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

Vol. VII.
No. 7.

TORONTO, MARCH 1, 1875.

Price 30 Cents
\$3 per Annum

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CINCHO-QUININE.

CINCHO-QUININE holds ALL the important constituents of *Peruvian Bark* in their alkaloid condition. It contains no sulphate of cinchonine or sulphate of quinine, but cinchonine, quinine, quinidine, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

The cut below gives the size of the one ounce phial, and the form of putting up.

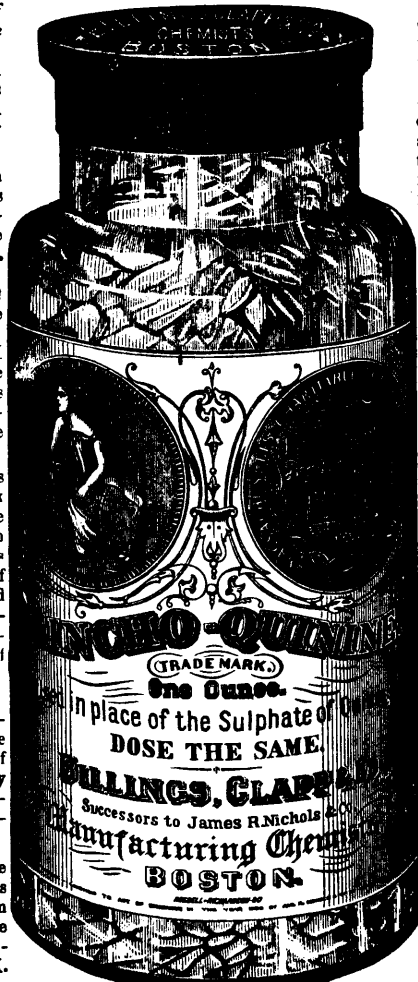
At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has equal tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

Dr. J. A. PERKINS, of Chestertown Md., under date of Feb. 10, 1872, writes us as follows:—"I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable, as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one and a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M.D. Fall River, Mass.

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FRY, M.D., Perry, Iowa.

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages which you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M.D., Madison, Ala.



I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and 5 grains one or two hours before a paroxysm is due, and continue to give 5 grains once a-week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M.D., Wapping Falls, New York.

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M.D., Indianapolis, Ind.

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of its I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M.D., Lincoln, Ill.

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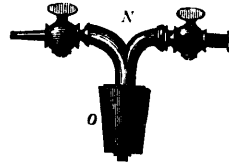
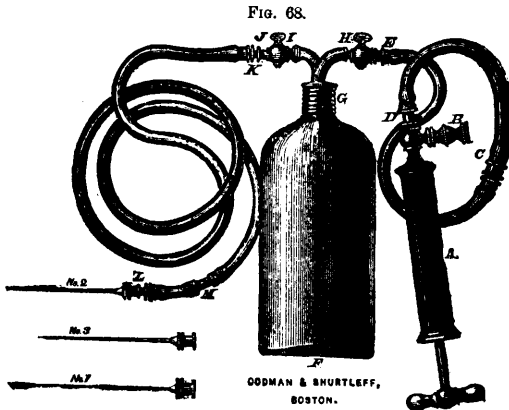


Fig. 69. The Stopper and Cocks supplied with Apparatus No. 2.

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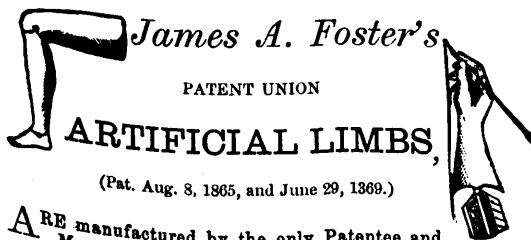
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DOSE.—f. ʒ ss.

INFUSION. WINE.
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 Water, - - - f. ʒ xij. Sherry Wine, - f. ʒ xij.
 Mix. Mix.
 DOSE.—f. ʒ ij. DOSE.—f. ʒ ij.

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 Dilute Alcohol, f ʒ xij. Sherry Wine, - f ʒ xiv.
 Mix. Mix.
 DOSE.—f. ʒ j—f. ʒ ss. DOSE.—f. ʒ j—f. ʒ ss.

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THE CANADA LANCET :

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MEDICAL AND SURGICAL SCIENCE.

VOL. VII. TORONTO, MARCH, 1875. No. 7.

Original Communications.

TWO CASES OF TETANUS, FOLLOWING FROST BITE.

UNDER THE CARE OF DR. BETHUNE, TORONTO
GENERAL HOSPITAL.

The first case was that of D. M., a farmer from the County of Wellington. His general health has always been good, and he has led a temperate life.

On the 9th of January ult., while on the road with a load of lumber, during which time he was exposed to very intense cold for about three hours, his feet and fingers became severely frost-bitten, the former especially. He was not aware of what had occurred until he went home, and attempted to remove his boots. Failing to do this, he thawed them off, and applied coal oil and turpentine. He found that the fingers of both hands were frozen on the dorsal surface rather superficially, and that the toes of both feet, and one half of each foot were completely destroyed.

He was admitted into the Hospital on the 13th of January. His chief complaint was pain of a very severe character in his feet. He was somewhat feverish on admission. The toes and a greater part of both feet being in a moist gangrenous condition. The fingers and parts of both hands, on dorsal surface black and dry. He was ordered Bread 1 lb., Beef $\frac{1}{2}$ lb., Milk Oj., Potatoes $4\frac{1}{2}$ lbs., Whiskey \mathfrak{z} vj. Nothing occurred of any importance until the evening of the 17th ult., when he had rigors, and he slept very little the night following. The pulse gradually increased in fulness and frequency (84) till the morning of the 21st, when he noticed stiffness of the muscles of the neck, and of the lower jaw; he also swallowed and spoke with difficulty. He could open the jaws sufficiently to protrude his tongue slightly. The feet and hands sloughing,

urine scanty and high coloured, and passed with difficulty. He was ordered 30 grains of chloral hydrate, to be taken immediately, also a hypodermic injection of $\frac{1}{4}$ of a grain of the alcoholic extract of calabar bean every hour. The latter was repeated till nearly 5 grains had been consumed, without effect. He slept a short time after taking the chloral hydrate, the spasms continuing nevertheless during the night, the abdominal muscles being tense, and the patient complaining of inability to swallow. There was difficulty of breathing at this time, and a peculiar rattling in his throat from accumulation of mucus. The intellect remained clear. The calabar bean was now given up, and morphia ordered to be administered hypodermically,—1 grain at the beginning, and $\frac{1}{2}$ grain subsequently, every hour.

He died about 30 hours after the accession of tetanic symptoms; the surface being bathed in cold, clammy perspiration, the face livid, and the eyes turned upwards. There appeared to be no effect produced upon the pupils.

The next case was that of L. S., æt. 28. He had undergone many reverses, having not many years ago occupied a very respectable position in London, England, but since emigrating to America he has been a common labourer. He first went to the United States; unmarried; general health fair till date of his present misfortune. Has had syphilis.

He left Woodstock with the intention of proceeding to Toronto on foot, about the 5th of Jan., ult., and on the 8th, having had no food or shelter for two previous days, and being quite exhausted he took refuge in a barn where he laid down helpless, his only covering being straw. He felt his feet numb, and called at a farm house the next morning to remove his boots. He failed to do so and was ignorant of what had happened until his boots had been cut off. The people about him applied snow and bathed his feet in cold water for five or six hours.

When admitted into the hospital on the 13th of January, both feet presented a dark lurid hue, the line of demarcation existing between the dying and living tissues, immediately above the ankles. There was a sense of tingling in the frozen parts, and he could walk without pain, except at the ankles. He is sleepless from exhaustion; the tip of his nose is also frost-bitten; pulse 120; tongue clean; no

appetite; bowels regular; skin hot and dry. He was ordered the same diet as the last patient, and had a stimulating lotion applied to the injured parts. Two days after admission both legs became swollen and very painful, signs of erysipelas being apparent in the left leg from the ankle to a part below the knee. To this a lead lotion was applied. Rigors now set in; complete loss of appetite; no sleep; pulse 132. Ordered ℥ss. of the following mixture every 4 hours: Quinæ Sulph. ʒss., Tr. Ferri Mur. ʒss., Aquæ ad. ʒviij.

Nothing of particular note occurred till the morning of the 22nd, when symptoms of trismus presented themselves; stiffness of the neck, and jaws, and inability to speak or swallow with any facility; abdomen tense; urine scanty. He was ordered hypodermic injection, one grain of morphia to begin with, and $\frac{1}{2}$ a grain subsequently every hour. This was kept up until a short time before he died, up to which time his intellect remained clear. He lived nearly thirty hours from the time tetanic symptoms first declared themselves.

This man was examined *post-mortem*. The usual signs of congestion were observed in most of the viscera, including the brain and its membranes. The posterior surface of the spinal cord was also congested. The blood throughout the body dark venous.

There were signs of bronchitis purulent matter oozing from the tubes when cut. The right ventricle was full of dark venous blood, and contained a large clot of fibrin.

On opening the abdomen, bloody serum was found between the rectus muscle and peritoneum. The peritoneum was congested underneath the extravasation; spleen slightly amyloid. The rest of the abdominal organs, so far as examined, showed signs of congestion.

CASE OF OVARIOTOMY.

BY A. GROVES, M.D., M. C. P. S., FERGUS, ONT.

In September, 1874, Mrs. Robert Smith, of Maryborough, consulted me with reference to an enlargement of the abdomen which she had first noticed about eighteen months before. It began as a circumscribed and moveable tumor low down in the right side of the abdomen. She had consulted several physicians, and was treated for some months

by one of them for "dropsy." The treatment adopted caused considerable emaciation, and a marked diminution, not of the tumor, but of the patient's strength.

On making a careful examination I found a purely ovarian tumor which did not seem to have many adhesions, and was, as far as I could judge, monocystic. I explained to her that the only hope of curing her was by operating, but from this she recoiled, and at her earnest entreaty I tapped the tumor on the 29th September. The fluid rapidly re-accumulated, and she finally determined to run the risk of having the tumor removed; but I now found that it was apparently bound down almost everywhere by adhesions.

On the 19th of December I proceeded to operate in the presence of Drs. Pentland of Elora, McKinnon of Charleston, Thom and Tamblin of Douglas, Orton, Griffith and Alexander of Fergus. The patient having been put under the influence of chloroform, an incision, beginning about an inch below the umbilicus and extending to the pubes, was carefully made, through the abdominal wall. It was now found that the adhesions were very extensive not only to the abdominal walls but also to the intestines. The adhesions were however almost all recent and easily broken down, and the fluid having been evacuated the sac was withdrawn. Considerable trouble was found in managing the pedicle, for it was very short and thick. First a cat-gut ligature was passed through it, and an attempt made to tie it in two parts, but the ligature broke and then it was tied in several parts with silk ligatures. The pedicle being now secure was returned to the abdomen, and the ends of the ligature brought out at the lower angle of the wound. The abdominal cavity having been carefully sponged out, the edges of the wound were brought together by steel needles silver-plated, passed through the whole thickness of the abdominal wall, including the peritoneum. A rubber drainage tube was placed in the wound, as in my first operation. A bandage was now put on and the patient put to bed; the whole operation having lasted an hour and a half. The estimated weight of the tumor was 20 pounds.

When reaction began to set in one-third of a grain of morphia was given.

At 6 P.M. she had pretty well recovered from the effects of the chloroform. Pulse 80.

12 P.M. Pulse 84, complaining of great pain and constant desire to make water. Drew off a small quantity of urine with the catheter.

20th, 8 A.M. Pulse 104; tongue dry. 12, noon, pulse 120; tongue moist. 6 P.M., pulse 125. 11 P.M., pulse 132; tongue dry. Great pain all day and constant desire to pass water. Morphia given every three hours in doses of one-third of a grain.

21st, 8 A.M. Pulse 120; tongue moist; pain gone; desire to pass water not pressing. Discontinued morphia. 1 P.M., pulse 125; 6 P.M., pulse 120; 12 P.M., pulse 120. Patient slept a little.

22nd, 9 A.M. Pulse 112; 4 P.M., pulse 125; 6 P.M., pulse 132; considerable vomiting: 11 P.M. pulse 116; gave morphia and bismuth, vomiting stopped and patient slept.

The progress of the patient after this time was most satisfactory. On the 5th day the bowels were moved by enema, and on the sixth day I removed one needle, and those remaining on the eighth. On the twelfth day the patient sat up, and for the first time since the operation passed water without the catheter.

On the seventeenth day one ligature came away, and on the twenty-eighth she went home in a sleigh, a distance of eighteen miles, expressing herself as feeling quite well.

Remarks.—The above case presents at least one point of importance. Before the tapping the tumor was quite moveable, being non-adherent; after the tapping it became immovable and adherent over two thirds of its surface. The adhesions were recent, and I feel satisfied were caused by the escape of fluid into the abdominal cavity through the puncture made by the trocar; as a result adhesive inflammation was set up. The trocar used was a very small one, and the usual precautions were adopted. The point to be considered is whether it is good practice ever to tap in a case where ovariectomy is possible. It would seem from the above case that tapping may complicate matters seriously; indeed such a degree of inflammation may be set up as to destroy life, and one may well ask for what prospect of benefit? It does not seem that a real case of ovarian tumor ever was cured by tapping; the patient is weakened, the radical operation may be complicated or life itself be destroyed, and there is no advantage to be gained sufficient to counterbalance such serious drawbacks. For myself I shall in future be in favour of operating without a resort to tapping previously.

SUCCESSFUL CASE OF RESUSCITATION FROM CHLOROFORM NARCOSIS.—NÉLATON'S METHOD.

BY CHARLES WM. COVERNTON, M.D., M.B.C.S., ENG.;
L.C.A., SIMCOE, ONT.

Whether Nélaton's theory that chloroform narcosis results from anæmia of the brain be correct or not, the fact is unquestioned that the circulation through the capillaries of the brain is sometimes retarded under the influence of narcotics. Dr. Snow's experiments have demonstrated that chloroform, ether, and probably all narcotics have the power of suspending muscular irritability, and Prof. Alison has shown that the functions of the various organs of the body are accompanied by a force which aids the capillary circulation, and on the function of any organ being interrupted the circulation through it is retarded, as is seen in the most striking manner in the lungs during asphyxia. For the constant action between the oxygen of the arterial blood and the brain there is required a never ceasing current of blood, and when this is interrupted in any part of the brain it is clear that there must be interference with the process of oxidation. From these premises Dr. Snow argued that it does not signify whether there is increased or diminished pressure in the cranium, or whether the quantity of blood in the brain is more or less than natural—that the relation between asphyxia and narcotism is this—that in asphyxia there is an absence of oxygen, whilst in narcotism the oxygen is present, but is prevented from acting by the influence of the narcotic. With this close affinity between asphyxia and narcotism there is a great similarity in the phenomena of the two conditions, the different parts of the nervous centres losing their power under the influence of chloroform and ether in the same order as in asphyxia. The action of the heart continues in asphyxia after the muscles of respiration have ceased to contract, and this is the case under chloroform narcosis. Without pretending to form an opinion of the correctness of these theories, it is yet obviously the duty of the practitioner when suddenly confronted with the imminent peril of chloroform narcosis, to practise the treatment of Nélaton, the success of which has been so frequently recorded, and equally obvious, to communicate to the profession the successful result. With this conviction I forward for publication in the *Lancet* the following case:—

On the evening of the 19th of January I was called to visit Willie Hooker, a lad aged nine years, who, while riding on his hand-sled behind a passing omnibus, lost his grasp of the projecting step, and before he could get out of the way was run over by a sleigh a short distance in the rear. Beyond a lacerated crescentic wound on the inner border of the gastrocnemius muscle, from the horse's foot, he received no other injury than a severe bruise of the fleshy parts. As there was great tenderness of the whole leg I ordered warm water dressings, and deferred until the next morning bringing the gaping edges of the wound together by sutures. The following day, assisted by my son, who although not a medical student, has proved on several occasions to be reliable, I administered a drachm of chloroform, and after an interval of several minutes finding that no evidences of his being brought under the influence were apparent, I poured another drachm on the sponge; this, after a short time, seemed to have produced the requisite degree of anæsthesia, but on handling the leg preparatory to putting in the first suture, he screamed and struggled violently, so that before complete insensibility was produced I had to administer a third drachm. Very shortly after the limbs became relaxed and complete anæsthesia established. The sponge was then given to a Mrs. Garland, a neighbor who had kindly taken the mother's place—with instructions to keep it a short distance from the nostrils. Four sutures were quickly put in and the edges drawn together, a wet compress placed over the wound and a bandage lightly applied. On asking for a pin to fasten the terminal end of the bandage, Mrs. G. in handing one to me dropped the sponge, and to my horror I discovered there was no evidences of breathing, and no pulse at the temple or wrist. The boy was lying on a sofa, so it was only the work of an instant to place his head on the floor, and direct my son to hold his legs in the perpendicular position. An elder brother sitting by a window was directed to throw it open; cold water at hand was dashed on the face, and fortunately without difficulty I was enabled to grasp and keep protruded the tongue with the thumb and finger of left hand; with my right I made pressure alternately on the thorax and abdomen, whilst Mrs. G. quietly and intelligently elevated and depressed the arms, settling to the work as coolly as if she had been a member of the staff of the Royal Humane Society

for years, neither by word nor sign giving evidence of trepidation. On such alarming emergencies it is difficult rightly to estimate the lapse of time, but certainly the most wretched quarter of an hour I ever experienced appeared to elapse before there was the least appearance of animation. My son's estimate was over twenty minutes. The first attempt at inspiration was of the feeblest, gradually succeeded by more vigorous ones; vomiting then ensued. In attempting to slightly turn and elevate the head so as to guard against the vomited matter that filled his mouth regurgitating into the tracheæ, I lost my hold of the tongue, and the jaws instantly closed like a vice; all attempts at prying them open failed, and again I feared the case would prove hopeless. To my inexpressible relief another faint attempt at vomiting occurred with complete relaxation of the jaws; the tongue was instantly again grasped, and held firm until the breathing was completely established, pulse perceptible, and slight coloration of lips and face returned. For another five minutes he was kept inverted, the nostrils cleared of vomited matter, and friction of the chest with a dry towel employed; he was then replaced on the sofa, made reclining at an acute angle by placing one end on a chair, and in a few minutes we became jubilant. The boy opened his eyes, moved his head to one side, and fell into a calm sleep; this continued for more than an hour, when he awoke conscious. There is little doubt in my mind that if artificial respiration in the horizontal position had been solely relied on, our efforts would have proved futile.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I desire to furnish a somewhat striking and actual illustration of the truth of the concluding remark in Dr. Clarke's communication to you, and which appears in the LANCET for February, viz:—"As it is now, our worst foes are those of our own household." It may not be amiss at the same time to express the hope that a full and satisfactory explanation can be given of what is complained of.

