostatic obstruction, or other cause, this be wanting, we have dribbling ; also, at the end of defecation we have a similar act, as you have all undoubtedly noticed in the horse, in which there is an extrusion of the whole lower part of the mucous lining of the bowel, by which the rectum is entirely cleared of fecal matter. If now there is a stricture present, this act is incomplete, and there always remain some particles of feces below the constriction, which act as irritants, and finally cause abscess and fistula.

The flow of mucus from the rectum, which you observe, is very characteristic of stricture. I find on examination, as I said, a stricture a short distance above the sphincter. I cannot trace either of the two discharging sinuses directly into the rectum, but by slitting up their superficial portions may be able to find their openings ; one communicates with the gut below, and the other above, the internal sphincter, but both below the stricture. I will open up this sinus towards the median line, and then introduce the chain of Chassaignac's *ecraseur* through the sinus, and into the rectum above the stricture, will divide the tissues in the median line, and in this way avoid making unnecessary wounds. You must proceed slowly after the *ecraseur* once begins to bind ; the best plan is not to follow any given plan by the watch, —some surgeons advise making a turn every quarter of a minute—but to pay attention, and when the instrument binds or is arrested, wait a few seconds, and then turn again, until it again binds, using quick, short, jerking turns. If you proceed too rapidly you are liable to have bleeding ; but by adhering to the above rule I have never had troublesome hemorrhage after the use of the *ecraseur*.

This operation has been modified by using the wire galvano-cautery, the effect of which is to cause a slough over the entire surface of the wound, and an increased likelihood of secondary hemorrhage. Many gynecologists, who formerly used the cautery, are now returning to the use of the simple *ecraseur*. I prefer, too, the chain to the wire *ecraseur* ; the wire is very liable to break, and the operator may then be compelled to complete the operation with the knife or scissors. With the chain, on the other hand, there is no annoyance of this kind, and by proceeding slowly there is no danger of hemorrhage. The *ecraseur* is a very useful instrument in its place, but its value has been exaggerated by some surgeons, who have even gone so far as to

employ it in lithotomy and in amputation of the thigh. When, however, you have a somewhat narrow, vascular portion of tissue to divide, and especially if it is deeply-seated, the *ecraseur* is safer than the knife. One difficulty which you will meet with in its use, will be the drawing up of shreds of tissue into the instrument, which clog its motion, and require it to be freed with blunt-pointed scissors. The stricture having now been divided without bleeding, we will dress the wound by placing in it strips of lint to prevent its uniting superficially, and allow it to heal by granulation.—*Medical Bulletin, Feb., 1882.*

MODES OF OBTAINING PRACTICE.

The *Daily Graphic* gives the following humorous sketch of the various modes adopted, by some medical men, of obtaining practice :

Patient—Now, doctor, how would you define "medical science"?

Doctor—Well, medical science sometimes consists in making a person think he's very sick when he isn't, and at other times it tells people there isn't much the matter with them when they're half dead. Sometimes all this depends on the size of the patient's pocket-book. That in medicine is a very important and vital organ. The great aim, however, in my experience, is to have as many folks sick as possible, and to keep them sick.

Patient—What is your idea as to the naming of diseases ?

Doctor—To change the name at least once in ten years.

Patient—Why ?

Doctor—Because old names, such as "croup," "lung fever," etc., get too common. People are too apt to find out how to treat such diseases themselves. But when we clap a Latin name on the old complaint it mystifies the public, scares them, and sets them all adrift again. There'd be millions of dollars lost to the medical profession if we didn't change the names of our complaints occasionally.

Patient—Suppose a well-to-do person is a little out of sorts and comes to you with an idea that something very serious is the matter with him, what will you do ?

Doctor—This affords me some of my best paying practice. In such cases I "break up the disease." I tell him that he is seriously threatened with something awful in Greek or Latin, composed of two words, seven or eight syllables and one hyphen. Then I put him on a course of harmless drugs, to be taken at regular intervals of two hours. I put him also on a strict system of diet and keep him in bed. It requires about a week to "break up the disease." "Such prevention is better than immediate cure." "It pays better, too."

Patient—When you are called in and are yourself uncertain as to the nature of the patient's sickness, what do you say to his inquiring friends or family ?

Doctor—The proper course in all such cases is to look wise and grave, and say as little as possible. We leave some medicine, of course. How can one be a doctor unless he always gave medicine? The medicine quiets the patient's mind and those of his friends. Patients, to tell the truth, are as bad as doctors in this respect. They will insist on having some medicine when they do not need it. But it never pays for a doctor to talk much.

Patient—If you are called in after the sick person has been for several days previous in the care of another physician, and the patient dies, what is your course ?

Doctor—Invariably to regret to particular friends, in a subdued manner, at the proper times and places, that I had not been called in before the disease made such headway.

Patient—Do you not think in many cases of sickness that nature, aided by plenty of rest and good nursing, would effect a cure ?

Doctor—We do not encourage nature in such practices. It would ruin the profession.

Patient—Now, if you treat a patient for you don't exactly know what, and he recovers, don't you take all the credit for such recovery ?

Doctor—Sir, that is a professional secret.

Patient—Can you tell me, doctor, why it is that an expensive office, a horse and carriage, and a residence in the fashionable quarter, are practically considered as of much, if not more, importance to a doctor than his skill or experience in his art, and that a doctor without the capital to set himself up in this manner, be his skill ever so great, can never hope to attain a fashionable practice ?

Doctor—Certainly I can. It's custom and stupidity. But stupidity makes money for us. Are we going to try and cure stupidity? Kill the goose that lays for us golden eggs? Never.

Patient—What other means have you for stimulating and developing practice ?

Doctor—A good doctor will always have a reputable standing in some respectable church. He will at least hire a pew—front pew if possible—and send his family regularly. Of course, he must have a family. A doctor without a family is unsafe—hasn't given any hostages to society. He needn't attend church regularly himself. If he has much practice, it isn't supposed he can. The sick man must be visited, Sunday or no Sunday. And when he does come to church, it is well to have him called out occasionally—case of sudden illness—doctor sent for; so hard on the poor man, too, when he has so little opportunity to worship. Yet, no rose without its thorns. No—I mean no

cloud without its silver lining. When the doctor is called out of church all the congregation will see he's in demand. It's a splendid advertisement.

Patient—Who are the most permanent and lucrative patients ?

Doctor—Women.

Patient—Why ?

Doctor—Well, I think sometimes they had rather be sick and under a doctor's supervision than not. Another reason is they are more perverse than men in clinging to the causes of their ailments. A man better realizes that without health he cannot carry on his business. So when he finds out the cause of disease he'll set to work to stop it. Tell a man he needs more fresh air and he'll try and get it. Tell him he needs more out-door exercise and he'll try and take it. But most women won't. They squeeze themselves into corsets, and insist on being cured of ills caused by corsets with pills. They'll go out in cold, damp weather in costumes which show off their figures and without cloaks, when the cold drives all the blood from their skin, for hours. They'll insist on being cured by doctors and pills. They'll wear tight shoes, which deform and pain their feet, and this plan drawing indirectly from their strength—they'll insist on being cured with more pills. Nor is this all. But I shall tell no more. It is giving the "profession" away. These things involve our most lucrative secrets. I shan't be thanked now by thousands of brother medical nurses of disease for what I have told. Go to, young man! Go to! You've got enough, and how in the world you've managed to worm out of me what you have is a mystery. Get thee to a nunnery! I'll never more have one such as thou pumping from me that information which is to me my professional life-blood. Thou art an interviewer disguised in the likeness of a sick man. Go to!

TREATMENT OF DELIRIUM TREMENS.

Dr. Whittaker (*Cin. Lancet and Clinic*), gives the following treatment of this affection:—

Chloral is the cardinal remedy in the treatment of delirium tremens. A single large dose of it will often jugulate the disease. Less than thirty grains is useless, and it is wise to give a whole drachm at once. One large dose is infinitely better than repeated small doses, and there is no danger in the use of it in this disease, provided, I repeat it again and again, provided there is no weakness at the heart. But drunkards, you say, are the very individuals who have fatty hearts. So they do, and hence with chloral as with every other remedy, you must pick out your cases. A young strong man, like this, suffering with his first attack or attacks, is not yet the subject of this

lesion. It is the old drunkard, the habitual sot, who more especially suffers in this way, the gross, corpulent, heavy, sluggish and thoroughly selfish individual who oftenest has the fatty heart. Put your ear down to the chest and listen to the sounds of the heart. If they are muffled, if the pulse is feeble, if it fade away entirely when you hold up the arm at right angles to the body, you will give no chloral to the patient.

What then will you give? Opium. Opium is the anodyne for the more chronic case, or for the acute complication in a chronic case. Give morphia preferably and give it hypodermically that it be not rejected. Give in an average case one-half a grain of morphia in this way, and having waited ten or fifteen minutes for its immediate effects, you may leave the case for two or three hours to the assistants. If there shall have been still no sleep, and the pupils are not contracted, you may give one-fourth of a grain more. Here you will stop for four hours at least, when you will wish to see the condition of the pupils again. If they are now contracted and the breathing is slow, your vigil with the case begins. Should these danger signs continue too long or grow worse, you will have to keep the patient awake. You will do this best, not by flagellation, not by dragging the patient about the room, nor forcing him between two men to walk the streets, nor by splashing him on the head with water, but by simply calling his name aloud in his ear. This you must repeat and repeat until the respirations come to ten to the minute at least, as you count it with your watch in your hand. Perhaps you may have to give much more morphia than I have indicated to secure the sleep, perhaps you may be so situated as to have the patient take the tincture of opium in divided doses over a longer time, perhaps you may have to combine the opium with something else, perhaps you may have a case to which you do not dare to give opium at all, because of the complicating pneumonia or meningitis; all these things you will have to determine, each man for himself, and each case for itself, and upon your judgment here as elsewhere will rest the result of the case and with you.

Three remedies there are with which to combat delirium tremens. Two we have mentioned already. The third is Digitalis. Digitalis is for the fatty heart, the weak pulse, the cold surface, in short, the collapse. Give in preference the infusion, freshly made, a dessertspoonful to a table-spoonful every two, three or four hours, how can anyone say, how much or how often in his judgment is best unless he sees the individual case.

The bromide of potassium is for the next day, for the day after the sleep, or for a mild case during the day, when the drug for the sleep is for the night.

But you are not yet done with the treatment of the case. The sermon is now to be preached,

and you are the best preacher, better than any temperance fanatic. Because you can appeal to the revelations of science regarding the effects of alcoholism, appeal to the reason, if there is any left; while the other preachers may appeal only to the emotions which, even when strongest, fleet like the clouds. That we may ourselves, however, not dwell in generalities among the clouds, let me say that you will advise your patients to drink wine and beer instead of the stronger preparations of alcohol, for to the Southern peoples of Italy, Spain, and South Germany, where wine and beer flow like milk and honey in the promised land, delirium tremens is almost unknown.

PUERPERAL HEMORRHAGE.

Dr. Theophilus Parvin gives (*American Practitioner*) the following case, in which he obtained excellent results from hypodermic injections of ether:—

Mrs. K., thirty-seven years of age, was delivered of her third child at 7 a.m. The physician in attendance having failed to remove the placenta, and excessive hemorrhage occurring, I was sent for and saw her at 9 a.m. I found her almost pulseless, countenance with a death-like pallor, bathed with perspiration, restlessly tossing her arms, complaining that she could not see, that she was dying. Whiskey and ergot had been given to her freely, and caused occasional efforts of vomiting. My first step was to remove the pillow and bolster from under her head, and to have the foot of the bed raised, so as to facilitate the flow of blood to the anæmic brain. Next, placing one hand on the abdomen, I could not feel the uterus. It was without form and flaccid as the abdominal wall itself. The other hand was introduced into the vagina, and from the vagina into the uterine cavity. I found that the cord had been torn loose close to the placenta, in vain efforts to extract the latter, which was free in the uterine cavity. The uterus was completely relaxed, as flabby and soft "as a piece of wet tripe." In vain I sought, by compression and friction through the abdominal wall with one hand, and by movements of the other within the uterine cavity, to excite contractions. I then removed the placenta and injected water at the temperature of 110°, but still there was no response from the muscular fibre of the uterus, although the patient complained of the heat of the water as it flowed out through the vagina, and her exhaustion became still more alarming.

Remembering the very favorable results obtained by Hecker, in uterine hemorrhage, from hypodermic ether, I injected twenty drops of sulphuric ether, and repeated the operation at intervals of from five to ten minutes, until one drachm and a half of the liquid had been thus introduced. Meantime

direct stimulation of the uterus by friction and compression externally, and by a hand in the uterine cavity, was continued, and about the time the last hypodermic was used contractions first manifested themselves, and within half an hour the uterine contraction was nearly as complete as is observed after normal labor.

Of course, the patient's convalescence was very tedious. It was three weeks before she could sit up in bed without fainting. Nevertheless, her recovery was uninterrupted.

Dr. Parvin concludes as follows: "But, whatever method may be resorted to for the arrest of the hemorrhage, it is of the first importance that the patient should be restored from her profound prostration. Among the means of this restoration probably none is so prompt and effective as hypodermic ether.

CHOREA TREATED BY ARSENIC.*

Dr. F. Minot (*Boston Med. Journal*) reports the following case: Maud B., a little girl nine years old, entered the Massachusetts General Hospital, April 20th, 1881. Her father was in good health; the mother died of some disease of the uterus; her father's sister had chorea for a year. The child was of a nervous temperament, but has always been well. She had never had rheumatism. The present attack began March 15th, while the patient was at boarding-school, and the power of speech began to be lost April 1st. On her entrance into the hospital the child was unable to speak. On trying to walk she would fall down and with difficulty could get up again. There was incessant incoördinate twitching of the legs, arms, and facial muscles. She could not feed herself, articles of food dropping from her hands. The movements were not more marked on one side than the other. During sleep the motions still persisted, though to a much less degree than while she was awake. She was not emaciated, nor especially anæmic. The intelligence was good. She readily understood what was said to her, though unable to reply.

There was no cardiac murmur. The appetite was good; bowels constipated. Two examinations of the urine showed the color to be pale; specific gravity 1013 and 1027; very slight trace of albumen, the urea at first diminished and then increased; sediment not abnormal.

The treatment consisted in suitable nourishment, exercise in the open air, and the solution of the arsenite of potash three times daily, beginning with three drops at a dose, which was gradually increased to seven drops, and then, on account of gastric disturbance, diminished to five drops. During the last week of her stay in the hospital

she took, in addition, three grains of the citrate of iron and quinine before meals. Three days after taking the arsenic she became much more quiet during the night. April 26th (sixth day) she spoke for the first time. April 29th (ninth day) there was "marked improvement in all respects." May 20th she was well and ready for discharge, though she did not actually leave the hospital until the 30th. No exciting cause for the disease is known.

The total duration of this case was about fifty-six days; the time from the first dose of arsenic to recovery was twenty-nine days. If the remedy did not abridge the duration of the disease, its beneficial effects were immediate and striking.

REMOVAL OF BENIGN TUMORS OF THE BREAST WITHOUT MUTILATION.—Prof. T. Gaillard Thomas Surgeon to the New York State Woman's Hospital, contributes to the April number of the *N. Y. Med. Four. and Obstet. Review*, a paper, in which he expresses himself in favour of removing benign tumors of the breast as a rule, because the mere presence of a tumor in the breast usually renders the patient apprehensive, nervous, and often gloomy, while with our present improved methods of operating, the patient is exposed to slight risks, the danger of the growth of the tumor is removed, and with this disappears at the same time that of the subsequent degeneration of a benign into a malignant growth. If in addition to these advantages we can add the avoidance of all mutilation to the person, we have strong grounds for departing from the practice of non-interference.

