

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

Continuous pagination.

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

# THE CANADA LANCET.

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

Vol. VIII }  
No. 2. }

TORONTO, OCTOBER 1, 1875.

Price 30 Cents.  
\$3 per Annum

CONTENTS.—(Index next page.)

## CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal. It contains the important constituents of *Peruvian Bark*, Quinia, Quinia, Cinchonia and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direct analysis I made a qualitative examination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine."

S. P. SHARPLES, State Assayer of Mass.

In no other form are contained the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinia, which is believed to be a better anti-periodic than Quinine; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive or delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks; but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,  
April 13, 1875.

Gentlemen. I cannot refrain from giving you my testimony regarding CINCHO-QUININE

In a practice of twenty years, eight of which were in connection with a drug store. I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and I have never been disappointed in my expectations.

JNO. Y. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,  
J. R. TAYLOR, Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate, and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZE, M.D.,  
Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate.

G. INGALLS, M.D.,  
Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, Texas.

We will send a sample package, for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce on receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF  
Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead,  
Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

**BILLINGS, CLAPP & CO., Manufacturing Chemists,**  
(SUCCESSORS TO JAMES R. NICHOLS & Co.)  
BOSTON, MASS

## INDEX TO CONTENTS.

## Original Communications.

Rules and Regulations of the Board of Health, State of Michigan.—By H. B. Baker, M.D., Lansing, Mich.....	31
Case of Complete Inguinal Hernia—Strangulated.—By H. P. Yeomans, A.B., M.D., Mount Forest.....	33
Instrument for Arrest of Epistaxis.—By S. Caro, M.D., New York.....	34
Stiffness of the Ankle.—By William Kerr, M.D., Galt.....	35
Notes on the Climate and Some of the Epidemic Diseases of Ontario.—By J. A. Mullin, M.D., Hamilton, Ont.....	35
Cases in Surgery, under the care of J. Fulton, M.D., Toronto.....	41
Surgical Cleanliness.—By E. Farrell, M.D., Halifax, N. S.....	43
Case of Intussusception.—By D. Munro, M.D., Lanark, Ont.....	43
<b>Correspondence.</b>	
T. G. Hockridge, M.D.....	45
Medical Monopoly.....	46
<b>Selected Articles.</b>	
British Medical Association.....	47

Relation of Puerperal Fever to Pyæmia, etc.....	48
Varicocele and Aneurism—Agnew.....	48
The Style in Obstructions of the Lachrymal Apparatus.....	48
Sterility and Dysmenorrhœa Treated by Bilateral Incision of the Cervix Uteri.....	48
Blood Poisoning from Sewer Gas.....	48
<b>Editorial.</b>	
Reciprocal Action of the Mind over the Body.....	48
Vaccination—Its Protective Power.....	48
The Council Examining Board.....	48
The "Globe" vs. the Medical Council.....	48
The New Collegiate Year.....	48
Newspaper Quackery.....	48
Notes and Comments.....	48
<b>Reports of Societies.</b>	
Books and Pamphlets.....	48
Births, Marriages and Deaths.....	48

## MÖLLER'S PUREST NORWEGIAN COD-LIVER OIL.



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

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

## MICROSCOPES.

JAMES W. QUEEN & CO.,

924 Chestnut-St.,

PHILADELPHIA.

601 Broadway,

NEW YORK.

KEEP constantly in stock, the most complete assortment of MICROSCOPES and ACCESSORIES to be found in any house in the WORLD. In addition to their own Manufactures, they have always on hand Stands and Objectives by Powell & Lealand, Ross, Crouch, Hartnack, Nachett, etc., etc.; and being the exclusive Agents, for the United States, of MESSRS. R. & J. BECK of London, keep in stock all the productions of these most eminent manufacturers. Also, over

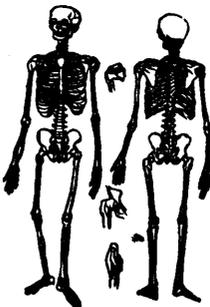
10000 PREPARED OBJECTS:

IN EVERY DEPARTMENT OF THE SCIENCES.

An illustrated and priced catalogue, of 118 pages, will be mailed to any address on receipt of Ten Cents.  
Address as above.

## SPECIALTY!!!

ANATOMICAL MODELS & OSTEOLOGICAL PREPARATIONS.



SKELETONS, SKULLS (Adult and Fœtal), PATHOLOGICAL PREPARATIONS, ANATOMICAL CHARTS, MICROSCOPIC OBJECTS AND INSTRUMENTS, CHROMOS FOR OFFICE AND PARLOR, PATENT MEDICINE CASES.

Inquiries promptly answered, and Catalogues sent. Address,

BERENDSOHN BROS., 23 John St., New York.

# WILLING & WILLIAMSON'S LIST.

---

BRAITHWAITE'S RETROSPECT

for July, 1875 ; \$1.50.

RINGER'S HAND-BOOK OF THERAPEUTICS ;

4th edition ; cloth, \$4.25.

SALTER'S DENTAL PATHOLOGY AND SURGERY ;

cloth, \$4.50.

BEARD & ROCKWELL'S MEDICAL AND SURGICAL ELECTRICITY.

Second edition, revised, enlarged and mostly rewritten. With 200 illustrations.

Cloth, \$6.25 ; leather, \$7.25.

ROBERTS ON URINARY AND RENAL DISEASES.

Second edition ; cloth, \$4.50.

PARRISH'S TREATISE ON PHARMACY.

Fourth edition ; cloth, \$5.50.

LINCOLN'S ELECTRO-THERAPEUTICS ; \$1.50.

SWAIN'S MANUAL OF SURGICAL EMERGENCIES.

Illustrated ; \$2.00.

CLAY'S HANDBOOK OF OBSTETRIC SURGERY.

Third edition ; \$2.25.

PAYV ON FOODS AND DIETETICS. \$4.75.

FLINT'S PHYSIOLOGY.

Volume 5 completing the work. Special Senses : Generation.

Cloth, \$4.50.

---

WILLING & WILLIAMSON,

Publishers & Importers.]

12 KING STREET EAST,

TORONTO.



# F. G. OTTO & SONS,

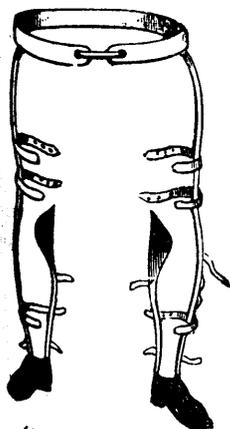
(SUCCESSORS TO OTTO & REYNDERS.)

MANUFACTURERS AND IMPORTERS OF

## SURGICAL

AND

### ORTHOPÆDICAL INSTRUMENTS,



Trusses, Abdominal Supporters, Shoulder Braces.

Stockings for Varicose Veins, Crutches, Skeletons,

Anatomical Preparations, Electric Machines, Ear Trumpets,

Apparatus for Inhalation,

FINE CUTLERY, &c.

(Apparatus for Bow-legs.)

No. 64 CHATHAM STREET, NEW YORK.

Repairing neatly done.

# J. H. GEMRIG,

MANUFACTURER OF

## SURGICAL

AND

### ORTHOPÆDICAL INSTRUMENTS,

109 SOUTH EIGHTH STREET, PHILADELPHIA.

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

Illustrated Catalogue and Price List sent on application.

SHADY LAWN,

GOthic STREET, NORTHAMPTON MASS.

**A** MEDICAL Home for Invalids. Diseases of the mind and nervous system; diseases of women; chronic diseases. Circulars, with reference, at office of this journal.

A. W. THOMPSON, A.M., M.D. (Harv.),

Formerly of Northampton Lunatic Hospital.

**\$5 TO \$20 PER DAY.**—Agents Wanted! All classes of working people, of either sex, young or old, make more money at work for us in their spare moments, or all the time, than at anything else. Particulars free. Post card to States cost. but one cent. Address G. STINSON & CO., Portland, Maine.

# JOSEPH DAVIDS & CO., CHEMISTS & DRUGGISTS,

Wholesale and Retail Dealers in

**DRUGS, CHEMICALS, TRUSSES,**

**SURGICAL APPLIANCES, &c., &c.**

PROPRIETOR OF DAVIDS' MOTH-PROOF LINEN BAGS.

QUEEN'S OWN BOUQUET.

171 KING-STREET EAST, TORONTO.

# UNIVERSITY OF MICHIGAN.

## MEDICAL DEPARTMENT.

THE Session of 1875-6 will commence Oct. 1, 1875, and continue for six months.

*A course separate, but equal, for women.*

FEEs.—To residents of Michigan, \$25 for the first year; \$15 for each subsequent year. To all others, \$45 for the first year; \$20 for each subsequent year.

For circulars containing full information, address

DEAN OF THE MEDICAL FACULTY,  
Ann Arbor, Michigan.



# BURRINGTON'S

(DR. WADSWORTH'S)

## UTERINE ELEVATOR.

THE most simple and practical of any Stem Pessary ever invented; made of India Rubber, *without lead*, un irritating, of easy application, and un failingly keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly recommend it. A pamphlet describing it, and testimonials of distinguished Physicians, also Price List, sent on application.

H. H. BURRINGTON,

Sole Proprietor, Providence, R. I.

Also for sale by dealers in Surgical Instruments generally

## Agent's Outfit Free!

Large Commissions and Cash Premiums

FOR SELLING A

# LIBRARY OF FAMOUS FICTION,

COMPRISING THE TEN

## Jewels of Imaginative Literature :

Pilgrim's Progress,	Vicar of Wakefield,
Robinson Crusoe,	Paul and Virginia,
Gulliver's Travels,	Elizabeth,
Vathek,	Picciola,
Undine,	Tales from Arabian Nights,

Complete in ONE VOLUME of over 1,000 pages, beautifully

ILLUSTRATED with 34 full-page Engravings. It is the WORLD'S STORY BOOK, and all want to read it. Agent's Outfit free to all who mean business and will faithfully canvass.

**J. B. FORD, & CO., Ontario Office,**  
40 King St. West,  
HAMILTON, Ont.

## Detroit Medical College.

SESSIONS OF 1875-76.

**PRELIMINARY SESSION** opens September 1st, and continues one month.

**REGULAR SESSION** opens October 6th, and continues five months.

**RECITATION SESSION** opens March 10th, 1875, and continues four months.

Three Hospitals and two large Dispensaries furnish an abundance of clinical material for illustrative and practical teaching. One or more clinics is held daily.

All lectures are delivered on Hospital grounds, Senior students have daily practice in the art of examining patients.

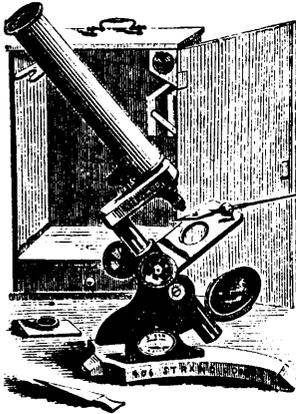
The peculiar feature of this school is the intimate union between its clinical and didactic instruction.

**FEES** for Preliminary and Regular Sessions: Matriculation, \$5; Hospital fees (good for one year), \$10; Lecture fees, \$40; Graduation, \$25; Lecture fees to third course students, \$25.

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

Announcement or further information can be promptly obtained by addressing

LEARTUS CONNOR, M.D., Secretary,  
94 Cass Street, Detroit, Mich.



## J. H. STEWARD, OPTICIAN TO THE BRITISH AND FOREIGN GOVERNMENTS, AND THE NATIONAL RIFLE ASSOCIATIONS OF ENGLAND AND AMERICA.

By Special Appointment.

406 and 66 Strand, 54 Cornhill and 63 St. Paul's Churchyard,  
LONDON, ENGLAND.

J. H. STEWARD'S NEW FIELD GLASS, "THE DUKE,"  
as supplied to Sir Garnet Wolseley's Staff for the Ashantee  
Expedition—the finest Binocular now made.

SOLE MAKER of the celebrated "Lord Bury" Telescope, £3 10s.

J. H. STEWARD'S £3 3s. EDUCATIONAL MICROSCOPE, complete in Cabinet, with set of three powers, 1,  $\frac{1}{2}$  and  $\frac{1}{4}$  inch live box, stage forceps and tweezers, including "Half hours with the Microscope," by Dr. Lankester.

ILLUSTRATED CATALOGUES, gratis, post-free, or on application to the "Canada Lancet" office, where a sample of the Microscope may be seen.