During 1874, central Ontario was visited by a perambulating quack, styling himself "Edward S. Franks, M.D., Lecturer on the Anatomy and Physiology of the human Eye and Ear, their diseases in

general, and on the use and abuse of spectacles, late Optician, Oculist and Aurist to the Royal Eye and Ear Infirmary, etc., etc.," with all the rest to correspond—sufficient for the merest tyro to stamp him as a peripatetic impostor. Now this fellow used in the printed matter circulated about here the names of eighteen medical men, and by this means succeeded in foisting himself upon the public. I append a document which speaks for itself :

"To Edward S. Franks, M.D. Sir,—We, the undersigned Physicians, having seen high testimonials of your abilities as a Lecturer, and capacity as an Optician, will esteem a favor your delivering a public lecture on the Anatomy and Physiology of the human eye, and on the use and abuse of Spectacles. It will benefit the community by instructing them of the dangers of using improperly adapted Spectacles, and the benefit of wearing proper ones, at the same time disseminating information on the functions and formation of the delicate little organ—the Eye." * * *

This is signed by nine members of the college of Physicians and Surgeons of Ontario, among the number the President, two Ex-Presidents, a Territorial and a University representative of the Council, Professors in Colleges, &c.

Following this, among a list of Lawyers, Senators, Magistrates, Clergymen and others, there appear the signatures of nine additional members of the college whose names are used as "References."

Now, sir, I would like to know what we poor fellows of the rank and file are to do with quacks, when, to the general negative apathy of the Medical Council complained of by Dr. Clarke, there is added the effect of the positive combination of prominent members of the Council, Professors in Colleges, and registered practitioners, by the half dozen to help on a lecturing and advertising humbug; when, sir, the very title of honor given them (worthily it is to be hoped), by the profession, are to be used to give emphasis to the published testimonials of a travelling charlatan, and besides wishing him God-speed, to seek actually the "favor" to introduce him to the public gaze. Some of the members would not stop at allowing the use of their names as references, but appended their names to separate and laudatory testimonials, which can be given, but your readers have had enough.

A. HAMILTON.

Millbrook, Ont.,
15th Feb., 1875.

To the Editor of the LANCET.

SIR,—Dr. Oldright's interesting case of Aneurism successfully treated by digital pressure, page 167, suggests the desirability, if not the possibility, of other means of compression than the fingers of assistants who were changed every 10 or 20 minutes. At page 161 a case is given where steady mechanical pressure was maintained for several weeks to preserve the edges of a wound in apposition, with the object, successfully accomplished, of obtaining union of the tendons on the back of the hand. The pressure was certainly only gentle, but the same principle might easily be adopted where greater is required. Suppose an aneurism of the femoral artery, the thigh would be held steady by a mailed splint for a fractured femur, and steady pressure on the artery could then be obtained by a ribbon of copper bridging over the thigh, and screwed at both ends to the splint, so as to have an unyielding base for the last part of the apparatus, another copper ribbon soldered to it somewhere about a right angle; the loose end of this latter might be adjusted to press upon the line of the artery with any degree of force, and, as in the case referred to, the pressure made to resemble that of the finger by the intervention of a piece of caoutchouc.

Yours, &c.,

WM. KERR.

Braehead, Galt, 15th Feb. 1875.

Selected Articles.

TO PREPARE URINE FOR EXAMINATION FOR CASTS.

[Dr. Tyson in his recent work on the urine, gives the following direction for preparing urine for examination for casts:]

"The greatest caution should be exercised in examining urine for casts. They are often so sparsely present as to furnish no deposit appreciable to the naked eye, and yet may be found by careful microscopical examination. While it is not impossible for non-albuminous urine to contain casts, yet I have never met them, except perhaps in a single instance, where albumen and casts having been present, in their gradual disappearance the signs of the presence of albumen disappeared before the last casts had been washed out. On the other hand the presence of albumen means casts in the vast majority of instances, and many times I am certain they are declared absent simply because they are not

carefully sought. Not a single slide should satisfy the examiner, but two or three should be carefully studied throughout the entire field. Nor is a plain slide sufficient. Urine should be examined in shallow cells, and as those of thin glass are generally too deep, the best are made with gum dammarra or Bell's cement, by means of a turntable and brush, since in this way they may be obtained sufficiently shallow to allow them to be penetrated by an ordinary one-fifth or one-fourth objective. After being made they should be put away for a month a more, to thoroughly dry and harden, else they are washed off with the first cleaning of the slide.

Most casts from their lightness subside slowly, and the more so because the urine is albuminous. As soon as received, therefore, the bottle of urine should be shaken up, poured into a conical glass and carefully covered. Although casts generally fall to the bottom in a shorter time, I have known twelve hours to elapse before one could be discovered, and therefore, whenever it is possible, urine should be allowed to stand for this time in a conical glass, and examined the next morning. If the urine has already been standing for some time, the supernatant fluid may be removed, and only the lower strata, containing the sediment, turned into the conical glass, and allowed further to subside. A pipette, consisting of a plain glass tube, drawn nearly to a point, should then be carried to the bottom of the glass with the index finger pressed upon the distal end. When it has reached the bottom, the finger should be raised for a second only, and quickly returned. In this manner only the lowest drops are obtained, which are most likely to contain the casts. A drop of this fluid is allowed to fall into one of the shallow cells, covered with a thin glass cover, and carefully examined with a one-fourth or a one-fifth object-glass, and the A eyepiece. Only the beginner need be cautioned against linen and cotton fibre, hair, or portions of dealwood. More likely are the mucin flakes and castlike granular aggregations of inorganic and organic matter to mislead.

SPERMATIZOIDS frequently occur in the sediment of urine of healthy individuals. When abundant they form a slight flocculent cloud, but there is generally nothing in the appearance to cause their presence to be suspected. They require a power of 400 diameters (one-fifth with the B eyepiece) to show them well, when they may be recognized by the oval head or body, and the delicate, tail-like projection emanating from it. They no longer exhibit their vibratile movement after entering the urine. Their recognition is most interesting in connection with medico-legal cases—cases of suspected rape. Their presence in vaginal mucus soon after coition and in stains upon linen, is easy of demonstration. In the former case a drop of mucus from within the vagina is placed upon a slide, a drop of water added if necessary, covered with a

thin cover and examined with the microscope. In the latter a piece of the stained linen may be soaked in water or in artificial serum in a watch-glass for half an hour or an hour, and the sediment examined.—*Medical News, Cin.*

THE USE OF THE OLEATE OF MERCURY.

This preparation is at present employed in the syphilitic wards of the Vienna General Hospital, and is used strictly in accordance with the rules laid down by Professor V. Sigmund in reference to mercurial inunction. So far 51 patients affected with syphilitic skin diseases have been subjected to the oleate of mercury inunction cure. From fifteen to thirty grains being rubbed in daily by each patient. In most of these cases the treatment was commenced immediately on the appearance of the eruption, without previous, or simultaneous general medication. In seven cases some form of iodine had been previously administered; in two the mercurial ointment friction cure had been commenced; and in one case iodine had been given in addition to inunction with mercurial ointment. Thirty-seven of the fifty-one cases were afflicted with syphilitic erythema in one or other of its several forms, and the remaining fourteen cases with papular syphilides.

The results of treatment were as follows: In the fresh forms of the erythematous syphilides, the average number of inunctions necessary to cure, was eighteen, the eruption disappearing about the twenty-first day after the commencement of treatment, the induration at the seat of the primary affection, as a rule, being perceptible a week longer. In those cases which had been previously subjected to a course of iodine, the eruption disappeared more rapidly; still more rapid was the cure in those cases in which mercury had been already used. Dr. Vajda, in view of these results, maintains that the oleate of mercury is a more efficient preparation than the mercurial ointment, the general effect of the remedy often showing itself with astonishing rapidity. Stomatitis, the result of the oleate of mercury friction cure, was never observed, neither did this treatment give rise to eczema, and twice only was a moderate erythema produced.

Martini, who had employed this preparation in forty cases, reported five relapses; this, however, Dr. Vajda very pertinently remarks, is due, not to any inefficiency of the remedy, but must be ascribed to the great obstinacy of the disease. Among the fifty-one cases treated by Dr. Vajda, as above set forth, three only returned subsequently with a renewed attack of the old disease, in the form of mucous patches.

The oleate of mercury penetrates the skin much more readily than the mercurial ointment; the time occupied for introducing equivalent quantities of

each being as one to four. To testify himself that the effect corresponded with the rapidity of introduction, Dr. Vajda procured some fresh, clear lymph, and added to this a little oleate of mercury; in a short time he was able to demonstrate, in the still clear supernatant stratum of the lymph, the presence of mercury, a fact which is indicative of the rapid transformation of the oleate into a soluble albuminate of mercury.

The examinations of urine from patients under this treatment, gave negative results, owing to the circumstance, Dr. Vajda claims, that the specimens of urine were collected too early in the treatment, (within the first forty-eight hours,) before the tenacious mercury albuminates would be converted into excretable compounds.—*Medical News, Cin.*

THE PATENT MEDICINE BUSINESS IN DANGER.

Dr. Dyrenfurth, lately appointed Principal Examiner U. S. Patent Office, has refused a patent to a medicinal combination, which is simply a mixture of known medicines, and has given his reasons in full for so doing. Heretofore there has been no difficulty in obtaining patents for all such compounds. But if the decision of the new Examiner be sustained, it will throw a serious impediment in the way of flooding the country with offensive nostrums by governmental aid. Dr. Dyrenfurth presents his argument in this language:

"Such patents have, it is true, been granted, but it is not too late to stop. 1. (Having reference to this particular case and others where mixtures are called compounds.)

"Each one of a number of ingredients being used alone to attain the result [which it is said a mixture of all will produce, or even separate ingredients being put into a mixture to perform separate functions, or meet separate indications within the human body, a mere mechanical assemblage of such ingredients, there being no chemical union, is not a novel and patentable compound.

"2. There is no invention in mixing a number of drugs, all of which have been used alone to produce the result wrought.

"It may be claimed that invention is unnecessary in a composition of matter, that the spirit of the law does not require it, that inasmuch as section 24 provides that any person who has invented or discovered any new or useful art, machine, manufacture or composition of matter, may, under certain conditions, obtain a patent therefor, the term discovery applies to compositions, inventions to the rest. Yet, even if this be the case, and while the difference between invention and discovery may be that, under the former a new thing is created, under the latter something already existing is found, which produces

novel and unexpected effects in a line not analogous to anything to which the thing has been applied before, even if this be the case, I say, applicant has done nothing to entitle him to a patent, for he has not even made a discovery. His ingredients but perform their well-known functions. Generally, however, the term 'discovered' has no force, except when its meaning is synonymous with that of invented.

"3. To write a prescription is again not invention, nor yet a patentable discovery, but rather a matter of skill.

"The tyro in medicine is taught the effects of the various remedies, and is told that he may mix or combine certain of them. He is taught furthermore, how, under the various complications of disease, a number of drugs may be simultaneously indicated and administered. A complication, or even a single symptom, arising to him where the skill of the physician would point out to him that a number of drugs were necessary, his prescribing these, mixing them in any required proportion and exhibiting them, would be ascribable to such skill, but would not be invention.

"4. The granting of patents upon the various prescriptions is pernicious, first, because the same nostrum cannot be taken with benefit by all persons, even for the same disease, *i. e.*, the one disease, (they are usually sold to cure a score, the absurdity of which ought to be apparent to every one) difference in diathesis requiring different remedies; such patents thus generally inure to the benefit of one (the patentee) and the misery of many; and, secondly, for the following reason: A certain mixture of well-known drugs being indicated, the *already existing knowledge* (his schooling) of the physician of such fact should not be trammelled by the further fact that some enterprising individual had already taken to himself a monopoly (that is a grant which restrains others from the exercise of a right or privilege which they had before the grant was made) of just this mixture, in contravention of public policy and the welfare of man.

"5. And, finally, if this or any other prescription be an invention, then the thousands of physicians throughout the world must make thousands of patentable inventions every day, an invention being thus, in fact, unfolded to mankind every time an original prescription is written by a competent leech."—*Pac. Med. and Surg. Jour.*

ON THE MINUTE PATHOLOGY OF ENTERIC FEVER.

[Dr. Klein has kindly furnished us with the following note, translated from the *Centralblatt für die Medicinischen Wissenschaften*, Berlin, 1874, Nos. 44 and 45, in which it first appeared].

1. Sections through the hardened ilium of persons who have died in consequence of enteric fever, show that there takes place an abundant absorption of peculiar organisms by the lymphatics and venous vessels of the mucous membrane over and around and the Peyer's glands.

2. In the earliest case I have examined (seventh day from the day on which headache came on), Lieberkuhn's crypts contained in their lumen peculiar greenish-brown, generally spherical, bodies of various sizes: the largest being twice and three times as large as a human coloured blood-corpuscle; the smaller ones only one-half or one-fourth as large. They are generally densely crowded together, and appear then of a dark olive-green colour. At the margin of such clusters, where they lie more isolated, numerous kidney-shaped or hour-glass shaped forms are to be met with, thus indicating a rapid division. Similar bodies are to be found in the tissues of the mucous membrane, where they appeared to be enclosed within the lymphoid cells of the adenoid tissue. They are also contained in the venous vessels, and occasionally in a lymphatic space. In the former, they undergo rapid division in two and three, whereby they gradually split into smaller granules—micrococci, which are of a yellowish-green colour. These micrococci are arranged either as dumb-bells, or as necklaces of four and more joints, or they form true zoogloe. Finally, these micrococci stand in a genetic relation to a myelium, the filaments of which are branched, apparently smooth, and of a yellowish-green colour. (Similar observations I have published in a paper on sheep-pox, read before the Royal Society).

The organisms just mentioned are to be met with, not merely in the neighbourhood of Peyer's glands, when moderately swollen, but also in portions of the intestinal mucous membrane, which, on macroscopical inspection, except a slight general swelling, do not present any marked changes; microscopical observation shows, however, also here, changes in the lymph-follicles of Peyer's glands, which will be described hereafter. Besides these organisms mentioned above, there are also found lumps of the micrococci, as before mentioned, penetrating from the free surface through the epithelium into the substance of the mucous membrane, especially into the Lieberkuhnian crypts, and hence into the lymphatic spaces surrounding the latter.

3. In a case more advanced (twelfth day), I found exceedingly large quantities of micrococci penetrating from the free surface of mucous membrane into the tissue of the latter and into the Lieberkuhnian crypts, and hence into the lymph-spaces and venous vessels; this was the case, not only with the mucous membrane around the Peyer's glands, but also with parts of the mucous membrane that were somewhat remote from these glands, and which did not show marked changes on macroscopical inspection. Where these micrococci form close

groups, in and around the Lieberkuhnian crypts, they appear of a rather yellowish-brown colour.

4. In another case, still more advanced (sixteenth day), I met with the same relations; the number of micrococci being however, much smaller.

5. The lymph-follicles of the Peyer's glands showed, in the first case, (seventh day), a peculiar change, consisting in the centre of the follicles being converted into a spongy mass, owing to their blood-vessels being surrounded by spaces, lined by the adenoid tissue unsheathing the blood-vessels. The lymphoid cells of the adenoid tissue were transformed into large granular corpuscles containing two to five and more nuclei, which very much resembled the nuclei of "endothelial cells. In some of the lymph-follicles, I found true giant-cells.

In the latter stage (twelfth day) also, the mucous membrane showed similar changes; the lymphoid corpuscles of its adenoid matrix being transformed into large, coarsely granular cells, containing either one large vesicular or constricted nucleus, or several such nuclei. Some of these cells possessed a vacuole, containing two or three small spheroidal nuclei. Similar cells were found in the venous vessels of the mucous membrane and the submucous tissue, as well as in the lymphatics of the latter.—*Brit. Med. Journal.*

DEATH FROM METHYLENE.

On Dec. 17, a death occurred at the Royal London Ophthalmic Hospital from the administration of bichloride of methylene. The patient was a woman aged twenty-five, suffering from fistula lachrymalis and caries of bone in the neighbourhood of the lachrymal sac. A week previously the upper canalicus had been laid open, together with a part of the outer wall of the sac, and a probe of large size was passed down the duct through an obstruction at its upper part. On that occasion the patient took methylene without any unfavourable symptom. On Tuesday two attempts were made by Mr. Couper to pass the probe, but as the patient seemed unable to endure the pain, it was thought advisable to have recourse to an anæsthetic. Bichloride of methylene was administered in the usual way by Mr. Buller, who for the last two years has been accustomed to administer this agent almost daily at the hospital, by means of a perforated leather inhaler covered with flannel. Three drachms by measure were poured into it (the ordinary quantity for an adult being four drachms). At the end of about two minutes after the inhaler had been placed over the mouth and nose of the patient, her breathing suddenly became loud and stertorous. The anæsthetic was at once discontinued and the operation commenced. When the inhaler was removed the lips and cheeks were ruddy, but an unusual pal'or of the alæ of the nose

and skin around the mouth was noticed. The respiration, however, continued deep, full and exaggerated. The inspirations were accompanied by loud palatal stertor, and the nostrils were observed to be flaccid, but there was no impediment to free access of air to the lungs. Some seconds afterwards the pulse at the wrists rapidly failed, and then ceased almost suddenly, but the respiration continued for some time, and then failed rather suddenly. The tongue was immediately dragged forward with forceps, and artificial respiration, by Silverster's method, established. The lower limbs and pelvis were at the same time gently raised from the couch, so as to favour gravitation of blood towards the brain. The face and breast were smartly slapped with a wet towel, and ammonia was applied to the nostrils. A strong solution of brandy and ammonia was thrown into the rectum as soon as possible, but was imperfectly retained, owing to relaxation of the sphincters. Artificial respiration was continued for forty minutes, but, with the exception of two or three sighing inspirations at intervals within the first few minutes, no sign of returning life was shown.—*Lancet*, Dec. 19, 1874.

In the succeeding number of the *Lancet*, in commenting on this case, Mr. George Pollock asks the very pertinent questions: "Is it not time that the profession should determine to discountenance and discontinue the use of chloroform and other dangerous anæsthetics, and have recourse alone to the administration of ether in operations of any duration?"

"If chloroform often kills, if bichloride of methylene is occasionally fatal, if the inhalation of ether is safe, is it not almost criminal to have recourse to the use of anæsthetics known to be attended by risk, in preference to one in which there is comparatively no element of danger?"

We are glad to learn from Mr. Pollock that, in his private practice, ether is the sole anæsthetic he uses, and that at St. George's Hospital the administration of chloroform has been long discontinued, and ether has been substituted.—*Med. News and Library*.

A CASE OF PARACENTESIS THORACIS.

BY E. T. BRUEN, M.D.