The method of operation described, Dr. Thomas has practiced thus far in a dozen cases. He distinctly states that it is entirely inappropriate for tumors of malignant character, and that it is applicable neither to very large nor to very small benign growths, being insufficient for the former and unnecessarily radical in its character for the latter. The growths for the removal of which he has resorted to it have been fibromata, lipomata, cysts, and adenomata, and have varied in size from that of a hen's egg to that of a duck's egg, or a little larger. The operation is thus performed:—The patient standing erect and the mamma being completely exposed, a semicircular line is drawn with pen and ink exactly in the fold which is created by the fall of the organ upon the thorax. This line encircles the lower half of the breast at its junction with the trunk. As soon as it has dried the patient is anæsthetized, and with the bistoury the skin and areolar tissue are cut through, the knife exactly following the ink line until the thoracic muscles are reached. From these the mamma is now dissected away until the line of dissection represents the chord of an arc extending from extremity to extremity of the semicircular incision. The lower half of the mamma which is now dis-

*Read before the Section for Clinical Medicine and Pathology of the Suffolk District Medical Society, March 9, 1882.

sected off, is, after ligation of all bleeding vessels, turned upward by an assistant and laid upon the chest-walls just below the clavicle. An incision is then made upon the tumor from underneath by the bistoury, a pair of short vulsella forceps is firmly fixed into it, and while traction is made with it, its connections are snipped with scissors, the body of the tumor being closely adhered to in this process, and the growth is removed. All hemorrhage is then checked, and the breast is put back into its original position. The outer or cutaneous surface is entirely uninjured, and the only alteration consists in a cavity at the former situation of the tumor. A glass tube with small holes at its upper extremity and along its sides, about three inches in length, and of about the size of a No. 10 urethral sound, is then passed into this cavity between the lips of the incision, and its lower extremity is fixed to the thoracic walls by india rubber adhesive plaster, and the line of incision is closed with interrupted suture. In doing this, to avoid cicatrices as much as possible, very small round sewing-needles are employed. These are inserted as near as possible to the edges of the incision, and carry the finest Chinese silk. After enough of them have been employed to bring the lips of the wound into accurate contact, the line of incision is covered with gutta-percha and collodion, and the ordinary antiseptic dressing is applied. If the glass drainage-tube acts perfectly there is no offensive odor to the discharge, and the temperature does not rise above 100°. The tube is in no way interfered with until the ninth day, when the stitches are removed. If, on the other hand, the tube does not appear to perform the function satisfactorily, it is manipulated so as to cause it to drain all parts of the cavity, and warm carbolized water is freely injected through it every eight hours. On the ninth day, when the stitches are removed, the tube is removed likewise.

TREATMENT OF GOITRE WITH ERGOTIN.—M. Bauwens, speaking of the *treatment of goitre with ergotin*, divides cases of goitre into the following classes: 1. Cystic goitre, with easily apparent fluctuation. 2. Goitre partly cystic and partly hypertrophic. 3. Goitre characterized by diffuse parenchymatous hypertrophy and great vascularity. 4. Recent goitre, soft and diffuse. In cystic goitre, and in soft, diffuse, recent goitre, the author considers that iodine is the best remedy, and has most confidence in parenchymatous injection as the mode of its employment. He calls attention to the fact, however, that in proportion as vascularity predominates as a cause of thyroid enlargement, so will iodine fail to cause reduction. Iodine stimulates the reabsorption of the contents of the cysts, but cannot cause the vascularity to diminish. It is in these latter cases that the author recommends ergotin. The ergotin should be injected into the

substance of the tumour; it at once causes contraction of the muscular coats of the small arteries, and a diminution in the size of the tumour and in the amount of pulsation observed is at once apparent. He uses the following solution: R. Yvon's ergotin, 1 gramme (gr. xv); glycerine, water, in equal parts, enough to make 7 grammes (3 j¾). Of this solution he injects 2 grammes (ʒss.) at a time directly into the substance of the goitre; this treatment is repeated at intervals of about two weeks until a cure is effected. It may not be out of place to mention that the ergotin of Yvon does not differ in any essential from that of Bonjean and other makers. The author reports the following case: A woman of twenty-nine has suffered from goitre since the age of fourteen. Moderate in size for seven or eight years, the tumour has lately begun to enlarge quite rapidly; at the time of examination it measured three inches transversely, by two and a half vertically, the right lobe predominating. It was elastic to the touch, pulsated, and presented a slightly marked souffle. At the menstrual epoch, upon excitement, or as a result of singing, shouting, or hard work, the tumour became more enlarged, and pulsated vigorously. The signs were those of a goitre, essentially hypertrophic, with predominance of the vascular element. At times there were attacks characterized by dyspnoea, buzzing in the ears, dizziness, and dimness of vision. Twice the patient had suffered from attacks of complete aphonia lasting two or three weeks. Iodine had been tried in various forms and ways, but without any good result. Parenchymatous injections of ergotin, as described above, were practiced for five weeks, every six or seven days; at the end of that time the tumour had completely disappeared. There was at no time any considerable soreness or pain as a result of the injections. A little swelling, with some sensitiveness at the point of injection, lasting only about forty-eight hours, was the only trouble occasioned. The author suggests the treatment in exophthalmic goitre, although he has not yet had an opportunity to try it.—*Concours Medical—Lancet and Clinic.*

TREPHINING IN IDIOPATHIC ABSCESS OF THE BRAIN.—The patient, aged forty-five years, had suffered since his thirty-seventh year of phthisis, with repeated attacks of hæmoptysis; from this he apparently recovered completely. In March, 1881, he suffered from severe migraine of the left side, the pain being most marked in the frontal and occipital regions. The seeing of sparks and flashes, by which the patient had been troubled, was substituted by a cloud which appeared before his eyes. In walking he would strike against objects approaching from the right side, and an ophthalmoscopic investigation revealed that the right squints of both fields of vision were insensible to light. Gradual emaciation of the patient; loss of appetite; oc-

casional attacks of fever with slight chills ; increasing debility. Tongue and facial muscles unaffected. Right arm and leg decidedly paretic ; the leg being more so than the upper extremity. Sensibility to pain retained in both. The paretic symptoms supervened four months after the ocular trouble.

From this last named symptom it seemed very probable that the abscess which was suspected, originated in the cortical portion of the cerebral hemispheres posteriorly, whence the disease extended forwards and in the course of time involved the motor centres. In its extension forward, the diseased process first came in contact with the motor centre for the lower extremities, and in this way the greater paresis of the lower limb can be easily explained. The facial and lingual centres being farthest removed, the parts supplied from them remained unaffected.

Since there could be no doubt as to the nature and bent of the lesion, the indication for trephining was directed. *Ubi pus evacua!* It was the only chance for saving the life of the patient. The operation was practiced while the patient was fully narcotized with chloroform. The hair having been removed from the left side of the scalp. An incision was made six cen. in length, beginning three cen. below the superior posterior angle of the parietal bone, and continued towards the anterior and inferior angle. Upon this a second incision was made at a right angle. A button of bone having been removed, the exposed dura mater looked distended ; no pulsation perceptible. When the dura mater was opened, no pus was visible. The cortical substance appeared softer than usual and was œdematous. About 4 cen. beneath the surface a somewhat resisting mass could be felt. Into this a canula was introduced and vent given to a drop of pus. A deep incision was then made into this part and three teaspoonfuls of rather thick pus escaped. The pulse at once improved and pulsations of the brain became manifest. The abscess cavity was washed out with a pulverized solution and a thin drainage tube inserted into it. During the first six days after the operation a decided improvement was visible in the condition of the patient. The patient's condition was ameliorated, respiration freer and sensorium clearer. On the evening of the sixth day a chill supervened, from which time the patient declined rapidly, and died on the fourteenth day after the operation.

The post-mortem examination revealed a tubercular abscess of the posterior portion of the left parietal and occipital lobe of the brain. Recent spontaneous perforations into the left lateral ventricle. A few small tubercular masses were detected in the vicinity of the large abscess.—C. Wermicke and E. Halm, *Virch. Arch.*, Vol. 87.—*Cin. Lancet and Clinic.*

ADVERTISEMENTS.—There is no one subject in

regard to which the profession are so incorrectly informed, as they are in regard to the advertisements in a medical journal. As has been said by a friend, in correspondence, the great fault in relation to medical journals, as observed by himself, is, that as soon as a medical journal obtains a large subscription list, it immediately carries a large number of advertisements. And his observation is that which the great majority of physicians would make, if interrogated on this subject.

Now the fact is that no greater blunder could possibly be made, and it is well to correct it.

If a publisher *decreased* the number of text pages of a journal, as he *increased* the number of advertising pages, such a course would be dishonorable ; it would be unjust to the subscriber, and would render a journal unworthy of support. But if he increases the number of advertising pages, and does not lessen the amount of reading matter, such a course should be most welcome to every reader, for it is an evidence that the journal is a success ; that it is on a sure basis ; that advertisers select it on account of its offering a large circulation to themselves, and that their money is safely and judiciously invested. But, more than all, a large advertising business largely increases the revenue of a journal, enabling it to offer increased advantages and attractions to its subscribers.

It is on account of its large advertising business that the *New York Herald* is constantly increasing the quantity and improving the quality of its reading matter ; that its editorial corps is strong ; that its contributors and correspondents furnish interesting facts from all parts of the world. Cut off its advertising department and the *Herald* could not pay expenses.

The same reasoning is true in regard to the *London Lancet*, the largest and best medical journal in the world. In its present form it carries 32 pages of reading matter, and 48 of advertisements !! the largest proportion of advertisements of any medical journal published. Here advertisers seek a large, good, and well distributed journal. In turn they pay to it a large revenue, and this revenue is largely spent in securing for its readers the best medical matter to be obtained. Without this advertising support, the *London Lancet* could not possibly offer to its readers more than a mere fraction of the great advantages which they at present enjoy. In fact, the abrogation of its advertising department would so change the quantity and quality of the reading matter, that its best friends would no longer know the *Lancet* ; would reject it and forsake it.

There is, then, no greater blunder than to object to a journal on account of its large advertising department : *the size of this department is the key to a journal's success and the index of its prosperity.*—*Gaillard's Med. Journal.*

THE SURGERY OF THE URINARY ORGANS.—The recent advances in the surgical treatment of diseases of the urinary organs are the most interesting topics of discussion at the medical societies of London at the present time. Last week, at the Medical and Chirurgical Society, Sir Henry Thompson described a case of pedunculated fibroma of the bladder, which he had successfully treated by removal through a perineal incision. The patient was originally under treatment for calculus, and was submitted to lithotripsy more than once, but the symptoms were not completely removed; and then, on careful exploration of the bladder, the tumor was grasped, though, as it was coated with a phosphatic deposit, it was mistaken for a sacculated stone. Sir Henry Thompson opened up the membranous portion of the urethra from the middle line, and then, after detecting the true nature of the case, removed the growth by twisting it off with a pair of forceps; there was no bleeding to speak of, and the man made an uninterrupted recovery. Sir Henry strongly urged that where it is necessary to open the bladder for diseases other than stone, it is better to open the membranous urethra in the middle line, than to do either the "lateral" or suprapubic operation; he insisted that the bladder could be efficiently drained and explored through this incision, that most tumors of removable size could be removed through it, and that it was a far simpler and safer procedure than either of the others. In the subsequent discussion many speakers joined issue with him on this point; Mr. Bryant, Prof. Marshall, and Mr. R. Harrison, for instance, preferring the lateral incision. But, of course, the chief point raised in the discussion was the diagnosis of the tumors which are capable of this treatment, from those which are not. The most reliable points in favour of the former being youth and the absence of induration on rectal or vaginal examination. Sir Henry Thompson's case will probably be of great service in drawing marked attention to the subject, and especially in encouraging surgeons in exploring the bladder through a perineal urethral wound, which, he says, can be done so easily and so efficiently. As this operation is practically free from danger, it will probably be used as an aid to diagnosis as much as for treatment.

Three meetings during the present session of the Clinical Society of London, over which Mr. Lister presides, have been devoted to the subject of operations upon the kidney. Nephro-lithotomy, or excision through the loin of a stone from the kidney, has been shown to be a very successful operation if the stone be small, as these calculi often are, and the renal tissue healthy. Mr. Battin and Mr. Beck related such cases, but Mr. Godbe contributed a case in which the kidney was greatly enlarged, sacculated, and each sacculus was filled with a good-sized stone; here excision of the whole

organ was attempted, but the patient died. Nephrotomy, or exploration of the kidney, with or without incision into it, has also proved very useful on many occasions. The operation itself appears to be very free from danger, and in most cases the kidney has been easily exposed. When stone is suspected, a long needle set in a handle, devised by Mr. Barker, is used to puncture the organ in various directions until grating is felt. The incision and drainage of strumous and suppurating kidneys appears to be capable of affording great relief, but as yet has not proved absolutely curative; and at this point a divergence of opinion comes in, some maintaining that in such cases it is better to excise the kidney at once, and others that it affords a better chance to drain the kidney first, and then, when the patient has recovered a certain amount of strength, to do the more severe operation. Further experience is wanted to decide this point; the objection to postponing the excision is that the first operation leads to great induration around the kidney, and increases the difficulty of subsequent nephrectomy.

Nephrectomy, or excision of the kidney, is a very severe operation, and we have just had a series of three fatal cases presented at the Clinical Society; in one the death was from total suppression of the urine, and in the two others a dose of morphia, administered soon after the operation, is shrewdly suspected of having, at any rate, accelerated death. The special point on which there is a good deal of doubt here is, whether it is better to remove the kidney through the loin or through the belly. If the organ is very large, it cannot be excised by a lumbar incision, and it appears probable that the abdominal incision will be found to be the best in all cases. We are not so fearful of opening the peritoneal cavity as we used to be, and the removal of the organ can be proceeded with, with so much more exactness and ease from the front than from behind. The best abdominal incision seems to be one made in the linea semilunaris. The small intestines are to be well drawn aside, and the peritoneum cut on the outer side of the colon, and that viscus turned in. If, now, the cut edges of this layer of peritoneum are at once united to the edges of the wound, the operation in its further stages becomes extra-peritoneal.—*Cor. Medical News*

ADDISON'S DISEASE.—At a meeting of the Pathological Society of London, held Tuesday, Dec. 20, 1881, reported in the *London Lancet*, Dr. Fenwick showed a specimen of Addison's disease of the supra-renal capsules, from a case without bronzing of the skin. The man was recently in the London hospital, under the care of Dr. S. Fenwick. He was a laborer who had had fair health. About four months previously he caught cold; a month afterwards his urine became high-colored and scald-

HYDROLEINE OR HYDRATED OIL AS
A THERAPEUTIC AGENT IN
WASTING DISEASES.

By W. H. BENTLEY, M.D., LL.D.,
VALLEY OAK, KY.

In October, 1880, I read an advertisement of Hydroleine in some medical journal. The formula being given, I was somewhat favorably impressed, and procured two pamphlets: One on "The Digestion and Assimilation of Fats in the Human Body," and the other on "The Effects of Hydrated Oil in Consumption and Wasting Diseases." They are ably written, and afforded an interesting study. Their doctrines are so reasonable, that I got up faith enough to have my druggist order a sufficient supply to thoroughly test the merits of the preparation.

I was ready to catch at anything to take the place of cod-liver oil. In my hands it has proved an utter and abominable failure in ninety-five per cent. of all my cases in which I have prescribed it since I have been engaged in country practice, and it never benefitted more than forty per cent. of my city patients.

The inland people, who seldom eat fish, can rarely digest cod-liver oil. Almost every week I am consulted by some victim of the *cod oil mania*, who has swallowed the contents of from one to twenty-five bottles, and who has been growing leaner, paler and weaker all the while, until from a state of only slight indisposition, these patients have become mere "living skeletons." Nearly all complain of rancid eructations, and an unbearable fishy taste in their mouth, from one dose to another. They not only fail to digest the cod oil, but this failure overloads the digestive organs to such an extent that digestion and assimilation of all food becomes an impossibility, the patient languishes and pines and finally dies of *literal starvation*. In the comparatively small number with whom I have found cod-liver oil to agree, it has proved very gratifying in its results. In my practice, by far the largest number receiving benefit from it have been children. Those who have, previous to their illness, been accustomed, to some extent, to a "fish diet," will be more likely to digest the oil, and more notably so in cold climates. Still the innumerable efforts that have been made in the shape of "pure cod-liver oil," "palatable cod-liver oil," "cod-liver oil with pepsin," "cod-liver oil with pancreatin," "cod-liver oil emulsions," etc., and so on, *ad infinitum*, attest the fact that the great *desideratum* after all is to render cod-liver oil capable of retention by the stomach, and digestible when it is retained.