### MICROSCOPY.

ARTHUR JUKES JOHNSON, M.B., M.R.C.S., Eng., Fellow Royal Microscopical Society of London, Lecturer on Microscopy, Trinity College, Toronto. Microscopical examinations of Diseases and Excreta of the body; also, of Toxicological conditions in connexion with Jurisprudence. Histological demonstrations to private pupils. Yorkville, Toronto.

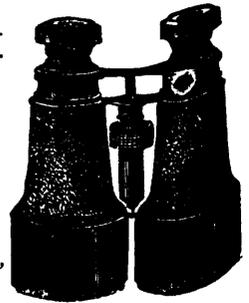
## ROYAL COLLEGE PHYSICIANS AND SURGEONS, IN AFFILIATION WITH Queen's University, Kingston.

Faculty:

- J. R. DICKSON, M.D., M.R.C.P. Lond.; M.R.C.S. Eng.; F.R.C.S. Edin.; President and Prof. of Clinical Surgery.  
FIFE FOWLER, M.D., L.R.C.S. Edin. Registrar and Prof. of Materia Medica.  
HORATIO YATES, M.D. Principles and Practice of Medicine, and Clinical Medicine.  
MICHAEL LAVELL, M.D. Obstetrics and Diseases of Women and Children.  
MICHAEL SULLIVAN, M.D. Surgery and Surgical Anatomy.  
OCTAVIUS YATES, M.D. Institutes of Medicine and Sanitary Science.  
THOMAS R. DUPUIS, M.D. Descriptive and Regional Anatomy.  
JAMES NEISH, M.D. Botany.  
NATHAN F. DUPUIS, M.A. Chemistry and Practical Chemistry.  
ALFRED S. OLIVER, M.D. Medical Jurisprudence.  
HERBERT J. SAUNDERS, M.D. M.R.C.S. England. Practical Anatomy.

The next winter Session begins on the 1st Wednesday of October, 1875. Students attending this College may obtain either the degree of M.D. or the Licence of the College. Certificates of attendance are recognized by the London and Edinburgh Colleges. The College building, which is being newly fitted up, is commodious and convenient. Unequaled facilities are presented for the study of Practical Anatomy, and great advantages are afforded for Clinical instruction at the General Hospital, and Hotel Dieu. Further information can be had on application to the Registrar.

FIFE FOWLER, M.D., L.R.C.S. Edin.



### PRACTICE FOR SALE.

PRACTICE for sale in a good locality, with House and  $\frac{1}{2}$  of an acre of land. Practice worth about \$3,000 a year.

Address,— "LANCET OFFICE,"  
Toronto.

## HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS.

*Ninety-Second Annual Announcement, 1875-76.*

## FACULTY OF MEDICINE:

CHARLES W. ELIOT, LL.D., President.  
 CALVIN ELLIS, M.D., Prof. of Clinical Medicine, Dean.  
 JOHN B. S. JACKSON, M.D., Prof. of Pathol. Anatomy.  
 OLIVER W. HOLMES, M.D., Professor of Anatomy.  
 HENRY J. BIGELOW, M.D., Professor of Surgery.  
 JOHN E. TYLER, M.D., Professor of Mental Diseases.  
 CHARLES E. BUCKINGHAM, M.D., Professor of Obstetrics  
 and Medical Jurisprudence.  
 FRANCIS MINOT, M.D., Hersey Professor of the Theory  
 and Practice of Medicine.  
 JOHN P. REYNOLDS, M.D., Instructor in Obstetrics.  
 HENRY W. WILLIAMS, M.D., Prof. of Ophthalmology.  
 DAVID W. CHEEVER, M.D., Prof. of Clinical Surgery.  
 JAMES C. WHITE, M.D., Professor of Dermatology.

ROBERT T. EDES, M.D., Assistant Prof. of Materia Medica.  
 HENRY P. BOWDITCH, M.D., Assis't. Prof. of Physiology.  
 CHARLES B. PORTER, M.D., Demonstrator of Anatomy  
 and Instructor in Surgery.  
 FREDERIC I. KNIGHT, M.D., Instructor in Percussion,  
 Auscultation and Laryngoscopy.  
 J. COLLINS WARREN, M.D., Instructor in Surgery.  
 REGINALD H. FITZ, M.D., Assistant Professor of Pathological  
 Anatomy.  
 THOMAS DWIGHT, JR., M.D., Instructor in Histology.  
 EDWARD S. WOOD, M.D., Assistant Professor of Chemistry.  
 HENRY H. A. BEACH, M.D., Assistant Demonstrator of  
 Anatomy.  
 WILLIAM B. HILLS, M.D., Instructor in Chemistry.

## Other Instructors:

EDWARD WIGGLESWORTH, JR., M.D., on Syphilis.  
 FRANCIS B. GREENOUGH, M.D., and GEORGE H. F. MARKOE, Instructor in Materia Medica.  
 GEORGE H. F. MARKOE, Instructor in Obstetrics.  
 WILLIAM L. RICHARDSON, Instructor in Obstetrics.  
 J. ORNE GREEN, M.D., and CLARENCE J. BLAKE, M.D., on Otology.  
 JAMES R. CHADWICK, M.D., on Diseases of Women. CHARLES P. PUTNAM, M.D., on Diseases of Children.  
 CHARLES P. PUTNAM, M.D., Lecturer on Diseases of Children.  
 JAMES J. PUTNAM, M.D., on Diseases of the Nervous System.

THE plan of Study was radically changed in 1871.\* Instruction is now given by lectures, recitations, clinical teaching and practical exercises, distributed throughout the academic year. This year begins September 30, 1875, and ends on the last Wednesday in June, 1876; it is divided into two equal terms, with a recess of one week between them. Either of these two terms is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

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

## DIVISION OF STUDIES.

For the First Year—Anatomy, Physiology and General Chemistry.  
 For the Second Year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.  
 For the Third Year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

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

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

Examinations are also held before the opening of the School, beginning September 27th. Students who do not intend to offer themselves for a degree will also be received at any part of the course, for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

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

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine, additional facilities for pursuing clinical, laboratory and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches:—Physiology, Medical Chemistry, Pathological Anatomy, Surgery, Auscultation, Percussion and Laryngoscopy, Ophthalmology, Otology, Hygiene, Dermatology, Syphilis, Psychological Medicine, Electro-therapeutics, Gynæcology and Obstetrics.

Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of its laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M.D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

FEES.—For Matriculation, \$5; for the Year, \$200; for one Term alone, \$120; for Graduation, \$30; for Graduates, will be admitted to examination for this degree after a year's study in the Graduates' Course.

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

For further information, or Catalogue, address

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

\* In and after September, 1877, an examination on entrance will be required. For particulars see Catalogue.

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

## GENUINE PANCREATIC EMULSION and PANCREATINE.

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



### PANCREATINE WINE.

prescribed by itself will be found to be a powerful used in England.

A most pleasant vehicle for administering Cod Liver Oil, with which, if shaken, it readily forms an Emulsion. This preparation when used in England, as a remedy for this purpose is largely

### PANCREATISED COD LIVER OIL:

A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

### PEPTODYN, the New Digestive,

Digests all kinds of Food—the FARINACEOUS, FIBRINOUS, and OLEAGINOUS, (being a combination of the several

active principles of the digestive secretions, Peptic, Pancreatic, &c.)

### BEST FOOD FOR INFANTS,

As Supplied to the Royal Families of England and Russia.

*Starb.* in the form of Corn Flour and other high-sounding titles, has been repeatedly pointed out. digested Food, has recently occupied much of the attention of the Profession, and the fallacy and danger of employing Feeding Infants on the best, i. e. the most nourishing and easily

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

### DATURA TATULA, for Asthma and Chronic Bronchitis.

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

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

## 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 amongst 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."

JUSTUS VON LIEBIG.

**Vechy Water Company,**  
27 MARGARET ST., REGENT ST., LONDON.

Exportation of all French and German Waters, Wines, Brandies, etc.

## JOHN REYNDERS & CO.,

(Late of Otto & Reynders,)

No. 309 Fourth Avenue, New York,

(UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,)

Manufacturers and Importers of

**SURGICAL**

AND

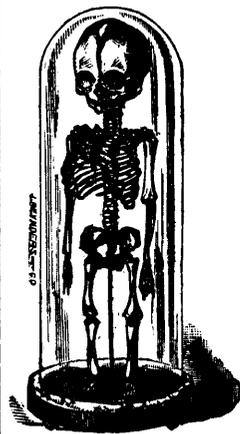
Orthopaedical Instruments,

**SKELETONS,**

AND

**ANATOMICAL**

**PREPARATIONS.**



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

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

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VIII. TORONTO, OCT. 1st, 1875. No. 2.

## Original Communications.

### RULES AND REGULATIONS ADOPTED AND PUBLISHED BY THE BOARD OF HEALTH FOR THE STATE OF MICHIGAN.

BY H. B. BAKER, M.D., LANSING, MICH.

#### *For Prevention of Disease.*

1.—No privy-vault, cesspool, or reservoir into which a privy, water-closet, stable or sink is drained, except it be water tight, shall be established or permitted within fifty feet of any well, spring, or other source of water used for drinking or culinary purposes.

2.—Earth privies, or earth closets, with no vault below the surface of the ground, shall be excepted in Rule 1, but sufficient dry earth or coal ashes must be used daily to absorb all the fluid parts of the deposit, and the entire contents must be removed monthly.

3.—All privy vaults, cesspools, or reservoirs named in Rule 1 should be cleaned out at least once a year; and from the first of May to the first of November of each year shall be thoroughly disinfected by adding to the contents of the vault, once every month, one or two pounds of copperas dissolved in a pailful of water.

4.—No privy vault or cesspool shall open into any stream, ditch, or drain, except common sewers.

5.—Within the limits thus bounded: \_\_\_\_\_, which area shall constitute health limits, no night soil or contents of cesspool shall be removed unless previously deodorized by mixing with solution of copperas; and during removal the material shall be covered with a layer of fresh earth, except the removal be by the "Odorless Excavating Process."

6.—All sewer drains that pass within fifty feet of

any source of water used for drinking or culinary purposes shall be water tight.

7.—No sewer drain shall empty into any lake, pond, or other source of water used for culinary purposes, nor into any standing water within the jurisdiction of this Board.

8.—No garbage, materials manufactured in whole or in part of wool, silk, leather, India rubber, etc., or other materials which evolve offensive gases during combustion, shall be burned within the health limits of this corporation [or township].

9.—No house offal, dead animals, or refuse of any kind shall be thrown upon the streets or left exposed by any person, and no butcher, fish-monger or vendor of merchandise of any kind, shall leave any refuse upon the streets, or uncovered by earth upon the lots of this city [village or township]; and all putrid and decaying animal or vegetable matters must be removed from all cellars and out buildings, on or before May first in each year.

10.—All families, hotels, restaurants and others, accumulating garbage are required to have a proper covered receptacle for swill and house offal, and to cause the contents to be regularly removed as often as twice a week between the first day of May and the first day of November, and once a week at all other seasons.

11.—Between the first day of May and the first day of November, no hogs shall be kept within the limits named in Rule 5, except in pens with floors, kept entirely free from standing water, and regularly and freely disinfected; and during the months named no hogs shall be kept elsewhere within the jurisdiction of this board within eighty rods of any dwelling, except in pens with dry floors, or kept free from standing water. This Board will order the removal of such animals at any time, when they appear to be prejudicial to the public health, safety, or comfort.

12.—No animals affected with an infectious or contagious disease, shall be brought or kept within the limits of the jurisdiction of this Board, except by permission of the Board. No diseased animal, or its flesh, and no decayed, diseased, or unfit meat, fish, vegetables, or fruit, or diseased, impure, or adulterated milk or other article, shall be sold or offered for sale as food.

13.—No slaughter house or abattoir shall be established or used as such within the limits specified in Rule 5, and none elsewhere within the

jurisdiction of this Board, unless kept free from all obnoxious smells, and all offal be removed every day; and no melting or rendering house, and no place for manufacturing or other business giving rise to obnoxious or injurious vapors or odors, shall be established or used as such within the jurisdiction of this Board, except by its special permission and location.

*For Preventing the spread of Infectious and Contagious Diseases.*

14.—Every child should be vaccinated before two years of age; and this Board recommends that all persons be re-vaccinated as often as once in five years.

15.—All incorporated manufacturing companies within the jurisdiction of this Board shall cause each new employé to be vaccinated on entrance, unless proof is furnished of previous successful vaccination.

16.—No person shall become a member of any public school within the jurisdiction of this Board until vaccinated, or furnishing a certificate from some physician that he or she has been successfully vaccinated.