The following case occurred in the Philadelphia Hospital during the past fall, while I was resident in the house. It affords such a good illustration of the advantages of paracentesis thoracis as a method of treatment in a class of cases frequently met with, that I offer it to your readers:

M. N., æt. 25, native of Ireland, was admitted to the white nursery, with a strong healthy baby three months old. She stated that she had been taken sick three weeks before, having been con-

finied to bed seven or eight days. The physician who attended her told her she had pleurisy.

She suffered after she left her bed from constant dry cough, with but little expectoration. There was considerable dyspnœa, even when quietly sitting in a chair, and upon the least attempt to move about this became really painful. For these symptoms she applied for admission to the hospital, in order to subject herself to treatment.

Physical examination of the chest demonstrated complete flatness upon percussion from the second rib anteriorly to the base of the thorax on the left side, and posteriorly the same signs from the angle of the scapula downward. Above, the percussion-note was greatly exaggerated, almost tympanitic. There was entire absence of any respiratory sounds over the area of dulness. Over the apex of the left lung the respiratory murmur was much exaggerated. The left side of the chest measured an inch and a quarter more in circumference than the right side, while there was scarcely any respiratory movement.

The heart was very slightly displaced towards the right side. The woman's general health seemed good; no emaciation had occurred.

A large plural effusion in the left chest was diagnosed, due to the recent attack of pleurisy, and as medical agents proper for the case might perhaps have interfered with the secretion of milk, it was determined to resort to paracentesis thoracis.

I accordingly tapped the chest in the line of the axillæ in the sixth interspace, using an aspirator with a rather small sized trocar, having first destroyed sensibility in the part by the local application of ice, and succeeded in removing forty ounces of clear serous fluid, which very soon became like a jelly in the pail which contained it.

After the operation, the wound was closed by adhesive strips, a dose of morphia given to allay cough, and a poultice applied to the chest.

No unpleasant consequences whatever resulted from the treatment; she walked about the ward the following day, and her cough and dyspnœa had completely disappeared. She was not allowed to go out for ten days afterwards, as the weather was unpleasant, but at the end of that time no restrictions were placed upon her habits, as she was quite well. Perfect restoration of the respiratory functions of the lung had taken place; only a slightly impaired resonance, due, probably to a thickened condition of the pleura, remained to indicate that any functional disturbance had occurred.

The only medicine she took was a tablespoonful of Basham's mixture three times daily for two weeks. The poulticing was kept up at night for a week. During the day she wore flannel, which she was told to wear constantly hereafter.

December 1.—She was still an inmate of the white nursery, perfectly strong and well.—*Med. Times Phila.*

CLINICAL REMARKS ON A CASE OF STRANGULATED FEMORAL HERNIA.

BY T. H. BARTLEET, F.R.C.S.,

Surgeon to the General Hospital, Birmingham.

For the following brief notes of the case, I am indebted to Mr. Shipworth, Resident Surgical Assistant.

Thomas Jones, aged 43, married, a smith, was admitted November 10th, 1874. He had had a swelling in the right femoral region, which occasionally disappeared, for the last seven years. On November 1st, the swelling increased without any special cause. His bowels were constipated; and he took aperient medicine, which produced two motions. On November 2nd, he vomited several times. On the 3rd, the vomiting continued, and he was unable to pass flatus. On the 4th, he described the vomiting as being fæcal. Constipation and fæcal vomiting continued until his admission on November 10th, when he was found to have a small painless hard tumour in the right femoral region. There was no impulse, The belly was distended, but not painful or tender. The patient's aspect was distressed; his temperature was 99 deg. and his pulse 85. The taxis was tried with great care, but ineffectually. Under chloroform, a transverse incision of one and a half inches was made over the neck of the sac, down to which the intervening tissues were divided on a director. The seat of stricture was the falciform margin of the saphenous opening, a few fibres of which were divided; and the contents of the sac were returned, the sac itself not being opened. The sac, which seemed likely to be drawn up by violent respiratory efforts, was held to the wound by a hare-lip pin passed through the edges of the latter, and including a piece of areolar tissue attached to the sac. The wound was dressed and rolled in the usual way.

November 10th. Vomiting had continued two or three times after the operation. He took twenty minims of tincture of opium, which relieved the vomiting, and was followed by a good night. He had passed flatus. Temperature normal; pulse 75. He had no pain.

November 13th. There was slight discharge from the wound. He had passed a firm and very copious motion.

November 28th. The wound had been dressed with tenax, and was all but healed; it measured now barely an inch.

REMARKS—The case seems to me to present the following points of interest: the length of time during which symptoms of obstruction had lasted; the lengthened duration of fæcal vomiting; the mode of operation; the after-treatment.

Symptoms of complete obstruction had lasted for nine days. The condition of the hernial tumour

did not justify the opinion that strangulation had lasted thus long. I believe that the hernia was, at the beginning at all events, *incaarcerated*, not strangulated. Now, what is an *incaarcerated* hernia? It is a hernia in which the constriction affects only the calibre, and not the walls, of the gut; that is, the passage through the intestine is entirely closed, but the intestinal walls are not sufficiently constricted to stop the circulation through them, and consequently to cause them to sphacelate.

Fæcal vomiting was present for four days. This symptom, though a common one in long standing cases of strangulated hernia, is justly considered one of serious importance. It is supposed to be due to the long continued and ineffectual peristaltic action of the intestine above the stricture, inducing a backward current of the contents of the bowel in the centre of the tube.

The Operation.—I have for some time given up the long vertical incision over the whole or greater part of the sac. I make a short transverse incision over the neck of the sac, by pinching up the integuments and transfixing; the incision being rarely as long as two inches. I divide the tissues on a director until I am able to insert a nail under the stricture. I find it rare, even in old standing and in inguinal herniæ, to be unable to relieve the stricture without opening the sac. Occasionally the stricture is caused by a few fibres in the sac; and these I have, in one or two cases, very carefully divided from the outside instead of from the inside of the sac.

Herniotomy without opening the sac is an operation free from danger. No important tissues are cut through or misplaced. The danger, as far as the operation is concerned, is due to the opening of the sac; for we then make an open track for the admission of air, and sometimes of fingers, into the peritoneal cavity. I think needless alarm is often felt about the condition of the bowel, or of its strangulation by a band or by omentum, when the sac is not opened. In cases of recent strangulation, it seems to me as great a mark of unwisdom to open the sac to examine its contents, as it would be to trephine the skull to look for a possible clot underneath, in every case of injury of the skull with insensibility. Opening the sac is a *certain* risk; leaving it unopened is an *uncertain* risk. Moreover, in recent cases of strangulated hernia, it is customary to attempt reduction by taxis. Now, if it be safe to reduce a strangulated hernia by taxis, it is surely safe to do so by an operation which is as safe and simple as is extraperitoneal herniotomy. I am aware that the present case is not one of recent strangulation. The symptoms of obstruction and even fæcal vomiting had lasted many days. It may be fairly asked why I did not deem it necessary to open the sac and examine the condition of its contents. My examination of the hernia before and during the operation did not

favour the belief that it was gangrenous. Pain was not, and had not been, complained of. The integuments were not emphysematous, œdematous, or red; the sac was not flaccid. Had the sac or its contents been long gangrenous, the superficial tissues would have resented the presence of dead matter, as of any other foreign body. Unfortunately, there is no way of telling whether or not the contents of the sac are *just dead*; and I consider it better, in the absence of definite symptoms, to face this risk better than that of peritonitis, so frequently consequent upon opening the sac. After I had returned the contents of the sac, the violent efforts of vomiting seemed likely to draw the sac itself up into the abdominal cavity. This was undesirable, since, had symptoms of strangulation still continued, I might have wished to open the sac and to bring into view the intestine or omentum it had contained, and which, in the paralysed state of the intestines, would almost certainly be found lying near the crural ring. I therefore kept the sac near the wound by transfixing a tag of areolar tissue attached to it (not the sac itself) by a hare-lip pin, with which I closed the wound. The necessity did not arise in this case, but the manoeuvre might be useful in other cases.

With regard to after treatment, one dose of tincture of opium relieved the sickness, and gave a good night, which the novelty of the patient's position in hospital might have prevented. After this, he had no medicine—above all, no aperient. He was kept to milk and broth diet until his bowels were open, which they were on the fourth day after the operation, and the fourteenth day of constipation. The wound was dressed with tenax—an excellent dressing for these deep wounds, as it prevents the accumulation of pus, and consequently favours the contraction and healing of the wound.—*British Medical Journal*.

THE CURATIVE TREATMENT OF INSANITY BY CHLORHYDRATE OF MORPHIA.

Dr. Voisin, of the Salpêtrière Hospital (*Bulletin Général de Thérapeutique*, March, 1874) arrives at the following conclusions:

If the malady be recent and not complicated by successions of delusions, the remedy keeps it from progressing, and stops the development of secondary or tertiary stages. Moreover, it calms the general or partial agitation in a time varying from two to three hours after a sufficient quantity has been injected. This dose is very variable, and is only arrived at by experience. The manner in which the delirium disappears is interesting. The delusions, hallucinations, etc., seem to separate from one another and no longer to form part of the same whole; they disappear one after another, and the patient replies to questions and recognizes

that he has been ill, his memory returns, and he recounts a series of facts relating to his entry to the hospital, he writes to his family and allows himself to be treated medically without offering any resistance. It seems as if the symptoms of insanity disappear inversely in order of their occurrence. Thus the patients who have begun by hallucinations followed up by delusions, in their recovery lose the latter before the former, and though the hallucinations may remain for some days they do not believe in them. The indications for the remedy are: melancholia, with or without hallucinations; ecstasy; suicidal ideas; religious delusions; maniacal excitement; the various forms of neuralgia which are so common among the insane, and especially in the women, which often determine the especial character of the delusions, giving, e.g., the notion that they are being electrified. The peculiar form of *folie circulaire*, which is generally thought to be incurable, has been very successfully treated by it.

The contra-indications for its use are: inflammatory symptoms, epileptic insanity, and general paralysis. In that form resulting from atheroma of the arteries, it may cause mischief from congestion, leading thence to hemorrhage.

Of the twenty-five cases quoted which were cured, six were affected with general mania with hallucinations and incoherence. The strongest dose employed in these six cases was twenty-one centigrammes daily, and the smallest was thirty-one milligrammes daily, the average duration of the treatment being four months. The other successful cases were of melancholic form, with more or less suicidal and homicidal complications.

Of the five unsuccessful cases, four had delusions of wealth and power, and one had certain febrile complications, a condition which has been shown by later experience to be totally opposed to the proper use of the remedy.—*New Remedies*, Jan. '75.

COMBINATION OF DIGITALIS WITH BROMIDE OF POTASSIUM IN DELIRIUM TREMENS.

In an interesting article on the Management of Delirium, by Dr. Milner Fothergill, after mentioning the treatment of delirium tremens by digitalis, he states that "probably in such cases the combination of digitalis with bromide of potassium and some of the vegetable narcotics is indicated." Having seen a very striking instance of the truth of this surmise, I am induced to give a short notice of the case. On June 1st, 1873, at midnight, I was requested by Mr. Sleman to visit Mr. E. along with him. He mentioned that the patient had sustained a fracture of both bones of the leg some days previously; that delirium tremens had occurred shortly after wards; and that he believed him to be

dying. I found him with all the symptoms of delirium tremens in a very aggravated degree, his pulse being so rapid and feeble that I could not count its frequency. His pupils were widely dilated. The skin was covered with profuse perspiration, and the whole muscular system was in constant agitation. He had not slept for several nights; was constantly muttering, being now unable to shout any longer; and persistently refused any nourishment. The bladder was considerably distended, and by pressure over the hypogastrium was completely emptied. He was ordered to have, every two hours, half-drachm doses of bromide of potassium, with the same quantity of tincture of digitalis; and to be fed with strong beef-tea and milk at frequent intervals. Next morning, he was much relieved, though he was still delirious. He had slept several times during the night, and was now taking some nourishment. The medicines were continued less frequently till June 4th, when I discontinued my attendance, as he then seemed completely out of danger. He made a good recovery, with an useful limb. Dr. Crichton.—*Brit. Med. Journal.*

CAULIFLOWER EXCRESCENCE; PORTION OF PERITONEUM REMOVED.

CLINIC OF PROF. KARL BRAUN, VIENNA.

Gentlemen.—The patient we introduce to you to-day is a married woman, æt. 32, and has borne two children. Her physical appearance is good, and no one would imagine, judging from it, that she is suffering from any serious cachexia. Yet she is laboring under a difficulty which, if not promptly met and treated, will beyond a doubt be fatal in its results.

She tells us that for a period of five months she has been constantly losing blood, not in great quantity, it is true, yet there has been a steady drain upon her system, which threatens sooner or later to undermine her strength; and it is our purpose to-day to make an examination of the trouble, and to do something for its removal.

A vaginal examination reveals, situated upon the anterior lip of the crevix more especially, yet extending nearly the entire distance around it, a new growth which we have no hesitation in pronouncing, from the peculiar sensation it imparts to the fingers, the hemorrhage which accompanies it, and the entire history of the case, to be an instance of the so-called "cauliflower excrescence."

What, in such a case should be our treatment? Experience conclusively has proven that nothing short of its radical removal will be of any value. Any attempt short of this will result in a failure, and the condition of the patient subsequently will be even worse than at present. Here it is always

better to cut away too much tissue than not enough. A portion of the peritoneum may be removed, proper care being taken in the subsequent treatment, and yet no injury result. In the very many cases here operated upon in the past twenty years, but a very small percentage have been lost, while in many of these the peritoneum has been cut. I operate every year fifteen or twenty times for this difficulty, and often remove a portion of the peritoneum so large that my assistants scratch their heads and say, "He has gone too far this time;" but as they grow older and see these operations again and again repeated with most favorable results, they learn better. The surgeon would object to such an operation, involving the opening of the peritoneal sac, but the gynæcologist, who operates in this region much oftener, knows better what can be done.

As to the instruments used in this operation, I have little at present to say. The operator will be guided by the conditions of the case, or, it may be by taste, in choosing them. I prefer in these cases the use of the galvano-caustic to all other means, and place the wire so that it shall pass through *perfectly healthy* tissue.

[The operation was here performed, and a large portion of the crevix amputated, the wire passing completely behind the growth, which was about as large as hulled walnut, removing a portion of Douglas's cul-de-sac.]

You will observe, gentlemen, as this specimen passes around the class, that I have removed quite a considerable portion of peritoneum. It is better to avoid doing this if possible. I do not think this case required it, and had not intended to touch it, but the folds of the posterior walls of the vagina deceived me. Our subsequent treatment will be very simple. We will use a glycerin tampon, taking care not to introduce it so far that there would be danger of its passing into the abdominal cavity; and no injection whatever will be allowed. The patient will be required to lie as much as possible on her back, the several tissues being thus thrown more nearly into accurate juxtaposition, and the healing process will be proportionately more rapid.

Nov. 14.—Patient doing very well. There has been no rise in the temperature since the operation.—*Med. Times Philadelphia.*

NEW OPERATION FOR THE CURE OF HYPOSPADIASIS.

There are at the present time in Mr. Wood's wards at King's College Hospital several patients upon whom plastic operations have been performed with much success. These consist of persons with deformities, resulting from disease, of the nose and eyelids, and of others with congenital malformations of the organs of generation—viz., epispadiasis and hypospadiasis. In the present report we

shall confine our remarks to the operation for remedying the defect of hypospadiasis, leaving the other cases to which we refer to comment upon, as we hope, at another time. * * * * *

Mr. Wood takes advantage of the hood-like prepuce which as a rule exists over the upper part and sides of the glans penis. This he transfixes close to the place of its attachment to the body of the penis, and then makes a transverse incision along this attached border through a considerable part of its extent; the glans penis is then pushed up through the resulting buttonhole-like aperture in the prepuce. After this is done, the next step is partly to dissect a portion of the skin from the under surface of the penis, and, if occasion require it, from the anterior part of the scrotum also. This flap is drawn forwards and brought into apposition with the displaced prepuce, and these are stitched together, by means of wire sutures, with their raw surfaces in contact.

The operation requires much care and great nicety in its execution. In the first place, the incision of the prepuce must be free enough to avoid strangulating the glans penis after the glans has been passed through it; in the second place, the flap of skin must be detached with extreme caution, both because of its exceeding thinness and the absence of subcutaneous areolar tissue beneath it, and also because there is here present no corpus spongiosum beneath the skin. Then the size of the flap must be carefully judged, as it must be broad enough to form an ample floor for the urethra and to allow for subsequent contraction. Silver sutures should be used, so that they may be left in until they ulcerate their own way out.

After the operation a catheter is passed into the bladder and allowed to remain three or four days, by which time the greater part of the raw surfaces has united. A sinus may possibly remain at some part for a little time, but this contracts, and soon closes; if it does not do so readily, it is only necessary to touch it with a fine wire cautery. When the operation has succeeded, the floor of the urethra to the end of the glans penis is made good, and the patients can eject their urine beyond their trousers, instead of being annoyed by its dropping short just beyond the scrotum, or even by having to pass it in a crouching posture. If there be any redundancy of skin after complete cicatrisation has occurred, this can be trimmed off.

The two cases which we have seen, upon which Mr. Wood has operated, are very successful. In each the hypospadiasis extended over half the length of the penis, or more; and in one the abnormal orifice of the urethra was extremely small, and a second aperture existed still further back. By the operation the urethra in each case has been closed in along its floor, and the prepuce forms a good projecting spout for the urine beyond the tip of the glans. In one case no sinus exists in the

cicatrix; in the other a very small one, through which little or no urine escapes, is gradually filling up.

It may be remarked and of course correctly, that in some of the worst cases this operation is not possible, as no prepuce exists; Holmes, however states that an "aggregation of the skin of the prepuce on the dorsal aspect of the penis is so common in hypospadiasis that I never saw a case without it, though we can hardly regard the connexion as a necessary one." It may, too, be objected by some that the arching of the penis in the state of erection will not be prevented by Mr. Wood's method. If this complication be entirely owing to the deficiency of the corpus spongiosum and its relative changes to the corpora cavernosa after growth is completed, the arching will not be altogether prevented by the operation, though in all probability it will be diminished in degree by freeing the skin and increasing the amount of tegumentary tissues below the urinary channel. It may be doubted, however, whether this arching of the penis is the worst effect of the malformation, or the chief one to remove; and whether the annoyance with the urine, which seems to be well remedied by the operation, is not the worst.

This and other points, however, will be decided by lapse of time, after the little patients who have been operated upon have passed into young adult life. Further information, too, will no doubt be furnished to the profession by Mr. Wood, who will, we hope, take some trouble to make known his method of operating, and the results attending it.