As Hydroleine is partially digested oil, and this partial digestion is brought about by a combination of factors suggested by actual physiological experiments, these facts commend it to my confidence, and a trial of the preparation in seven typical cases convinces me that it possesses

a high degree of merit, and I feel that it is a duty incumbent upon me to call the attention of my medical brethren to the subject.

The first case in which I prescribed it was that of a married lady 28 years of age, a blonde, and the mother of four children, the eldest 9 and the youngest 1 year old. From the birth of this last child she dated her illness, for she made a tardy convalescence, remaining unable to walk for a month. Soon after she began to grow weaker, and soon resumed her bed, which she had not left to any extent since, not at any time being able to sit up longer than fifteen or twenty minutes. During all this time she was under charge of a skillful physician. He had tried many remedies to check the rapid emaciation; among these were several different brands of malt extract, cod-liver oil, and various mixtures of the oil. None of the oils and their mixtures agreed with her. In March, I was called and prescribed Hydroleine, a bottle of which I delivered at the time, directing her to commence with teaspoonful doses, to be gradually increased to twice the amount. It agreed with her finely, and by the time the first bottle was used she was greatly improved. She procured and used two additional bottles, and, at this writing, June 15th, is considered well.

The above case was one of general and persisting emaciation, unaccompanied by any cough or perceptible thoracic trouble. The ensuing case was one of diagnosed

TUBERCULAR PHTHISIS.

The patient a married lady, *æt.* 32, had been married about 14 years, and was the mother of six children, the youngest two years of age. Several of her sisters had died of the above mentioned disease. Her medical adviser prescribed cod-liver oil, and she had taken a full dozen bottles with plenty of whiskey. The oil had not been digested, although it had been retained by the stomach. Her cough had grown constantly worse, and she grew rapidly weaker, week by week. I prescribed Hydroleine for her, and she commenced to take it in April, about the 15th. It agreed with her finely. She rapidly gained weight and strength, her cough was relieved and has now nearly ceased. She has used nearly four bottles, and continues to use it, though apparently well.

I have prescribed it in three other cases, in two of which the results have been equally gratifying, but in the other case it produced nausea and greasy eructations.

From these trials I am led to think quite favorably of the hydrated oil, and I am led to believe that although it may not agree with all, it will be found of great and permanent benefit to a very large per cent. of consumption and other "wasting" diseases, and that it is destined, at no distant day, to very largely supplant the undigested oils.

HAZEN MORSE, 57 Front Street East,
TORONTO,
SOLE AGENT FOR CANADA.

NEW PRINCIPLE FOR THE FAT ASSIMILATION OF HYDROLEINE "HYDRATED OIL."

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

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

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

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

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

(HYDRATED OIL.)

HYDROLEINE

(WATER AND OIL.)

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

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, PH. D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D., of London.

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

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

FORMULA OF HYDROLEINE.

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

| | |
|-------------------------|---------------|
| Pure Oil..... | 80 m (drops.) |
| Distilled Water..... | 35 " |
| Soluble Pancreatin..... | 5 grains. |
| Soda..... | ½ " |
| Boric Acid..... | ¼ " |
| Hyocholic Acid..... | 1-20 " |

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

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

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

HAZEN MORSE,

57 Front Street East, TORONTO

That many of the diseases from which mankind suffer during infant and adult life are caused by malnutrition, there can be no doubt; and the extent to which non-assimilation of the life-giving properties of food interferes with recovery from severe illness, baffling the best directed efforts of the physician, points the necessity for an agent or combination of agents sufficiently potent to replace the deficient principle and aid nature in renewing the degenerated tissues.

Realizing this need, the science of chemistry produced pepsine. Richard Tuson, F. C. S. Professor of Chemistry, London, England, in the *Lancet* Aug. 13, 1870, speaks of this remedy as follows: "Since the introduction of Corvisart and Boudault's poudre nutritive into medicine, in the year 1854, Pepsine, obtained from the stomach of the pig, calf or sheep, in a state of greater or less impurity has been extensively prescribed in Dyspepsia and certain other affections. According to the testimony of some authorities of high standing, long experience in the use of this agent fully justifies Corvisart's predictions relative to its therapeutic value, which were based on physiological reasoning.

There are other authorities who express doubts as to the efficacy of Pepsine. This difference of opinion undoubtedly arises from the circumstance that pharmacutists supply medical men with various preparations, all bearing the same specific name of Pepsine, but differing very considerably in their digestive powers and other qualities. In fact, I find those who speak favorably of its employment in the treatment of disease have prescribed that prepared by the best makers, while those who express a doubtful opinion have been in the habit of prescribing those varieties or makes, which the experiments of myself and others have proved to be practically without any digestive activity, *i. e.* worthless. Under these circumstances it is *absolutely* necessary for the practitioner to be certain of the *make* of Pepsine he uses. *Pure* Pepsine, thoroughly triturated with finely powered sugar of milk (saccharated pepsine) will undoubtedly produce the best results.

Experience in diseases of the stomach, dyspepsia, etc. has demonstrated in many cases, the lack of other agents required to promote a healthy digestion beside Pepsine, namely Pancreatine and Diastase or veg. Ptyalin. Pancreatine the active principle of the sweet-bread or pancreas possesses the wonderful power of emulsifying the fats and oils of food, rendering them easily assimilated by the system not affected by pepsine in the slightest degree. Diastase or veg Ptyalin, as obtained from malted barley in the *dry* extract of malt, represents the saliva, and has the remarkable property of converting the insoluble starchy portions of food into the soluble glucose, thus rendering the indigestible and innutritious article starch into the nutritive and easily assimilated food glucose.

The value of these different ingredients and the difficulty of procuring them of the right quality led Hasen Morse, 57 Front Street East, Toronto, to experiment with various combinations during seven years' employment in the manufacture of Pepsine on a large scale and with the assistance of several prominent physicians he was finally enabled to present to the profession the following formula.

| | |
|--|------------|
| Saccharated Pepsine..... | 10 Grains. |
| " Pancreatine..... | 5 " |
| Acid Lactophosphate of Lime | 5 " |
| Exciccated Extract of Malt equal to one teaspoonful of Liquid Extract of Malt..... | 10 " |

Said formula has been registered at Ottawa under the distinctive name Maltopepsyn, thus giving the physician a guarantee of always procuring the same standard preparation and preventing their being imposed upon by imitations of inferior quality, and at the same time putting it at as low a figure (fifty cents for 1½ ozs.) as possible for such a formula to be compounded from the ingredients of the *best* possible manufacture.

Maltopepsyn has digestive power ten times greater than the best Pepsine in the market, as it digests Fibrinand Caseine, emulsifies the fat of food taken into the stomach, thus rendering it assimilable, converts starch into glucose, in fact it combines all the agents that act upon food, from mastication to its conversion into chyle, digesting all aliment use by mankind while Pepsine acts only on plastic food. Maltopepsyn also combines with the above the nutritive qualities of Extract of Malt, and the brain and nerve strengthening powers of the Acid Phosphates.

It has been found that a free acid, like Hydrochloric, does not combine well with a Saccharated Mixture, and renders it liable to decomposition, I therefore do not use it in my formula. It can be easily prescribed in solution, (say 20 drops of acid to 4 ounces of water) one half-ounce with each dose, in cases where its use is indicated.

For infants, however, Maltopepsyn will be found to yield the most satisfactory results, and the acid should be dispensed with. The necessity for the absence of acid which would tend to produce harmful results, will be recognized, when it is considered that even the slight acidity of most cow's milk, when used as food for infants, is sufficient to disagree with them.

With regard to the proper time for its administration, as before or after taking of food, opinions vary, but reason would suggest that about half an hour before eating will afford the ferment a sufficient time to combine with the existing condition of the stomach, and produce the most natural effect upon the food.

MALTOPEPSYN

Combines all the digestive principles that act upon
food, with the nutritive qualities of Extract of Malt and
the brain food of the Acid Phosphates.

PRICE LIST.

| | |
|---|-------------------|
| Maltopepsyn, (2 oz. bottles, containing nearly 1½ ozs. powder), | 50c. per bottle. |
| “ “ “ “ | \$5 00 per dozen. |
| “ in half pound bottles | \$5 00 per pound. |

Less than half the price of any good preparation of Pepsine in the market, and guaranteed to excel the best in the results.

Nearly 2,000 bottles have been sold during the first five months of its introduction, entirely through physicians' prescriptions.

The following is a sample of the great number of testimonials I have received from medical men :-

BRUSSELS, JUNE 28th, 1880.

Hazen Morse, Esq.,

Dear Sir,—I believe Maltopepsyn to be equal, if not superior, to Lactopeptine or Pepsine, in the use of which I have had a very large experience.

Yours, etc.,

WILLIAM GRAHAM, M.D.

CASE ATTENDED BY DR. BURNS, TORONTO, APRIL, 1880.

Child of Mr. Edgell, Toronto, about two years old, suffering from Diarrhœa brought on by indigestion; passed undigested food, etc. Dr. B—— had tried many remedies without giving any relief; finally prescribed Maltopepsyn. After the child had taken six doses, there was marked improvement, and before one-half the bottle was used had entirely recovered.

I will make the same offer to medical men on Maltopepsyn as I do on Hydroleine, viz: I will forward upon application, to physicians only, a full sized bottle of Maltopepsyn upon receipt of twenty-five cents, (half price). This offer only applies to the first bottle.

HAZEN MORSE, 57 Front Street East, TORONTO.

ing, and he was languid and suffered from vomiting. On admission he was very languid; the pulse was very feeble; there was no pigmentation of skin or the mucous membranes, and no signs of visceral disease; there was tenderness over the epigastrium. Addison's disease was diagnosed. On September 28th, on attempting to get out of bed, he fainted, and soon after died. At the autopsy the organs generally were healthy. The liver was enlarged, and the left kidney was much larger than the right. Both supra-renal capsules were enlarged, hard, and nodulated; they were translucent, and in places yellow. He had collected all the cases of Addison's disease recorded in the Pathological Transactions during the last fifteen years, and found they were thirty in all, twenty-three males and seven females. The youngest age of males at death was five, the oldest fifty-five; the youngest age of females nineteen, and the oldest fifty-five. Average duration of illness in non-bronzed cases was 4.8 months, but in bronzed cases it was 26.8 months. If patients, without bronzing of the skin, died in one-fifth of the time of the others, the greater fatality was due to the constitutional disease, and the mischief causing this must be more intense. The two non-identical effects must have two different causes, or the same cause acting upon two different parts; the former idea might be certainly excluded. He thought the constitutional changes were due to degeneration of the medullary part of the supra-renal capsule, while the pigmentation was due to a chemical change in the blood resulting from the degeneration of the cortex of the capsule. The skin was well bronzed in nineteen cases, slightly or not at all in eleven. In four out of these eleven cases only one capsule was affected, and more often the right. In the case shown to-night, the disease clearly mapped out the medulla. Dr. Wilks said that Addison had known that in the early stage the bronzing was less marked, and thought that some cases died before bronzing occurred.—*Med. and Surg. Reporter.*

DIFFERENTIAL DIAGNOSIS OF ABDOMINAL TUMORS.—Dr. Erich, of Baltimore, contributes a very instructive paper to the Clinical Society of Maryland, wherein he points out how easily we may make very singular errors of diagnosis in abdominal tumors. He illustrates his views by the narration of several cases, hoping, apparently, to add to the "known sources of error" in arriving at a good diagnosis. In Case 1, a first examination per vaginam "revealed an irregular, hard, nodular tumor in the left iliac region somewhat posteriorly," and a diagnosis of probable cancer was ventured. A year and a half after this examination the patient was examined jointly by Dr. Erich and Dr. Chadwick, of Boston, when the conditions noted, had entirely changed. The tumor then noted, had

disappeared, "and a firm, round, moveable tumor, about the size of an adult head, was found occupying the hypogastric region." Present diagnosis—a fibroid. It was decided to remove the supposed fibroid by laparotomy. Upon making an incision and bringing the tumor in view, an exploratory puncture was made which yielded pure pus. The patient died, and a post-mortem revealed an abscess. This case teaches that fluctuation can not always be made out, even when a large amount of fluid is present. "I was compelled to acknowledge an error of omission," says Dr. E., "in not making an exploratory puncture before resorting to laparotomy. I have since then determined never to pronounce an abdominal tumor solid until after aspiration." Case 2 had been pronounced by an eminent surgeon a solid uterine fibroid. All the conditions so indicated; but true to his determination, an aspirator needle was introduced by Dr. Erich, and to the surprise of himself, as well as others, "a pint of pure pus was withdrawn." In Case 3 the patient had been sent to Dr. E. by a friend who had made out "probable diagnosis of ovarian tumor." The examination made by Dr. Erich appeared to exclude pelvic cellulitis and abscess—the diagnosis of ovarian cyst was therefore provisionally endorsed, and preparations for an operation were made. Preparatory to this a tonic treatment was set up, and a mercurial purge administered. The purgative produced diarrhoea with profuse and offensive discharges. Fever was established. The tumor was speedily reduced one-half. Aspiration, now instituted, removed a quantity of offensive pus and gas. The tumor was evidently a pelvic abscess. In his concluding observations Dr. Erich remarks: "In view of these difficulties, which have been acknowledged by the best men in the profession as liable to occur to them, I think it advisable to use the aspirator in cases of doubtful abdominal tumor before pronouncing definitely upon its nature.—*Obstet. Gaz.*

SIMULTANEOUS TRACHELORRHAPHY AND PERINÆORRHAPHY.—Dr. James B. Hunter, Surgeon to the Woman's Hospital, gives, in the *New York Med. Jour. and Obstet. Review* for 1882, a number of cases of prolapsus uteri and of laceration of the cervix and perinæum, remarking that extraordinary cases are sure to be fully described, while those of every-day occurrence are often passed over as of little consequence. In the belief that the latter possess some interest and value to many readers, he proposes to present, from time to time, sketches of a few cases as they occur in his service. In regard to the performance of Emmet's operation for laceration of the cervix and the operation for lacerated perinæum, both at the same time, he states that several years ago he tried this method in a hospital patient, who could not remain long enough to have the operations done at the usual interval of two or three weeks. It succeeded so

well that he has since done the double operation frequently, both in hospital and private practice, and has never had occasion to regret it. If, however, the laceration of the cervix is very extensive, or any condition exists that renders hæmorrhage probable, he always does the operations separately. Sometimes, too, it is not desirable to keep the patient long under ether, in which case the operations should not be done at the same time. The disadvantages of the double operations are: that it is impossible to reach the cervix, if it should be necessary, without sacrificing the new perinæum; that the patient is longer under the influence of ether; and that the sutures can not be removed from the cervix so soon. The advantages are: that the patient takes ether only once, and that she and her friends are spared the preparation (always somewhat formidable in a private family) for two operations; that there is an economy in time, as she lies in bed no longer than if the operation on the perinæum alone had been done; that a delicate patient suffers less fatigue, and is less emaciated, than she would be after having gone through two separate operations. He usually removes the sutures from the perinæum on the eighth day, and those from the cervix two weeks later, though with care the latter may be safely taken out earlier; while, on the other hand, there is no objection to letting them remain a month if it is convenient to do so, as they cause no irritation or inconvenience if the twisted ends of the wire are properly bent over and out of the way. While, therefore, he does not recommend the double operation as a rule, he considers it entirely practicable in many cases, and often prefers to do it.