17.—Any householder in whose dwelling there shall occur a case of cholera, yellow fever, scarlet fever, diphtheria or small-pox, shall immediately notify the Board of Health of the same, and until instructions are received from the Board, shall not permit any clothing or other property that may have been exposed to infection to be removed from the house, nor shall any occupant take up residence elsewhere without the consent of the Board.

18.—Any physician who may be called to a case of any of the diseases specified in the foregoing rule shall at once report such case to the Board and receive instructions in regard thereto; and whenever there shall come under the observation of any physician such number of cases of scarlet fever, measles, typhoid fever, diphtheria, dysentery, or cerebro-spinal meningitis as in his opinion to justify the belief that a considerable epidemic thereof exists, he shall at once report the same to the Board, with such suggestions in regard thereto as may seem to him best.

19.—No person or article liable to propagate a dangerous disease shall be brought within the jurisdiction of this Board without the special consent

and direction of the Board; and whenever it shall come to the knowledge of any person that such person or article has been brought within such limits, he shall immediately give notice thereof to this Board, together with the location thereof.

20.—No person sick with any of the diseases specified in Rule 17 shall be removed at any time except by permission and under direction of the Board.

21.—Persons affected with any of the diseases specified in Rule 17, and all articles infected by the same, shall be immediately separated from all persons liable to contract or communicate the disease, and none but physicians, nurses, and the clergyman of the family be allowed access to persons sick with these diseases.

22.—Persons recovering from any of the diseases specified in the preceding rules, and their nurses, shall not leave the premises till they have been thoroughly bathed, and their clothing disinfected by washing in boiling water, or heating to 250° Fah.

23.—All vessels used by such patients shall be disinfected by solution of carbolic acid or chloride of lime, then emptied, their contents buried in earth, and the vessel cleansed with boiling water.

24.—All personal clothing, bedding, towels, etc., and all articles in contact with or used by the patient, shall be washed in boiling water, or exposed to a temperature of 250° Fah.

25.—Infected feather beds, pillows, and hair mattresses shall have their contents removed and disinfected by thoroughly exposing them to the fumes of burning sulphur, and their ticks washed in boiling water, but no article shall be burned without the direction of the Board. Infected straw beds and excelsior mattresses shall have their contents removed and buried, and their ticks washed in boiling water. The Board earnestly asks the co-operation of every individual to secure the desirable sanitary conditions, to promote which the foregoing rules are framed.

---

DAMIANA.—Some of our American exchanges make mention of a plant, new to the "medical world," called Damiana, which is said to possess powerful aphrodisiac properties. It grows in Mexico. The tincture and extract of both the root and leaves is used. It is also stated that it increases the flow of urine.

## CASE OF COMPLETE INGUINAL HERNIA —STRANGULATED.

BY H. P. YEOMANS, A.B., M.D., MOUNT FOREST.

A. B., aged 19—healthy and of robust constitution, has worn a truss for congenital hernia until within the last three years. The tumour descended occasionally since he discontinued wearing the truss, but he always detected it in the inguinal canal and immediately reduced it.

Aug. 30, 7 a.m., while working with a horse rake his attention being diverted by the restlessness of the horses, the intestine descended into the scrotum. Dr. Ecroyd, Mount Forest, was called, and found an indirect inguinal hernia of the right side, which, after reasonable efforts of taxis with chloroform, he concluded was irreducible.

10 a.m.—The scrotum was now becoming more tense, swollen and tender to the touch, and the symptoms were gradually getting more serious and urgent. A consultation was deemed advisable and I was sent for. Taxis was again resorted to, preceded by an enema of olive oil administered through a rubber tube introduced as far as possible up the descending colon. Chloroform, application of cold and other adjuvants to taxis were also called into requisition, but all failed. As there appeared to be a considerable quantity of flatus in the imprisoned intestine, it was then thought that an aspirator might lessen the volume of the hernia and thus reduction be effected by taxis. This also failed.

11 p.m.—We decided to operate at day-light next morning, and invite the assistance of a third man. With this view gave Pul. Opii. gr. j every two or three hours.

Aug. 31, 7 a.m., passed a tolerably comfortable night, but vomited occasionally—pulse 85—temperature 102°. With the additional assistance of Dr. Cotton, Mount Forest, the operation was proceeded with. At the commencement the hæmorrhage from the congested superficial veins caused some delay. A stricture at the external opening was relieved, and an attempt was made to reduce the intestine without opening the sac. This failed and the sac was carefully laid open. The intestine immediately rose fully distended with gas. A stricture at the neck of the sac was discovered, divided, and the intestine carefully returned. While

returning it we noticed its great length and dark congested but otherwise healthy appearance. After dividing the superficial fascia there was no bleeding. The wound was carefully sponged with warm carbolicized water; all emphysema was removed from the areolar tissue, and a solution of carbolic acid and glycerine ʒj ad ʒj immediately thereafter applied to the exposed external portions of the wound. Ordinary hemp sutures soaked in the solution of glycerine and carbolic acid were used in closing the wound.

A deep suture was first inserted through the conjoined tendon on the inner side and through the skin on the outer side of the wound. In *this case* the cord was *not embraced* in the suture. Four additional sutures were inserted through the *integument only*—two on each side of the deep suture. A small piece of surgeons lint dipped in the carbolic acid solution was now laid on the line of wound, and a pad of folded lint soaked in the same solution placed over that. Glycerine was now poured around the edges of the pad so as completely to exclude the air. This was retained in situ by strips of adhesive plaster accurately applied from side to side. A large compress was now adjusted so as to exert considerable pressure on the inguinal canal. A bandage around the hips and under the *nates* made everything firm. The patient was laid in bed with shoulders raised and knees drawn up, and kept perfectly quiet. Pul. Opii gr. j every hour for three hours.

5 p.m.—Pulse 80; little pain; tongue brown in the centre and white at the edges; temperature 103°; testicle swollen. Pul. Opii. gr. j with an occasional grain of calomel as circumstances indicated every two or three hours.

Sept. 1st, 10 a.m.—Pulse 65; temperature nearly normal; slept four hours in the morning; some tympanites; tongue moister; testicle, epididymus, and cord very much swollen.

8 p.m.—Pulse 80; temperature, 102°; had been excited during the afternoon by inquisitive visitors; cord and testicle more swollen; applied lotion of Plumbi acetat, and morphia; continued opium and occasionally calomel.

Sept. 2.—1 a.m. Better; slept after this. 12 m. Removed two lower stitches—wound healed by adhesion—first intention.

Sept. 3.—10 a.m. Feels better. 8 p.m. Gave an enema of olive oil and turpentine which passed

without fæces. 11 p.m. Had a natural action of the bowels.

Sept. 4.—12 m. Rose out of bed and had a full free evacuation of the bowels; removed the deep stitch; found a little laudable pus around it, and the wound inclined to spread at this point; concluded it should have been removed Sept. 2nd; took out the remaining two stitches.

Sept. 5.—A dose of castor oil and turpentine passed through the bowels.

Sept. 7.—Wound healing superficially at the point of deep suture by second intention. Ung. hyd. nit. et Iodine co. applied to reduce the hardness and swelling of the testicle.

Remarks.—In using the aspirator, we formed a vacuum, then inserted a No. 2 needle (Dieulafoy's) into the tumour. A little bloody serous fluid with some bubbles of gas appeared passing through the glass of the tube. The volume of the hernia did not decrease sufficiently to render it capable of reduction. I cannot explain why we did not succeed. We felt justified in trying aspiration as the mortality in strangulated hernia has been considerably lessened thereby. The deep suture should have been removed forty-eight hours after the operation when healing by first intention had taken place along the whole line of wound. Pressure on the inguinal canal increased the swelling of the testicle. Exclusion of the air, carbolized ligatures, adhesion by first intention, pressure along the inguinal canal with one deep suture and four superficial, contributed to healing rapidly, completely, and firmly, so that a radical cure may be expected.

### INSTRUMENT FOR THE ARREST OF EPISTAXIS.

BY SALVATORE CARO, M.D., NEW YORK.

If the epistaxis prove obstinate, endangering the life of the patient, it is always proper to resort to mechanical means for its arrest, by plugging the nose posteriorly with Zurnoff's sound or Bellocque's canula, and anteriorly with sponges, bits of linen, or patent lints. The india-rubber bag is the latest and best instrument for this purpose. My preference is for anterior plugging, for the following reasons:

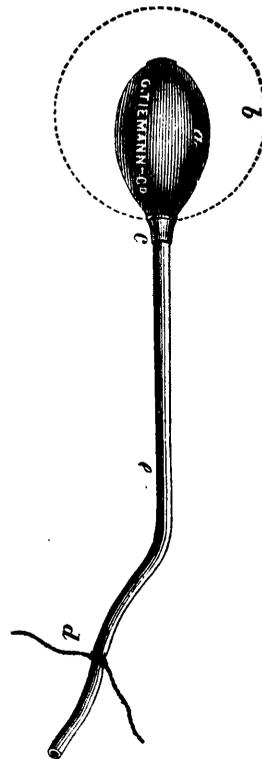
1. The alarm created by the paraphernalia and difficulty of drawing the plug into the posterior nares is generally very great.

2. The inflammation caused by the pressure upon the delicate parts, and the consequent profuse suppuration and poisoning of the system by the absorption of putrid matter.

3. The uncertainty of arresting the hæmorrhage by the unequal pressure, and the increasing danger of its renewal by tearing the newly-formed membrane.

4. The blood having its free exit intercepted, finds its way into the cranial cavity, and may cause tetanic convulsions and death by pressure upon the encephalic mass.

The india-rubber bag, to which I have reference, is the one shown and described in the diagram.



- a. Natural size of the bag.
- b. Line of the inflated bag.
- c. Insertion of the non-elastic tube
- d. Silk thread to tie the tube after inflation.
- e. Natural size and length of the non-elastic tube.

Dr. Luigi Malavasi, of Modena, in 1843, gave us the first knowledge of this instrument, and in 1871, Dr. Kuchenmeister, of Dresden, perfected it. But the last change which I have made is, I think, an improvement upon the latter. This consists simply in the change of tubing from elastic to non-elastic. By this alteration, a firmer traction can be made upon the bag and more easily adjusted, and by the help of an elastic bougie can be readily passed from the anterior to the posterior fossa, and, when *in situ*, can be inflated with iced-water or air. The tube is tied with strong silk, and by gently pulling the tubing, the bag will adjust itself upon the bleeding parts and arrest the hæmorrhage. If the epistaxis should continue, the bag, without removal, can be collapsed and afterwards re-inflated, so as to form a stronger pressure.

If offensive suppuration should cause distress, by collapsing the bag the nose can be washed with any detergent, and the danger of the absorption of deleterious matter removed. My first experience

in its use was in April, 1873, in the cases of two boys, both suffering from severe epistaxis, one caused by a fall down stairs, the other by a blow whilst playing ball. Local remedies and external pressure proving unsuccessful, the india-rubber bag immediately arrested the hæmorrhage, without giving the slightest inconvenience, as testified by the patients themselves.—*Med. Record.*

### STIFFNESS OF THE ANKLE.

BY WM. KERR, M. D., GALT.

There is a rare condition of the ankle which I have not observed mentioned by any author. Everybody has experienced the pain occasioned by an accidental twist of this joint. In the affection I am about to mention, walking on hard, rough ground produces similar pain at every step unless the greatest care be exercised in setting down the foot; but there is no pain however long the individual walks or stands on a level floor or smooth grassward. On examination the foot and ankle have exactly their natural appearance, there are neither swelling, discoloration, nor pain on pressure. A closer examination, however, will detect contraction of the peronei muscles, in some persons more, in others less. On attempting to turn the heel inwards it will be found that this is resisted by the peronei, which become rigid; the heel, in fact, is not exactly beneath the leg, or at least cannot accommodate itself to uneven ground, and in walking a preference is given to foot-paths, the inclination of which is slightly higher on the outer than on the inner side of the foot. This affection is usually the result of an injury possibly years previously.

The remedy is subcutaneous section of the peronei, which is best accomplished a short distance above the outer ankle where their tendons become tense and prominent on the heel being pressed inwards. No apparatus requires to be worn, neither is it necessary to give absolute rest to the foot; indeed, occasionally standing for a short time, or walking across the apartment, has seemed to me the easiest plan for retaining the flexibility of the ankle, obtained by the section of the tendons, an operation which, in every instance, has resulted in a complete and permanent cure.