We are not aware that any operation like Mr. Wood's has been published or performed by others, though we find, in Liston's work on Operative Surgery, mention made of the prepuce being employed in remedying the defect of hypospadiasis. He says—"I have sometimes succeeded—and in cases where other means have been tried unsuccessfully—in protecting the exposed and irritable membrane of the passage, and carrying that forward to the apex of the organ *by turning back a portion of the prepuce and uniting it without any twist*," the lining membrane presenting outwards. Patients have been thus relieved from the frequent calls to make water, the nocturnal emissions, and other unpleasant consequences.—*Med. Times and Gazette.*

MAMMARY ABSCESS (THREATENED)—*Application of Oleate of Mercury.* Apply a solution of oleate of mercury and morphia in oleic acid, simply brushed over the part. The mercury is rapidly absorbed and arrests the inflammatory action, the morphia at the same time relieving the pain.—*Mr. F. Marshall.—Southern Med. Record.*

* The italics are our own.

UTERO-GASTROTOMY.

Dr. J. Marion Sims, State Med. Society, New York, made some very interesting remarks on the subject of "Utero-Gastrotomy," saying, that having had the honor of reading a paper at the last annual meeting on the removal of intra-uterine fibroids by enucleation, he now proposed to speak of the removal of larger uterine fibroids by abdominal section, whether intra-uterine, interstitial, or extra-uterine in character. This operation is now on trial. It stands where ovariectomy did twenty years ago. It has the same opposition to encounter, and will doubtless achieve the same victory. In this country it has been performed successfully by Kimball, Burnham, Boyd, Storer, Darby; in England by Charles Clay, Fletcher, and very recently by Lawson Tait. Koeberle, of Strasbourg, has cured four out of six cases, while Péan, of Paris, gives us the minute histories of eleven cases, with seven cures, and since the publication of his work, his pupil Urdi has published a work in which he says, that the whole number of Péan's operations up to the present time is twenty, with fifteen cures.

Dr. Sims has recently operated twice for the removal of the uterus, with large fibroid, by abdominal section. The first case was in a feeble state from excessive loss of blood. During the separation of a large fold of intestines from the surface of the tumor, the capsule of the tumor was torn up, large venous sinuses were opened, and the patient suddenly lost about sixteen ounces of blood. She never rallied, and died from the shock and loss of blood in thirty-five or forty minutes after the operation.

The second case had lost large quantities of blood and was quite anæmic, but was thought to be a favorable case for operation. It was done on the 19th of Nov., according to Péan's method. The patient died in seventy-six hours, of septicæmia. Examination, post-mortem, showed the pedicle in a sloughing condition below the wire clamp; the slough extending along the line of incision in the abdominal parietes, and on the top of the bladder, and in the broad ligaments. There were eighteen ounces of bloody serum in the peritoneal cavity. Péan's method of operating is to make a pedicle of the supra-vaginal portion of the cervix, and to draw this out through the lower edge of the abdominal section by clamp, as in ovariectomy. He transfixes the cervix by a double wire, ties one on each side of the cervix, inclosing the broad ligament on its respective side in the wire. Dr. Sims employed Péan's method in both his cases, but would not use it again; but he advocates the use of the actual cautery. He exhibited a clamp écraseur on the principle of Nott's [and Isaac E. Taylor's], by which he would compress the broad ligament on one side near the body of the uterus, and then sever the ligament with the cautery down to its junction with the cervix. The same method is

to be followed on the side, and then it only remains to cut the tumor from the supra-vaginal cervix and cauterize the surface. The several cauterized portions are then dropped into the peritoneal cavity, when, in spite of the eschar, they unite at once by adhesive inflammation to the surfaces with which they lie in contact.

Dr. Sims then exhibited an automatic alcohol blowpipe for heating the cautery irons.—*Medical Record, N. Y.*

ACUTE ALCOHOLIC POISONING.

(UNDER THE CARE OF DR. WADHAM, ST. GEORGE'S HOSPITAL.)

On Nov. 26th, W. C., aged twenty-one, was brought to the hospital with the following history. At 11 a.m. of the same day he happened to be present when another man carrying three jars, containing brandy, whisky, and rum, through the street, met with an accident, and spilt their contents in the gutter. On seeing this, he dropped on his hands and knees and drank a quantity of spirit out of the gutter. About five minutes afterwards he was noticed to stagger as he walked down the street, but it was not known what happened to him between this time and 12 o'clock, when he was brought insensible to his lodgings. His landlady having sent for the police, and they for a surgeon, he was, by the advice of the latter, brought to the hospital at 2 p.m.

On admission he was perfectly comatose, his face somewhat bloated and livid, and frothy mucus was oozing from his mouth and nostrils; his skin was cold and clammy, his pulse fluttering, the breathing short and stertorous, and the pupils unequal and inactive.

By means of the stomach-pump sufficient spirit to make more than a gallon of strong brandy and water was withdrawn. Respiration having nearly ceased, he was galvanized in the course of the phrenic, and bottles of hot water were applied to his feet and placed round his body; by these means his breathing became better, his pulse fuller, and the congestion of the face ceased, but whenever the galvanism was omitted for a few minutes the respiration stopped. This galvanism was continued until 3.10 p.m., after which he continued breathing of his own accord, and some urine drawn off at this time smelt strongly of brandy, and contained a considerable amount of albumen. At 5.30 p.m., respiration again ceased, but recommenced under the influence of galvanism. Between this and midnight his breathing was generally stertorous, and mucus râles could be heard all over the chest, the respiratory movements varied from 40 to 60 in the minute, and his pulse was 120.

At 5.30 a.m. of the 27th, he had turned himself

in bed, and showed some slight consciousness when attempts were made to rouse him. His pupils acted slightly, but his breathing continued stertorous, his respiration 64, and his pulse 120 in the minute. He continued in the same condition until 7 a.m., and then died somewhat suddenly, exactly 19 hours after drinking the spirit.

At the post-mortem examination the stomach was found slightly congested at its cardiac extremity. The lungs were intensely congested, and the bronchial tubes congested and filled with sanious fluid. There was merely slight congestion of the membranes of the brain, the ventricles were perfectly dry, and the substance of the brain natural in appearance. The other organs were congested, but otherwise healthy.

ASPIRATION IN PLEURISY.

The question as to the use of the pneumatic aspirator in pleurisy has of late been discussed by Dr. Becker, of Munich. In cases where the operation is one of necessity for the preservation of life, there can, of course, be no question as to its propriety; but in most cases of pleurisy with sero-fibrinous effusion Dr. Becker is decidedly opposed to aspiration of the fluid. Even where the pleural cavity is so full that the heart is much displaced, as long as the respiration and circulation are not disturbed he would leave the cure for nature. He contends that when the fluid has reached a certain amount effusion ceases, and the current setting in an opposite direction, towards the vessels, the cavity is gradually emptied, and contraction and adhesion occur in due order. Nature spontaneously limits the amount of effusion by compressing the root of the collapsed lung, and thus so far arresting the circulation in the vessels of supply. If the physician interferes with this normal state of affairs, and removes the fluid before the pressure in the pleural cavity has reached a certain height, he will simply restore the circulation in the pulmonary vessels, re-establish the conditions of effusion, bring the rough surface of the pleura into frictional contact, and have robbed the system of so much precious fluid.

Dr. Becker considers the circumstances even more serious when the collapsed lung is adherent. Should aspiration then be performed the fluid speedily refuses to flow, the tube collapses, and air forces its way around the needle into the chest. Worse still, the lung expanding unequally may undergo alveolar dilation; it becomes hyperæmic, hæmoptysis may occur at once, and bronchitis and pneumonia supervene. Less serious reasons for letting nature alone in sero-fibrinous pleurisy without urgent symptoms are the facts that the risk of sudden death from fatty heart, which is present in such cases, is not removed by operation; that marasmus is not

relieved by it; and that fresh pleurisy often comes on, and the chances of empyæma increase with every tapping.—*Boston Med. and Surg. Journal.*

FEAR OF BLOOD LETTING.

As an instance of the excessive fear of blood-letting which affects the profession at the present time, Dr. Rawdon Macnamara gives, in the *London Lancet*, the following incident:

"Some time ago I had a patient under my care suffering under urgent symptoms of impending suffocation consequent upon acute inflammation of the upper portion of the larynx and adjacent parts. A consultation was held of surgeons of great operative ability and also of great experience. All were willing to sanction my opening the trachea, but not one would sanction my opening a vein at the bend of the elbow. However, not being as thoroughly impressed as perhaps I should have been with the importance of the doctrine of the change of type in diseases, I insisted upon bleeding my patient; and never shall I forget his sense of relief as ounce after ounce escaped into the cup, until at last he exclaimed, 'Thank God, I can breath now as well as ever I did;' and from that out, his convalescence was uninterrupted."

We think Dr. Macnamara is right in suspecting that there are many surgeons who have performed every brilliant feat in the wide range of surgery, but who have yet shrunk from doing the simple operation of venesection. In a very wide experience during the last fifteen years in the hospitals of this city, we have known of but three cases of bleeding, —two having been under our own care.—*Med. Times, Phila.*

MEDIASTINAL TUMOUR.

UNDER THE CARE OF DR. CLAPTON, ST. THOMAS HOSPITAL.

The following case is of interest, as showing the difficulties often encountered in the diagnosis of intra-thoracic tumours. There were certainly some signs of obstructed circulation, but many of the pressure-signs met with in cases of tumour within the thorax were absent or but slightly marked. The peculiar situation and distribution of the growths are worthy of note.

E. C—, a man servant, aged thirty-seven, was admitted into the hospital on January 3rd, 1872. His previous health had been good, and he did not remember having had any serious illness. His father and mother were living and healthy, and

he stated that he had alway lived well, and had drunk freely. He was very subject to fits. Three years previously he began to have headache, giddiness, and to suffer from sleeplessness. He left his situation twelve months previously, and did not then live so well. About six months after this he began to suffer shortness of breath, which gradually got worse, so that he could not get about. Latterly his face had got bluish, and his speech thick.

The patient was a big, heavy man. The face and nose were congested, and the lips bluish, but there was no oedema anywhere. He talked somewhat thickly, and was very short of breath when he moved about. There was no particular cough. The tongue was coated, the appetite fair; the bowels regular; urine scanty, sp. gr. 1026, and contained much lithates, but no albumen. Pulse 96, soft and small. The chest was resonate, but here and there were bronchial rales and prolonged respiration. The heart sounds were healthy.

The patient remained much about the same till about the beginning of March, when his breathing became worse, and the cyanosis increased. He died on the 21st of March.

Autopsy.—Immediately beneath the pleura there was seen a tumour situated in front of the ascending aorta, between the superior vena cava, and the pulmonary artery, and extending as high as the left innominate vein. In addition to this, the right auricle was almost completely filled by a nearly spherical mass of soft consistence, and covered by reflected endocardium, which bulged somewhat through the auriculo-ventricular orifice. The growth extended upwards into the superior cava and its various branches to a distance of four or five inches from the auricle, and these were completely occupied and much distended by it. It seems probable that the new growth commenced in the anterior mediastinum, and extended through small veins into the superior cava and branches, and thence to the auricle. In minute structure the tumours appeared to be lymphadenomatous, the exocardial one being much firmer than the other. In the left lung, where it was close to the tumour, there were several nodules of similar structure, but there were none in other organs. There was much fluid in the abdomen and in the right pleura.—*The Lancet.*

DIPHTHERIA.

The Board of Health of New York has published the following precautions, which should be observed by the people wherever diphtheria prevails:—

Precautions—(a.) *The dwelling or apartment.*—Cleanliness in and around the dwelling, and pure air in living and sleeping rooms, are of the utmost importance where any contagious disease is pre-

vailing, as cleanliness tends both to prevent and mitigate it. Every kind and source of filth around and in the house should be thoroughly removed; cellars and foul areas should be cleaned and disinfected; drains should be put in perfect repair; dirty walls and ceilings should be lime-washed, and every occupied room should be thoroughly ventilated. Apartments which have been occupied by persons sick with diphtheria should be cleansed with disinfectants; ceilings lime-washed, and wood-work painted; the carpets, bed-clothing, upholstered furniture, etc., exposed many days to fresh air and the sun-light (all articles which may be boiled or subjected to high degrees of heat should be thus disinfected); such rooms should be subject to currents of fresh air for at least one week before re-occupation.

(b.) *When Diphtheria is Prevailing.*—No child should be allowed to kiss strange children nor those suffering from sore throat (the disgusting custom of compelling children to kiss every visitor is a well-contrived method of propagating other grave diseases than diphtheria); nor should it sleep with nor be confined to rooms occupied by, or use articles, as toys, taken in the mouth, handkerchiefs, etc., belonging to children having sore throat, croup or catarrh. If the weather is cold, the child should be warmly clad with flannels.

(c.) *When Diphtheria is in the House or in the Family.*—The well children should be scrupulously kept apart from the sick, in dry, well-aired rooms, and every possible source of infection through the air, by personal contact with the sick, and by articles used about them or in their rooms, should be rigidly guarded. Every attack of sore throat, cough, and catarrh, should be at once attended to; the feeble should have invigorating food and treatment.

(d.) *Sick Children.*—The sick should be rigidly isolated in well-aired (the air being entirely changed at least hourly), sunlighted rooms, the outflow of air being, as far as possible, through the external windows by depressing the upper and elevating the lower sash, or a chimney heated by a fire in an open fire place; all discharges from the mouth and nose should be received into vessels containing disinfectants, as solutions of carbolic acid, or sulphate of zinc; or upon cloths which are immediately burned; or if not burned, thoroughly boiled, or placed under a disinfecting fluid.—*N. Y. Med. Record.*

CHLORAL AND IPECACUANHA IN CROUP.—In a bad case of croup with urgent dyspnoea, give to a child of fifteen months old two minims of ipecacuanha wine, with two grains of chloral, every two, three or four hours, according to the effect produced.—*Dr. G. Barclay.*

GRADUATES IN MEDICINE.

The graduates in medicine of the nine Universities of Prussia, Germany, are compelled by law, to present themselves before a "State Board of Medical Examiners," for examination, before they can be licensed to practice medicine in that state. This same law also exists, and is rigidly enforced in the other states of the German Empire; likewise in Austria, France, England, and in nearly all of the other prominent countries of the world, with the exception of the United States of America.

The following table shows the result of the examinations in Prussia during the past year, and conveys also an idea, how rigid these examinations are, for about twenty-five per cent of the candidates were rejected; and we might further add, that no candidate is allowed to go up for examination unless he can prove, by certificates, that he has attended at least eight courses of medical lectures—equivalent to four years study:

1873-74.

UNIVERSITIES.	NO. OF CANDIDATES.	PASSED.	REJECTED.
Berlin,	124	89	35
Bonn,	39	33	6
Breslau,	37	32	5
Goettingen,	34	32	2
Greifswald,	81	61	20
Halle,	63	49	14
Kiel,	21	18	3
Koenigsburg,	45	25	20
Marburg,	33	30	3
Total,	477	369	108

The sum total of physicians licensed in the whole German Empire for the year 1874, is only 660.

During the same year, the innumerable medical colleges of the United States of America graduated three thousand students.

In conclusion, we add for comparison, the following table:

COUNTRY.	1874. NO. OF INHABITANTS.	PRACTITIONERS LICENSED IN 1874.
Germany,	42,000,000	660
United States,	40,000,000	3,000

Further comment is unnecessary.

DEATH FROM THE USE OF PERCHLORIDE OF IRON.—A foreign cotemporary records a fatal instance of the use of a uterine injection of perchloride of iron. Peritonitis supervened soon after administration, and death occurred in thirty hours.—*Lancet*.

PHYSICIANS IN MONTREAL.—There are one hundred and eighty-two doctors of medicine in the city of Montreal.

A SECOND ATTACK OF BILATERAL ZONA.

Dr. Kaposi, (Moritz Kohn), publishes in the *Wiener Medizinische Wochenschrift*, No. 38 a case of recurrence of herpes zoster. The first eruption affected the left hand, arm, and shoulder, including the skin which covered the chest on the right side. This lasted from April 22 to May 1, and left behind it scars and maculæ. Some of the former were large and painful, resembling cicatricial cheloid. On June 25, the same patient presented himself with a fresh eruption of zona. The vesicles occupied the back of the left forearm, and closely surrounded a long bleb and a large dark-green crust. The following day the eruption appeared on the left arm, above the elbow, and afterwards spread to the shoulder. One small patch showed signs of gangrene, but otherwise the disease ran a favourable course, and the crusts were drying up, when, on July 8, pain was felt in the right mammary region, followed by a second eruption of vesicles in the same place as in the first attack. This extended over the first, second, fourth, and fifth intercostal spaces in front, but soon subsided. There was no fresh eruption, but the pustules and ulcers of the left arm were painful and long in healing. [The only other case to which Dr. Kaposi can refer is one by Dr. Wyss, in vol. xii, of the *Archiv der Heilkunde*, p. 290. Here the zoster was lumbo-abdominal; the patient said he had suffered from the same disease in the same place thirty years before, and the scars which were still visible confirmed the statement. Bateman, however, says that herpes zoster may occur more than once in the same individual, and Dr. Tilbury Fox says (*Skin Diseases*, p. 202), "The disease rarely occurs twice in a life-time, but I have known it to occur a third time." That zona may extend to both sides of the body without a fatal result has been known from Tulp's case (*Obs. Med.* lib. iii. cap. 44) in 1652, to those narrated by Bârensprung, Hebra, and Hardy.]—*London Med. Record*, Nov, 25, 1874.

COLLODION AND MORPHINE IN SHINGLES.—After exhausting all the methods advised for the treatment of shingles, and especially the atrocious pains which attend this disease, Dr. Bourdon adopted the following:—A stratum of morphinated collodion (collodion 30 grammes, muriate of morphia 50 centigrammes) was applied to the diseased parts without opening the vesicles. The pain ceased on the second day, and after seven or eight days, when the pellicle fell off, the vesicles had entirely disappeared, and only a slight redness was apparent.—*Gaz. Med. Ital.*

PROFESSIONAL BILLS.—Following an editorial in the *Medical Times* on the above subject, the editor announces the receipt of several communications. One correspondent sends from Boston a schedule of fees, which it is becoming customary in that city to have printed on the backs of the bills rendered for professional services, and is as follows:—

THE BOSTON MEDICAL ASSOCIATION, composed of the regular physicians of Boston, adopted the following fee-table, July 1st, 1864:

But it is left to the judgment of each practitioner to make any deduction from the following rates which the pecuniary circumstances of the patient may require.

For each visit within the city in the daytime.....\$3.00

For a visit after 9 p.m., and before 8 a.m. 5.00 to 10.00

(In cases of consultation or other extraordinary attendance in the night, the fee for each extra attendance shall be added to that for a night visit.)

For a visit in consultation 5.00 to 10.00

For attendance involving travel out of town, mileage shall be charged at a rate per mile, for short distances of 1.00 to 2.00

For advice at the physician's house, according to the importance of the case, unreasonableness of the hour, or time occupied..... 3.00 to 20.00

For vaccine inoculation..... 5.00

For attendance in midwifery in the daytime 20.00

For attendance in midwifery in the night..... 30.00

(Obstetric operations, when necessary shall be charged in addition to the usual fee for attendance.