CYST OF THE BROAD LIGAMENT, COMPLICATING LABOR.—Dr. N. W. Webber, *Detroit Clinic*, reports the following case: During accouchment, progress was interrupted by what was supposed to be a fæcal mass, but which, on more careful examination, proved to be a tumor. This being rapidly forced down between the head and the sacrum, finally took position before the foetal head. The attending physician then applied instruments, but could not deliver. While counsel was sent for, the funis came down, and could not be replaced; a calamity which resulted in the death of the child. Counsel having arrived, the forceps were again applied, and again without avail. At this time the tumor was about the size of a man's hand, and about twice as thick. Delivery was finally accomplished by recourse to craniotomy. The patient, after long and dangerous suffering from cystitis and inflammation of the soft parts, finally recovered, and was then informed by two other physicians that she had an ovarian tumor. One year after her confinement, she came under the care of Dr. Webber, who on examination, found a medium-sized tumor pressing well down into the posterior cul-de-sac, and

that moreover, she was four months advanced in pregnancy. From a careful bimanual examination he was led to doubt the correctness of the previous diagnosis. He therefore put the patient under ether, and with a large-sized aspirator needle, punctured the tumor, giving exit to six ounces of the clear limpid fluid peculiar to cysts of the broad ligament; besides this, several ounces were afterward lost by drainage. No outward symptoms followed, save a slight irritability of the uterus, which was quieted with opiates. At the proper time, she was taken in labor, and was delivered of a large and healthy boy. Nothing like a tumor could be discovered after careful examination. The cyst was undoubtedly the cause of all her trouble, and had it been punctured at first, craniotomy would have been unnecessary, and the cystitis and other trouble would not have occurred.—*Obstet. Gazette.*

PREVENTION OF LACERATION OF THE PERINÆUM.—At the meeting of the St. Louis Medical Society, May 7th, 1881, the proceedings of which appeared in the *St. Louis Medical and Surgical Journal* for August, Dr. G. Hurt read a paper on Position in Relation to Injuries of the Perinæum during Labour, in which he gives the history of several cases tending to prove that a sharply flexed and abducted position of the thighs, though convenient and necessary in some cases, is not conducive to the greatest degree of security to the maternal soft parts at the moment of the passage of the child's head through the vulva, nor to the speedy and safe delivery of the child. In the autumn of 1877, he attended a case in which the second stage of labour was somewhat tedious; and just as the head began to distend the perinæum, the patient, as a matter of choice, took the left side position, with her thighs and knees sharply flexed. The foetal head, which was unusually large, soon became impacted in the soft parts, uterine contraction became stronger and refused to intermit, the perinæum appeared to have reached the point of its utmost distention short of laceration, being pushed down so that the foetal occiput rose from under the pubes, and yet the head was so completely enveloped by the expanded perinæum, that a rupture of the latter seemed inevitable. At this moment, however, the patient perhaps involuntarily, extended her limb to a line nearly parallel with that of her body, and coincidentally with this movement the foetal head passed through the vulva without any perceptible injury to the parts. The next case was that of a primipara, in which the foetal head became so tightly impacted at the vulva as to cause considerable delay, though the uterus was contracting with great force, and laceration seemed inevitable. The patient was on her back, with her knees sharply flexed and abducted. She was requested to straighten her left leg, and as she

did so, the vertex became more prominent, and the forehead slid over the periæum without causing even so much as an abrasion of the fourchette. In other similar cases, extending the thigh, when the passage of the child was impeded by a too rigid perinæum, was followed by the same happy result. The perinæum is not only relaxed by the extension of the limbs, but the degree of its inclination is increased so as to impose less resistance to the passage of the foetal head, and *vice versa*; in the ratio that the limbs are flexed and abducted, the perinæum and contiguous parts are put upon the stretch, and consequently its resistance and liability to rupture proportionately increased.—*British Med. Journal.*

MULTIPLE CEREBRO-SPINAL SCLEROSIS.—On February 27th, Dr. Whittaker reported the following case before the Academy of Medicine, Cin. :—

A professional gentleman, about thirty-five years of age, otherwise in robust health, was attacked with tremors about two years ago. No cause could be assigned for them; the man had been of regular habits and gave no history of syphilis. Nothing more could be learned than that he had been attacked by robbers some years ago, and had received a blow on the head, but he recovered from it without any lesions. The tremors were first observed in his gait so as to excite the suspicion that he had been drinking. Gradually they invaded the upper extremities so that he was unable to write, then the head began to oscillate and finally the tremors became general—the whole period of the symptoms covering about one year from the first onset of the disease. The tremors occurred only after muscular efforts and then became uncontrollable. There was no defect of vision, no nystagmus.

On account of the rarity and importance in a diagnostic point of view, the speaker presented the patient to the class. When questions were put to him he answered by dividing his words into syllables—in a *scanning* measure. Some of the students recognized the case at once as one of multiple cerebro-spinal sclerosis, though one student quite naturally took it for chorea. The diagnosis is to be made between these two diseases and paralysis agitans, which is not very difficult. In sclerosis of the brain and cord the tremors are in the line of muscular action, while in chorea they are irregular and in every direction. In paralysis agitans the tremors are constant, while in sclerosis they occur only during muscular efforts. Moreover, paralysis agitans generally occurs late in life, between fifty and sixty, while sclerosis belongs to adult life, between twenty and forty. The cause as well as pathology is obscure. All we know is that sclerotic patches are found in the brain or cord, or both, varying in size from a pin's head to a dime or even a quarter of a dollar. The disease

depends on or is a chronic inflammation, but what induces it is not definitely known. An excuse for our want of more accurate knowledge of these conditions is the fact that this subject has been but recently studied, more particularly by the French and Germans. The prognosis as well as treatment is unfavourable. Nothing controls it except the constant current, chloride of barium, or nitrate of silver, and then the effect is only temporary.—*Cin. Lancet and Clinic.*

THE TREATMENT OF PNEUMONIA AT BELLEVUE HOSPITAL NEW YORK.—The motive of the general treatment of pneumonia at Bellevue Hospital is to sustain the powers and stimulate the functions of the patient till the comparatively brief and self-limited disease shall have spent itself.

The pulse is taken, rather than the temperature, as the gauge which best indicates the capacity for resistance, and an increase in its rapidity and diminution in its force are understood as a call for stimulants. The forms of stimulation used are to some extent subject to differences of opinion on the part of the visiting physicians, but all are agreed as to the value of whisky, and there is almost as much unanimity in their regard for the carbonate of ammonium. Digitalis is much used; but it is objected to by some, partly because experience seems to indicate that in some cases, when the crisis of the disease has passed, patients are left, after its use, in a condition less favorable for recovery, and partly from the theoretical consideration that this drug is not general enough in its action. Camphor has been employed by some as a diffusible stimulant.

The general treatment of pneumonia is then by simple stimulation. In special conditions, however, more is done. When the patient is first seen, if he is suffering from considerable pain, a few doses of morphia are recommended.

If the disease is seen at its outset, and if the outset is violent in character, one at least of the leading physicians on the visiting staff believes in the good effect of a few doses of aconite, but its use is not general in the hospital. The spirit of Mindererus, sweet spirits of nitre, calomel, and Dover's powder, are used by some in the first stage of the disease. Quinine is occasionally called upon to bring down the temperature when it rises to a serious height. One of the visiting physicians makes a special point of the importance of watching the kidneys and seeing they perform their duty well.

The appearance of œdema of the lungs finds all agreed upon the necessity of crowding the stimulants. But beyond this there are some differences of practice. They would be included in the use of dry cups, the hot pack, oxygen, and, in the few cases which are entirely suitable for it, bleeding.—*Medical Record.*

GUNSHOT WOUNDS OF THE VERTEBRÆ.—The exceedingly interesting paper on this subject, in this number, will be read with great interest and profit; more particularly, as such wounds are believed by the great majority, even of the well informed Profession, to be necessarily fatal. Such opinions have been so frequently expressed by physicians of prominence in medical and also in secular periodicals, in connection with the Garfield case, that every paper teaching a different and a truer lesson is to be appreciated.

In the thirty-two cases given in the History of the Crimean War, four recovered. In one hundred and ninety-one cases occurring in the French service thirteen recovered. In one hundred and eighty-seven cases reported by Confederate Surgeons, seven recovered. In one hundred and forty-nine Lumbar-vertebral cases reported in the "History of the Rebellion," fifty-one were discharged, and twenty-eight returned to duty; a mortality not absolute, but of 45.5 per cent. In sixteen reported cases of removal of the ball, only five died and seven recovered.

When such facts are considered, the report of the cure in this number becomes, in comparison, less astonishing, but the facts entire serve to increase the surprise which the unfortunate statements made in regard to Mr. Garfield's "inevitable death" have so extensively and injuriously created.

Gunshot wounds of the lumbar vertebræ are of course very serious, but when in 149 cases 79 have recovered, and when in 16 cases of operation, 7 have recovered, the late teachings on this subject are very far indeed from the truth. They are not only unjust, but libellous to Surgery.—*Am. Med. Weekly, Feb. 25, 1882.*

ACONITE v. SALICYLIC ACID IN THE TREATMENT OF RHEUMATISM.—Aconite has been very highly recommended in the treatment of rheumatism. I have given it in this disease with great advantage; and Dr. Murrell in his exhaustive letter on aconitine, or aconitia, in the *Journal* of April 15th, states that Gubler commends it highly for the relief of acute rheumatism and gout. I will briefly detail a case, at present under my care, where aconite had a fair trial and failed, and in which the value of salicylic acid was immediate, pronounced, and general. A woman, aged 26, was admitted under my care at the North West London Hospital, suffering from rheumatism of three weeks' duration; the temperature was 101° to 102°. The disease was complicated with nausea and symptoms of pericarditis, as well as with pains in the shafts of the long bones and erythematous eruption on the legs. On admission she was treated by the house-physician with a mixture the main ingredient of which was potassium iodide. This she took for several days, without any perceptible effect, till I

put her on a mixture containing 2 minims of tincture of aconite, in combination with a little digitalis and 15 grains of bicarbonate of potash, to be taken every three hours for twelve doses. It slightly lowered the temperature after the first day only, caused a copious perspiration, but was attended with no beneficial effect, either as regards the pains, the palpitation, or the fever. This mixture, with one minim of the tincture of aconite, was continued for nine days, but with no other effect. I then gave 15 grains of salicylate of soda, in water, with the result that in three days the temperature was normal, the pain had disappeared, and the heart-symptoms greatly relieved. This confirms to some extent the statement of Dr. Mac-lagan that salicylic acid is not injurious to the integrity of that organ; and that, in cases when it appears to be so, the damage to the heart occurs in the natural and erratic course of the disease, often even before its manifestations in the joints become apparent.—*DR. CULLIMORE in Brit. Med. Journal.*

SYPHILIS TRANSMITTED TO THE THIRD GENERATION.—Mr. Jonathan Hutchinson (*Reynolds' System of Medicine*, Vol. 1, p. 431,) gives the following.—"A respectable young woman came to me about six months ago, on account of an inflamed eye. She had interstitial keratitis in a typical form, her teeth were notched, and her physiognomy characteristic. She told me she was suckling her first child, an infant of two months. I inquired if it were healthy. She said it was a fine baby and ailed nothing whatever. I asked her to bring it with her at her next visit. She did so, and on having it stripped, I found it covered with coppery blotches, with condylomata at the anus and snuffles at the nose. In subsequent treatments by mercury all these symptoms disappeared. There remains of course the source of fallacy that this child's parents, one or other of them, may have acquired syphilis. As to its father, I may state that he has long been under my treatment for sycosis, and that I have made the most detailed inquiry of him as to any venereal disease. I believe strongly that he has never had any. A fact which is perhaps of more value than his own statement, is that his sycosis has not been benefitted in the least degree by the iodide of potassium. Of course I have not ventured to insult him by inquiring into his wife's antecedents; but there is no reason to entertain suspicion in that quarter, while the fact that she is the subject of inherited disease makes it probable that she would not be liable to the acquired disease. Having, therefore, carefully balanced the evidence, I incline to believe that in this we have an instance of the transmission of syphilis to the third generation."

DEATH AFTER OVARIOTOMY DUE TO PREVIOUS TAPPING.—Mr. Lawson Tait drew attention to the

fact that amongst the last 100 ovariectomies (for cystoma) which he had performed, there had been only three deaths. In all, the deaths had been due to the formation of a firm white clot, which started from the point of ligature of the pedicle and slowly traversed the venous system until it reached the heart, death ensuing in from 30 to 40 hours after operation. The symptoms which preceded death were swelling of the legs, rapid rise of pulse and its disappearance from the extremities some time before death; breathlessness, ending in suffocation and slight delirium. He had seen several such deaths, but not one in a patient who had not been previously tapped. His explanation was that the repeated tapplings deprived the blood of some element or elements included in the infinite variety of albuminous substances found in ovarian cysts, the deficiency of which predisposed to coagulation of the blood. The author thought that no case of ovarian tumour should be tapped till previous abdominal section had shown that it could not be removed. He believed if this rule was followed the mortality might be reduced to less than one per cent., if cases were operated on early; as long as the clamp gave a mortality of 25 per cent. it was right to stave off by all possible means so fatal an operation as ovariectomy.—*Midland Medical Society—Lancet*, Feb. 18.

TREATMENT OF COMEDONES—The black points, fleshworms or comedones, which are found in the face, and especially near the nostrils, are not at all produced by the accumulation of the particles of dirt or dust, as has generally been believed, but by pigmentary matter which is soluble in acids. It is known, in fact, that black comedones which accompany acne often appear not only on persons exposed to dust or rather careless of their person, but also on chlorotic young girls who live in good circumstances. Besides, observation shows that the discoloration not only exists on the surface of old comedones, but descends always to the lower parts. Accepting this fact, Dr. Unna, of Hamburg, has used, successfully, acids in the treatment of comedones. He generally prescribes:

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| R.—Kaolin, | 4 parts. |
| Glycerine, | 3 parts. |
| Acetic acid, | 2 parts. |

With or without the addition of a small quantity of some ethereal oil. With this pomade he covers the parts affected in the evening, and if need be, during the day. After several days all the comedones can be easily expressed, most of them even come out by washing the parts with pumice-stone soap. The same results can be obtained by bandaging the parts affected for a long time with vinegar, lemon juice or diluted hydrochloric acid. The author concludes by saying that the acids act like cosmetics, as they transform the black color into a brown and yellow shade, and destroy it gradually

altogether; they produce a quicker desquamation of the horny bed which interrupts the exit of the comedones and brings to the surface the glandular openings.—*Cin. Med. News*.

THERAPEUTICAL INDICATIONS FOR ERGOT.—Dr. E. Evetzky, (*New York Medical Journal*) sums up his views regarding the action of this drug, as follows:—

First: Disorders of the circulation and diseases of the organs of circulation. Second: Paretic conditions of the organs composed of organic muscular tissue, the circulatory system excepted. Third: Inflammatory and other morbid enlargements and growths. Fourth: Abnormal secretions. Fifth: Symptoms referable to the nervous system, and depending chiefly upon circulatory disorders within it. In regard to contra-indications to the use of ergot, it should be used with extreme caution in patients with an enfeebled heart. Pregnancy is not an absolute contra-indication. The use of the drug should be suspended during menstruation, unless it is given for some special condition of that function. To avoid disturbing the digestion it is best to give the drug by the rectum or hypodermically.

IODOFORM FOR SOFT CHANCRES.—In the *British Medical Journal*, Dr. Walter Whitehead says that iodoform appears to be one of the most efficacious drugs in the treatment of the syphilitic non-infecting soft sore, when not unduly inflamed. It has, however, the unfortunate counterbalancing disadvantage of attaching to the patient the liability of unenviable suspicion, the public having become keenly alive to its distinctive and penetrating odor, and having also acquired an appreciative knowledge of the principal purpose for which the drug is most frequently used. He has succeeded, he thinks, in obviating this objectionable feature, without, apparently, sacrificing any of the therapeutic advantages of the drug, by using it in the following manner: He first very carefully cleanses and dries the sores, by means of little pledgets of bibulous paper, and then, by means of a camel's hair pencil, applies freely over the surface of the sores a solution of iodoform in ether. The ether rapidly evaporates, and leaves the iodoform uniformly spread in an impalpable powder over the sores. To insure a free application, the latter part of the process may be repeated and allowed to dry. When perfectly dry, each sore is given a coating of collodion, which is allowed to overlap, about a quarter of an inch, the area of each sore. Before the collodion has had time to dry, a pinch of absorbent cotton wool is placed on each patch, as a protection against the rough contact of clothing. This dressing is allowed to remain undisturbed for twenty-four hours, when the firm film which forms may be gently removed and a fresh coating applied.