Since writing the above, I have operated upon another patient having stiffness of the ankle. He was a painter, and the injury to the ankle occurred about 7 months ago, by falling from a ladder a dis-

tance of 16 feet. Some of the bones of the foot were supposed to have been broken. There is pain at every step, and the patient walks upon the heel. The foot is bent outwards by the contracted peronei, and any attempt to press it inwards causes severe pain. With the assistance of Dr. Sylvester, I divided the tendons of the peronei subcutaneously, a little above the malleolus; next day the pain ceased, and the motions of the joint were fully restored.

### NOTES ON THE CLIMATE AND SOME OF THE EPIDEMIC DISEASES OF ONTARIO.\*

BY JOHN A. MULLIN, M.D., HAMILTON, ONT.

The climate of the greater part of the older settled portions of the Province of Ontario is much warmer than that of Quebec or the Maritime Provinces; the isothermal line showing an annual mean temperature of 45°, which passes from the southern part of Nova Scotia, is traced westward through Kingston, Port Hope and Goderich, thus showing a large part of Western Ontario south of this line. The line indicating a mean temperature of 70° during the summer months, passes through Niagara, London and Sarnia, while that indicating the same temperature as Halifax, 62°.4 in the summer, passes through Montreal, westward, north of almost the entire settled part of Ontario. The line indicating an equal mean temperature of 20° for the winter months, passes through Frederickton (N. B.), St. John (Que.), Cornwall (Ont.), and westward, north of the latitude of Collingwood and Owen Sound, on the Georgian Bay.

The climate of Ontario is more particularly shown by the following tables, which are made up from the tables of the Education Office, Toronto, and also from the Meteorological Reports of Prof. Kingston, Toronto. The tables represent the temperature for four years, and although it might be desirable in some respects to compare the results of observations through a longer period, yet, for the present report, I have been obliged, by the limited time for preparation, to present only these. The tables, showing the monthly mean temperatures of eleven places, are based on the results of observations for a more extended period.

\* These notes were prepared for the Committee on Climatology of the Canadian Medical Association, but through delay in mailing, they did not reach Halifax in time for the meeting.

TABLES OF TEMPERATURE, RAIN AND SNOW-FALL OF ELEVEN CITIES AND TOWNS OF ONTARIO, FOR FOUR YEARS—1870 TO 1873, INCLUSIVE.

1870.

TEMPERATURE.	Pembroke.	Cornwall.	Barrie.	Peterboro'.	Belleville.	Toronto.	Goderich.	Stratford.	Hamilton.	Simcoe.	Windsor.
Annual mean .....	42.46	45.60	46.53	45.25	46.14	45.93	46.52	44.95	48.06	48.39	49.36
Mean daily range .....	21.66	22.12	24.04	28.94	18.84	15.70	15.90	16.70	24.72	19.01	18.71
Greatest daily range .....	53.30	.....	47.60	52.40	43.70	36.20	35.00	39.50	4.10	37.30	38.60
Highest temperature .....	98.50	97.0	95.60	95.00	94.40	88.40	90.20	88.70	101.80	95.00	96.20
Lowest temperature .....	-33.0	-18.7	-15.9	-24.5	-17.5	6.6	3.4	8.6	9.9	5.0	7.0
Warmest month .....	June.	July.	June.	June.	June.	July.	July.	June.	July.	July.	July.
Mean temp., warmest mo..	70.46	73.76	70.84	71.94	71.46	68.80	68.07	67.60	72.10	70.26	72.72
Coldest month .....	Feb'y.	Feb'y.	Feb'y.	Feb'y.	Feb'y.	Feb'y.	Feb'y.	Feb'y.	Feb'y.	Feb'y.	Feb'y.
Mean temp., coldest month.	10.35	15.06	17.69	17.30	18.57	21.50	21.75	19.79	23.14	23.79	24.84
RAIN AND SNOW-FALL.											
Number of rainy days ....	93	57	103	86	97	116	120	102	107	83	101
Depth of rain in inches ....	18.4598	.....	22.5008	23.938	27.891	33.898	34.3198	34.1598	36.5095	36.4909	24.3968
Total depth of rain and melted snow .....	27.9348	.....	37.3383	35.228	42.461	46.188	46.7798	48.4198	48.6231	44.7909	32.9118

1871.

TEMPERATURE.	Pembroke.	Cornwall.	Barrie.	Peterboro'.	Belleville.	Toronto.	Goderich.	Stratford.	Hamilton.	Simcoe.	Windsor.
Annual mean .....	38.23	42.55	44.29	42.61	44.02	43.81	45.09	42.95	46.22	46.59	48.18
Mean daily range .....	22.39	20.00	24.06	28.86	19.19	16.46	18.05	18.61	25.27	20.02	19.95
Greatest daily range .....	52.90	50.60	54.20	47.50	38.40	34.60	37.90	39.30	55.50	38.80	47.30
Highest temperature .....	96.00	89.80	94.40	93.70	88.30	89.50	90.70	86.60	90.00	90.40	98.70
Lowest temperature .....	-45.0	-24.7	-31.6	-38.5	-29.8	-21.0	-11.8	-16.4	-18.0	-12.8	-19.3
Warmest month .....	August	August	August	August	August	August	August	August	August	August	August
Mean temp., warmest mo..	64.48	68.68	69.28	68.51	69.72	67.40	66.42	65.41	70.60	69.25	71.12
Coldest month .....	January	January	Dec'br.	Dec'br.	January	Dec'br.	Dec'br.	Dec'br.	Dec'br.	Dec'br.	Dec'br.
Mean temp., coldest month.	4.22	10.27	17.59	14.45	15.41	19.90	21.65	17.74	21.40	21.82	21.19
RAIN AND SNOW-FALL.											
Number of rainy days ....	95	70	77	77	88	110	90	82	79	78	67
Depth of rain in inches ....	18.1299	.....	13.2917	21.078	21.235	22.771	17.8991	19.6461	26.3421	28.4330	16.8097
Total depth of rain and melted snow .....	28.1707	.....	25.0042	29.523	29.585	32.731	27.4591	30.7861	31.5716	34.1580	24.0147

1872.

TEMPERATURE.	Pembroke.	Cornwall.	Barrie.	Peterboro'.	Belleville.	Toronto.	Goderich.	Stratford.	Hamilton.	Simcoe.	Windsor.
Annual mean .....	41.21	41.35	42.50	43.11	43.14	42.92	43.48	41.71	45.46	45.42	46.28
Mean daily range .....	23.80	.....	24.31	24.97	18.02	17.59	18.33	17.58	17.36	22.28	19.81
Greatest daily range .....	64.90	.....	53.00	59.10	35.30	37.80	36.20	32.60	41.30	55.10	39.30
Highest temperature .....	99.90	91.80	95.60	98.20	95.10	96.00	92.40	88.80	95.20	97.00	97.20
Lowest temperature .....	-38.0	-28.5	-24.6	-23.2	-17.9	-13.8	-12.6	-17.0	-11.0	-23.5	-21.0
Warmest month .....	August	July.	August	July.	August	July.	July.	July.	July.	July.	July.
Mean temp., warmest mo..	73.23	68.69	69.55	72.57	71.66	70.16	69.29	69.46	73.74	73.53	74.26
Coldest month .....	Dec'br.	Dec'br.	Dec'br.	Dec'br.	Dec'br.	Dec'br.	Dec'br.	Dec'br.	Dec'br.	Dec'br.	Dec'br.
Mean temp., coldest month.	10.41	11.74	15.81	14.04	15.67	18.67	20.13	15.83	19.75	19.66	18.26
RAIN AND SNOW-FALL.											
Number of rainy days ....	62	99	88	92	83	115	102	80	106	83	76
Depth of rain in inches ....	21.4886	21.6310	20.9456	16.2647	19.029	18.588	20.3266	22.9466	10.4646	23.9957	18.5113
Total depth of rain and melted snow .....	28.4086	30.2060	28.6316	23.096	32.679	25.338	27.2786	32.1466	25.0879	27.0057	26.753

1873.

TEMPERATURE.	Pembroke.	Cornwall.	Barrie.	Peterboro'.	Belleville.	Toronto.	Goderich.	Stratford.	Hamilton.	Simcoe.	Windsor.
Annual mean .....	no rep't	42.33	42.85	42.96	43.95	42.94	43.74	42.15	45.58	47.52	46.88
Mean daily range .....		21.11	34.86	24.88	18.73	16.93	19.14	17.07	17.54	24.79	19.11
Greatest daily range .....		44.80	49.08	46.20	35.70	37.90	42.80	34.80	43.50	49.90	46.00
Highest temperature .....		88.80	96.40	93.80	90.00	89.50	90.20	86.50	91.60	91.90	94.50
Lowest temperature .....		-22.3	-27.8	-27.3	-17.9	-18.4	-18.1	-19.3	-14.5	-25.6	-27.1
Warmest month .....		July.	July.	July.	July.	July.	August	July.	July.	July.	July.
Mean temp., warmest mo. ....		70.49	68.73	70.33	70.29	68.36	70.24	67.63	72.27	74.90	72.49
Coldest month .....		January	January	January	January	January	January	January	January	January	January
Mean temp., coldest month. ....		13.00	15.22	15.71	17.32	17.70	17.28	15.80	19.47	20.33	18.77
RAIN AND SNOW-FALL.											
Number of rainy days .....		98	88	94	86	110	115	90	88	95	76
Depth of rain in inches .....		23.9299	17.2962	19.2403	21.332	20.232	20.3403	28.3897	29.8093	28.8267	24.0476
Total depth of rain and melted snow .....		34.9429	26.8417	26.9977	35.415	31.612	31.9403	39.0597	42.5566	36.6868	33.7776

MONTHLY AND ANNUAL MEANS OF TEMPERATURE OF ELEVEN CITIES AND TOWNS OF ONTARIO.

	January	Febr'y.	March.	April.	May.	June.	July.	August.	Sept'r.	Oct.	Nov.	Dec.	Annu'l
Pembroke...	11.3	12.9	24.0	39.4	53.1	65.7	69.5	67.2	57.1	44.1	29.5	12.3	40.5
Cornwall ...	15.6	18.1	23.9	42.3	54.6	67.0	69.6	68.4	59.4	47.2	32.2	16.7	42.9
Barrie ...	19.5	20.0	26.0	41.2	52.9	64.9	70.4	67.0	59.2	47.3	34.0	21.2	43.6
Peterboro' ...	17.3	18.8	25.6	41.5	54.8	66.5	70.6	68.5	58.1	44.6	31.4	18.0	43.0
Belleville ...	18.8	20.4	26.7	42.7	54.0	65.9	70.8	68.2	59.0	46.9	34.1	20.3	44.0
Toronto ...	23.1	23.0	29.4	41.1	51.6	61.7	67.4	66.2	58.1	45.9	36.4	25.6	44.1
Goderich ...	23.9	23.5	27.3	41.8	51.6	62.9	68.0	66.9	59.5	47.9	35.7	24.7	44.5
Stratford ...	20.2	21.4	24.9	41.8	52.2	62.8	67.1	65.0	57.0	45.4	34.1	23.4	42.9
Hamilton ...	23.9	24.6	28.0	43.6	53.5	65.8	72.4	69.3	60.5	48.5	36.4	24.7	46.0
Simcoe ...	24.0	24.6	29.5	44.5	55.0	66.0	70.7	68.5	59.4	47.7	35.3	24.4	45.8
Windsor ...	24.3	25.6	31.1	46.6	56.5	67.8	72.8	70.9	61.8	49.9	36.4	24.5	47.3

The climate of the Province of Ontario is of course subject to the operation of the same general influences which affect, in a greater or less degree, the whole eastern part of this continent. Like the eastern part of Asia, the eastern part of North America possesses an exceedingly rigorous climate; the severity of which is supposed to be due to the current of cold water from the Arctic Ocean which flows southward along the Atlantic coast, and to the intrusion of Hudson's Bay, an arm of the same ocean, into the bosom of the continent. That these are the causes, appears to be proved by the fact, that nowhere else in the world is the northern limit of the growth of trees so soon reached as in Labrador. On account, however, of the remoteness of Ontario from Hudson's Bay, and from the ocean, it is probably not much affected by either of these causes; and it would probably possess, were it not for the influence of

the great lakes, an unmodified continental climate. The characteristics of a continental climate are extreme heat in summer, and extreme cold in winter; and these are characteristic of Ontario, though not equally characteristic of every part of it. The meteorological observations that have been taken in different parts of the Province, show that the difference between the mean winter and the mean summer temperature gradually diminishes, as we leave the eastern section, and approach the great lakes. Of the eleven places mentioned in the above tables, two, Pembroke and Cornwall, are in the eastern section; five, Goderich, Stratford, Hamilton, Sarnia and Windsor, are in the southwestern peninsula; and four, Belleville, Peterboro, Barrie and Toronto, are on the neck of the Peninsula. The average annual range of the thermometer at Pembroke, on the Ottawa, is 132°.5; at Goderich, on lake Hu-

ron, 98°, and the latter place is 8½ degrees warmer in winter, and 1½ colder in summer, though lying two degrees south of the former. Simcoe, near lake Erie, has the same summer temperature as Cornwall, on the St. Lawrence, but it is 7½ degrees warmer in winter. The lake-surrounded portion of Ontario is therefore more equable in its climate than the eastern section; but its damper and slushier winters, though less trying, are less enjoyable than the uninterrupted frost of the Ottawa district.