In obstetrical practice all subsequent visits shall be charged as in ordinary cases of attendance.)

For minor surgical operations, such as stitching wounds, opening abscesses, etc..... 3.00 to 25.00

For major operations, according to importance.....25.00 to 500.00

(After surgical operations all subsequent visits shall be charged as in ordinary cases of attendance.)—*Medical Record.*

COMBINATION OF IODIDE OF POTASSIUM AND CARBONATE OF AMMONIA.—Sir James Paget says, "He has had extensive experience in the treatment of syphilis with this combination, and has realized the best results. He finds that five grains of iodide of potassium combined with three grains carbonate of ammonia, are equal to eight grains of the potassium salt administered in the ordinary way."

BROWBEATING HYSTERIA.—A correspondent of the *Boston Medical and Surgical Journal* gives the following account of the treatment of a typical case of hysteria by Dr. Weir Mitchell: Patient was a young lady who came to the doctor from Rhode Island for treatment. She had been in bed for months. The medical experience had been exhausted. Dr. W. H. Hammond advised a longer continuance in bed. Dr. Mitchell made three visits ere he began treatment. The peculiarities of the case were spinal weakness and an inability to straighten the lower extremities. At his fourth visit the doctor requested his patient to straighten her limbs. "But I can't." "But you *can*. Are they never straightened at night?" "Yes, doctor. No one ever asked me that question." The legs were straightened with but little difficulty. "Now be kind enough to sit up." "But that is impossible; I have not been able to do it for two years." "You are able now. Please sit up." Patient sat up. "Bring her wrapper, hose and slippers, and put them on; put on a necktie; belt her waist. Now I wish you to stand." The patient now began to cry. "Good morning," said the doctor taking his hat. "Where are you going doctor?" "I am going away. I never attend patients who do not obey me." "Come back, doctor. I will obey you." "Then please stand up." She stood up. "But, doctor, it makes me so dizzy." I expected it. Take my arm." She took his arm. He led her slowly out of the room, down stairs, and out of doors. She returned without aid and *did not go to bed again*. She was cured. This is given as a sample of the doctor's treatment of hysteria. He is never unkind, never rough, but inflexible, quick in manner decided in speech, yet gentle and exceedingly polite.—*Detroit Review.*

POTATO BUGS AS VESICANTS.—*The Medical and Surgical Reporter* says, that a chemical manufacturing firm in Indianapolis advertised last fall for one thousand pounds of potato bugs, which are to be used as a substitute for Spanish flies.

We have known for several years (say twenty-four years), by actual experiment, in Concordia parish, Louisiana, that the potato bugs will vesicate just as certainly and efficiently as the *Lytta Vesicatoria* when prepared in the same way. The first intimation of this was given by handling them in the fingers, when we had a painful realization of the fact. No experiments were made as to their action on the kidneys as a diuretic, but we have no doubt they will produce the same effect as cantharides.—*New Remedies.*

The British Medical Association will meet in Edinburgh next year. Preparations have been begun and "lively and pleasant expectations" of the visit are already indulged in.

THE BRITISH MEDICAL ASSOCIATION is to hold its next meeting at Edinburgh.

THERAPEUTICAL PROPERTIES OF BROMIDE OF CAMPHOR.

Some experiments of this drug by Dr. Bourneville, of Paris, are quoted in the *London Medical Record*.

The form of the drug administered was the same as that which had been employed up to the present time in all the hospitals of Paris, Dr. Clin's bromide of camphor dragées. In addition to the physical properties of bromide of camphor already mentioned, its characteristic odor and disagreeable flavor, it may be noted that it is insoluble in water, and changes when exposed to the air, so that the dragées are the best form in which to administer it. Each dragée contains exactly ten centigrammes ($1\frac{1}{2}$ grain) of the bromide of camphor, covered by a thin coat of sugar, which preserves the drug, masks both its odor and flavor, and renders it easy of deglutition. These dragées become rapidly disintegrated in the stomach. Among the cases already published we find the following:—

In one case, a woman aged sixty two, suffering from heart-disease attended by insomnia, twenty centigrammes only (two dragées) were efficacious. In the case of a woman aged forty-six, who was suffering from progressive locomotor ataxy, in whom insomnia alternated with disturbed sleep troubled by nightmares, it was necessary, in order to obtain a decided improvement, to administer eighty centigrammes (eight dragées). A woman aged forty-six, who for six years suffered from chorea, who had not been able to walk for a year, and was tormented by such incessant and violent movements that they drew her out of bed, and who was unable to sleep, had administered to her as high a quantity as 120 centigrammes (twelve dragées). Her sleep became calmer, she remained quietly in her bed, could walk a little, and often remained fifteen or twenty minutes undisturbed by choreic movements.

Three women, under the care of M. Charcot, of the respective ages of fifty, sixty, and sixty-seven, were attacked by paralysis agitans, and pronounced incurable. They took from twenty centigrammes to one gramme (three to fifteen grains) of the bromide of camphor, daily, in quantities varying from one to ten dragées, in progressive doses. A marked amendment followed.

Bourneville (*Progress Medical*) has submitted the efficacy of bromide of camphor to a severe test, by choosing as a field for his experiments a hospital for incurables. If it succeeded in these obstinate cases, still greater was the probability that it would act beneficially where the conditions were more favorable, and the illness of more recent origin. A patient in the Hospital de la Pittié, twenty-four years of age, suffering from acute rheumatism was attacked by chorea in the left arm. He was cured in five days. The dose was sixty centigrammes (nine grains) daily, given in six dragées.

In the same hospital a woman aged twenty-two was attacked by violent hysterical chorea, with hysterical vomiting. The dose given was first forty, and then sixty centigrammes daily. Her cure was rapid.

A young woman, a patient in the Neckar Hospital suffering from induration, with insufficiency of the mitral valve, showed symptoms of poisoning from the first day digitaline was administered to her. The digitaline was discontinued, and bromide of camphor substituted. The heart-beats diminished in frequency and became regular. The medicine was relinquished, and the improvement obtained continued the same a fortnight later.

A man in the same hospital, presenting the same conditions, received equal relief.

INFLUENCE OF ANÆSTHETICS UPON THE SEXUAL IMPRESSIONS OF FEMALES.—A writer (*Lyon Medical Clinic*, Sept. 19, 1874) says it is a well established fact, that occasionally, under the influence of ether or chloroform, an excitation of the sexual organs is produced, and a feeling is excited in the mind by this sensation which may make a woman believe that she has been subjected to violence. In illustration of this statement the writer says, that during delivery he placed the woman under chloroform. The sexual sensations of the woman were so vivid that she accused him of having violated her. Yet her husband and a dozen women had been present the entire time of the delivery. Other illustrations are given, from which the wise moral is deduced, "that physicians should never administer ether or chloroform except in the presence of witnesses.—*Detroit Review*."

A MODE OF REDUCING STRANGULATED HERNIA.—In a recent number of *La France Médicale* it is reported that the following method was adopted by Perrin as a novel procedure in the case of an inguino-scrotal hernia, which had become strangulated, and in which serious symptoms had already shown themselves. Taxis had been thoroughly tried under an anæsthetic, but without success. An attendant was therefore directed to take hold of the patient's legs, and placing them on his shoulders to raise him up until he rested only upon the shoulders and head. The body being thus very strongly flexed forwards, the integuments of the abdomen became so relaxed that Perrin was able by manipulation to reduce the hernia to one-half its former volume, by the return of the fluid which the sac had contained, into the peritoneal cavity. The patient was then placed in the horizontal position, and the gut was completely restored. There is hardly any novelty, however, in this operation, for American surgeons, have practised it in repeated instances.—*Medical Record*.

TREATMENT OF THE DROWNED.

The following method and rules, devised and prepared by the *Committee on Accidents, etc.*, being a modification of rules furnished by Dr. Beech, of Coldwater, and of those published by the Life Saving Society of New York, have been adopted and printed by the State Board of Health of Michigan, for distribution throughout the State, as a life-saving measure.

Rule 1.—Remove all obstructions to breathing. Instantly loosen or cut apart all neck and waist bands; turn the patient on his face, with the head down hill; stand astride the hips with your face towards his head, and, locking your fingers together under his belly, raise the body as high as you can without lifting the forehead off the ground, and give the body a smart jerk to remove mucus from the throat and water from the windpipe; hold the body suspended long enough to slowly count *one, two, three, four, five*, repeating the jerk more gently two or three times.

Rule 2.—Place the patient on the ground, face downward, and maintaining all the while your position astride the body, grasp the points of the shoulders by the clothing, or, if the body is naked, thrust your fingers into the armpits, clasping your thumbs over the points of the shoulders, and raise the chest as high as you can without lifting the head quite off the ground, and hold it long enough to slowly count *one, two, three*. Replace him on the ground, with his forehead on his flexed arm, the neck straightened out, and the mouth and nose free. Place your elbows against your knees and your hands upon the sides of his chest over the lower ribs, and press downward and inward with increasing force long enough to slowly count *one, two*. Then suddenly let go, grasp the shoulders as before and raise the chest; then press upon the ribs, &c. These alternate movements should be repeated 10 to 15 times a minute for an hour at least, unless breathing is restored sooner. Use the same regularity as in natural breathing.

Rule 3.—After breathing has commenced, restore the animal heat. Wrap him in warm blankets, apply bottles of hot water, hot bricks, or anything to restore heat. Warm the head nearly as fast as the body, lest convulsions come on. Rubbing the body with warm clothes or the hand, and slapping the fleshy parts, may assist to restore warmth, and the breathing also. If the patient can surely swallow, give hot coffee, tea, milk, or a little hot sling. Give spirits sparingly, lest they produce depression. Place the patient in a warm bed, and give him plenty of fresh air; keep him quiet.

Avoid delay, a moment may turn the scale for life or death. Dry ground, shelter, warmth, stimulants, etc., at this moment are nothing,—artificial breathing is everything,—is the one remedy,—all others are secondary.

Do not stop to remove wet clothing. Precious time is wasted, and the patient may be fatally chilled by exposure of the naked body, even in summer. Give all your attention and effort to restore breathing by forcing air into, and out of, the lungs. If the breathing has just ceased, a smart slap on the face, or a vigorous twist of the hair, will sometimes start it again, and may be tried incidentally.

Before natural breathing is fully restored, do not let the patient lie on his back unless some person holds the tongue forward. The tongue, by falling back, may close the windpipe, and cause fatal choking.

Prevent friends from crowding around the patient and excluding fresh air; also from trying to give stimulants before the patient can swallow. The first causes suffocation, the second fatal choking.

Do not give up too soon: You are working for life. Any time within two hours you may be on the very threshold of success without there being any sign of it.

In suffocation by smoke or any poisonous gas, as also by hanging—proceed the same as for drowning, omitting effort to expel water, etc., from windpipe.

In suspended breathing from effects of chloroform, hydrate of chloral, etc., proceed by Rule 2, taking especial pains to keep the head very low, and preventing closure of the wind-pipe by the tongue falling back.

ELEVATING THE STANDARD.—The University of Michigan is on the way to more severe requirements for admission to the medical department. During the present year, all applicants have been required to present themselves before the Dean of Faculty, who inquires into their educational advantages, receiving from them each a written statement, made in his presence, to be preserved as a matter of record. If he is not satisfied as to their qualifications for admission, they appear before the whole Faculty, and are more fully examined, and, if judged not qualified in literary and general acquirements, they are refused admission.—*Ibid.*

THE USE OF THE MOSQUITO.—Dr. Samuel W. Francis says, that this insect was created to drive man from malarial districts; and second, if man will not go, after the warning is given in humming accents, then the mosquito injects hypodermically a little liquid, which answers two purposes—firstly, to render the blood thin enough to be drawn up through its tube; and secondly, in order to inject that which possesses the principles of *quinine*.—*Medical Record.*

CASES OF CHRONIC SIMPLE ULCER OF THE STOMACH.

By DR. MCSWINEY, MED. SOCIETY DUBLIN.

In the course of his remarks he pointed out that this was a painful, dangerous, and sometimes a fatal disease, which was met with chiefly in young females between 16 and 26 years of age, and the features of which physicians had to be well acquainted with in order that they might distinguish it when they met it and treat it successfully. Having traced the history of the disease from the time—1830—when it was first distinctly recognized and described by Cruvelhier down to the present time, he proceeded to read some cases in which he had diagnosed the existence of this lesion. The first case was that of a young woman, æt 23, a French polisher by occupation. Four years ago she had distress of stomach after taking food, loss of appetite, and suffered from various dyspeptic symptoms. These were succeeded by epigastric pains, nausea, and thirst, the pain was ensiform in location. To believe it, she lay with the abdomen and face under. Food made the pain much worse, more particularly solid food. After some weeks of suffering she was suddenly seized with a violent attack of hæmatemesis. From this she slowly recovered in some weeks, after which she remained well for two years, when again there was a recurrence of all the dyspeptic symptoms under which she in the first instance laboured, and again she had a large vomiting of blood. When received into the hospital she was weak and pallid, and the slightest pressure in the epigastric region immediately below the ensiform cartilage caused exquisite pain. She loathed food, and was wretchedly depressed and nervous. Whatever she swallowed, solid or liquid, caused pain, and was immediately rejected by vomiting. Alcohol in any form made her worse, and everything, even the blandest food, was vomited. She was placed under treatment, and at the end of four or five weeks left the hospital, being at the time apparently quite restored to health. Three other cases, in all important particulars similar to the one just related, were also reported by Dr. McSwiney. Finally he reported a case by way of contrast to the others, in which many of the symptoms simulated upon superficial observation those of gastric ulcer, but which he had differentiated upon the occasion of examining the woman carefully. Shortly, the woman was of a nervous temperament, and had been highly excitable, according to her own account, for years. Amongst the symptoms of which she complained was regurgitation of food, which occurred at irregular intervals. At this time she was free from pain in any part of her body. This food vomiting came on chiefly at the catamenial periods, which were scanty and irregular. She suffered from leucorrhœa after months, during which she suffered

from this regurgitation of food, pain, according to her account, began to be experienced, but this pain was variable in situation—referred now to one point and now to another, and was uninfluenced by food. Two months ago she stated that she vomited everything she took, and that the vomited matter contained blood, and she showed what purported to be an admixture of food and blood to the practitioner who was in attendance upon her. All this time, however, she remained in good condition; she was not in the least weak or wasted, nor had she the appearance of a person suffering pain. Somehow an idea had got about that she had ulcer of the stomach, and she appeared willing to favour this view. A thorough investigation of this case caused Dr. McSwiney to conclude that, notwithstanding the vomiting of food mixed with blood and the pain complained of, the case was not one of gastric ulcer at all, but should be referred to the category of hysterical affections, and he stated that, in point of fact, what occurred when the food was brought up was more analogous to ruminating than to vomiting, and referred to the graphic description of this affection given by Sir Henry Marsh in his well known article in the *Dublin Fournal*, as well as in his letter to Dr. Little. Dr. McSwiney next directed attention to the diagnosis which he had ventured to arrive at in these cases, and explained that, whilst he recognised the impossibility in some cases, and the difficulty in others of arriving at a positive diagnosis of gastric ulcer, he claimed at the same time that under certain circumstances that diagnosis could be surely and unhesitatingly made. The grounds for arriving at this diagnosis he declared were supplied by certain important symptoms which, when present, could denote no other malady. These symptoms were—pain, vomiting, derangement of the digestion, and hæmorrhage. In addition, he stated that the age, sex, and, in his opinion, the state of the menstrual function, afforded valuable aids towards perfecting the diagnosis. Having at some length remarked upon each of these heads, he next proceeded to discuss the etiology of the disease, referring to the labours of Rokitsansky, Virchow, Pavy, and others who had advanced knowledge upon the subject to its present stage. Finally, he recapitulated the number of items of treatment which he had been accustomed to rely upon. It was as follows: *Regiminal*—He enjoined rest in bed, and secured the repose of the stomach by allowing only small quantities of nutriment to be taken, with long intervals between. Such nutriment consisted of milk with soda-water, or lime-water, and clear-strained beef-tea. *Medicinal*—He prescribed opium to allay pain, gallic acid to arrest hæmorrhage or other discharges, and bismuth in a formula which he recited, to arrest and cure the ulcerative process. He expressed an opinion that bismuth in the form of the liquor bismuthi possessed something approaching a specific curative action

in gastric ulcer, and he suggested that this might be due to the alkalinity of the solution, which restored, perhaps, the equilibrium in the chemical economy of the gastric processes which had been disturbed by the initiatory pathologic changes which determined the formation of the gastric ulcer.

SURGICAL NOTES.

GUY'S HOSPITAL.

As in matters of mere worldly interest, we cannot in the practice of medicine and surgery afford to despise the day of small things. At a recent visit to Guy's we had an opportunity of observing some striking illustrations of the importance of attending to minute and apparently trivial details in surgical diagnosis. An old man about seventy years of age had fallen down, and sustained some injury about the upper part of the thigh near the hip-joint. He was unable to walk, and was therefore taken to the hospital, where he was admitted into Job ward. There was some shortening of the right lower extremity, and great impairment of movement. The actual nature of the disease was not apparent, but it was probable that there was fracture at the neck of the femur. To ascertain definitely what was the seat of the shortening, Mr. Bryant adopted an ingenious, and, we believe, novel device. The measurements from the tip of the trochanter major to the lower border of the patella were first taken, and found to be equal on both sides. The question therefore was whether the shortening was at the neck of the femur. For this purpose, the patient being in bed, a vertical line was drawn from the tip of the anterior superior iliac spine on the outside of the hip to the horizontal plane of the body, then a second line from the tip of the trochanter major was drawn at right angles to this vertical line. The length of the second line was then measured and found to be three-quarters of an inch shorter on the injured side than a similar line on the opposite side of the body. By this means it was incontestably shown that the shortening of the limb was entirely in the neck of the bone. Mr. Bryant has employed this mode of determining the shortening of the neck of the femur for some time past, and has found it of great utility. We refrain from saying more on the matter at present as we understand that a paper on the subject, illustrated by diagrams, will shortly be read at a meeting of the Medico-Chirurgical Society. It seems, however, that "Bryant's line" will henceforth be as important in determining shortening at the neck of the femur as "Nélaton's line" is in the diagnosis of dislocation of the head of the bone.

At the same visit we saw some cases in which the cleft of the soft palate had been very accurately

closed by a slight modification of the usual operation. Mr. Bryant remarked that after paring the edges of the soft palate there is often great difficulty in getting perfect apposition after passing the needles carrying the sutures. To obviate this difficulty the needles with the sutures were passed first, then the edges were pared and brought accurately into position. In the three or four cases in which this modification has been employed the success has been gratifying.