This treatment is continued day by day until all the sores have quite healed. He has found that a piece of gold beater's skin may be substituted for the collodion after the application of the iodoform. This process will suppress the odor, while a further advantage will be gained in the protection afforded by the collodion against auto-inoculation, and also against the risk of contagion from others coming in contact with the sores.—*Med. and Surg. Reporter.*

THYMOL IN DIPHTHERIA.—Dr. Warren (*Le Progres Med.*) has employed the following formula with much success in diphtheria:—

Glycerin..... 70 parts ;
Chlorate of potash..... 10 parts ;
Brandy..... 250 parts ;
Sulphate of quinine..... 2 to 4 parts ;
Thymol..... 30 to 50 parts.

A dessertspoonful of this mixture may be given hourly or every two hours to children of two to five years of age. For older children the dose may be increased to a tablespoonful. It should be given as far as possible without the addition of water, as it then produces an excitant or even irritant action on the buccal mucous membrane. It may also be employed as a prophylactic remedy against diphtheria and malaria. It has also been used as a tonic with much success in cases of typhoid fever with diarrhoea, but in this condition a few drops of the tincture of iron should be added to each dose.—*London Practitioner.*

OPERATION IN CASES OF DISEASED JOINTS IN PHTHISICAL SUBJECTS.—Mr. Henry Smith, in a letter to the *Lancet* (November 12, 1881), confirms the views of Mr. Bryant, who has already spoken upon the above subject. Mr. Bryant does not think that an operation for the removal of a diseased joint in a phthisical patient is unwise, where the local disease is of such a nature as to prevent the recovery from the systemic disease. But apparently in such cases he confines his operations to amputation, while Mr. Smith does not hesitate to perform excision. The latter gentleman states that great benefit has resulted from excision in cases which he has observed. He mentions as an instance, a tailor, suffering from tubercular phthisis and extensive disease of the elbow-joint, who, after operation, was greatly benefitted as regards the phthisis and the joint disease. He also says that there are instances of lardaceous disease of the liver, where this condition will disappear after operation upon the hip-joint.—*N. Y. Med. Record.*

The *N. Y. Medical Times* has been added to our exchange list. It is devoted to the elucidation and support of the principles of *similia similibus curantur* in medicine, although it requires a

somewhat careful examination of its contents to detect this fact. It has this to say regarding the use of the term "homœopath": "The display of the title 'Homœopath' upon signs is rarely met with in these parts, and its use, we will admit, is only for purposes of notoriety and should be abandoned by such as have any degree of appreciation of good taste and of the dignity of that title which needs no modification, viz., Dr. of Medicine." And yet there are those who will refuse to recognize a man who can utter such a sentiment, as a physician! We cordially welcome the *Times* to our table. It is withal a first-class journal....*Mich. Med. News.*

TORSION OF ARTERIES.—At Guy's Hospital, the London correspondent of the Boston *Medical and Surgical Journal* says that all the surgeons use torsion to the exclusion of the ligature, except in very small vessels where it is difficult to isolate the vessels from muscular fibres. They give a very large statistical showing in its favour. He has seen every kind of amputation there except of the hip-joint, and never a ligature applied except to a large vessel. They use no transverse forceps, but seizing the cut end of the vessel with strong forceps, twist it till it is felt to "give way," that is, the two inner coats break. He has often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said: "Doctor, theoretically the twisted end ought to slough off, but practically it never does. We have to talk to our students about secondary hemorrhage, but we do not show it to them." Mr. Lucas told him that for a long time they have ceased to dread, or look for secondary hemorrhage.—*Chicago Med. Review.*

TREATMENT OF OBSTINATE CONSTIPATION BY EXTRACT OF CALABAR BEAN.—Calabar bean administered to an animal produces tetanic spasms of the muscular tissues of the bowel, resulting in expulsion of the intestinal contents per anum. This fact suggested to Dr. Schæfer the idea that the drug might prove useful in obstinate constipation, due to atony of the muscular coats of the intestine, such as is often observed in women and in old men. The results of this mode of treatment are reported as satisfactory. The following is the formula of the preparation employed:—

Extract of Calabar bean.....0.05 gramme.
Glycerine.....10 grammes.

Six drops to be taken every three hours during the day. Under this treatment constipation has been overcome within twenty-four hours.—(*Bert. Klin. Wochenschr.*) *Journal de Thérap.* 10th February, 1882.

GASTRIC RESECTION.—Billroth did not perform his prospected gastric resection in Bordeaux, as the patient died upon the day of his arrival. The

autopsy revealed an error in diagnosis, the stomach being found perfectly normal, while the gall-bladder was filled with calculi.

For the journey, Billroth received 12,000 florins, while 3,000 florins were apportioned to each of his assistants, Drs. Wolfier and Gersnay.

A slight idea of the enormous quantity of operative surgery Billroth performs, can be formed from a recent Sunday forenoon's labour. In that space of time, he removed two ovarian tumors and extirpated two uteri. The four patients survived the operations. His usual daily operation duty at the "Allegemeine Krankenhaus" is two and one-half hours.—*Cor. Med. News.*

A SEDATIVE EMMENAGOGUE.—For a day or two antecedent to the actual commencement of the catamenial flux, not infrequently women suffer acute pain in the pelvic region, doubtless due to hyperæmia and hyperæsthesia of the reproductive belongings. To obviate this I have found no treatment give such satisfactory results as the following :

R—Codeiæ sulphatis, gr. j.
Chloral hydratis,
Ammonii bromidi, aa gr. xx.
Aquæ camphoræ, ʒj.—M.

Sig.—The above dose to be taken at bed-time.

A repetition of the dose at *that* period is rarely necessary. In some cases a warm sitz-bath of fifteen minutes' duration before retiring, is a valuable adjuvant.—*Western Med. Rep.*, March, 1882.

DOCTORS IN CANADIAN LEGISLATURES. — In contrast to England, where not a single constituency is represented by a member of the profession, Canada appears to have an unusual number of medical politicians. In the Dominion Parliament there are, in the Senate, 6; in the House of Commons, 16; of these, one, Dr. Blanchet, is Speaker of the House, and Sir Charles Tupper (M.D., Edin.) is Minister of Railways. In the Provincial Legislatures, Nova Scotia has 3; New Brunswick, 2; Manitoba, 2; Ontario, 10; and Quebec, 10. In the last-named province, the Lieutenant-Governor is Dr. Louis Robitaille, and the Minister of Agriculture, Dr. Ross.—*Med. News.*

RESIGNATION OF PROF. GROSS.—On the 27th ult., Prof. Samuel D. Gross tendered to the Trustees of the Jefferson Medical College his resignation of the professorship of surgery which he has held in that institution for twenty-six years. Dr. Gross is seventy-seven years of age, and, although still in the enjoyment of vigorous health, recognizes the wisdom of lightening his labors with advancing years. Dr. Gross's world-wide reputation as a surgeon, and popularity as a lecturer, have justly attracted large numbers of students to Jefferson School, and his resignation is a serious

loss to the Faculty and to medical education in Philadelphia.—*Med. News.*

TURPENTINE AND CARBOLIC ACID IN TYPHOID.—Dr. J. F. Peace (*Med. Brief*) reports fifty-four cases of typhoid fever, of which 30 were treated with carbolic acid, given in one to three drop doses, three to four times per diem; and twenty-four were treated with turpentine, given in five to ten drop doses, three to four times a day. The duration of the disease was shortest in those treated with carbolic acid, and they all recovered. Of those treated with turpentine two died. The supporting treatment was the same in all.—*Chicago Med Review.*

BLADDERS OF ICE IN MAMMARY ABSCESS.—Dr. Hiram Corson (*Am. Four. Obstet.*) speaks in high praise of applications of ice in bladders to inflamed mammæ to prevent abscess, or even if abscesses have formed, to limit the destructive process. He has followed this practice for twenty-seven years, and in no instance, if suppuration has not already taken place, has he failed to disperse the inflammation at the same time that he brought comfort to the patient.—*Pac. Med. & Surg. Four.*

ACUTE BRONCHITIS:

R—Vini Ipecac.....ʒij
Potassii Citratis.....ʒiv
Tr. Opii Camph.....
Syrup Acaciæaa ʒj

M. Sig.—Tablespoonful thrice daily in the first stages of ordinary acute bronchitis.—*Dr. Da Costa.*

HOW LAWYERS ARE SOMETIMES MADE.—The *Alienist and Neurologist* cites from Prichard the well known case of the three congenitally idiotic brethren; one of whom received a blow on the head which brightened him up a little and he became a lawyer. The trouble is, some congenital idiots become lawyers without getting a blow on the head to brighten them up.—*Chicago Med. Review.*

THE LEGAL POSITION OF A PROFESSOR in a college, according to a recent decision of the Supreme Court of Pennsylvania, is merely that of an employee. He can be summarily dismissed at any time, therefore, by the corporation owning the college.—*Philadelphia Medical Times.*

EPILEPSY.—Dr. Allen McLane Hamilton's prescription for epilepsy:

R. Strychniæ sulph., gr. j.; fl. ext. ergotæ, ʒ ss.; liq. potass. arsenat., ʒ ij; sodii bromid., ʒ ss.; tr. digitalis, ʒ iij.; aquæ menth. pip. ad., ʒ iv. M.

Sig.—A teaspoonful, before eating, in a half tumblerful of water.

EPYEMA—FREE INCISION V. ASPIRATION.—A correspondent of the *British Med. Journal* reports the following case:—James W., aged seven years, was seized with a pleuro-pneumonia, from which he apparently recovered and began to run about. Twenty days after he had been last seen his father came (he lived about five miles in the country), and complained of the boy's breathing becoming more and more embarrassed. The little patient was again seen, and dulness had returned to the left side, the side originally affected, and breathing was more hurried. He was blistered and put on diuretics, but still the symptoms of compressed lung increased, and no doubt was entertained but that he was suffering from empyema; and on September 3rd his breathing was forty-five to fifty per minute; pulse so quick that it could not be counted; complexion livid. Thirty-five ounces of pus were drawn off by means of the aspirator, with of course immediate relief to the patient. For two days the little patient improved, but diarrhoea, a distressing symptom from the first, still continued. After this, however, he became more restless toward evening, and dulness increased, so that on the seventh day after, the operation had to be repeated, and with a result differing from the former only in the quantity (thirty ounces) of pus withdrawn. In thirty-five days the operation was repeated five times, and nearly two hundred ounces were taken from the cavity. After each operation the patient experienced great relief, and improved, though so slowly that it was deemed advisable to make a free incision. This was done between the fourth and fifth ribs, about one inch and a half posterior to the mid-axillary line, and a drainage-tube inserted. The child improved every day after this operation; and a very notable feature in the case, the diarrhoea, which had hitherto baffled every attempt to arrest it, ceased.

The wound in the chest-wall soon healed, and when last seen, with the exception of the left side of the chest being flat, the boy looked and felt well.

No antiseptics were used, so that the admission of fresh air into the pleural cavity is not so much to be dreaded as pent-up matter.

TREATMENT OF PERTUSSIS.—Dr. Forchheimer (*American Journal of Obstetrics*, January, 1882) has adopted Letzerich's treatment of pertussis with insufflations of quinine, using one gramme of quinine and half a gramme each of pulverized acacia and soda bicarbonate, divided into ten powders; one powder is blown into the throat twice daily. He claims, after a very logical and critical examination of his results, embracing the treatment of ninety-two cases, as compared with those of other authorities, that his method corresponds to an ideal one in the following particulars:—First: A positive effect is produced on the duration of the dis-

ease. Second: A positive effect is produced upon both the number and intensity of the paroxysms. Third: Complications and sequelæ are diminished. Fourth: Mortality is very much reduced. Fifth: Its prophylactic action must as yet be considered doubtful, yet the treatment requires more thorough testing.—*Chicago Med. Review*.

PERSONS WHO USE FURS AND FOOD preserved in tin cans have been found to suffer eventually from gastric trouble. This, it is asserted, is due to stannous compounds which are extremely irritant. Mr. Edison is reported (*Science*) to have invented a method of preserving articles of food in glass vessels from which the air has been exhausted and a high vacuum produced. The glass vessel is then hermetically closed by sealing off the channel to the air-pump, the envelope produced being essentially a homogeneous piece of glass. This invention appears to meet the difficulty experienced in the use of tin cans.

CLASSIFICATION OF MEN.—Hesiod said that in his day there were three kinds of men—those who understand things of themselves, those who understand things when they are explained to them, and those who neither understand things of themselves nor when they are explained to them. That was the classification in Greece over two thousand years ago, but it is a convenient one for use even now; and when a man has settled for himself to which class he belongs, his education has taken a long stride.—*Billings*.

Another successful gastrotomy was recently performed by Prof. Albert, of Vienna, upon a boy, aged eleven, who suffered from stricture of the œsophagus brought on by swallowing caustic potash. The case was exhibited before the Society of Physicians in Vienna.

BASHAM'S MIXTURE IN ALBUMINURIA.—This old-fashioned formula still holds a prominent place in the treatment of renal disorders. Its composition is as follows:—Tr. ferri. chlor. \mathfrak{z} ss. ; acid acetic dil. \mathfrak{z} j. : liq. amm. acet. \mathfrak{z} ivss. . tr. aurant. cort, \mathfrak{z} iss. ; glycerinæ \mathfrak{z} ss.—M. Sig. A tablespoonful, largely diluted three times a day.

FATTY HEART IN DIPHTHERIA.—Prof. Leyden, President of the Berlin Medical Society, thinks that there is a fatty degeneration of the muscular fibres of the heart, with abundant cell-proliferation, in diphtheria.

PURPURA.—R. Vin. ferri., \mathfrak{z} iv. ; liq., arsenicalis min. xx. ; syr zingiberis, \mathfrak{z} ij.

M. Sig., one-sixth part, with three tablespoonfuls of water three times a day, after meals.—*Med. Gazette*.

THE CANADA LANCET.

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

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

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

TORONTO, JUNE, 1882.

This Journal has the largest circulation of any Medical Journal Canada.

CHAIRMAN ONTARIO BOARD OF HEALTH.

Our contemporary "the organ of the Toronto School of Medicine," with its usual one-sidedness comes forward in the last issue with a long bill of indictment against the editor of the LANCET, for daring to exercise his undoubted right of criticizing the qualifications of the Chairman of the Ontario Board of Health. The recently appointed Chairman of the Board is a colleague, and therefore must be defended at all hazards; for is not the existence of the "organ" for the benefit of the School and those connected therewith? Nor do we find any fault with the "organ" for so doing, but when, in order to defend a colleague, the editors so far forget what is due to themselves and the School they endeavour so faithfully to bolster up, as to make statements which they knew to be incorrect, impute unworthy motives, and retail "street gossip," it is incumbent on us to speak out more freely on the subject. Through the thin mask of the *nom de plume*, "Junius," the editors make statements which they were no doubt ashamed to make more openly. They knew, or ought to have known before publishing such a statement, that the "editor of the LANCET" was not an applicant for the Chairmanship of the Board of Health. That public gossip had mentioned our name, as well as the names of several other gentlemen in this city, in connection with the Chairmanship of the Board, and that a very warm and influential friend in the House pressed us to apply for the position, we do not pretend to deny; but that we

made application for the position, or were disappointed in not getting it, is utterly and absolutely without foundation. We have neither the leisure nor the inclination, to engage in any more work than we have on hand at present. There was not, therefore, any rivalry between us, nor do we consider him a rival in any sense.