It would be interesting to compare the climate of the several Provinces of the Dominion with that of Great Britain, with reference to some of the diseases that prevail. Respecting Ontario, however, I have not access to any data that could be used for this purpose, the Reports of the Registrar General, which have been published for four years, being so defective, that conclusions based upon them could not be trusted. It may, notwithstanding, be of interest to notice these reports, and direct attention to some of the epidemic diseases that have prevailed in Ontario.

The following table shows the causes of death as registered in the years 1870 to 1873, the classification being that used in the reports :

CAUSES OF DEATH.	1870.	1871.	1872.	1873.
Zymotic diseases . . . . .	1569	2197	3054	2473
Diseases of uncertain seat . . . . .	358	498	563	490
Tubercular . . . . .	996	1206	1308	1420
Brain and nervous system . . . . .	779	840	1139	1506
Organs of circulation . . . . .	350	513	579	402
Respiratory organs . . . . .	615	815	970	1147
Organs of digestion . . . . .	621	1139	895	1149
Urinary organs . . . . .	87	144	145	159
Organs of generation . . . . .	93	139	275	232
Organs of locomotion . . . . .	38	31	38	15
Diseases of skin . . . . .	6	22	38	37
Malformation . . . . .	11	11	14	16
Atrophy . . . . .	8	22	40	123
Old age . . . . .	298	414	545	778
Sudden deaths . . . . .	11	29	40	593
Violent deaths . . . . .	425	558	599	
Erroneously specified . . . . .	52	62	54	51
Not specified . . . . .	588	542	449	487
Totals . . . . .	6905	9182	10745	11069

These tables, it is admitted, are incomplete; regarding that for 1870, the Registrar-General remarks, that calculating a death-rate of 21 to a population of 1000, which is said to be the death-rate in Nova Scotia, only 1-5th of the deaths that probably occurred have been registered, the estimated number for the year being 33,963. In

1871, the number of deaths registered is greater than for the previous year; in 1872, there were 10,745 registrations, and, in 1873, the number increased to 11,069, which is still far short of the number of deaths that probably occurred. The neglect to report deaths is not the fault of medical practitioners in country districts only, where there may be difficulties in the way of registration; for an enquiry made by the Government, showed that in one year 1380 burials were made in the cemeteries of Toronto, while only 564 deaths had been registered. These remarks are made to call attention to the defects of the tables of the Reports of the Registrar-General, for, with data so imperfect, we cannot arrive at correct conclusions regarding the comparative prevalence of the various diseases in different localities. Incomplete, however, as these returns are, they show the important part which epidemic diseases have in causing death. The following shows the prevalence of the different epidemic diseases in these four years :

	1870.	1871.	1872.	1873.
Variola . . . . .	2	38	187	72
Measles . . . . .	47	40	61	83
Scarlatina . . . . .	228	630	642	176
Diphtheria . . . . .	73	165	164	172
Whooping Cough . . . . .	108	73	105	127
Croup . . . . .	68	138	140	169
Diarrhoea . . . . .	246	207	407	237
Cholera infantum . . . . .	113	89	166	276
Dysentery . . . . .	157	143	342	121
Typhoid fever . . . . .	316	261	329	401
Erysipelas . . . . .	52	87	120	143
Puerperal fever . . . . .	80	108	230	133
Rheumatism . . . . .	10	37	39	78
Fever . . . . .	84	167	195	168
Cerebro-spinal meningitis . . . . .				324

It may be of interest to notice, in comparison with the figures given above, the following table, which shows the particular forms of other classes of diseases which have caused the largest proportion of deaths in each year :

	1870.	1871.	1872.	1873.
Phthisis . . . . .	860	1042	1120	1217
Pneumonia . . . . .	409	508	514	276
Heart disease . . . . .	213	333	350	399
Apoplexy . . . . .	182	144	156	161
Paralysis . . . . .	118	149	157	190
Brain disease . . . . .	112	157	318	278
Convulsions . . . . .	155	209	258	215
Bronchitis . . . . .	122	146	174	237
Enteritis . . . . .	155	186	62	57
Peritonitis . . . . .	48	137	105	151
Cancer . . . . .	77	108	135	124

The following classification of the diseases of

Patients admitted into the respective hospitals in 1873, shows the proportion of cases of epidemic diseases :

DISEASES.	Toronto Gen'l. Hospital.	Hamilton City Hospital.
Miasmatic .....	136	90
Enthetic .....	45	15
Dietic .....	26	32
Diathetic .....	12	4
Tubercular .....	48	13
Nervous system .....	62	24
Organs of circulation ....	17	3
Respiratory organs .....	31	43
Digestive organs .....	15	15
Urinary system .....	37	5
Generative organs .....	19	7
Senile debility .....	28	4
Integuments .....	95	35
Diseases of nutrition ....	1	27
Organs of locomotion ....	21	4
Accidents, etc .....	122	62
Parturient cases .....	.....	34
Totals .....	715	417

I am under obligation to Drs. Reeve and McCollum, of the Toronto Hospital, and to Dr. O'Reilly of the Hamilton Hospital, for statements of the diseases of patients admitted into these Institutions in 1873.

Early in June I wrote to several prominent members of the profession in different parts of the province making inquiry respecting the epidemic diseases of their localities ; the time, however, was too brief to collect information in this way, but I have been favored with communications from Drs. Covernton, Simcoe ; Hornibrook, Mitchell ; and Bray, Chatham, which I have much pleasure in transmitting to the President of the Association.

I will now direct attention to some of the epidemic diseases. The reports of the Registrar-General for 1870 and 1871 do not show the particular localities in which the different diseases prevailed ; in 1872 and 1873, the number of deaths from each disease is noted for each county. *Variola* appears to have been most prevalent in 1873, the number of deaths from it being greater than the total of deaths from the same cause for the other three years included in these reports. The largest number of deaths, 39, is noted for the county of York, many of these probably occurred in Toronto ; 33 deaths are registered in Carleton, some of which occurred in Ottawa ; 23 in the county of Essex ; 10 in the county of Bruce ; the disease appears to have visited 27 counties, in some only one death is registered, in others as many as eight, while in 13

counties no deaths are reported. That it prevailed in so many places is a melancholy commentary on the neglect of many to attend to the duty of causing their children to be vaccinated ; it appears that in the city of Berlin, after vaccination had been introduced and extensively practiced the mortality from small-pox in ten years, from 1804 to 1814, was reduced to about 500 ; in Ontario, with of a population of 1,620,851, a great part of which is in rural districts, the mortality in four years amounted to 299. Its prevalence in 1873 awakened many for the moment to the necessity of vaccination being more generally attended to ; in the city of Hamilton a spasmodic effort was made to provide for the vaccination of the poor, and the newspapers impressed the duty upon all ; the same was probably the case in other places, but as has happened before, the effort was of brief duration and inefficient, and until a similar danger is at our doors the public and our municipal councillors will sleep.

*Cerebro-spinal meningitis* has prevailed in many parts of Ontario, in some places with marked severity. Dr. Hornibrook, of Mitchell, county of Perth, in a memorandum regarding its prevalence, with which he has favored me, states :—" In April, 1862, I saw four cases of this disease in the township of Elma ; the county was new, clearings small. Seven cases occurred on adjoining farms in a bend of the River Maitland, where the land had been submerged to the doors of the houses, in the beginning of the month ; when the disease appeared the water had subsided, leaving the heavy clay land sodden with water and favorable to the production of malaria. No other cases were known in this locality till 1868 when three cases occurred in mid-winter, with none of the conditions which could be expected to produce malaria. In 1870 a few cases occurred, and again in the summer of 1872 the disease prevailed in the county of Huron, commencing in the western part and gradually spreading eastward, and in January 1873 reached the county of Perth ; it spread gradually eastward and ended about 36 miles from the place where the first cases were noted. The belt of country over which it spread was about 30 miles in width." Dr. Bray, of Chatham, in his memorandum states that "Eight years ago, and again in 1873 during the winter it prevailed as an epidemic. In our locality fifty or sixty deaths occurred, principally among the negroes and ill-fed poorly clad people."

In the reports for 1870, twenty-five deaths are registered from spinal disease. In 1871 thirty-six are referred to the same cause, and in 1873 thirty-seven. The return is given under the head of Diseases of the Nervous System, and whether or not it is intended to refer to cerebro-spinal meningitis I am unable to determine. In the table for 1872 the returns of deaths from spinal disease are from 18 counties, some reporting only one death, a few as many as four; these figures would hardly indicate an epidemic disease. I find, however, that in the table for 1873, 128 deaths from spinal disease are reported, but there is also a return of 324 deaths from cerebro-spinal meningitis; and as the number from spinal disease has so much increased it is probable that some of the deaths referred to it were caused by the fever which in this year visited as an epidemic so many parts of the Province. Notices of its prevalence appeared at the time in the press in various parts, in some places these indicated the visitation of a very severe epidemic. The report for 1873 shows that it visited thirty-three counties, only seven reporting no deaths from it. In the counties of Huron, Perth and Norfolk, it seems to have prevailed most extensively, the last two returning 38 deaths each, the former 35. Brant and Elgin report 14 deaths each; Kent and Middlesex each 18; Waterloo and Wellington each 12; Wentworth, 13; Oxford, 10. These counties are all west of Toronto. To the east of Toronto it also prevailed, but with less severity. York returns 11 deaths; Peterboro', 15; Stormont, Dunda and Glengarry, 10. Nine counties to the west of Toronto report under eight deaths each, and nine in the eastern part of Ontario report under eight deaths, several only 1 or 2. These returns indicate a very extensive range. The remarks of Dr. Bray show that in one county the reported deaths were far short of the number that occurred and the same was probably the case elsewhere. I have learned little about the disease in other places and even in Hamilton have not been able to ascertain the proportion of deaths, but my impression is that it was large; some of the patients were cut-off after a brief illness, in others the duration was several weeks; a few recovered slowly, but from all I can learn more than half the cases in this city proved fatal. I do not know that any observations have been made that throw light upon the cause, or explain the wide occurrence of the disease in this particular year.

The returns from fever in the tables of the Registrar-General are not definite; some are reported as fever, others remittent, and some typhoid; it is to be hoped that under a more complete system of registration for the Dominion the reports will be more specific, and the particular forms of fever noted. In the vicinity of Hamilton the fevers which prevail are the intermittent and typhoid, the former sometimes quotidian, but generally of the tertian form. Formerly remittent fever is said to have prevailed; in a report on miasmatic fevers by John T. Metcalf, M.D., United States, it is stated that, "In proportion as countries previously malarious are cleared up and thickly settled periodical fevers disappear, in many instances, to be replaced by typhoid." It may be in accordance with this that we now find from July to November, especially, typhoid fever prevailing in Hamilton, rather than remittent, as noted by practitioners some years ago.

The memorandum with which I have been favoured by Dr. Bray, of Chatham, shows that in the more decidedly malarious section of Kent and Essex, different conditions exist. "The counties of Kent and Essex are very level, and large plains and marshes border on the River Thames and Lake St. Clair; in spring we have freshets which inundate the country for miles; and when the waters recede and the sun beats down on the surface decomposition begins, hence the source of malaria. As a result we have bilious, remittent, intermittent and continued fevers; we have very little typhoid fever, but our bilious and remittent fevers take on a great many typhoid symptoms." The number of deaths from typhoid fever in each year, represented in these reports is large: 316 deaths in 1870; 261 in 1871; 329 in 1872; and 401 in 1873; it appears to have prevailed in all parts of the Province. In 1872 only two counties report no deaths—Algoma and Peterboro'; in 1873 Algoma and Thunder Bay report no deaths. But when it is known that the reports are so defective through the neglect to register deaths, it is impossible to determine whether the absence of deaths or the smallness of the number reported is due to this neglect, or is indicative of an immunity from the influences which give rise to this disease. In 1873 this fever was prevalent in the city of Hamilton to a greater extent than usual; the statistics of the Hamilton Medical and Surgical Society show 12 fatal cases, and others occurred which were not reported to the

Society. The tables of the Registrar-General show only 15 deaths from typhoid fever in the District of Wentworth, which includes Hamilton. The report of the Hamilton Medical and Surgical Society gives 85 cases "of which only three occurred in that part of the city favoured with the public sewer and city water, and, as about one-sixth part of the city is drained as well as supplied with city water the immunity gained by these means is great. The population of this part of the city is 5,000; there was one case of typhoid fever to 1,600 people: whereas 80 cases occurred among the 25,000 not supplied with sewers, but a majority supplied with city water. It is believed that two-thirds of the population is supplied with city water, that is 20,000 use city, and 10,000 well water; amongst the former 48 cases occurred, or one in 417; amongst the latter 31 cases, or one in 322."