There is at the present time an interesting and remarkable case in the Astley Cooper ward. About two months ago a boy, aged eighteen, was standing on a stack of hides, when a man caught him by the right leg, and endeavoured to pull him down. The patient strongly resisted, and felt something suddenly snap in his right groin. He immediately experienced great pain, was unable to walk, and in two hours found a swelling in the right groin close to the pubes. Beyond the swelling in the groin nothing amiss was found when the patient was admitted into the hospital. After being in the hospital for about three weeks the patient felt a hard mass extending from the swelling in the groin into the right inguinal and hypogastric regions, just above the brim of the pelvis. The tumour has gradually increased in size, and now extends up to the umbilicus. To the touch it is somewhat nodular and semi-elastic. The bladder seems to be pushed over to the left side, and lies just above the pubes. From the history and the characters of the tumor it is feared that it is a medullary growth.

—*The Lancet.*

IS PUERPERAL FEVER CONTAGIOUS?

In the *Journal* of January 16th, is recorded the committal of a midwife for trial on a charge of manslaughter by conveying puerperal fever to patients; and the important question is asked, "Is it certain that puerperal fever is contagious?" Most practitioners, I imagine, would answer unhesitatingly in the affirmative. As bearing on this question, the following cases have occurred in my practice during the last few weeks.—*Case 1*, Dec. 23rd, 1874. Mrs. A. had her first labour; the presentation was natural, and the labour fairly easy; peritonitis set in on the fifth day, and death occurred on January 2nd, 1875. The lacteal secretion was scanty from the first; the lochia were satisfactory to the last. Previously to this I had not had a case of peritonitis for several years.—*Case 2*, December 28th, 1874. Mrs. B. was confined; the presentation was natural, and the labour easy. She recovered without a bad symptom.—*Case 3*, January 3rd, 1875. I delivered Mrs. C. The presentation was natural, the labour easy. Recovery took place without a bad symptom.—*Case 4*, January 5th, 1875. Mrs. D. was delivered. The presentation was footling, the labour

tedious, requiring more manual assistance than usual. She recovered without a bad symptom.

Case 5, January 5th, 1875. Mrs. E. was confined for the first time. The presentation was natural, the labour was fairly easy. Peritonitis set in on the fifth day, and she died on January 13th. In this, as in the first case, the lacteal secretion was scanty, but the lochia satisfactory throughout.

Case 6. On January 14th, 1875, I was requested to attend Mrs. F., which I declined to do, and advised that another practitioner should take charge of the case. Calling next day to inquire after the patient (as I had attended all her family for many years), I found that, instead of having other medical assistance, she had been delivered by her mother, who had not only assisted to nurse the last case, but had actually helped to wash and lay out the corpse. Recovery took place without a bad symptom. I offer no remarks on the foregoing cases; I simply submit them to the consideration and comments of my brother practitioners.

JOHN A. ORR, A.B., F.R.C.S.I., &c.—*British Medical Journal*.

ACTIVE DILATATION OF THE BLOOD-VESSELS.

The contraction of the smaller arteries through nervous agency has now been demonstrated by so many experiments, and is so entirely in accordance with the results of anatomical and microscopical examination, that it may be regarded as one of the best-established facts in physiology. Within the last few years a special name—the vaso-motor system of nerves—has been applied to them; and quite recently a very interesting course of lectures has been delivered upon them by Professor Vulpian before the Faculty of Medicine in Paris. We shall not follow him in his *aperçue* of the principal events in the history of these nerves, nor adduce any of the facts he has so diligently collected in proof of their power of effecting contraction of the vessels, but shall refer only to the phenomena of *active dilatation*, and the various theories that have been advanced to account for it. That such dilatation can be effected through the nervous system is unquestionable. In the first place, we have the experiments, often repeated, of Bernard, on the effects of irritation of the chorda tympani, or of its peripheric extremity, when divided, on the circulation and secretion of the submaxillary gland. After such irritation, the vessels dilate, the flow of blood is freer, the pressure rises, and the secretion of saliva is augmented. Similar effects were observed by Bernard in the parotid on irritation of the auriculo-temporal of the fifth, and also—though his experiments on this point have not been corroborated by subsequent observers—on irritation

of the peripheric extremity of the cut vagus in the kidney; in this instance the vessels of the kidney becoming enlarged and the flow of urine increasing. Finally, we have the experiments of Eckhard on the *nervi erigentes*, irritation of which is followed by dilatation of the vessels of the penis and erection. Amongst the various theories that have been put forward to explain these facts, that of Schiff may first be mentioned, who believes that, as there are nerves which by their action cause muscular fibre to shorten, so there are others the direct action of which is to cause it to lengthen. It must be admitted, however, that no corroborative evidence can be obtained to support this view, and that all known physiological facts in regard to the action of nerve on muscle are opposed to it. As M. Vulpian observes, the term “active dilatation” is somewhat misleading. If it means only that dilatation follows nervous excitation, nothing can be better; but if by it we mean that the nerve-fibres act directly on the muscular fibres, the proposition is inadmissible. In regard to the arteries the difficulty cannot be overcome by supposing that the nerves act by shortening them, and so increasing their calibre; for they contain no longitudinal fibres. A second explanation that has been offered is, that a constriction of the veins, returning the blood from the part, is effected by nervous irritation; an obstruction to the flow of blood is thus produced, the effect of which, travelling backwards, leads to enlargement, first of the capillaries, and then of the arteries. It so happens, however, that the veins can be shown to dilate as well as the smaller arteries, and the pressure of the blood as well as the rapidity of the circulation increases, which are facts at variance with the explanation. M. Legros has endeavored to explain the action of the dilator nerves in another manner. He maintains that, in the ordinary condition of the circulation, the arteries are the seat of peristaltic movements passing towards the periphery; and he thinks that the excitation of these nerves exaggerates the activity of these movements. But this has met with little favour, especially as the existence of the peristaltic movements has not been perfectly established. Brown-Sequard, again, maintains that the dilatation of the vessels on nervous irritation is not primary but secondary, and is dependent on the action of the nerves on the anatomical elements of the tissues; and thus there is, as Carpenter has endeavored to demonstrate, a *vis a fronte*. But Bernard has shown that dilatation precedes the secretory action of the gland; and V. Wittich has pointed out that, in curarised animals, the secretion is abolished before the nerves lose their power of dilating the vessels. The last, and it appears to us the best, explanation is that given by M. Vulpian himself. The phenomena, he maintains are those of inhibition. Under ordinary circumstances the vessels are kept in a permanent state of contraction or

tone by the vaso-motor nerves. These present in their course and near their extremities certain ganglia; and connected with these ganglia are other nerves, possessing an inhibitory or restraining power over the generation or discharge of their motor force. If these be excited, the action of the ganglia is suspended, and the vessels, no longer receiving the force requisite for their contraction, yield to the pressure of the blood, and undergo dilatation. The analogy here exhibited to the motor and inhibitory nerves of the heart is sufficiently striking, and most, if not all, the phenomena of active dilatation of vessels receive a satisfactory explanation on this supposition.—*The Lancet*.

GENESIS ACCORDING TO SCIENCE (SO CALLED).

We cannot resist giving our readers the amusement—though the feeling excited, will probably be by no means one of unmixed amusement—of reading the following smart concrete statement of some modern “scientific” schemes of creation from one of our Transatlantic contemporaries:—

“*The New Scriptures, according to Tyndal and others.*”

“1. Primarily the Unknowable moved upon cosmos and evolved protoplasm.

“2. And protoplasm was inorganic and undifferentiated, containing all things in potential energy; and a spirit of evolution moved upon the fluid mass.

“3. And the Unknowable said, Let atoms attract; and their contact begat light, heat, and electricity

“4. And the Unconditioned differentiated the atoms, after its kind; and their combinations begat rock, air, and water.

“5. And their went out a spirit of evolution from the Unconditioned, and, working in protoplasm by accretion and absorption, produced the organic cell.

“6. And cell, by nutrition, evolved primordial germ, and germ developed protogene, and protogene begat eozoon, and eozoon begat monad, and monad begat animalcule.

“7. And animalcule begat ephemera; then began creeping things to multiply on the face of the earth.

“8. And earthy atom in vegetable protoplasm begat the molecule, and thence came all grass and every herb in the earth.

“9. And animalcule in the water evolved fins, tails, claws, and scales; and in the air wings and beaks; and on the land they sprouted such organs as were necessary as played upon by the environment.

“10. And by accretion and absorption came the radiata and mollusca, and mollusca begat articulata, and articulata begat vertebrata.

“11. Now these are the generations of the higher vertebrata, in the cosmic period that the Unknowable evolved the bipedal mammalia.

“12. And every man of the earth, while he was yet a monkey, and the horse, while he was a hipparion, and the hipparion before he was an oredon.

“13. Out of the ascidian came the amphibian and begat the pentadactyle, and the pentadactyle by inheritance and selection produced the hylobate from which are the simiadæ in all their tribes.

“14. And out of the simiadæ the lemur prevailed above his fellows and produced the platyrrhine monkey.

“15. And the platyrrhine begat the catarrhine, and the catarrhine monkey begat the anthropoid ape, and the ape begat the longimanous ourang, and the ourang begat the chimpanzee, and the chimpanzee evolved the what-is-it.

“16. And the what-is-it went into the land of Nod and took him a wife of the longimanous gibbons.

“17. And in process of the cosmic period were born unto them and their children the anthropomorphic primordial types.

“18. The homunculus, the prognathus, the troglodyte, the autochthon, the terragen—these are the generations of primeval man.

“19. And primeval man was naked and not ashamed, but lived in quadrumanous innocence, and struggled mightily to harmonise with the environment.

“20. And by inheritance and natural selection did he progress from the stable and homogeneous, to the complex and heterogeneous; for the weakest died, and the strongest grew and multiplied.

“21. And man grew a thumb, for that he had need of it, and developed capacities for prey.

“22. For, behold, the swiftest men caught the most animals, and the swiftest animals got away from the most men; wherefore the slow animals were eaten, and the slow men starved to death.

“23. And as the types were differentiated, the weaker types continually disappeared.

“24. And the earth was filled with violence, for man strove with man, and tribe with tribe, whereby they killed off the weak and foolish, and secured the survival of the fittest.—*Med. Times and Gazette*.

MAMMARY ABSCESS.—Quinine in full doses soon as chill occurs. Cease nursing at once, and remove the milk by hand rubbing, covering the parts with warm lard, and rubbing from the base of the gland towards the nipple.—*Medical Record*.

THE CANADA LANCET:

A Monthly Journal of Medical and Surgical Science

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AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIBER TIRDALL & Cox, 20 King William street, Strand, London, England

TORONTO, MARCH 1, 1875.

TORONTO ASYLUM FOR THE INSANE.

We regret to hear that the able Superintendent of the Toronto Lunatic Asylum has forwarded to the Government his resignation, on the ground of advanced age. Everyone may be said to write his own epitaph in the course of his daily life. What a noble record will then be furnished by a retrospect of the past twenty-five years' occupancy of Dr. Workman's post of Superintendent of the Toronto Asylum. To comprehend more fully the great and self-denying work, we will take a brief circumspensive review of the condition and management of the insane for the last seventy years, commencing at the Hospice, called Maison Royale de Charenton. It was at this immense asylum that those great men, Pinel and Esquirol, first saw the dismal scenes of a mad-house, and it was from the information derived from thence that they prepared themselves for that mission of philanthropy and justice to which they so nobly devoted themselves. We quote Esquirol's own words on the state in which the miserable inmates were kept about the beginning of the present century: "I have seen them naked, or only covered with rags, and having nothing but a little straw between them, and the cold damp pavement, on which they were lying. I have seen them fed with unclean and insufficient food, without water to quench their thirst, almost deprived of air to breathe, and totally destitute of the most necessary articles of life. I have seen them abandoned to the brutal violence of men who were no better than gaolers, and confined in close, noisome, dark cells, chained one to the other, and where even wild beasts, which the vanity of almost every

Government maintains in their capitals, would not be kept." At the Salpetriere and Bicetre, the first a hospice for women, the second for men, the condition of the patients was much the same as at Charenton. Under the superintendence of M. M. Fabret and Milivié, at the Salpetriere, much was done for the comfort of the poor creatures entrusted to their care, and at the Bicetre, M. M. Voisin and Seuret worked wonders in the field of philanthropic labour to which they devoted themselves. In England similar reforms were carried out at Bethlem Hospital, at Wakefield, and Hanwell, the latter under the superintendence of Dr. Conolly, the most active promoter of what is called the non-restraint system. In Combes' work on Moral Insanity the following picture of the way in which the insane were treated in Pennsylvania, in 1841, is to be found: "By information derived from about half the counties of the State of Pennsylvania, a committee of the House of Representatives ascertained and reported that in a population of nearly 800,000 there are upwards of 1,100 insane persons, and not less than a thousand of those unfortunates kept in County poor-houses and prisons, or in families at auction prices. In one county, of forty persons more or less deranged, seven are confined in cells which are nearly if not quite under ground. They may be seen from without, through iron bars in the cellar windows. In Toronto, in 1836, and for some years after, the insane were kept in the common goal. The medical attendant at the time, hastily we presume, attributing the disturbance of the intellectual and moral faculties to inflammatory action of meninges or to supposed changes of structure, adopted a uniform cast-iron treatment, heads shaved, and free use of tartar emetic and sulphate of magnesia. To this distressing portraiture of the treatment of the insane within the last forty years, what a delightful contrast do our Asylums in the Dominion now afford. Whilst disapproving generally of coercion, the Superintendents for the most part consider, that the modified restraint of the muff may be useful and must be necessary in certain cases. That insanity, when not associated with corporeal disease, or suffering, is most efficaciously relieved or even cured by appropriate moral treatment, whereas physical means or corporeal medication are of little avail. That in true insanity, let its variety be what it may, even acute

mania, in which the whole faculties of the mind are in a state of great confusion, there are no corporeal symptoms to which the psychological phenomena can be referred; for although it cannot be denied that in cases either of acute mania or melancholy some symptoms of bodily disorder may at times be discovered, yet these are so disproportionate to the mental affection, and are so uncertain and variable in their appearance, that they can hardly be considered as essentially connected with the malady.

The treatment may be summed up in kindness, justice, occupation, amusements, *i. e.* cards, billiards, music, cricket, the prevention of bad habits, and the conceding of as much liberty as is consistent with safety. M. Brierre de Boismont is of the opinion that mental alienation keeps pace with the development of the intellect. Esquirol also held that moral causes were more influential in producing insanity than physical ones. Recent English writers on the statistics of insanity have adverted to its alarming increase. Dr. Workman in his reports has frequently pointed out the necessity for augmented Asylum accommodation and no better endorsement of the need for these appeals to the Legislature can be found than the presence of these unfortunates in our common goals, often there detained for a long period before vacancies can be found for them either at the London, Toronto, or Rockwood Asylums. It must be apparent to all that incarceration in the cells of a goal is scarcely likely to minister to the cure of minds diseased, and that in many instances the acute period of the disease—the most amenable to treatment—will have passed over before they are received into an Asylum in a state of confirmed and hopeless insanity. In the *London Medical Gazette* for December last, it is stated, the subject of the increase of lunacy in the Metropolis was brought before the Hackney Board by Mr. Bennett. He said they have 307 lunatics in different asylums, as against 277 in the corresponding period of last year. These statistics would then show that insanity is developed more than in proportion to population. The experience of specialists points to success in treatment, as resulting in a greater degree from moral revulsion, than from any drug action, the skill of the physician being tasked in their individual application; continued care, and indefatigable surveillance, are the *sine qua non* for suc-

cess. Dr. Workman's resignation with intellect undimmed, judgment matured, and experience ripe, would be a matter of regret both to the profession and public at large. We would fain hope that so far his invalidism does not indicate an early bidding the world "Good night," and that if unfortunately he has resolved upon resigning the office of Superintendent, he would at least give a portion of his time to the great work he has for so many years been engaged in, as consulting physician. We believe it was John Hunter who once said of Medical Science, "There are more false facts than false theories in it." It is only by training the mind to the habits of calm and comprehensive reasoning, so that it may avoid on the one hand hasty and unwarranted conclusions, and on the other a stubborn incredulity, and that it may know how to discriminate right from wrong, truth from error, to sift evidence, to weigh statements, to test quasi discoveries, whether in trying new medicines or methods of treatment; it is only by such a course the character of a philosophic physician can be attained. Dr. Workman has proved to be such a man; we regret the more the probability of losing him from the post where he has for so long attracted public attention, but doubt not that he has been so fortunate as to win—

"That which should accompany old age,
As honour, love, obedience, troops of friends,"

and conclude with the Oriental salutation: "May you live a thousand years."

SURGICAL DENTISTRY.

In these days of medical and surgical specialism, it may seem contrary to the spirit of the times to advise the cultivation of universal medicine and surgery, to the extent even of rescuing branches which have almost passed beyond the domain of the city general practitioner like that of surgical dentistry, for instance. And yet we cannot but think this branch of surgery is too much neglected in this country. It, as a matter of fact, is almost altogether untaught in the collegiate surgical courses; and if it be expected that the student shall pick up the art of extracting and operating upon the teeth in the course of his pupilage and service in the office of his preceptor, the expectations will come to naught, unless indeed

he be placed with one who, like the genial RUSTICUS of the *Boston Medical and Surgical Journal*, practised tooth-pulling, and carried his forceps and dental armamentarium about with him, in a trunk lodged in the back part of his buggy. Like the New England country doctor, the Canadian practitioner is called upon to pull out his patient's bad teeth, and to stop a commencing cavity—services which, if he can properly perform them, are of equal value to his clients, and as decidedly humanitarian, as many of the other means of relieving suffering which the doctor has at command. But the college student is left to pick up these little dental arts as best he can, either by reading the scant references of the general surgical treatises, or still better if he can gain access to them by consulting text-books on dentistry. We submit that the subject of surgical dentistry should not be lost sight of at college, and that it would be well if the student training, himself for the duties of a general practitioner, had opportunities presented him during his college course, of knowing something of mechanical dentistry as well. The argument of the necessity of preparation and fitness for the performance of duties may be adduced to support this view; and an inducement equally strong may be cited, that a practical knowledge of dentistry would be of great service in helping the young medical practitioner to establish himself in practice, by assisting him to bridge over that financially difficult period in his early career when he is supposed to be acquiring "experience," and when he is the recipient of but few medical confidences and of only scanty fees. Further, we hazard the opinion that the art and practice of dentistry itself would gain by the services which an intelligent body of medical students, trained in chemistry and having a complete knowledge of anatomy and materia medica, could bring to bear on dental science.

THE ARMY MEDICAL SERVICE.