Having thus disposed of that portion of the indictment in regard to our criticism, we will now state, in answer to the challenge of the "organ," the grounds upon which we were opposed to his appointment. We stated in the article which gave such mortal offence to the "organ," that while we did not approve of the selection of the chairman, believing him not to be a thoroughly practical man, we were desirous of giving him a fair trial. This was "the head and front of our offending, nothing more." We still think, that in the interest of the public and the profession, it would not have been prudent to say more; but his injudicious friends seem to think otherwise. The "organ" states that the chairman needs no defence among his professional brethren in Toronto. We venture to state, on the contrary, that there are not half a dozen medical men in Toronto, outside of the small "charmed circle" of which the "organ" is the central pivot, that will assert that he is a practically competent man for the position. Neither is he, in any sense, the choice of the profession in Toronto, as the "organ" would have its readers believe. He forced himself upon the attention of the House and the Government, by most persistent lobbying, and the presentation of petitions which he carried about the city for signatures, and thus secured for himself a position for which he has neither the leisure, nor the practical qualifications to properly fill. He, at present, holds a subordinate position in University College, as lecturer on "Italian," fills the office of "Curator of the Museum," and lecturer on "Sanitary Science" in the Toronto School of Medicine, and does some occasional work in the "Ontario Veterinary College," together with general practice. It is therefore impossible to expect that he can have sufficient leisure to do justice to the position, even if he possessed the necessary qualifications. With reference to his practical qualifications, we judged him entirely by his own record. It will be in the recollection of some of our readers who were cognizant of the facts at the time, that when asked, in common

with a number of his fellow-practitioners in this city, by a committee of medical men in the House, to give his views upon the public health question, and the best mode of procedure to induce the Government to provide for the establishment of the Provincial Board of Health, he treated the committee to a long dissertation about the drainage, or something of that sort, of Osgoode Hall, a matter entirely foreign to the subject in hand. His communication was laid on the table, with the remark by the chairman, that it had no reference whatever to the question under consideration. We would also refer the "organ" to his report upon some method of improving the sanitary condition of the City Hall.

The *Mail*, of February 4th, 1882, referring to this report, stated that "the Dr. gave it as his opinion that the only remedy which *presented itself to his mind* was to have new buildings erected." There was not a suggestion offered by this "eminently practical man" as to improving the sanitary, or rather unsanitary, condition of the present buildings. We have been told by practical men that the buildings—while not the best for the purpose—could at moderate expense be placed in a perfectly healthy condition.

It was the knowledge of such facts as the above, and others of a similar character, that might be mentioned, which shook our confidence in the ultimate success of the measure under his chairmanship, and led us to decline a seat on the Board, which was very strongly pressed upon us by the Registrar-General, and which also led us to say that "we did not approve of the appointment." If anything further is needed to show that we had good grounds for our statement we would refer our readers to his published address to his colleagues on the Board. Instead of proceeding at once to the work in hand, as a practical man would have done, he delivered a long address to his colleagues, a large portion of which referred to what had been done by sanitary reforms, which it is to be hoped for their own sake as well as the public, the members of the Board are quite as familiar with as the Chairman. It might have been well enough at a meeting to instruct a number of mechanics, but it was absurd and altogether useless and out of place as an instruction to his colleagues. The plea that the address was intended

for publication in the *Mail*, does not alter the facts.

At the instance of the Hon. Mr. Hardy, two members of the Board visited Sarnia, and reported in reference to the cause of the outbreak of typhoid fever in that place. Even this judicious action on the part of the Government was not a sufficient hint to the Chairman of the Board to lead him to direct an enquiry into the cause of the recent epidemic of a similar nature in Toronto. If there had been a practical man to direct the affairs of the Board, it surely would not have separated without an expression of opinion with regard to our own impure water supply, or a recommendation with reference to the danger to the health of the city by the contemplated closing up of the Eastern gap of the bay.

LABOUR EMPLOYMENT REGULATION BILL.

A bill to regulate the employment of labour in workshops, mills and factories, was introduced in the Dominion Senate during the past Session.

A somewhat similar bill was introduced during the Session previous to the last, in the House of Commons, by Dr. Bergin, but was not pressed because of the limited information in possession of the House. A Commission was appointed by the Government, consisting of two gentlemen who spent considerable time during the recess, in collecting information. They visited 465 factories in different parts of the Dominion, especially in Ontario, Quebec, Nova Scotia, and New Brunswick. They found that the number of persons employed in these factories was about 43,000, of whom, 2,000 were children under ten years of age.

The report of the Commissioners which was laid before the Senate, gave in a very concise form, information which will be of great value in enabling the Government and the public to form an intelligent opinion with regard to the labour employed in factories and the small degree of protection afforded to those engaged in such employment. It was found by the Commission that the hours of labour varied very much in the different factories. In 48 of these factories the employés worked over ten hours per day; in 167, ten hours per day; and in 250, less than ten hours per day.

With reference to the sanitary condition of the

factories and health of the employes, the Commissioners seem, from the report, to have paid but little attention to this part of their work. While some of the large factories were everything that could be desired in this respect, many of the smaller ones, such as tobacco factories and others of that class, were far from creditable to the age in which we live. It was also found that in a large number of factories, one hour was allowed for dinner, but in a number of others it varied from half an hour to 50 minutes. The report of the Commissioners also showed that the provision made for urinals and other conveniences, in many of the factories was very imperfect. The same was also true with regard to means of escape in case of fire.

The principal provisions of the bill are as follows:—It provides that the hours of labour shall not exceed ten hours per day, or 60 hours per week. With regard to children of 10 to 14, the hours of labour are fixed at 30 per week, and shall not exceed eight hours per day. The bill fixes the time allowed for dinner at one hour; and provision is made that no operative shall be allowed to take meals in a room where any manufacturing process is carried on; and every employer is obliged to provide a suitable room within the precincts of the factory, in which the employes can take their meals. With regard to sanitary provisions, it requires that every factory shall be ventilated in such a way as to render harmless the vapors, dust, etc., generated in the manufacturing process carried on in them. It also provides that suitable arrangement for water-closets be made. The bill further provides that fire escapes shall be erected, and that all belting, shafting and gearing, be so covered that operatives may not come in contact with them, and that hoists, trap-doors, etc., be properly closed and guarded. The Governor-General in Council may from time to time make ordinance for enforcing the Act, by the appointment of one or more Inspectors. Penalty clauses are also inserted for any infraction of the law.

Although the measure is largely a tentative one, it cannot fail to have a most salutary effect upon the sanitary condition of factories, and on the health of employes. The introduction of the bill in the Senate occasioned a lively discussion, in which the medical men in the House took an active part. Hon. Dr. Almon, of Halifax, administered a well-

merited rebuke to the legal members for their great readiness in expressing opinions on matters which come more especially within the province of medical men.

REPORTS OF ASYLUMS FOR INSANE.

We have before us the reports of the medical superintendents of asylums for insane in this Province, for the year ending Sept. 30th, 1881, from which we glean the following information:—In the Toronto Asylum there were, at the close of the year, 673 patients, or 11 more, the Superintendent states, than they had beds for. During the year there were 762 patients under treatment. Of that number 88 were admitted, 54 were discharged (40 of them recovered and 8 improved), and 35 died. The per centage of recoveries on admissions during the year is about 45 per cent. as against 19 per cent. last year. In the London Asylum there were, on the 1st October, 1880, 784 patients in residence. During the year, 970 were under treatment. Of the latter, 73 were discharged, 38 died, 4 eloped, and 3 were transferred to other asylums, leaving in residence, on the 1st Sept., 1881, 852 patients. Of those discharged, 47 were recovered, 13 improved, and 12 unimproved. The number discharged recovered and improved was 60, or about 32 per cent. of the admissions, as against 36 per cent. last year. But, as Dr. Clarke very properly says in his report, the per centages fluctuate in asylums from year to year. In the Kingston Asylum there were in residence, on the 1st October, 1880, 433 patients. The total number under treatment during the year was 488; of these, 21 were discharged and 21 died during the year, leaving 446 remaining in the Asylum on 30th Sept., 1881. Of those discharged, 10 were cured, 10 improved, and 1 unimproved. In these three asylums there were confined, on the 1st Sept., 1881, no less than 1,971 patients, to which must be added those in Hamilton and Orillia, which foot up a very large total for the Province of Ontario. Besides, the universal cry of the superintendents is, More room, more room! The Toronto Asylum is pressed to its utmost capacity, and even far beyond what is reasonable or just to the present inmates, to accommodate the increasing number of applicants, and the Government will be obliged, however unwilling, before long to provide additional accommodation. Where

there has been so much crowding, it is matter for wonder that the superintendents have not had to report the occurrence of serious endemics or a greater number of casualties among the more irresponsible class of inmates.

In glancing over the Inspector's reports, or "Minutes of Inspection recorded during the year,"—we presume they were *minutes* of inspection—we were very much impressed with the patronizing way in which that officer dealt with the subject, and the very free use he seemed disposed to make of the services of the "Medical Superintendents." No matter what little detail in his opinion required attention, it was noted down, with the remark that the "Medical Superintendent was required to see that it was attended to;" "the attention of the Medical Superintendent was called to this;" "the Medical Superintendent was instructed to have proper books prepared;" "the Medical Superintendent was requested to give his personal attention to the matter," etc., etc. Any person not acquainted with all the facts, and not knowing the character of the medical superintendents of the respective institutions for energy, fidelity to trust, and faithfulness in the performance of their duties, would infer that they had been guilty of gross carelessness, not to say criminality, in the discharge of their duties. It is the most complacent piece of self-glorification we have seen for many a day, and we cannot but think these gentlemen whose names are so freely used to magnify the value and importance of his inspection, will heave a sigh of relief at the thought that his great talents have found a more fitting occupation.

TRINITY MEDICAL SCHOOL.

The annual meeting of the Trinity Medical School for the conferring of diplomas, awarding of medals, scholarships, certificates of honor, etc., was held on the 8th ult., Dr. Geikie in the chair. The proceedings were opened by the Provost, Rev. W. E. Body, reading prayers, after which Dr. Kirkland announced the names of those candidates who had passed the first year's examination, 56 in number. Their names appeared in the May number of the LANCET.

Dr. Kennedy presented the certificates of honour for standing in the primary branches, stating

that the contest had been very keen, neither of the successful candidates having far outstripped the others. The men who procured this distinction were J. E. Jenner, E. H. Williams, T. H. Robinson, and B. H. Scott.

Dr. Fulton read the names of those who had passed the primary examination, 26 in number, remarking that it was acknowledged to be very severe, the object of the faculty in making it so being to avoid, so far as possible, the failure of students in the succeeding and more important examinations.

SCHOLARSHIPS.—First year's scholarships: W. M. Brown, *first scholarship*; F. Snellgrove, *second scholarship*. The "second year's scholarship" was equally divided between E. Jenner and E. H. Williams.

PRIZES.—The "Baptie" prize in chemistry was won by E. H. Williams. F. H. Sawers received the prize in materia medica, given by Dr. Kennedy, and B. H. Scott a special prize for high standing in the same department.

FELLOWSHIP DIPLOMAS.—*Honor men*: W. H. McDonald, A. C. Gaviller, A. D. Smith, W. Bonnar, A. Cameron, H. H. Graham, W. Hanbidge, J. M. Johnston, J. Johnston, H. P. McCausland, J. T. Sutherland. *Passmen*: R. W. Belt, W. N. Brett, T. W. Duncombe, J. A. Gracy, S. A. Metherell, J. A. Urquhart, J. E. Shore, P. J. Strathy, and J. D. Wilson.

MEDALLISTS.—Trinity Gold Medallist, W. H. McDonald; first Silver Medallist, A. C. Gaviller; second do., A. D. Smith.

Dr. Covernton, in presenting those who had passed the final examination, said it gave him great pleasure as one of the examiners to testify to the unusual excellence of the papers prepared by the students during the past course. The two men whose names stood first on the list were the best men ever up at the school.

The Rev. Provost presented the gold medal to the recipient and congratulated him on the excellence of his examination, having attained the very high proportion of 97 per cent.

Dr. Fulton in presenting the first silver medal, alluded to the ability of the recipient in complimentary terms, and took occasion to advise those successful competitors who could do so to spend a few years in the study of pathology in Europe,

before settling in Canada, with the object of making themselves familiar with the most recent developments in science. New discoveries were daily being made, and he believed that in no other way could the faculties of the students be so quickly and fully developed. He also urged them to endeavour to excel in their profession, and not content themselves with securing a mere competence as practitioners.

Dr. Covernton presented the second silver medal with a few appropriate remarks.

Dr. Geikie, Dean of the Faculty, then admitted the successful final candidates to the fellowship of the school, endorsing in his address to the new doctors the suggestion of Dr. Fulton as to gaining all the knowledge they possibly could by travel before settling down to the business of their life in the Dominion.

ONTARIO MEDICAL ASSOCIATION.—The following is a list of papers to be read at the meeting of the Ontario Medical Association, June 7th and 8th—as far as received by the Secretary up to the 25th ult.:—Adenoma of the Pharynx—Dr. Ryerson, Toronto; Antiseptic treatment of Phtisis—Dr. Philip, Brantford; The Science of Medicine—Dr. Curry, Rockwood; Treatment of Laceration of the cervix uteri—Dr. Temple, Toronto; Hemorrhage after tonsillotomy—Dr. Powell, Edgar; Therapeutics of Insanity—Dr. D. Clark, Toronto; Trachelorrhaphy—Dr. Snow, New York; Reports of Cases in Surgery—Dr. Dupuis, Kingston; Locomotor Ataxia with Case—Dr. Stewart, Brucefield; Light in Schools—Dr. Palmer, Toronto; Venesection—Dr. Clark, Oshawa; Remarks on, and exhibition of case in surgery—Dr. Canniff, Toronto; The relation of Local Boards to the Provincial Board of Health—Dr. Yeomans, Mount Forest; Alcohol in disease—Dr. Bruce Smith, Sparta; A case of Eclampsia—Dr. Harrison, Selkirk; Treatment of Diphtheria, Dr. Mackelcan, Hamilton; Some points on measurements in surgical practice—Dr. Oldright, Toronto; Remarks on the Vital Statistics of Ontario—Dr. Playter, Toronto; Retroversion of the Uterus—Dr. Harris, of Brantford. Besides these, reports on the various departments of the science will be forthcoming—and, judging from the *personnel* of the Committees, much may be expected from them. From present indications there is every reason to believe that this meeting will be largely attended.

UNIVERSITY OF TORONTO MEDICAL EXAMINATIONS.—The following are the results of the recent examinations in the Faculty of Medicine:—*First year.*—H. Bascom, C. H. Britton, A. Broadfoot, E. Bourke, L. Carr, G. A. Cherry, F. W. Cane, J. D. Courtney, W. A. Goodall, H. N. Hoople, A. B. Kinsley, C. A. Crick, D. Minchin, D. Poole, M. R. Saunders, J. E. Sutherland, D. M. Stabler, H. E. Webster, J. W. Paterson, S. Stewart (J. H. Howell, *agrotat* standing). Scholarships.—1st, H. N. Hoople; 2nd, L. Carr. *Second year.*—J. Bray, J. W. Clarke, J. S. Draper, R. Hearn, J. Johnston, T. D. Michael, A. F. McKenzie, J. W. Paterson, R. L. Stewart, S. Stewart, J. Spence, A. S. Thompson, W. H. Johnston, T. M. Milroy, W. H. Oliphant. Scholarships.—1st, J. W. Clarke; 2nd, A. F. McKenzie. *Third year.*—H. S. Clarke, F. J. Dolson, J. E. Hansler, J. A. Meldrum, W. J. Robinson. Scholarships.—1st, W. J. Robinson; 2nd, F. J. Dolson. Primary.—W. H. Carleton, W. F. Freeman. Final.—W. J. Charlton, R. Coulter, A. J. Freel, R. S. Frost, W. Gilpin, H. P. Jackson, J. G. Mennie, A. D. Nasmith, J. W. Rae, S. R. Rogers, J. E. Shore, P. C. Walmsley. *Fourth year.* J. F. Bell, G. S. Cleland, J. T. Duncan, W. F. Eastwood, R. M. Fisher, W. Hanbidge, W. H. Johnson, E. G. Knill, F. D. Kent, J. Lafferty, T. M. Milroy, T. F. McMahon, W. H. Oliphant, A. C. Panton, R. R. Wallace. University gold medal.—R. R. Wallace. University silver medal.—J. F. Duncan. Starr gold medal.—R. R. Wallace. Degree of M.D.—J. Anderson, M.B.