In the letter of Dr Covernton, which I enclose, he refers to the advantages that have been gained in the United States by collecting information showing the localities in which certain diseases prevail. In reviewing the diseases of Ontario the need is constantly felt of more complete vital statistics, and the defects of those before us have been noticed; much blame has been thrown upon medical men for neglecting to give information, and where it is so much in the interest of the medical profession to have full information regarding the particular diseases of the country it is certainly to be expected that each member will contribute accurate information respecting the causes of death. Upon the other hand it would seem very desirable that the Government should endeavour to learn whether or not some other system should be adopted, similar, perhaps, to that of Great Britain, from which more complete results might be obtained.

#### CASES IN SURGERY.

UNDER THE CARE OF J. FULTON, M.D., M.R.C.S.E.,  
TORONTO.

(Reported by A. Davidson, Trinity College Medical School.)

CASE I.—EMPHYEMA IN A PATIENT 70 YEARS OF  
AGE—RECOVERY.

S. B., æt 70, previously healthy, and of good family history had an attack of pneumonia in Sept. 1874, from which he partially recovered. A

month or so subsequent, a superficial abscess, formed in the right side of the chest, below the axillary space, accompanied with pain down the back, and around the crest of the ilium. After poulticing this abscess for about two weeks, it was lanced, and considerable discharge of pus ensued, lasting for about three weeks, after which the opening closed; the patient, however, not feeling well, and the pain still continuing in the back. Pain in this region and over the crests gave suspicion of another abscess forming here, and accordingly the parts were again poulticed, when a large abscess was seen to point in the neighborhood of the posterior part of the crest of the ilium on the right side; this was also lanced and followed by a great discharge of pus. The patient was still very unwell, but the pain in the back ceased after the abscess had completely discharged, and the Doctor discontinued his attendance. About the middle of December, the patient again felt something forming in the right side of his chest. The Doctor was sent for, and on examination, he found that there was a large collection of fluid of some kind in the chest. The patient complained of sickness at the stomach; hacking cough, but little or no pain; pulse 120; skin hot and dry; tongue furred. There was bulging of the intercostal spaces, and the patient was much emaciated. He was told that the chest would have to be tapped, but he was very much averse to any interference of that kind. A poultice was applied to the chest. During the following night a spontaneous opening took place between the 4th and 5th ribs, at the opening of the former abscess, about five inches from the sternum. This was followed by a very profuse discharge of pus, the quantity being about a pint every day for the first two or three days, after which, it began to diminish, but still continued to run a little for several months, but the cavity was not emptied. Upon percussion, dullness was still found to extend round to the vertebral column, and below the level of the opening in the chest. It was proposed several times to tap the chest, but the patient being tolerably comfortable, demurred. Dr. Bethune was called in consultation, and after due consideration, aspiration of the chest was decided upon. The trocar was introduced between the sixth and seventh ribs, and some three or four inches distant from the vertebral column. The patient submitted to this operation on the 22nd

of May, 1875, being under the influence of chloroform, and there was drawn off about a pint and a half of pus. May 23rd, the trocar was again introduced in the same place, and a similar quantity of pus drawn off. May 24th, trocar introduced, and pus drawn off as before, the patient being under the influence of chloroform at each operation. In two or three days after this, the place of discharge in front closed up. The patient not being able to stand the daily introduction of the trocar, and the use of chloroform, an india rubber tube was inserted into the chest, and allowed to remain in. This was done by introducing a large sized trocar into the chest, and then passing the india rubber tube, selected to fit, through the canula, and withdrawing the latter. Through this tube the pus was withdrawn, and the cavity washed out every day with a solution of carbolic acid  $\mathfrak{z}$ ij to the Oj. The washing of the cavity was effected by means of a Davidson's syringe, (the bulb of which holds  $\mathfrak{z}$ j.) This syringe in order to be used for this purpose, was slightly modified. A piece of rubber tubing, about three or four inches in length, is attached to the suction pipe, and into the former is inserted a piece of glass tube three inches in length. This glass tube here serves two purposes :—First, it is an easy means of connecting the suction pipe of the syringe with the rubber tube leading from the chest, and secondly, it allows the surgeon to see if there is any pus or air passing along the tube.

The end of the glass tube which is to be inserted into the tube leading from the chest, should be drawn out so as to render it somewhat pointed, in order to facilitate its introduction into the tube ; this may be easily done by heating it over a spirit lamp.

The india-rubber tube should be about 16 inches in length, and introduced into the chest about 3 inches. It is prevented from slipping out, by tying a thread moderately firm around it close to the wall of the chest, and making it secure by strips of adhesive plaster laid on the walls of the chest. The portion of the tube outside is coiled and held *in situ* by a few more strips placed over it, after the washing process is completed. For emptying the chest the syringe is used in the ordinary manner, by connecting the glass tube in the suction pipe with the tube in the chest. When the fluid is to be injected into the chest, the syringe is reversed. Care must be taken not to inject the fluid with too

much force, as it sometimes produces faintness, and also for fear of driving the tube out of the chest as happened once in this case. It is well also to fill the syringe with water before inserting it as a precaution against air getting into the chest. But from the treatment of this case, it would seem, that there is not so much danger to be apprehended from air getting into the chest, as is generally supposed. A good deal of air got in in this case, if not through the tube, at least between the tube and the sides of the wound, without producing any dangerous symptoms ; however, it is always best to take every precaution where there are any signs of dangerous symptoms being produced.

This mode of drawing off the matter and washing out the chest was continued every day, and the matter diminished about  $\mathfrak{z}$ ss every week, until about the 12th of July, when the quantity of pus seeming not to diminish, and the patient also feeling very ill (supposed to be caused by the long continued use of the carbolic acid), tincture of iodine was used. But this also did not seem to have the desired effect. It was then proposed by Dr. Fulton to use a combination of the carbolic acid and tincture of iodine, the strength of which was—carbolic acid  $\mathfrak{z}$ ss, tincture of iodine  $\mathfrak{z}$ ss, and water Oj. The addition of the carbolic acid has the effect of almost completely decolorizing the iodine, a circumstance which is worthy of note. However, it acted as a splendid healing and disinfecting agent, and under its use the pus rapidly decreased (it seemed to act a great deal better than either the carbolic acid or the tincture of iodine used alone) ; the pus diminished about as much as  $\mathfrak{z}$ j every week, until about the 10th of August, when not a drop could be got from the tube, and on percussion the chest had regained its normal resonance. On the 11th of August, the tube was taken out, and the parts poulticed, but no discharge continued, and in two or three days the wound closed up. On examining the chest a couple of weeks later, no sign of fluid could be detected.

The internal medicinal treatment was tonics of quinine and iron, together with good diet, throughout the whole course of the disease. The patient is now in the enjoyment of comparatively good health, but still somewhat feeble, though not more so than might be expected from a man at his time of life.

REMARKS.—The points worthy of note are, 1st.

The great age of the patient, recovery being scarcely to be expected in a patient at his time of life. 2nd. The failure of aspiration to relieve or rather to prevent the rapid re-accumulation of the pus, notwithstanding the fact that air was entirely excluded, and the inability of the patient to undergo the repeated operation which that mode of treatment would have rendered necessary. 3rd. The very beneficial effect of the combination of tincture of iodine and carbolic acid as a healing and disinfecting agent. It seemed to work admirably, and is worthy of a trial by any one who may have a similar case to treat.

CASE II. — DISLOCATION OF THE HIP ON THE DORSUM ILII—REDUCTION BY MANIPULATION.

W. Lambert, æt. 35, a native of England; a strong and muscular man, sound and healthy; carpenter and joiner by trade, of good family history; met with the accident above mentioned by the falling of a scaffolding upon which he was working. He was carrying a bundle of shingles at the time the scaffolding gave way, and he and two others were precipitated a distance of about twenty feet. He fell with considerable force upon the left knee, the thigh being at the time in a state of adduction. He was assisted up, but could not put his leg under him, nor could he straighten the thigh. A medical man was sent for immediately, who examined him and ordered him to be taken home, stating that he would see him directly he got home. After his arrival home, he waited for the Dr.'s visit about three hours, but as he did not put in an appearance, Dr. Fulton was sent for. On the arrival of the latter, and after careful examination and measurement, he pronounced it a case of dislocation of the hip on the dorsum ilii. The limb was rigidly fixed, semi-flexed and rotated inwards, and the foot inverted. The axis of the dislocated thigh was directed across the lower third of the right thigh. There was shortening to the extent of about  $1\frac{1}{2}$  inches, and the head of the bone could be felt on the ilium on rotating the limb. The patient also complained of pressure in the groin, in the region of the os pubis. The Dr. immediately sent for chloroform and the pulleys in case they might be required, but decided on trying manipulation first. While waiting for the appliances to arrive, Dr. Robertson, of Trinity College, happening to pass that way, the Dr.

hailed him, and called him to his assistance. Upon examination of the limb, he fully coincided with Dr. Fulton in his diagnosis of the case. The patient was placed on a firm bed and chloroform administered. When the patient was fully under its influence, Dr. Fulton seized the leg, flexed it upon the thigh, and the thigh at right-angles to the abdomen, and then bending it outwards and downwards (rotating it at the same time), so as to describe a quadrant, it returned to its place with an audible snap, which was distinctly heard by all in the room. In the remarks which the Dr. made after the operation, he pointed out that failure in manipulation was often due to the extreme flexion of the thigh on the abdomen, which was sometimes practised. In no case of dislocation on the dorsum should the thigh be flexed on the abdomen beyond a right-angle, as by so doing there was danger of throwing the head of the bone below the level of the acetabulum, or into the sciatic notch. The patient was kept quiet in bed for about a week, after which he was allowed to go around. He is now quite recovered.

SURGICAL CLEANLINESS.

BY EDWARD FARRELL, M.D., PROFESSOR OF SURGERY,  
MEDICAL COLLEGE, HALIFAX, NOVA SCOTIA.

(Read before the Canadian Medical Association, August 7,  
1875.)

A question which has given rise to much discussion of late years,—the dressing of wounds, especially the wounds resulting from surgical operations, is still of the greatest importance to the practical surgeon.

In this very short paper, which is meant more to elicit the opinion of the members of this Association, than to produce an exhaustive review of the subject, I will not attempt an enumeration of the various causes of fatality after surgical operation, but I shall get at once into the subject of the paper, and divide the causes of death after surgical operations into unavoidable and avoidable or preventable causes. Among the first may be mentioned the age, sex, and constitution of the patient, the severity of the disease or injury for which the operation is demanded, or the severity of the operation itself. These always influence the result, and are taken into consideration by both the surgeon

and patient in estimating the chances of success. We have, besides these, the various common but often fatal complications of wounds, the much-dreaded septic diseases which destroy life so often after surgical operations in patients of all ages, and of every variety of constitution.

Is it possible to prevent these fatal complications of wounds? Can we reach the cause of erysipelas, of pyemia, of septicæmia, and diseases of that class? Is it within the power of the surgeon to find the influences that give birth to these diseases, nourish and propagate them; and, finding these influences, is it easy to remove or destroy them, and render them powerless to do injury? To these questions the operating surgeon of to-day demands an answer.