The London *Lancet* raises a note of alarm that the British Army Medical Service is in an unsatisfactory state, and is unequal to stand the strain of service in the field. It says:—"It is obvious that the first war of any magnitude can only find us in a state of inefficiency and unpreparedness, as far as the medical department is concerned unless

something be done." The *Lancet* dwells upon the necessity of the medical organization of the army being entirely independent of combatant officers. It maintains that the medical officers, if uncontrolled by the military staff, would be perfectly competent to manage their own affairs, and to superintend and administer the hospital with entire success. Happily there is no great war in prospect, or else the British public, almost always prone to take up an alarm, would be greatly agitated over this warning, and we should find the press dreading with great anxiety the possibilities of a break-down, such as that which beset the French medical service in the great strain of the war with Prussia. We take it, however, that the moral of the discussion is applicable here in Canada, namely, that medical men deserve to assert themselves.

A SUPPOSED CASE OF TRANCE.—A paragraph has been going the rounds of the daily press in Toronto, that a lady in this city having died very suddenly, and the body presenting certain peculiar appearances, was supposed to be in a trance, and that several medical men, the writer among others, had advised the friends not to bury the body for a few days. So far as the opinions of the medical men were concerned this was not true. The lady, lately a resident of Papineauville, Que., died suddenly (it is supposed from heart clot) two weeks after her confinement, and her remains were brought to this city for interment. The corpse was placed in a warm room, and after a certain time the ears and integument on the back of the neck presented a reddish appearance. The friends thought this was evidence of returning vitality. Several medical men were consulted, but they all, so far as known to us, unhesitatingly gave it as their opinion that the woman was dead.

HONORS TO CANADIANS.—Dr. Robert Kains of St. Thomas, successfully passed his examination before the Royal College of Surgeons, England, on the 25th January last, and was admitted as a member of that body. Of the 24 candidates who presented themselves on the same day only 12 were successful. Notwithstanding the large number rejected, from year to year, it is highly gratifying to be able to state that very few Canadian students are among the unfortunates.

QUACKERY AND ITS UPHOLDERS.—We give place this month, in another column, to a letter from a medical practitioner, in reference to an advertising humbug who travelled through the country flaunting the names of prominent practitioners, professors and others, as references, as to his *great* abilities as an *oculist*. We cannot but express our surprise that those medical gentlemen whose names are appended to his advertisements, should have sanctioned the use of their names to further the interests of any peripatetic specialist of whatever stripe. These medical humbugs are easily known by their obliging manners, flaming advertisements, and presumptuous self-assertion, and members of the regular profession cannot be too cautious in lending the use of their names to such individuals.

THE HOMŒOPATHS AND THE COUNCIL.—The Homœopaths have reconsidered their determination to remain out of the Council, and have determined to give it another trial under the new Act. The election of their representatives will take place at the same time as for the general profession, viz., in June next. They found it was utterly useless to go before the Legislature, to seek separate legislation, unless they had something more than a mere sentimental grievance to complain of. They had not given the new Act, which everybody considered as exceedingly liberal in its terms towards them, a fair trial, and until that has been done the Legislature could not entertain their proposals. We trust that the new Council will so manage its affairs as not to give even the semblance of unfairness towards the minority.

PINUS CANADENSIS.—The *Pinus Canadensis* has long been known to possess valuable medicinal properties, yet its application has hitherto been limited. Its therapeutical properties have been thoroughly tested during the past few years, by some of the most prominent physicians in America and Europe, and the almost universal testimony is that it possesses tonic and astringent properties of a very superior order. Dr. Marion Sims, in speaking of its application, says:—"I have used it, considerably diluted, as a vaginal wash, with great success; but I prefer to apply it to the os tincæ on cotton wool, either pure or mixed with glycerine, or glycerine and rose water. Thus applied, it should remain in contact for two or three, or even

four days, and then be renewed. In this way I have seen chronic granular vaginitis remedied in a few days that had resisted the ordinary remedies for weeks, and have seen granular erosions, with leucorrhœa, disappear very rapidly under its use. I have not time to do more than call the attention of my professional brethren to this new extract, which I am sure will soon be recognized as a valuable addition to our *Materia Medica*." He uses Kennedy's Concentrated Extract, and gives it his unqualified endorsement.

FUNCTION OF THE OPTIC THALAMI.—It is now held, as the result of experiments similar to those of Dr. Ferrier in the localization of brain centres, that the optic thalami are centres in which originate movements that correspond to sensory impressions. That is to say, an impression originating at the cutaneous surface (say, by pinching the skin) travels along the sensory nerves to an optic thalamus, and is returned or reflected back by an impulse which originates a movement (as of shrugging) in the voluntary muscles of the locality subjected to the impression.

TYPHOID FEVER IN THE ROYAL FAMILY.—The illness of Prince Leopold has drawn attention to the repeated visitations of enteric fever which have afflicted the Royal Family of Great Britain. A scourge which carried off the Prince Consort, and jeopardized the life of the Prince of Wales, has now lighted on a weakly-constituted youth, whose well-known hæmorrhagic diathesis makes an attack of this fever a matter of more than usual anxiety. Sanitarians, with logic on their side, insist that typhoid is a preventible disease; and that its causative conditions are connected with defective drainage and water supply. The fact that the domestic circle of royalty itself has been repeatedly invaded by a disease born of putrescence, denotes that a great work of sanitary economy has yet to be done, as well at the palace as at the cottage and the crowded street-tenement.

A NEW AND POWERFUL SUDORIFIC.—The new Brazilian Sudorific, *Jaborandi*, is receiving considerable attention in Britain and the Continent, and experiments seem to justify the early reports of its powerful sudorific properties. The herb is given in infusion warm or cold, and is followed in about

ten minutes by profuse perspiration, which continues four or five hours. A most abundant flow of saliva is also produced. Dr. Sidney Ringer, and Mr. Gould, of London, Eng., have made a series of experiments, which have in the main confirmed the above statements regarding the action of this new remedy.

UNIVERSITY OF LONDON.—The Public Health Act of Great Britain has created a demand for specially trained analysts and officers of health. With a view of conferring a qualification in this special department of medical studies, the Senate of the University of London is contemplating the institution of a special examination in the subjects which relate to public health; a course which has been recommended by a vote of Convocation.

DR. HINGSTON.—We are happy to notice the success of our friend Dr. Hingston. He has been elected Mayor of the city of Montreal by over *three thousand* votes.

Reports of Societies.

WESTERN AND ST. CLAIR DIVISION MEDICAL ASSOCIATION.

A meeting of the medical men of this Division was held in the Garner House, Chatham, on Wednesday, the 10th ult.

The following gentlemen were present, viz.: Drs. Edwards and Hoare, of Strathroy; Coventry and Carney, of Windsor; Fraser and McLean, of Sarnia; Mott, of Dresden; Mitchell, of Wallaceburg; Van Velsor and Richardson, of Blenheim; David, of Lambton; Tye, of Thamesville; and Sivewright, Holmes, Fleming, Roe, Van Allen, Murphy and Bray, of Chatham. Dr. Edwards took the chair, and, in opening the proceedings, said, that he was much pleased at seeing so many of his medical brethren present; he considered it a good representation, and better than he expected, showing that medical men were taking more interest in their own affairs now than they formerly did. They were in a position different now from what they were in former days, having just passed through a kind of crisis. They obtained their end, but it required much watchfulness and lobbying to do so. He believed they had now a bill which they might be proud of, but they wanted still more legislation. For instance, there ought to be a provision, whereby medical men should be paid for their services as witnesses in criminal cases; there

should be a resolution in prosecutions for malpractice. Theirs was a noble profession, and he believed the time would come when there would be reciprocity established between the different schools. English doctors came to this country to settle, but were told that they could not be registered until they had undergone certain examinations; and it might be the same with Canadian doctors changing to the old country, whereas he believed that medical education here was second to that of no other country, and the difficulty he alluded to ought to be done away with.

The meeting was called together particularly to form a Territorial Society for the district he represented, and afterwards the transaction of such other business as they might judge best for their interests. In his own immediate quarter they had formed a Society and agreed upon a tariff of fees, but, on applying to have the seal of the Council attached to it, it was refused. However, if the whole district formed a Territorial Society and drew up a table of fees, these would become legal by getting the sanction of the Council, and by the local Society adopting them, the difficulty would be obviated.

He was glad to say that the difficulty with the homœopaths had been got over and that they were now willing to return; they had been allowed every privilege by being granted a Bill of their own, and he had seen several of them who expressed a willingness to work with them. As for the Electics, they had always been with them, and were so to-day; they were educated men and could be taken by the hand by all.

The Bill that the Council now possessed he believed to be a good one, as was shown by the difference in the numbers allowed to pass in former days, compared with now. And he believed their neighbors on the other side of the line are taking the same stand, and that it was not now so easy to pass there as even a few years ago.

At the Chairman's suggestion, the formation of the Association, to be called the "Western and St. Clair Division Medical Association" was then carried out by the appointment of the following officers, and adopting of subsequent resolutions, viz:

President, Dr. Edwards, of Strathroy; Vice-Presidents, Dr. Hoare, of Strathroy; Dr. Fraser, of Sarnia; Dr. Holmes, of Chatham; and Dr. Coventry, of Windsor—one from each County of the Division; Treasurer, Dr. Tye, of Thamesville; Secretary, Dr. Bray, of Chatham.

The President and Vice-Presidents were, on motion, appointed a committee to draft a tariff of fees, to be submitted at a future stage of the meeting, for approval and adoption.

On motion of Dr. Fleming, seconded by Dr. Roe, Dr. Sivewright was asked to prepare for and read a paper at the next meeting of the Associa-

tion, on a subject to be chosen by himself and addressed to the Secretary in due time. And, on motion of Dr. Coventry, seconded by Dr. Sivewright, Dr. Andrews, of Windsor, was asked to do the same thing—one of the papers to be read in the morning and the other in the evening.

It was moved and carried that there shall be four meetings of the Association during the year—at Chatham, Windsor, Sarnia and Strathroy—viz: on the first Wednesdays of February, May, August and November, and that the next meeting be held at Windsor, in May next.

On motion, an annual fee of one dollar was fixed upon, payment of which shall constitute membership.

On motion, Drs. Murphy, Roe, Fleming and VanAllen were appointed a committee to draw up a code of Ethics for the government of the Association, the same to be presented at its next meeting.

On motion, Drs. VanAllen, Fleming, and Roe were appointed a Printing Committee. And this committee and the Vice-President for Kent were appointed a committee to draft by-laws for the Association, to be submitted at its next meeting.

On motion, the Chiefs of Police of Towns and Chief Constables of Villages were appointed as Public Prosecutors of the Association.

Before adjourning, Dr. Bray, in behalf of the Chatham Medicos, invited their visitors to partake of their hospitality, in the way of a Supper at the Garner House at 9 o'clock in the evening, which was accepted by Dr. Edwards on behalf of himself and his friends from a distance. The meeting then adjourned to allow the committees to get to work.

The following is the tariff of fees adopted by the Association.

Day visit in Town or Village, from 8 a. m. to 8 p. m. from	\$ 1 00 to \$ 3 00
Night visit 8 p. m., to 8 a. m., from	2 00 5 00
Visit to Small Pox Patients in Town, from	5 00 10 00
Mileage, Day, from	50 1 00
Night 50 per cent. added.	
Advice in Office, from	1 00 5 00
Consultation with another Physician, from	2 00 10 00
Written Opinion	5 00 5 00
Stethoscopic Examination of Chest, from	2 00 5 00
Vaccinating first child in a family	1 00 1 00
Each additional one at same time	50 50
Administration of an Anæsthetic, from	5 00 10 00
Attendance on ordinary case of Midwifery, from	6 00 20 00
Turning or Instrumental Delivery, from	10 00 30 00
An extra charge of \$1.00 an hour after six hours.	
Removal of Placenta, from	5 00 10 00
If Delivered before arrival same charge.	
Consultation in Midwifery, from	10 00 30 00
Mileage in addition in all cases.	
Simple Fracture, from	5 00 10 00
Compound, Comminuted or Complicated ..	10 00 10 00
Reduction of Dislocated Hip or Knee, from ..	20 00 50 00
Any other Dislocations, from	5 00 20 00
Compound or Complicated Dislocations, 50 per cent. added.	

Major Amputations, from	\$20 00	100 00
Minor Amputations, from	5 00	20 00
Reduction of Hernia by Taxis, from	5 00	20 00
Reduction of Hernia by Operation, from ..	30 00	100 00
Tapping the Chest, from	15 00	40 00
Tapping the Abdomen, from	5 00	20 00
Tapping Hydrocele, with Radical Cure, from ..	5 00	30 00
Introduction of Catheter or Sound, from ..	2 00	5 00
Sounding for Stone, from	5 00	10 00
Speculum Examination, from	5 00	10 00
First Examination of Venereal Disease, from ..	5 00	10 00
Operation for Lithotomy, from	100 00	200 00
Trephining, from	50 00	100 00
All Appliances in Surgery extra.		

NORTH ONTARIO MEDICAL ASSOCIATION.

The second meeting of the North Ontario Medical Association was held at Planks' Hotel, Uxbridge, at 7 o'clock, p.m., on Monday, 27th January.

Members present—Drs. R. W. Forrest, J. D. Smith, J. Robinson, W. S. Black, G. L. Freel, J. Bascom, J. Hillary.

In the unavoidable absence of the President, it was moved by Dr. Forrest, seconded by Dr. Black, and carried, that Dr. Bascom take the President's chair. Minutes of last meeting were read and, on motion, confirmed. The Secretary presented his accounts for Printing, etc.

Moved by Dr. Black, seconded by Dr. Freel, and carried: That the annual fee for membership of this Association be \$1.00, and that each member receive a framed copy of the Tariff, on payment of same.

After mature deliberation and discussion, it was moved by Dr. Forrest, seconded by Dr. Freel, and carried: That this Association adopt, as a guide for professional intercourse, etc., American Medical Association Code of Ethics.

Moved by Dr. Black, seconded by Dr. Smith, and carried: That the Secretary continue his efforts to obtain the signatures of the medical men of the surrounding district.

The Secretary read letters of apology from Drs. Strange, Hillary and Fulton, expressing their regret at not being able to be present, and wishing the Association every success.

Moved by Dr. Forrest, seconded by Dr. Robinson, and carried: That it was much to be regretted, the smallness of the meeting, no doubt owing to the drifted state of the roads and difficulty of travel; and therefore it is advisable that this meeting do now adjourn, to meet again at the call of the Secretary, the last week in February, 1875, at Plank's Hotel, Uxbridge, at 7 o'clock, p.m.

contains a complete visiting list, a form for recording the history of the patient under the physician's care, and the treatment prescribed, and blanks for writing prescriptions, which, being perforated, may be easily torn from the stub end. It is the most perfect method of the kind we have seen. It weighs only four ounces.

DIED.

On the 31st Dec., at Brockway Centre, Michigan, Victoria E. Mills, aged 1 year 11 months and 11 days, beloved daughter of C. Mills, M.D.

At St. John, New Brunswick, on the 1st of January, at the age of 71 years, William Livingstone, Esq., M.D., Edin.

On the 30th Jany., Loranga H., youngest daughter of J. B. Tweedale, M.D., in the 8th year of her age.

On the 5th ult., at the residence of her father, Joseph Van Norman, Esq., Tilsonburg, Roxilana, the beloved wife of L. C. Sinclair, M.D., of acute gastritis.

On Sunday, 21st ult., Marie Ann, daughter of A. DeLaHaye, M.D., aged 8 months.

Medical Items and News.

MESSAGE IN ABSCESS OF THE CORNEA.—In the *Independencia Medica*, of Barcelona, Dr. Osio recommends the application of massage in abscess of the cornea. He says that every one unconsciously practices it when rubbing the eyes. At the Ophthalmological congress of 1872, held in London, Donders called attention to the practice as one that had yielded him excellent results. Dr. Osio has employed massage of the cornea with success in certain diseases of the eye. He has more recently combined the use of aqueous vapor with massage. He employs the following method: An apparatus charged with an infusion of chamomile is placed before the patient's eyes (which have been previously covered with a double layer of fine muslin) at such a distance that the vapor reaches the eyes at a temperature of from 90° to 100° F. At the same time massage of the eye should be performed with the fingers over the muslin, rubbing it up and down from side to side, and finally by a circular movement pressing upon the centre of the cornea. At intervals the apparatus may be brought nearer, so that the eyes may for a few moments be subject to steam of a higher temperature than that indicated. This vapor-bath should be continued for a half or three-quarters of an hour, and during this time the massage should be repeated from eight to ten times, with a duration of from one to two minutes upon each occasion.—*Med. Times*.

IS CHOLERA CONTAGIOUS?—Dr. W. Boyd Mu-shet, in a studied and well written article on the subject, in the *Med. Press and Circular*, makes an observation which holds good in this country as well as in England, and to which we have more than once given expression in this journal. "It is significant," he says, "that those who are most conversant with the disease in England are either non-contagionists or regard it to be but mildly contagious, while those who have had little or no experience of cholera are firmly persuaded of its contagiousness, as were for the most part our predecessors when panic stricken by its appearance at Sunderland in 1831."—*Pac. Med. and Surg. Journal*.

CURE OF INTUSSUSCEPTION BY ENEMATA.—Dr. B. C. Smith, (*Atlanta Medical Journal*), thinks that most cases of invaginated intestine, and many of hernia, are curable by the distention method, if it is pushed sufficiently. He pumps water into the bowels to the extreme endurance of the patient, then desists for a few minutes, preventing its escape in the meantime, and then resumes the pumping, and so on until the obstruction yields. The effect of the distention in an upward direction, he says is illustrated by the effect on hemorrhoidal tumors, which, though in a state of protrusion and congestion will be readily drawn in by distending the colon with water.—*Pacific Med. Journal*.

TORSION IN HEMORRHAGE.—Mr. Bryant, of Guy's Hospital, London, has been for some years urging the superiority of torsion to the ligature. He does not use the latter even in an amputation of the thigh! In this country he has an ardent supporter in Dr. T. Easley, of Dallas, Texas, who has lately published a pamphlet on the subject. From his little work we extract the method of using torsion, as follows:—

"As to the exact mode in which torsion should be done, there does not appear to be any secret about the matter or any uncommon dexterity required. The vessels of a limb, when the main trunk has been properly secured, generally present fairly enough, and time is allowed to do the work, even leisurely. The vessel is to be drawn out, as in the application of a ligature, then firmly taken hold of with a pair of blunt serrated forceps, and three or more sharp rotations made, the number of these to be regulated a good deal by the size of the artery. Some may find it convenient to steady the vessel with a second forceps, a little above the cut extremity, but Bryant, who has twisted a greater number of arteries than any man living, and who has yet to record a single failure, uses only the one pair."—*Med. and Surg. Reporter Phila.*

THE PREVALENCE OF DIPHTHERIA—REPORTS ON ITS SYMPTOMS—TREATMENT AND PREVENTION.

Use of Bromo-Chloralum.