UNIVERSITY OF TRINITY COLLEGE, TORONTO.—The convocation for conferring degrees in medicine of this university was held on the 10th ult. The following are the names of the graduates:

Degree of M.B.—A. C. Gaviller, gold medallist; J. M. Johnston, silver medallist.

Certificates of Honor.—A. C. Gaviller, J. M. Johnston, W. H. Macdonald, A. D. Smith, J. T. Sutherland, J. Johnston, W. M. Brett, P. J. Strathy, J. W. Ray, T. M. Milroy, H. H. Graham.

Passmen.—H. H. Atkinson, R. W. Belt, F. D. Canfield, T. W. Duncombe, J. G. Davidson, J. A. Gracey, J. W. L. Hunter, W. Nattress, A. F. Pringle, J. Urquhart, H. C. Wilson, J. D. Wilson, E. R. Woods, D. McLeod.

M.D., C.M.—H. P. McCausland, J. Walker, F. E. Woolverton, F. C. Astley, J. C. Urquhart, G.

McLain, A. H. Ferguson, W. Honeywell, J. D. Bonnar, J. A. McNaughton, C. M. Freeman, T. H. Stark, R. J. McKinnon and R. A. Ross.
M.D.—R. B. Nevitt and R. Raikes.

BAD TASTE.—The Toronto School of Medicine organ of this city still persists in endeavoring to stir up bad feeling between the members of the Homœopathic and the regular profession in Ontario. This is, to say the least, in very bad taste. The position of these two bodies is very different in Ontario, from what it is in any other part of the world. The Homœopaths are incorporated by Act of Parliament with the general profession; representatives of both bodies sit together in the same council and make laws for the government of the profession as a whole. They are also associated together in the recently formed Provincial Board of Health, and therefore good taste and good policy both demand that there should be no unnecessary bitterness of feeling introduced. There certainly appears to be no good reason for all this abuse. No one can charge the Ontario Homœopaths with being aggressive, for, since the Act incorporating them with the general profession came into force, only a very few members of that school have been licensed to practise medicine in this Province. Surely those who are so conscious both of right and might, can afford to be a little more magnanimous.

THE BACILLI OF TUBERCLE.—At a recent meeting of the Physiological Society of Berlin, Dr. Koch gave a description and demonstration of organisms discovered by him in connection with tuberculosis. These organisms were detected by means of a peculiar process of staining which is given in detail in the *Lancet*, April 22nd, 1882, and by examination under very strong illumination. The tubercle bacilli as described by Koch, are seen as very small rods, one ten-thousand of an inch in length, and one sixty-thousandth of an inch in breadth. In some of them distinct spores may be seen. Koch found these organisms in tuberculous cavities and the sputum of phthisical patients. They were more numerous in recent tubercle than in old caseating centres. He performed a number of culture experiments in order to prove the identification of these organisms with tuberculosis, and the results were most striking. These observations have been subsequently con-

firmed by an independent investigation by Baumgarten. If well-founded, it is impossible to overestimate the importance of this discovery to medical science.

MALTINE AND LACTOPEPTINE.—We know of few articles more indispensable than those above named to the therapeutic *armamentarium* of the progressive physician, and we are glad to learn, from circular now before us, that both preparations have grown so largely in the esteem of the Canadian profession as to have rendered it necessary to establish a branch house in Canada, for the purpose of more satisfactorily meeting the existing and increasing demand. The fact stated proves that the value of the preparations is too fully recognized to require further endorsement from us at this time. We would say, however, that both houses interested, especially merit support, inasmuch as it has been a cardinal principle in the conduct of their business to keep their preparations strictly in the hands of the profession, a point of which, perhaps, the importance is not sufficiently recognized. While this "unwritten law" is ostensibly observed by manufacturing pharmacists generally, we regret to say that it is in too many cases kept only in the letter, while flagrantly violated in spirit—in illustration of which we may give some facts on another occasion.

Mr. Gisborne, a gentleman for many years connected with the Home Office, will have charge of the Canadian business of the firms alluded to. He has opened an office at No. 10 Colborne Street, and we have no doubt will make the Toronto house as congenial a centre as are the New York offices to physicians visiting the American metropolis. We extend to Mr. Gisborne a hearty welcome, and wish him the full measure of success due the important specialties he represents.

UNIVERSITY OF QUEEN'S COLLEGE.—The following is a list of the graduates in medicine of Queen's College, Kingston, Ont.:

M.D.—R. S. Anglin, Kingston; A. D. Cameron, Lancaster; A. P. Cornell, Portsmouth; H. N. Coulter, Aylmer; G. H. Denike, Fulton, N. Y.; J. M. Dupuis, Kingston; R. W. Garrett, Kingston; C. E. Jarvis, Nilestown; H. K. F. Koyl, Ada, Minn.; H. N. Macdonald, Cape Breton; A. A. Mordy, Almonte; J. L. Reeve, Clinton; D. B.

Rutherford, Belleville; J. M. Stewart, Portsmouth, C.M.—G. Clinton, M.D., Deseronto; C. R. Dickson, M. D., Wolfe Island; W. H. Henderson, M. D.; Dr. W. J. Gibson, B.A., of Belleville also received the degree of M.A.

MEDICAL CANDIDATES FOR PARLIAMENTARY HONORS.—There seems to be an unusual number of medical men brought out as candidates for Parliamentary honors, in the approaching Dominion elections. The names of those already announced are as follows:—Dr. Wilson, East Elgin; Dr. Landarkin, S. Grey; Dr. Sproule, E. Grey; Dr. Sullivan, Kingston; Dr. St. Jean, Ottawa; Dr. Platt, Prince Edward; Dr. Ferguson, Welland; Dr. Chamberlain, Dundas; Dr. Sloan, E. Huron; Dr. Springer, S. Wentworth; Dr. Samson, Kent; Dr. Bergin, Stormont; Dr. Bowlby, N. Waterloo; Dr. Gravel, Beauce, Dr. Lesage, Dorchester, Dr. St. George, Portneuf, Que.; Dr. Borden, Kings, Dr. Forbes, Queens, N.S.

Dr. J. Hodgen, of St. Louis, a prominent surgeon, died suddenly on the 28th of April, aged 57 years. He was President of the American Medical Association in 1881.

The death on the 6th ult. of Prof. James R. Wood, of Bellevue Hospital Medical College, is announced in our medical exchanges.

NEW JERSEY STATE MEDICAL SOCIETY.—The resolution refusing to recognize the delegates from the New York State Society was rejected by a two-thirds vote.

FAREWELL BANQUET.—A farewell banquet was tendered to Dr. S. C. Corbett, by the citizens of Port Hope, on the eve of his departure for Winnipeg, Man., on the 6th ult. The Mayor occupied the chair, and the evening was most agreeably spent in toasts and sentiments of kindly feeling towards the Dr., who had labored among them for several years. He carries with him not only the best wishes of the people of Port Hope and vicinity, but also the kind regards of many professional and lay friends in different parts of the Province.

ROYAL COLLEGE OF PHYSICIANS, EDIN.—John Campbell, M.D., C.M., (McGill College,) of Seaford, Ont., has passed the necessary examination

for the degree of L.R.C.P., Edin.; also, Dr. G. A. McNutt, of Darnley, P. E. I., and Geo. N. Whelan, of St. Johns, Nfld.

W. F. McLean, M.B. (Trinity College, Toronto), has taken the double qualification of Licentiate of the Royal College of Physicians and Surgeons, of Edinburgh.

VICTORIA MEDICAL COLLEGE.—The following gentlemen received the degree of M.D., C.M., at the recent convocation in the above named University:—W. H. Aikins, R. J. Burton, R. M. Coulter, J. T. Carroll, M. K. Colver, J. Campbell, G. W. Clendenan, M. R. Elliott, H. P. Jackson, W. J. Kellow, E. Laws, W. H. Montague, W. G. McDonald, D. Rose, S. R. Rogers, W. A. Ross, J. W. Wilmot, J. B. Whitely, J. H. Radford, W. D. Fowler, J. M. Piper, C. Wilson, G. M. Milne.

TORONTO MEDICAL SOCIETY.—The following officers have been elected for the ensuing year:—Dr. Geo. Wright, President; Drs. A. H. Wright and Wilson, Vice-Presidents; Dr. McPhedran, Secretary; Dr. J. Robinson, Corresponding Secretary; and Dr. McDonald, Treasurer.

CORRECTION.—In the list of those who passed the Council examination, printed in our last issue, the name of A. D. Thompson was given. It should have been A. S. Thompson.

The death of Dr. Geo. Budd, F.R.S., formerly of King's College Hospital, London, at the age of 75 years, is announced in our British exchanges.

APPOINTMENTS.—Dr. H. Watt has severed his connection with the Electro-Therapeutic Institution of this city, and has been appointed Medical Superintendent of the Royal Cariboo Hospital, Barkerville, B.C.

Dr. R. Douglass, of Port Elgin, Ont., has been appointed License Commissioner for the District of the North Riding of Bruce; and Dr. A. Rockwell, of Frankford, for the District of the West Riding of Hastings.

CORONERS.—Dr. J. M. Smith, of Hyde Park, Ont., has been appointed Associate Coroner for the Co. of Middlesex.

Dr. H. D. Fraser, of Perth, has also been appointed Associate Coroner for the County of Lanark.

Books and Pamphlets.

DISEASES OF WOMEN, INCLUDING THEIR PATHOLOGY CAUSATION SYMPTOMS, DIAGNOSIS AND TREATMENT. A Manual for Students and Practitioners. By Arthur W. Edis, M.D., Lond., F.R.C.P., M.R.C.S. Assistant Obstetric Physician, Middlesex Hospital, with 148 Illustrations. Philadelphia: H. C. Lea's Sons. Toronto: Willing & Williamson.

In this work, which comprises about 500 pages, will be found one of the most complete digests of the pathology, diagnosis and treatment of diseases of women yet published. The author has drawn largely, and with due acknowledgements, upon such works as Barnes, Thomas, and other writers on Gynecology, to which he has added judiciously from his own experience, and has produced a work which is a credit to any author. We have profited much by a perusal of its contents, and have great pleasure in recommending it to our readers. The illustrations are very good, and sufficiently numerous to elucidate the text. If we were asked to compare the work with those of Barnes, Thomas, and Emmett, our answer would be similar to that once given us by the late Dr. Rolph, when asked which of certain standard authors on medicine was the best for a student, he replied "I don't know, they are all good."

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY.

A systematic treatise on the Theory and Practice of Surgery, by authors of various nations. Illustrated with chromo-lithographs and wood-cuts. In 6 volumes. Vol. I. Edited by John Ashhurst, M.D., of Philadelphia. New York: William Wood & Co. Toronto: Willing & Williamson.

The object of this work is to furnish, in a comprehensive form, a systematic treatise upon all those subjects which properly pertain to the science and art of surgery, written by distinguished authors in various countries, who are believed to be specially qualified for the work. The First volume embraces such subjects as belong to General Surgery, including Inflammation. The Second volume will be devoted to Special Surgery; the Third and Fourth volumes, to the surgery of the Tissues and Injuries and diseases of Special Regions; and the Fifth and Sixth volumes, Regional surgery continued, and the History of Surgery, by Prof. Gross. An appendix will embrace papers on Hospital

Construction, etc. The authors of the present volume are D. Hayes Agnew, Ashhurst, Brinton, Butlin, Delafield, Forbes, Hunt, Hunter, Johnston, Lyman, Mansell-Moullin, J. Lewis Smith, Stillé, Stricker, VanBuren, Verneuil, and Phillip S. Wales. With such an array of talent, it is wholly unnecessary to say anything in reference to the general excellence of the volume before us. The binding and general make-up of the book is all that can be desired.

CANCER OF THE BREAST. With colored illustrations. By Thos. W. Nunn, F.R.C.S., Eng., Consulting Surgeon to the Middlesex Hospital. London: J. & A. Churchill. Toronto: Willing & Williamson.

The work before us is a quarto edition of about 200 pages, and illustrated by twenty-two colored plates. It is divided into two parts—the first clinical and practical, the second pathological and speculative. The author makes no attempt to classify cancers, but, on the contrary, considers it more rational to endeavour to discover resemblances and stages by which they merge one into another, and form a reverse sequence of retrograde changes. In this respect he differs from most pathologists, who regard the distinctions as sufficiently pronounced to warrant the division into scirrhus, encephaloid, and epithelial cancer. The work is upon the whole a most interesting and valuable addition to the literature of the subject. The colored plates are most beautifully executed, and are faithful representations of specimens which have come under the author's own observation.

ORGANIC MATERIA MEDICA, by John M. Maisch, M.D. Philadelphia: Henry C. Lea's Son & Co., 1882.

This neat octavo, of 460 pages, is printed on excellent paper, and presents a large number of well executed plates. To those readers who wish to find in compressed form, that instruction which they are obliged to search for in large, or unwieldy forms, Dr. Maisch's book cannot fail to be acceptable.

Births, Marriages and Deaths.

On the 15th ult., Alexander McKay, M. D., of Beaverton, Ont., aged 55 years.

WARNER & CO.'S PHOSPHORUS PILLS.

5.—PIL. PHOSPHORI CUM FERRO ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuclis Vom., $\frac{1}{4}$ gr.

DOSE.—One or two pills may be taken three times a day, at meals.

THERAPEUTICS.—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc.; and Mr. Hogg considers it of great value in atrophy of the optic nerve.

6.—PIL. PHOSPHORI CUM FERRO ET QUINIA. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quiniæ Sulph., 1 gr.

DOSE.—One pill may be taken three times a day, at meals.

THERAPEUTICS.—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

7.—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.

[Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., $\frac{1}{4}$ gr.; Quinæ Sul., 1 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—The therapeutic action of this combination of tonics, augmented by the specific effect of phosphorus, on the nervous system, may be readily appreciated.

8.—PIL. PHOSPHORI CUM QUINIA.

[Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.

DOSE.—*For Adults*—Two pills may be given to an adult twice or three times a day, with food; and one pill, three times a day, to a child from 8 to 10 years of age.

THERAPEUTICS.—This pill improves the tone of the digestive organs, and is a general tonic to the whole nervous system.

9.—PIL. PHOSPHORI CUM QUINIA CO.

[Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quiniæ Sulph., $\frac{1}{2}$ gr.; Strychniæ, 1-50 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—This excellent combination of tonics is indicated in a large class of nervous disorders accompanied with anæmia, debility, etc., especially when dependent on dissipation, overwork, etc. Each ingredient is capable of making a powerful tonic impression in these cases.

10.—PIL. PHOSPHORI CUM QUINIA ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.; Ext. Nuclis Vom., $\frac{1}{4}$ gr.

DOSE.—One or two pills may be given to an adult twice or three times a day, at meals; to children, from 8 to 12 years of age, one pill, two or three times a day.

THERAPEUTICS.—The therapeutic virtues of this combination do not need special mention.

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING

WARNER & CO.'S PHOSPHORUS PILLS.

11.—PIL. PHOSPHORI CUM QUINIA ET DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1.50 gr.; Quiniæ Sulph., $\frac{1}{4}$ gr.; Pulv. Digitalis, $\frac{1}{2}$ gr.; Pulv. Opii, $\frac{1}{4}$ gr.; Pulv. Ipecac., $\frac{1}{4}$ gr.