In the face of the fact that the operators in large cities are men of acknowledged ability and skill, and that almost all operations are now performed without pain, and many without loss of blood, reducing the shock to the nervous system and to the circulation to a minimum, we must acknowledge that the death rate after surgical operations is too large. I am firmly of opinion that the removal of these diseases, is to a great extent, within the reach of the surgeon, and that we can reduce the death-rate after surgical-operations. In the great majority of cases I believe the cause, the real and active cause of pyemia, septicæmia, erysipelas, and diseases of that kind, to be *dirt*—dirt in some form or other, dirt brought sometimes in one way, sometimes in many ways in contact with open wounds. I include under this common term all noxious vapors, all germs, all bad air, all floating particles of dead and decaying matter from whatever source they may be derived. It may soon be discovered in what particular constituent of various impurities resides the cause of septic disease, and it may soon be found out what particular form of noxious matter gives rise to each form of septic disease; but it is enough for the practical surgeon to know that the term *dirt* includes every form of impure matter, and that cleanliness is the sovereign remedy. In order to apply the principles of cleanliness in the treatment of open wounds, let us see the number of ways in which noxious matter may be brought into contact with them. 1st Through the air of the sick room, or hospital ward. 2nd Through the outer air with

which the sick room is ventilated. 3rd By the bed and bedding. 4th By the bandages, sponges, to wels and cloths used in dressing. 5th By the instruments used by the surgeon, dresser or nurse.

When we know that septic diseases may be derived from any of these sources; that noxious matter may be brought in contact with wounds through so many channels of impurity; that these sources of disease are within our reach, and that each of them can be removed by cleanliness; is it not proven that septic diseases may be, to a great extent prevented, and that the death-rate, after operations can be reduced, when we learn what absolute cleanliness means?

Is it not plain that the greatest attention to the principles of cleanliness, and the greatest care in their application to the dressing and treatment of wounds are the surgical wants of to day? I believe cleanliness is a certain preventive of septic disease, but its full value will not be known till the profession learn in how many important particulars the principle of absolute cleanliness must receive attention.

The cleanest bed, the freshest sheets, and the newest sponges are of little avail, if the walls and floor of the sick-room or hospital ward are loaded with impurities; on the other hand, the purest air in a canvass tent in an open field is of no benefit if the filthy products of disorganizing tissue and decomposition are hidden away in sponges and cloths used in dressing. While on this subject we must all acknowledge how much we owe to Professor Lister, for his labor in the domain of the anti-septic treatment of wounds, which has set the profession thinking and acting in the right direction. When we read in his published papers of the minuteness with which Lister carries on his anti-septic treatment and the great care with which he attends to every detail in dressing, we cannot but believe that much of his success is due to the cleanliness which such care in dressing necessitates. I believe we shall soon find that cleanliness is our chief anti-septic, and that Carbolic acid and other anti-septics are but aids to absolute cleanliness.

To go beyond the domain of surgery to general hygiene, I believe that in relation to the national health, the health of the community, the family, and the individual, we have yet to learn how to be absolutely clean.

## CASE OF INTUSSUSCEPTION.

BY D. MUNRO, M.D., M.R.C.S.E., LANARK, ONT.

Having had a case of intussusception lately for the relief of which abdominal section was performed (though with a fatal result), I thought a short report might prove interesting. The patient was a male infant aged 7 months, naturally very pale, though well nourished and had never previously been ill. He began to suffer from nausea and vomiting on Sunday afternoon, July 11th, followed during the night with alvine evacuations which soon became sanguineous and attended with some tenesmus. At noon on the 12th a tumor was observed in the left lumbar region, moveable and no very tender, which with the cessation in great measure of the discharges from the bowels, and the appearance of a small quantity of blood, following the expulsion of some milk used for injection, amply confirmed the diagnosis of intussusception. Having so far failed to afford any relief by ordinary measures, I procured the assistance of Dr. J. D. Kellock, of Perth, and after a further persevering and useless attempt by means of injections of various fluids and of air, to remove the trouble, we finally decided on attempting abdominal section, on Tuesday morning, 13th; the parents being willing that anything affording even a chance of relief should be done.

The child having been placed under chloroform an incision was made in the median line between the umbilicus and pubes, and on opening the abdominal cavity, a portion of distended intestine escaped, causing some trouble in securing the affected part, which when found was seen to consist of an invagination of the small into the large intestine beginning at the ilio-cæcal valve which had passed through the ascending transverse, and descending colon. The bowel was considerably congested for some distance above the seat of invagination, which we found very difficult to unravel on account of being firmly impacted, and the danger of injuring by manipulation, the congested and consequently friable peritoneal covering of the bowel. We were so long delayed at this point as to materially add to the probability of a fatal termination of the case.

Having had the privilege of witnessing Mr. Hutchinson at the London Hospital perform his

successful operation and noticed the facility with which the invagination was reduced in his case, we did not anticipate so much trouble and delay in effecting reduction, which, however, we finally accomplished and having replaced the intestine within the abdomen, closed the wound with hare-lip pins and suture, secured with a pad and bandage. The child recovered perfectly from the chloroform and nursed a little, but never reacted, and died about three hours after the operation, which though unsuccessful, demonstrated the futility of any other method of treatment.

## Correspondence.

To the Editor of the CANADA LANCET.

SIR,—The following case may be of interest to your readers, as illustrating the resistive action of the tissues sometimes, against foreign bodies.

M. C., æt. 9; two years ago fell over a wood-pile, a splinter entering the left cheek one inch below the margin of the lower eye-lid, just above the malar process. His sister, immediately after the accident, withdrew the splinter, and as it required considerable force in its extraction, she imagined the whole of it had been removed. Little or no irritation followed; the wound healing slowly, finally closed. Shortly after, another opening formed, one inch below the former, and continued to discharge a small quantity of thin, serous matter. There was no swelling, pain or fetid discharge, indicative of bone disease, at any time.

At this stage it appears to have proved obstinate, a large number of professional and domestic remedies having been employed to heal the sinus. By the aid of a probe, and making firm pressure, I discovered what appeared to be the sharp point of a sequestrum. After several unsuccessful attempts to extract the supposed portion of bone, I succeeded in withdrawing a splinter of wood one inch in length and about the diameter of an ordinary lead pencil. The splinter had evidently lodged in the malar process; but that it should remain there for two years without setting up more irritation, is rather remarkable.

Yours respectfully,

T. G. HOCKRIDGE, M.D., C.M.

Newmarket, Sept. 21, 1875.

## MEDICAL MONOPOLY.

To the Editor of the CANADA LANCET.

Sir,—Any person who has read the daily issue of the *Globe*, will be struck with its inconsistency. As a contributor to that paper, and one who has in former years given a Reform vote, I have felt interested in some of the bills of fare presented in its columns; but at all times I have been struck by its lack of sincerity and consistency, totally wanting in that broad, honest, statesmanlike character to which at least as a public journal it should lay claim. Those inconsistencies of its professions of faith are too apparent, when the *Globe* newspaper of an early date or any previous issue is compared with the copy of to-day; but, sir, I have enjoyed its perusal the past few days when two subjects especially engaged its attention. I refer to the Guibord affair and the recent action of the Medical Council. In its editorial remarks on the former it is very saint-like in its respect for the sentence of the law, and those who obstruct its observance, are *rightly* censured. Not so in regard to the Medical Council, a lawfully constituted body. Any poor quack or tool in the country is made use of to obstruct justice. Its columns are open for their wails and lamentations, and, for what I know, special half-price tickets granted as encouragement in unlawful opposition. Indeed, to so far an extent is this carried, one would think that those same humbugs were a good paying class of customers, and the *straw men* set up with their numerous *aliases* a very respectable company.

If any good end at all could be secured by such persistent and foolish opposition, as far as general good is concerned, I am sure I would not (nor should the public) complain, but it is self-evident to any thinking person that any such opposition to the elevation of the standard of medical education and practice, is most decidedly detrimental to public interest and good; indeed in all other professions, trades and occupations, it is readily admitted as highly salutary to the interests concerned as well as to the public; and even the *Globe* newspaper does not question the good taste and advisability except in this one particular, affecting the medical profession, it becomes in its sight a monstrous crying evil, a sin and a MONOPOLY. Throughout Great Britain medical men are required to attend college for a

term of four years, and pass the examination prescribed by the college and the law of the land, before offering their services to the public, and no one complains. Indeed those requirements are respected and a useful class of men rendered the more worthy of public confidence. In Germany the law respecting medical education is even more strict, especially as regards the sale of poison, and the restrictions placed on druggists, and as a result public interests are even better served and protected, and the very best medical skill secured to the afflicted. That country is celebrated for its advanced medical opinions, and the writings of its philosophers and professors reflect great credit on its master minds, and rule medical opinion the world over; so in other countries a deserving respect is paid to well-educated talent, and strict laws provide that the public secure it. It is a matter of regret that in the United States such care has not been exercised; very limited restriction is encouraged, and neither at home nor abroad is there any particularly conspicuous respect secured to its medical men. I do not insinuate that they have not clever men who rise above the common horde that infest that country, but I do maintain, and write it advisedly, that they do not represent that class which the notorious Philadelphia and others of their colleges fling out on *short time study* in such vast numbers; inferior men who flood their own country and any other that offers them a protected place of residence. Let us look at Canada, and the experience of any one person is the history of all. The public are duped by their loud professions, as long as unscrupulous papers receive pay for their lying advertisements, they make wonderful efforts to gain public patronage, dupe their victims for a time, till fairly exposed to honourable competition and intelligent public opinion, like a common lucifer match, exposed to the stronger, purer breeze, they fume and fret, belch their last sulphurous breath and expire, and "the place that once knew them, knows them no more for ever." Of course, under the special care of the *Globe*, others with even louder recommendations, succeed, in interminable succession, to fade, grow consumptive, and die after doing their reasonable amount of mischief and paying their due quota to the "chief."

Now, it is for the more general encouragement of this sort of traffic that your con-

BE CAREFUL TO SPECIFY McKESSON & ROBBINS'.



# Gelatine-Coated Pills

MANUFACTURED BY

## McKESSON & ROBBINS.

Sent by Mail upon Receipt of Price.

Process and Machinery Patented.