The *Sanitary Committee* of the City of New York submit the following propositions concerning diphtheria; and we have added, at the request of several medical men, short directions as to the use of Bromo-Chloralum—adapted to the several conditions of use.

Bromo-Chloralum is a bromide and chloride of aluminium, is inodorous, and non-poisonous and has been found agreeable and potent.

A *Striking Merit* of Bromo-Chloralum is, that it operates by removal and not by creating an odor greater than the one sought to be removed. It can be applied in the most simple manner, diluting it according to the *object or locality* to be purified. Indeed, one great element of its success is the capability of *free diffusion*, causing it to purify the air as well as the walls, ceilings and floors.

Mode of Attack.—Diphtheria is caused by the inoculation of the air passages with the diphtheritic poison, which, from this point infects the whole system; the local inflammation is attended with the formation of membrane (exudation); the fever and general symptoms are the result of this local infection.

Personal Precautions.—It is impossible for any person to tell when they are exposed, it may be in foul horse-cars, the meeting of a person in business or social contact. The only safe course is to carry about the person a small bottle of BROMO-CHLORALUM, diluted one part to fifteen of water, and frequently use it as a mouth wash, swallowing a little, as well as thoroughly cleanse the mouth and throat with it every morning. This will prevent the poisonous impression upon the tissue, from the septic particles or diphtheritic poisons that float imperceptibly in the air.

How it Spreads.—Diphtheria is therefore a contagious disease (not perhaps as marked as scarlet fever), induced by contact with objects and persons infected; it may be diffused by the exhalations of the sick, and the air surrounding them; or directly, by the exudations, as in the act of kissing, coughing, spitting, sneezing; or by the infected articles used, as towels, napkins, handkerchiefs, &c., the poison clings with great tenacity to certain places, rooms, houses, where it may occasion cases after a lapse of months.

To Prevent Spreading, hang large cloths or towels in the apartment, moistened with Bromo-Chloralum, diluted one to ten with water, to decompose all emanations, vapors or gases in the air of the room, and keep a gill of the same strength in chamber utensils and spittoons, also soak all towels, handkerchiefs and other articles used, in a dilution of one part to fifteen of water. Use freely as a wash and gargle.

Symptoms.—In ordinary attacks the poison begins to act the moment it lodges upon the tissues, but, like a vaccination, causes but slight sensible effects in from two to five days; there is marked prostration, dryness of throat, and pricking pain in swallowing; the throat becomes red, and patches of white exudation appear and the glands of the neck swell. In mild cases these symptoms subside on the third or fourth day from the appearance; if more severe, these symptoms may be prolonged; if unfavorable, the fever increases, the local inflammation spreads and exhaustion rapidly follows.

When the first Indications of dryness of the throat appear, gargle thoroughly with Bromo-Chloralum, diluted one to six of water, and even stronger; consult a physician, and if none are at hand, use the Elixir Iodo-Bromide of Calcium Comp. internally, and usual remedies upon the outside of the throat.

The Person.—Diphtheria attacks by preference children between the ages of one and ten years, the greatest mortality being in the second, third and fourth years; children of feeble constitution, and those weakened by previous sickness, and those suffering from catarrh, croup, and other forms of throat affections.

All persons or children suffering from Catarrh, Scrofula and other forms of throat affections, should gargle with the dilution, one to fifteen, and as an alternative to fit the system to combat these poisonous invasions, use the Elixir Iodo-Bromide of Calcium Comp. as recommended by Dr. Colton.

Social Relations.—All classes are liable to diphtheria where it is prevailing, but those suffer most severely who live on low, wet grounds; in houses with imperfect drains, or surrounded by offensive matters, as privies, decaying animal or vegetable refuse; in damp rooms, as cellars; in overcrowded and unventilated apartments.

Seasons.—Diphtheria is not affected by either heat or cold, drought or rain.

Precautions—The Dwelling or Apartment.—Cleanliness in and around the dwelling, and pure air in living and sleeping rooms, are of the utmost importance wherever any contagious disease is prevailing, as cleanliness tends both to prevent and mitigate it. Every kind and source of filth around and in the house should be thoroughly removed; cellars and foul areas should be cleaned and disinfected; drains should be put in perfect repair; dirty walls and ceilings should be lime-washed, and every occupied room should be thoroughly ventilated. Apartments which have been occupied by persons sick with diphtheria should be cleansed with disinfectants, ceilings lime-washed, and wood-work painted, the carpets, bed-clothes, upholstered furniture, &c., exposed many days to fresh air and the sun light (all articles which may be boiled or subjected to high degrees of heat should be thus disinfected).

Dilute Bromo-Chloralum, one part to fifteen of water, and sprinkle on the floors of apartments, cellars, and in areas, or where there is any accumulation of vegetable matter. Wash all sinks, casings, ceilings and walls with the same, and add to the white-wash, to be used in purifying the walls. Bed-clothes, after use, should be sprinkled or soaked with it, and also all other objects liable to be infected. It has been demonstrated that one gallon in a barrel of forty gallons of water is sufficient to destroy all offensive emanations in Sewers and Drain Pipes.

Well Children.—When diphtheria is prevailing, no child should be allowed to kiss strange children, nor those suffering from sore throat, nor should it sleep with or be confined to rooms occupied by, or use articles, as toys taken in the mouth, handkerchiefs, &c., belonging to children having sore throat, croup, or catarrh. If the weather is cold, the child should be warmly clad with flannels.

When Diphtheria is in the House or in the Family.—The well children should be scrupulously kept apart from the sick in dry, well-aired rooms, and every possible source of infection through the air, by personal contact with the sick, and by articles used about them or in their room should be rigidly guarded. Every attack of sore throat, croup, and catarrh should be at once attended to. The feeble should have invigorating food and treatment.

Suspend cloths or large towels in the several apartments moistened with it, diluted one part to ten of water, to purify the air. Every person should use a weak dilution as a mouth wash, occasionally swallowing a little. Use freely in all chamber utensils, sinks, water-closets, and all objects to be purified.

Sick Children.—The sick should be rigidly isolated in well-aired unlighted rooms, the outflow of air being, as far as possible, through the external windows by depressing the upper and elevating the lower sash. All discharges from the mouth and nose should be received into vessels containing disinfectants, or upon cloths which are immediately burned, or if not burned, thoroughly boiled, or placed under a disinfecting fluid.

Suspend cloths or towels moistened as before directed. Keep same dilution in spittoons and chamber utensils, the handkerchiefs or cloths used should be put into a vessel containing one part to fifteen and soaked. If children are too small to gargle then apply to the mouth and throat with a large camel's hair pencil brush; whatever may trickle down the throat will do much good, and it may be applied to the nose in the same way.

Dr. BROCKETT, in his work on Epidemic and Contagious Diseases, recommends that Bromo-Chloralum be used in this disease, and that it be applied in a spray, or directly to the soft parts with a brush, diluted one part to six of water, or even stronger.

"ELIXIR IODO" IN DIPHTHERIA.

From the *Daily Press*, IOWA CITY, January 22, 1875.

The general public is hardly aware of the painful extent of the Diphtheria epidemic which has prevailed in this city and country during the Fall and Winter. Beginning around that bad drainage in the Third ward, to which we have so frequently called the attention of the Board of Health, the disease has followed every sinuous slough and uncleaned gutter, finally passing on the very breath of nurse and visitor into higher and healthier parts of the city and thence out into the country.

Our physicians have treated it very successfully, one firm handling as many as eighty cases without the loss of one, but with all the skill lavished in some cases, entire families of children have been swept away.

The success which has attended the professional battle with this most dreadful and insidious disease, is due, in a large measure, to the exhibit of an agent whose specific effect in those diseases which concentrate their evil force upon the mucous membrane, is of comparatively recent discovery. Those celebrated Chemists and Pharmacutists, Messrs. TILDEN & Co., N. Y., to whom the profession is indebted for so many excellent preparations, are entitled to the credit of introducing that which appears to control the dreaded diphtheria more effectually than any prescription which preceded it. The new remedy is their Elixir Iodo-Bromide Calcium Compound, in the use of which, we are informed, our physicians have enjoyed such happy success. It has elsewhere the indorsement of the regular profession and of its best practitioners, so that we feel warranted in trying by this allusion to its virtues, to call the general attention of physicians to its use.

Letter from Prof. Shrader, in Iowa State University.

Gents.—During a late epidemic of Diphtheria, in this locality, I used the "Elixir Iodo-Bromide Calcium Compound," with decided success. Looking upon the disease as one of the worst forms of blood-poisoning (Septicæmia), I gave the above remedy to meet that special indication, and was very much pleased with the results. I also used it locally, applying it with a camel's hair pencil, to membranous patches in the throat—it seemed to possess the power of preventing the spread of the diphtheritic membrane, and disintegration soon commenced under its use.

Letter from Dr. N. C. Moon, Iowa City, January 25, 1875.

[Eighty cases of Diphtheria treated.]

During the past year my attention was called to the therapeutical effect of the Elixir Iodo-Bromide of Calcium Comp. Having used it in acute, sub-acute and chronic diseases of the mucous membranes, especially of the throat, with great satisfaction, it occurred to me from my experience with bromine, as one of the best remedies in destroying the false membrane in membranous croup, that from its therapeutical combination, the "Elixir Iodo" must be a good remedy in Diphtheria, I therefore commenced its use in an epidemic which prevailed here during the past four months, and with the most surprising results.

Myself and son have treated some eighty cases, from the most simple to the most malignant, using the "Elixir Iodo" in every case, and every one has recovered. It is, therefore, due to the profession that I state my method of treatment, so that they can make use of it if any desire to do so.

I usually dilute it with equal parts of water, and apply it with a soft brush to the inflamed surface, as well as to the ulcers, every three, six or nine hours, as required, and also give it in doses as required by the age of the patient, usually one teaspoonful every two, four or six hours; continuing this treatment until the patient be convalescent. I use the "Solution Iodo" externally, in some cases adding Tinct. Iodine and Croton Oil, if it is desired to produce immediate counter-irritation; of course other remedies were occasionally employed, according to symptoms and indications. In some, when the patient could, I would have them gargle with one teaspoonful of the Elixir to half a tumbler of water, as often as required.

I have treated Diphtheria for eighteen years, and having used a variety of remedies, I am better pleased with the "Elixir Iodo" than any remedy I have ever used. It removes the exudations and destroys the false membrane "like a charm," and also seems to promote absorption readily; in these respects it is superior to any, simple or compound remedy, brought to my notice.

I am of the opinion that Diphtheria is a constitutional disease, therefore I give the remedy as a constitutional remedy. I am aware it is claimed by FLINT and other authors, that local remedies are of no importance; if so, why do one-third, if not one-half, of the patients die when this theory is strictly adhered to? I believe in treating this disease with both local and constitutional remedies. Persons in a family not affected should use this as a preventive.

I was called in consultation with an eminent physician where there were five cases. On my arrival, three had died, the other two were on the very verge of the grave; throats covered with false membrane, and necks enormously swollen. The cases had been treated scientifically, according to the best authors, and every thing done that it seemed could be.

I suggested the use of the "Elixir Iodo" (their ages were five and eight years), to be used in spoonful doses every three hours, the same applied to the throat every two hours. Owing to extreme prostration alternated it with Muriate Tinct. Iron, ten drops; Quinine, two grains every four hours; beef tea freely, and an injection of beef tea, Quinine and Whisky. Our little patients rallied and made a recovery.

In one family we treated ten cases, one having died before our arrival. The cases were malignant in type. We pursued substantially the treatment I have mentioned, and they all recovered.

It is gratifying to have at hand a remedy upon which we can so surely rely, and since its virtues are known, our people do not seem to be so alarmed about the disease, if we treat them with this remedy, such is the reputation it has obtained here.

M. E. Dozler, M. D., Attalla, Ala., on Diphtheria.

Our infant son, aged eight months, was attacked on the night of the 5th of May with a most alarming and dangerous case of Diphtheria. We promptly went to work trying to arrest the disease, but our efforts all failed, and our little patient grew worse, until we despaired of all hope. My father, Dr. T. H. DOZIER, insisted on trying the "Elixir Iodo Bromide Calcium Comp." We reluctantly consented, as we did not wish to torture our darling any more; but a feather was procured, and being well saturated with the "Elixir," it was applied to the fauces, larynx, &c., over which the characteristic vesicles could be seen, and also applied freely to the throat externally. In less than half an hour our patient was breathing easier. The dark greenish appearance had assumed a more favorable hue. The vesicles seemed to be disorganizing, and the exudations much reduced in quantity.

The "Elixir" was also used internally, in twelve or fifteen drop doses, well diluted with water, every three or four hours. The same applied to the throat and fauces as occasion required.

Our little boy is now well, and we feel grateful for the benefit derived from the "Iodo-Bromide of Calcium Comp.," and trust that it may even prove as valuable in other cases as the one just cited.

Dr. Colton, of New York, on Poison in the Air.

"The thoughtful medical man can trace a fatal connection between the epidemics which invade our household and the enemy in our rear lots, which lurks around the corner, poisoning the air that enters our windows. It is these poisons that develop disease in our system, and most rapidly in those of a delicate and scrofulous constitution. Against these fatal forces we must combat. First, purify the air by the use of an anti-septic, like Bromo-Chloralum, by hanging cloths in every room wet with it; and second, prepare the system by tonics and alterative. There is no one article equal to Elixir Iodo Bromide of Calcium Comp., especially with those persons of a scrofulous tendency, that so well prepares the system to resist these poisonous invasions.

"I have in a severe epidemic observed its great benefit as a prophylactic, and those cases of scarlatina and diphtheria in which I used it, the patient not only made a rapid recovery, but we had none of the constitutional disturbances which usually follow.

PURE COD-LIVER OIL,

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

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

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly de-

void of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

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

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

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

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

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

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

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

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

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

Mineral Waters of Vals.

IN a general manner, the springs *Saint-Jean, Precieuse, Desiree, Rigolette, Magdeleine*, by their alkalinity, fluidify the liquids of the abdominal organs, and communicate to them a reparative impulse. They increase and facilitate the urinary secretion and cutaneous perspiration. They disaggregate the molecules which constitute, by their union, gravel or calculus of the kidneys or of the liver, and prevent nephritic or hepatic colics. They ward off gouty attacks, and lessen notably their violence; they prevent green sickness by restoring regular movements to the organs; they awaken vital motion, neutralise the acidities and dispel the heaviness of the stomach, prepare it for easy digestion, and give, in short, to the whole economy a comfort that one would vainly seek elsewhere.

Natural Bitter Water of Friedrichshall.

"The chlorides of sodium and magnesium and bromide of magnesium which the bitter water of Friedrichshall contains, places it among the most efficacious in Europe, and I regard this spring as a real treasure, whose great value must be recognized by all who have experienced its salutary and beneficial effects."

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BELLEVUE HOSPITAL MEDICAL COLLEGE.

CITY OF NEW YORK.

SESSION OF 1874-'75.

THE PRELIMINARY AUTUMNAL TERM for 1874-75 will commence on Wednesday, September 16, 1874, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the members of the Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 30th, 1874, and end about the 1st of March, 1875.

Faculty:

- | | |
|---|--|
| ISAAC E. TAYLOR, M.D.,
Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College. | FORDYCE BARKER, M.D.,
Prof. of Clinical Midwifery and Diseases of Women |
| JAMES R. WOOD, M.D., LL.D.,
Emeritus Prof. of Surgery. | WILLIAM T. LUSK, M.D.,
Prof. of Obstetrics, Diseases of Women, Diseases of Infancy, and Clinical Midwifery. |
| AUSTIN FLINT, M.D.,
Prof. of Principles and Practice of Medicine and Clinical Medicine. | EDMUND R. PEASLEE, M.D., LL.D.,
Prof. of Gynaecology. |
| FRANK H. HAMILTON, M.D., LL.D.,
Prof. of Practice of Surgery with Operations and Clinical Surgery. | EDWARD G. JANEWAY, M.D.,
Lecturer on Materia Medica and Therapeutics, and Clinical Medicine. |
| LEWIS A. SAYRE, M.D.,
Prof. of Orthopedic Surgery and Clinical Surgery | AUSTIN FLINT, JR., M.D.,
Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty. |
| ALEXANDER B. MOTT, M.D.,
Prof. of Clinical and Operative Surgery. | ALPHEUS B. CROSBY, M.D.,
Prof. of General, Descriptive and Surgical Anatomy. |
| W. H. VAN BUREN, M.D.,
Prof. of Principles of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery. | R. OGDEN DOREMUS, M.D.,
Professor of Chemistry and Toxicology. |

FEES FOR THE REGULAR SESSION.

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

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, JR., Bellevue Hospital Medical College.

Elixir Ferri et Calcis Phosphatis Co.

LACTO-PHOSPHATES.

FORMULA OF DR. DUSART, OF PARIS.

Compound Elixir of Phosphates and Calisaya,
A Chemical Food and Nutritive Tonic.

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

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

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

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

SOLD BY ALL DRUGGISTS.

HORATIO G. KERN,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS, &c.

ESTABLISHED 1837.

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“ “ second year—Medical Chemistry, *Materia Medica*, and Pathological Anatomy.

“ “ third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

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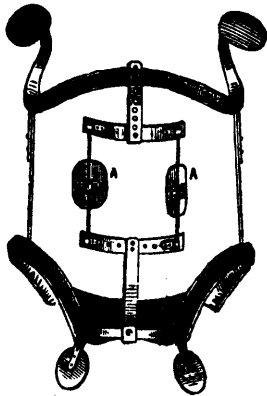
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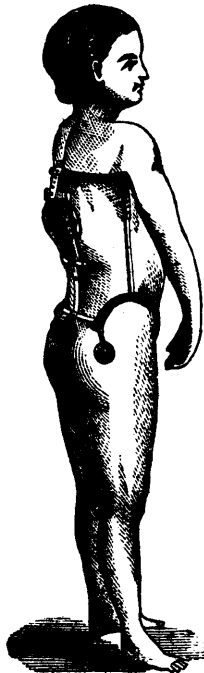
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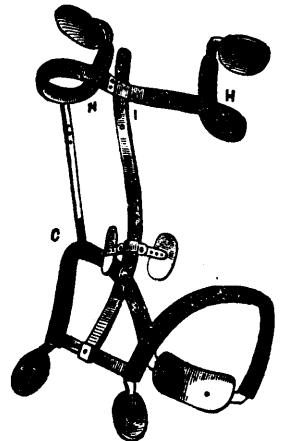
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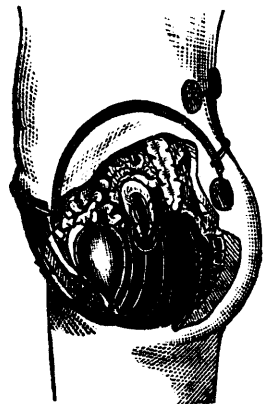
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