DOSE.—One or two pills may be taken three or four times daily, at meals.

THERAPEUTICS.—This combination is especially valuable in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Digitalis should, however, be prescribed only under the advice of a physician.

12.—PIL. PHOSPHORI CUM DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1.50 gr.; Pulv. Digitalis, 1 gr.; Ext. Hyoseyami, 1 gr.

DOSE.—One pill may be taken three or four times in twenty-four hours.

THERAPEUTICS.—The effect of digitalis as a cardiac tonic renders it particularly applicable, in combination with phosphorus, in cases of overwork, attended with derangement of the heart's action. In excessive irritability of the nervous system, in *palpitation of the heart valvular disease aneurism, etc*, it may be employed beneficially, while the diuretic action of digitalis renders it applicable to various forms of dropey. The same caution in regard to the use of digitalis may be repeated here.

13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO. [Warner & Co.]

℞ Phosphori, 1.50 gr.; Pulv. Digitalis, 1 gr.; Ferri Redacti, 1 gr.

DOSE.—One pill, to be taken three or four times a day, at meals.

THERAPEUTICS.—This combination may be employed in the cases referred to in the previous paragraph, especially when accompanied with anæmia.

14.—PIL. PHOSPHORI CUM CANNABE INDICA. [Warner & Co.]

℞ Phosphori, 1.50 gr.; Ext. Cannabis Ind., $\frac{1}{4}$ gr.

DOSE.—One or two pills, to be taken twice or three times a day, at meals.

THERAPEUTICS.—The Indian Hemp is added as a calmative and soporific in cases in which morphia is inadmissible from idiosyncrasy or other cause, as well as for its aphrodisiac effect.

15.—PIL. PHOSPHORI CUM MORPHIA ET ZINCI VAL. [Warner & Co.]

℞ Phosphori, 1.50 gr.; Morphiæ Sulph., 1-12 gr.; Zinc. Valer., 1 gr.

DOSE.—One pill may be taken twice or three daily, or two, at bedtime.

THERAPEUTICS.—Applicable in consumption attended with nervous irritability and annoying cough; in hysterical cough and neuralgia it may be given at the same time with *cod liver oil*.

16.—PIL. PHOSPHORI CUM ALOE ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1.50 gr.; Ext. Aloes Aquosæ' $\frac{1}{4}$ gr.; Ext. Nuclis Vomicae, $\frac{1}{4}$ gr.

DOSE.—One may be given daily at or immediately after dinner.

THERAPEUTICS.—In *atonic dyspepsia, neuroses of the stomach hypochondria and constipation*, this combination fulfils important indications.

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

SCOTT'S EMULSION

PURE COD LIVER OIL, With HYPOPHOSPHITES of LIME and SODA, PERFECT, PERMANENT, PALATABLE.

The high character, and wide reputation **Scott's Emulsion** has attained through the agency of the Medical Profession, and the hearty support they have given it since its first introduction, is a sufficient guarantee of its superior virtues. The claims we have made as to its permanency—perfection and palatableness—we believe have been fully sustained, and we can positively assure the profession that its produced as good results in the wasting disorders, incident to childhood; in the latter as well as the incipient stages of Phthisis, and in Scrofula, Anemia and General Debility. We would respectfully ask the profession for a continuance of their patronage, and those who have not prescribed it to give it a trial. Samples will be furnished free upon application.

FORMULA.—50 per cent. of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce.

SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE:

I have prescribed your emulsion of Cod Liver Oil with Hypophosphites for the past two years, and found it more agreeable to the stomach, and have better results from its use than from any other preparation of the kind I have tried.

Halifax, N.S., Nov. 19, 1880.

W. M. CAMERON, M.D.

Messrs. SCOTT & BOWNE:

Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market. I have the honor to be, yours truly,

Truro, N.S., Nov. 15, 1880.

W. S. MUIR, M.D., L.R.C.P. & S., Ed.

Messrs. SCOTT & BOWNE:

I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anemia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach, are some of its greatest merits.

St. John, N.B.

I have the honor to be, yours truly,

T. J. O. EARLE, M.D.

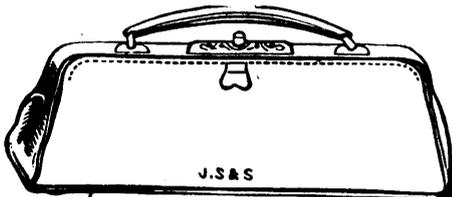
Messrs. SCOTT & BOWNE:

I have used for some time, and prescribed Scott's Emulsion of Cod Liver Oil, and find it an excellent fixed preparation, agreeing well with the stomach, easily taken, and its continued use adding greatly to the strength and comfort of the patient.

A. H. PECK, M.D., Penn. Med. Co lege.

SCOTT & BOWNE, Manufacturing Chemists, New York.

The Practitioners' Obstetric Bag



Is 15 inches long, 8 inches high, containing 1 Barnes's Craniotomy Forceps, 1 Barnes's Long Midwifery Forceps, 1 Pair of Perforators, 1 Blunt Hook and Crotchet, 1 Frænum Scissors, 1 Catheter, 4 Stoppered Bottles, 1 Chloroform Drop Bottle, in case.

The whole in Bag of Superior Morocco Leather, or of Black Hide, with Lock and Fittings, engraved and gilt, price, complete..... \$26.00
Bags, empty..... \$4.50. \$5.50 6.00

IMPROVED CLINICAL THERMOMETER WITH INDESTRUCTIBLE INDICES.

LOSS OF INDEX IMPOSSIBLE.



These Thermometers combine all the improvements which have recently been made in the manufacture of Clinical Thermometers. The Indices are bold and easily seen, and cannot be shaken into the Bulb, the engraving is plain and cannot be rubbed off.

A certificate is supplied with each Thermometer above the value of \$2.00, showing the deviations, if any.

PRICE—In Wood Case \$2.25
In Plated Case 3.50
Ordinary Registering Thermometers 1.50
Patent Magnifying or Lens Front 3.00 & 3.25

Manufactured by

J. STEVENS & SON,
Surgical Instrument Makers.

GOWER STREET, 40 Wellington St. E.
London, Eng. Toronto, Ont.

See advertisement on another page.

John Reynders & Co.,

(Late of Otto & Reynders,)

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UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,

Manufacturers and Importers of

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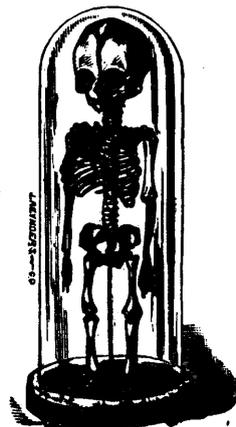
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The Manufacture and Importation of every article used by Physicians and Surgeons our Specialties.

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Dr. J. Collis Browne's

ORIGINAL AND ONLY GENUINE

CHLORODYNE.

**COUGHS,
COLDS,
ASTHMA,
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DR. J. COLLIS BROWNE'S CHLORODYNE. This wonderful remedy was discovered by Dr. J. Collis Browne, and the word Chlorodyne coined by him expressly to designate it. There never has been a remedy so vastly beneficial to suffering humanity, and it is a subject of deep concern to the public that they should not be imposed upon by having imitations pressed upon them on account of cheapness, and as being the same thing. Dr. J. Collis Browne's Chlorodyne is a totally distinct thing from the spurious compounds called Chlorodyne, the use of which only ends in disappointment and failure.

DR. J. COLLIS BROWNE'S CHLORODYNE.—Vice Chancellor Sir W. Page Wood Stated Publicly in Court that Dr. J. Collis Browne was Undoubtedly the Inventor of Chlorodyne, that the whole story of the defendant was deliberately untrue, and he regretted to say it had been sworn to.—See THE TIMES, July 13th, 1864.

DR. J. COLLIS BROWNE'S CHLORODYNE is a Liquid Medicine, which Assuages Pain of Every Kind, affords a calm, refreshing sleep Without Headache, and Invigorates the Nervous System when exhausted.

DR. J. COLLIS BROWNE'S CHLORODYNE is the GREAT SPECIFIC for **CHOLERA, DYSENTERY DIARRHOEA.**

The General Board of Health, London, Report that it Acts as a Charm, one dose generally sufficient.

Dr. Gibbon, Army Medical Staff, Calcutta, states:—"Two Doses Completely Cured Me of Diarrhoea."

DR. J. COLLIS BROWNE'S CHLORODYNE rapidly cuts short all attacks of **EPILEPSY, SPASMS, COLIC, PALPITATION, HYSTERIA**

From Symes & Co., Pharmaceutical Chemists, Medical Hall, Simla.—*January 5, 1880.*

To J. T. Davenport, Esq., 33 Great Russell Street, Bloomsbury, London.

"DEAR SIR,—Have the goodness to furnish us with your best quotations for Dr. J. Collis Browne's Chlorodyne, as, being large buyers, we would much prefer doing business with you direct than through the wholesale houses. We embrace this opportunity of congratulating you upon the wide-spread reputation this justly-esteemed medicine has earned for itself, not only in Hindostan, but all over the East. As a remedy of general utility, we much question whether a better is imported into the country, and we shall be glad to hear of its finding a place in every Anglo-Indian home. The other brands, we are happy to say, are now relegated to the native bazaars, and, judging from their sale, we fancy their sojourn there will be but evanescent. We could multiply instances *ad infinitum* of the extraordinary efficacy of Dr. Collis Browne's Chlorodyne in Diarrhoea and Dysentery, Spasms, Cramps, Neuralgia, the Vomiting of Pregnancy, and as a general sedative, that have occurred under our personal observation during many years. In Choleraic Diarrhoea, and even in the more terrible forms of Cholera itself, we have witnessed its surprisingly controlling power. We have never used any other form of this medicine than Collis Browne's, from a firm conviction that it is decidedly the best, and also from a sense of duty we owe to the profession and the public, as we are of the opinion that

the substitution of any other than Collis Browne's is a deliberate breach of faith on the part of the chemist to prescriber and patient alike.

We are, sir, faithfully yours,
SYMES & CO.,
Members of the Pharm. Society of Great Britain, His Excellency the Viceroy's Chemists.

DR. J. COLLIS BROWNE'S CHLORODYNE is the Pure Palliative in **NEURALGIA, GOUT, CANCER, TOOTHACHE, RHEUMATISM**

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-Spasmotic. 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 it seems to possess this great advantage over all other Sedatives, that it leaves no unpleasant after effects."

IMPORTANT CAUTION.

The IMMENSE SALE of this REMEDY has given rise to many UNSCRUPULOUS IMITATIONS.

N. B.—EVERY BOTTLE OF GENUINE CHLORODYNE BEARS on the GOVERNMENT STAMP the NAME of the INVENTOR,

DR. J. COLLIS BROWNE.

SOLD IN BOTTLES, 1s., 1/14d., 2/9. 4/6, by all Chemists.

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J. T. DAVENPORT, 33, GREAT RUSSELL STREET, W.C.

BELLEVUE HOSPITAL MEDICAL COLLEGE. CITY OF NEW YORK.

SESSIONS OF 1882-83.

THE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session.

THE REGULAR SESSION will begin on Wednesday, September 20, 1882, and end about the middle of March, 1883. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon two regular courses of lectures is required for graduation.

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

Faculty.

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and diseases of Women and Children, and President of the Faculty.
 FORDYCE BARKER M.D., LL.D., Professor of Clinical Midwifery and Diseases of Women.
 BENJAMIN W. MCCREARY, M.D., Emeritus Professor of Materia Medica and Therapeutics, and Prof. of Clinical Medicine.
 AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
 W. H. VAN BUREN, M.D., LL.D., Prof. of Principles and Practice of Surgery, and Clinical Surgery.
 LEWIS A. SAYRE, M.D., Professor of Orthopædic Surgery and Clinical Surgery.
 ALEXANDER B. MOTT, M.D., Professor of Clinical and Operative Surgery.
 WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
 A. A. SMITH, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
 AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
 JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.
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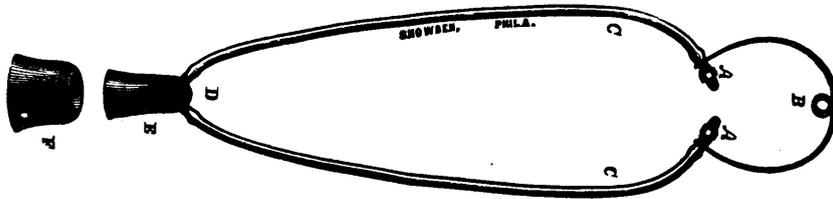
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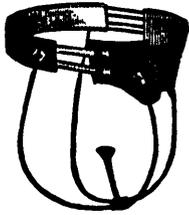
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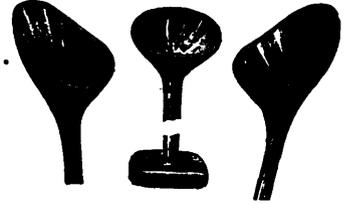
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In order that no confusion or misunderstanding may occur, it has been deemed advisable to give the following information to those coming to the meeting. All the railroads will carry members and patients for a fare and a third, to and from the city, on presentation of the certificate sent, good from June 5th to 12th inclusive.

The following Railways will bring, also on the same terms, any members of the families of those holding the certificates:—Grand Trunk and all its branches, from Montreal; Great Western and all its branches; Canada Southern, from Toledo, Ohio; Credit Valley, Midland, Nipissing, Whitby and Victoria, Grand Junction, Welland, Brockville and Ottawa, Ottawa and Prescott R. R. The Northern and North Western and the Toronto, Grey & Bruce Railways decline to bring members of families at reduced rates.

The various steamboats also will bring members, patients, etc., for single fare for the round trip, but have not replied up to the time of going to press. Those who come by the Northern and T. G. & B. will pay full fare coming, and will apply for a certificate from the Secretary entitling them to return for one-third fare.

Those who bring patients will write across the certificate the number of patients, and fill up or score out the blanks before presentation. Those who have not received certificates may send for them, or pay full fare coming, and the reduction will be secured for them on return journey. No tickets are purchasable after the 8th.

Committees will meet, if possible, at 9 a.m. sharp, on Wednesday morning. All papers and reports should be in the hands of the Secretary by the 6th, for the Committee on Papers to arrange their order of reading.

Accommodation has been secured at the Queen's and Rossin Hotels for \$2.50 per day.

Any further notice necessary will be published in the *Globe* and *Mail* a few days before the meeting.

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| " Sarza Co., Ang..... " | 0 30 | Potass. Acet..... " | 0 60 | " Ergot..... " | 0 40 |
| " Nuclis Vom..... " | 0 75 | " Bicarb..... " | 0 85 | " Ferri Perchlor..... " | 0 18 |
| Gum, Aloes Soc..... " | 0 90 | " Bromid..... " | 0 80 | " Hyosciam..... " | 0 20 |
| " Acacia, pulv..... " | 0 60 | " Iodid..... " | 5 00 | " Iodine..... " | 0 50 |
| Gly cerine, pure..... lb. | 0 30 | Pulv. Opii..... oz. | 0 75 | " Nuclis Vom..... " | 0 24 |
| Fer ri, Am. Cit..... oz. | 0 12 | Pulv. Creta Co..... lb. | 0 75 | " Opii..... " | 0 55 |
| " et Quin. Cit..... " 75 to | 1 00 | " C Opio..... " | 1 00 | " Verat Vir..... oz. | 0 20 |
| " Citro, phos..... " | 0 15 | " Ipecac..... " | 2 60 | Ung. Hyd. Nit..... lb. | 0 60 |
| Ferrum Redact..... " | 0 15 | " Co..... " | 2 25 | " Zinci..... " | 0 40 |
| Hydrarg, Chlor..... " | 0 10 | " Jalapa..... " | 1 00 | Vin. Ipecac..... 8 oz. bot. | 0 30 |
| C Cret,..... " | 0 07 | Quiniae Sulph, Unbleached... oz. | 4 00 | " Antim..... " | 0 20 |

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