### PRICE LIST.

		Bottles, 100 Pills.	Bottles, 500 Pills.
ASSAFETIDA, U. S.	4 grs.	\$0 50	\$2 25
BLUE MASS, U. S.	1 and 3 grs.	.50	2 25
BLUE MASS, U. S.	5 grs.	.60	2 75
CATHARTIC COMPOUND, U. S.	{ Ext. Coloc. Co. Pulv. 1-1 1/2 gr. } { Ext. Jalape Pulv. 1 gr. } { Hyd. Chlor. Mite. 1 gr. } { Gambogia Pulv. 1-4 gr. }	1 00	4 75
CATHARTIC, VEGETABLE	{ Ext. Coloc. Co. Pulv. Jalape Pulv. 3 grs. } { Res. Podophyll. Ext. Hyoscyami 3 grs. } { Res. Leptandrae. Ol. Mentha Pip. 3 grs. }	1 00	4 75
CHINOIDINE	3 grs.	.75	3 50
CINCHONIDIA, SULPHATE	1 gr.	.60	2 75
CINCHONIDIA, SULPHATE	2 grs.	1 00	4 75
CINCHONIDIA, SULPHATE	3 grs.	1 50	7 25
COLOCYNTH COMPOUND EXTRACT, U. S.	3 grs.	1 00	4 75
COOK'S	{ Aloe Soc. Pulv. 1 gr. Rhei Pulv. 1 gr. } { Hyd. Chlor Mite 3-4 gr. Saponis Pulv. 1-4 gr. }	.60	2 75
COPAIBA	3 grs.	.75	3 50
COPAIBA AND OLEO-RESIN CUBEBS	3 grs.	.75	3 50
COPAIBA AND OLEO-RESIN CUBEBS	5 grs.	1 25	6 00
DINNER (Lady Webster's)	{ Aloe Soc. Pulv. 1-4 5 gr } { Mastices Pulv. 3-5 gr. } { Rose Gallicae Pulv. 3-5 gr. }	.60	2 75
FERRUGINOUS (Blaud.)	3 and 5 grs. { Ferri, Sulphas. } { Potasse, Carb. aa }	1 00	4 75
HOOPER'S	3 grs.	.50	2 25
IODOFORM AND IRON	{ Iodoform 1 gr. } { Ferrum, Redactum, (Quevenne's) 1 gr. }	2 50	12 25
IRON BY HYDROGEN, (Quevenne's)	1 gr.	.50	2 25
IRON BY HYDROGEN, (Quevenne's)	2 grs.	.75	3 50
IRON, CITRATE AND QUININE	1 gr.	1 00	4 75
IRON, CITRATE AND QUININE	2 grs.	1 50	7 25
IRON, PROTO-CARBONATE (Vallet's Mass)	2 grs.	.50	2 25
IRON, PROTO-CARBONATE (Vallet's Mass)	3 grs.	.50	2 25
IRON, PROTO-CARBONATE (Vallet's Mass)	5 grs.	.60	2 75
IRON, PROTO-CARBONATE (Vallet's Mass)	1 gr.	.75	3 50
OPIUM, U. S.	{ Opium 1 gr. } { Camphor. 2 grs. }	.80	3 75
OPIUM AND CAMPHOR	5 grs.	1 50	7 25
PEPSIN	{ Pepsin 2 grs. } { Bismuth, Sub-Nit. 3 grs. }	5 grs.	1 50
PEPSIN AND BISMUTH	{ Pepsin 2 1-2 grs. } { Bismuth, Sub-Nit. 1-50 gr. } { Strychnia. 1-50 gr. }	5 grs.	1 75
PEPSIN, BISMUTH AND STRYCHNINE	{ Ferri, Phosphas 2 grs. } { Quinia, Sulphas 1 gr. } { Strychnia, Sulphas 1-60 gr. }	2 00	9 75
PHOSPHATES IRON, QUININE AND STRYCHNINE	1-20, 1-50 and 1-100 gr.	1 00	4 75
PHOSPHORUS	{ Phosphorus 1-60 gr. } { Ext. Nucis Vomice 1-4 gr. }	1 25	6 00
PHOSPHORUS COMPOUND	{ Phosphorus 1-100 gr. } { Ext. Nucis Vomice 1-4 gr. }	1 25	6 00
PHOSPHORUS COMPOUND	{ Phosphorus 1-100 gr. } { Ferri, Phosphas 1-2 gr. } { Ext. Nucis Vomice 1-8 gr. }	1 25	6 00
PHOSPHORUS COMPOUND AND IRON	1 and 1 gr.	.75	3 50
PODOPHYLLIN	{ Podophyllin 1-2 gr. } { Ext. Hyoscyami 1-8 gr. } { Ext. Nucis Vomice 1-16 gr. }	1 00	4 75
PODOPHYLLIN COMPOUND	{ Podophyllin 1-2 gr. } { Pil. Hydrarg. 2 1-2 grs. }	1 00	4 75
PODOPHYLLIN AND BLUE	{ Podophyllin 1-4 gr. } { Ale. Ex. Belladonnae 1-8 gr. } { Capsic, Pulv. 1-2 gr. }	1 00	4 75
PODOPHYLLIN, CAPSICUM AND BELLADONNA	1 gr.	1 50	7 25
QUININE, SULPHATE AND BI-SULPHATE	1 gr.	2 15	10 50
QUININE, SULPHATE AND BI-SULPHATE	1 1/2 grs.	2 75	13 50
QUININE, SULPHATE AND BI-SULPHATE	2 grs.	4 00	19 75
QUININE, SULPHATE AND BI-SULPHATE	3 grs.	5 50	27 25
QUININE, SULPHATE AND BI-SULPHATE	4 grs.	6 50	32 25
QUININE, SULPHATE AND BI-SULPHATE	5 grs.	8 00	38 75
QUININE COMPOUND	{ Quinia, Sulphas 1 gr. } { Ferrum, Redactum, (Quevenne's) 1 gr. } { Acid., Arseniosum 1-32 gr. }	2 00	9 75
QUININE, ARSENIC AND NUX VOMICA	{ Quinia, Sulphas 1 gr. } { Acid., Arseniosum 1-60 gr. } { Ext. Nucis Vomice 1-4 gr. }	2 00	9 75
QUININE, PHOSPHORUS AND NUX VOMICA	{ Quinia, Sulphas 1 gr. } { Phosphorus 1-60 gr. } { Ext. Nucis Vomice 1-40 gr. }	2 75	13 50
RHUBARB, U. S.	{ Rheum 3 grs. } { Sapo 1 gr. }	4 grs.	1 00
RHUBARB COMPOUND, U. S.	{ Rheum 2 grs. Myrrha 1 gr. } { Aloe, Soc. 1-2 gr. Ol. Mentha Pip. 1 gr. }	1 00	4 75
SANTONIN	1 gr.	1 00	4 75
TRIPLEX	{ Aloe Soc. Pulv. 1-2 grs. } { Pil. Hydrarg. 3-4 grs. } { Res. Podophyll. 3-4 grs. }	1 00	4 75

## SPECIFY MCKESSON & ROBBINS'.

WE DESIRE TO CALL THE ATTENTION OF PHYSICIANS TO THE FOLLOWING EXPOSITION OF THE SUPERIORITY OF MCKESSON & ROBBINS' GELATINE-COATED PILLS:

They are *superior* in every respect to Pills coated with sugar or other substances, and preferable to plain and uncoated pills, in that they render it possible to give obnoxious substances in a compact, tasteless and, at the same time, very soluble covering.

They are pleasing in appearance, oval in form, the taste and odor of the material are completely disguised, while they *readily dissolve* in the stomach. The present method of sugar-coating pills is very objectionable, as the pills require first to be *thoroughly dried and then coated with a compound of insoluble gums*, to prevent future discoloration of the external sugar-coating, for which reason they are frequently found to pass the intestinal canal in an almost unchanged condition. To obviate this difficulty, and place in the hands of the Physician a *reliable and efficient agent* in form *readily soluble*, and at the same time *elegantly coated*, these Pills are introduced.

These Pills are thoroughly and accurately compounded in the Laboratory of MCKESSON & ROBBINS, of the best materials; are all made by hand and coated, while *soft*, with *pure gelatine*, without being subjected to any drying process, and are warranted to retain their full medicinal activity unimpaired, and to remain perfectly soluble in any climate and for any length of time.

These Pills are put up in bottles of 100 and 500 each, *neatly labeled with formula*.

They have already received the approbation of many distinguished Physicians, and have been favorably noticed in our leading Pharmaceutical Journals, and no pains will be spared in their manufacture to entitle them to merit the confidence and approval of the profession and public.

### Important Facts about McKesson & Robbins' Gelatine-Coated Pills.

• Every Physician will recognize the importance of knowing the character of the house manufacturing Pharmaceutical Preparations which they prescribe, and every druggist should be as careful in filling prescriptions.

THE REPUTATION WE HAVE GAINED FOR OUR GELATINE-COATED PILLS MAY INDUCE OTHERS TO PUT UPON THE MARKET INFERIOR PREPARATIONS AND INTRODUCE THEM THROUGH OUR PREVIOUS ADVERTISEMENT. IN SUCH AN EVENT WE PROPOSE TO PROTECT OURSELVES AND THE PUBLIC, AS FAR AS POSSIBLE, AND, IN THE MEANTIME, WOULD RESPECTFULLY ASK BOTH PHYSICIANS AND DRUGGISTS TO SPECIFY MCKESSON & ROBBINS' GELATINE-COATED PILLS IN ORDERING, SO THAT THERE MAY BE NO DISAPPOINTMENT IN RESULTS ON ACCOUNT OF SUBSTITUTION OF OTHERS CLAIMING SIMILAR MERITS. SEE "5TH" PARAGRAPH BELOW.

- 1st.—They are *reliable*, being made strictly in accordance with formulas, and of the best materials. If three of the ordinary Compound Cathartic Pills have been a dose, prescribe two of our Gelatine-Coated for the same result.
- 2d.—They are *soluble*; the gelatine, in the temperature of the stomach, being speedily converted into jelly, and the contents of the Pill left free to act.
- 3d.—They are *very easy to take*; patients, who have found it impossible to swallow a plain or sugar-coated pill, are surprised at the readiness with which the Gelatine-Coated Pill "goes down," on account of the oval shape and the nature of the coating.
- 4th.—The serious accidents which so often result, in mistaking sugar-coated pills on account of their external similarity, are rendered impossible with our Gelatine-Coated Pills, as, because of the transparent nature of the gelatine, the color of the pill-mass is always observable; the Quinine Pills being light colored; the Compound Cath., U. S., brown; Blue Pills, blue; Vegetable Cath., black, &c.
- 5th.—Our Pills are *oval* and, unlike others, *necessarily soft*, when coated. *Our process is the only one in which the mass can be coated when soft*, in fact, the pills must be soft in order to be coated by our machinery; the nature of some masses is to harden after being made, but all our Pills are soft when made, soluble and readily assimilable.

We desire to call particular attention to our Bi-Sulphate of Quinine Pills. They contain an additional equivalent of Sulphuric Acid, thus rendering the official Sulphate of Quinine *more soluble*: decidedly a great advantage over the ordinary Quinine Pill. [See *American Journal of Pharmacy*, XXV, 292.]

Our goods are procurable from all respectable druggists, or sent by mail upon receipt of list price, whenever it is impossible to obtain McKesson & Robbins' at your druggist's.

Yours respectfully,

**MCKESSON & ROBBINS, Wholesale Druggists,**  
91 FULTON STREET, NEW YORK.

Manufacturers of AROMATIC ELIXIRS, FLUID EXTRACTS, and all Pharmaceutical Preparations.

SPECIFY McKESSON & ROBBINS'.

McKESSON & ROBBINS'

# SYRUP OF THE PHOSPHATES OF IRON, QUININE ET STRYCHNIA.

(DR. AITKEN'S.)

This syrup is the most agreeable and efficient of the *Chemical Nutritive Tonics*, well adapted to supply the waste occurring in the system during the progress of



*Chronic Diseases.* The elements of its composition are present in the system, and a proper proportion of them is essential to health.

DOSE.—From 30 drops to 1 drachm.

PREPARED BY  
**McKESSON & ROBBINS,**  
*Druggists and Pharmacists,*  
NEW YORK.

FLUID EXTRACTS.

## AROMATIC ELIXIR OF CALISAYA BARK

WITH  
Pyrophosphate of Iron.



MARK.

A pint of this Elixir represents one ounce of True Calisaya Bark, with 128 grains of the Pyrophosphate of Iron. The Iron is so combined in this preparation as to make it tasteless, at the same time that it is prompt and efficient in its action, and can be taken without affecting the teeth.

DOSE.—From a tea-spoonful to a table-spoonful, three times a day, before or after meals, as the physician may direct.

MANUFACTURED BY  
**McKESSON & ROBBINS,**  
*Druggists & Pharmacists,*  
91 & 93 Fulton, and 80, 82 & 84 Ann Sts.,  
NEW YORK.

Elixir, Belladonna Compound  
Bismuth and Strychnia.  
Blackberry Root.  
Bromide of Ammonium.  
" of Potassium.  
" of Sodium.  
Buchu.  
" Compound.  
Calisaya.  
" with Pyrophos. of Iron  
" with Am. Cit. of Iron.  
" Iron and Bismuth.  
" Iron and Strychnia.  
" Arsenic and Strychnia  
" Bismuth and Strychnia  
" Iron, Bism. & Pepsin.  
" Iron, Bism. & Strych.  
" Iron and Quinia.  
" and Strychnia.  
Cherry Bark.  
Chloral Hydrate.  
Cinchona.  
Columbo.  
Dandelion.  
" Compound.  
" and Iron.  
Ergot.  
Gelsemium.  
Gentian.  
" and Chloride of Iron.  
" and Columbo.  
" Compound.  
Guarana.  
Hellebore.  
Hellebore Compound.  
Helonias Root Compound.  
Hop.  
Iron, Bismuth and Strychnia.  
Juniper.  
Lacto-Phosphate, Lime & Peps.  
Leptandra.  
Lupulin.  
Mandrake.  
Mandrake, Compound.  
Matio.  
Matio, Compound.  
Muskroot.  
Muskroot, Compound.  
Orange Peel.  
Pareira Brava.  
Pareira Brava, Compound.  
Pepsin.  
" and Bismuth.  
" Bismuth and Iron.  
" " Iron & Strych.  
" " and Strychnia.  
" " and Strychnia.  
" Phosphate of Iron.  
" Iron, Quin. & Strych.  
Pyrophosphate of Iron.  
Propylamin, 4 oz.  
Quinia.  
" and Arsenic.  
" Arsenic and Iron.  
" " and Strychnia.  
" " on, Bis. and Pepsin.  
" " and Strychnia.  
" " and Strychnia.  
" " and Strychnia.  
" and Strychnia.  
Rhubarb and Fluid Magnesia.  
Senna, Compound.  
Simple.  
Strychnia.  
Taraxacum, Compound.  
Valerianate of Ammonia.  
" " & Quin.  
" " of Strychnine.  
" Iron and Strych.  
" Quinia.  
" Zinc.

## AROMATIC ELIXIR OF GENTIAN WITH CHLORIDE OF IRON.



MARK.

A pint of this Elixir represents 128 grains of Extract of Gentian, with 128 grains of Per-Chloride of Iron. The union of the pure bitter of the Gentian and the tonic powers of the Iron makes this a valuable remedy in cases of debility of the digestive organs.

DOSE.—From a tea-spoonful to a table-spoonful, three times a day, before or after meals, as the physician may direct.

MANUFACTURED BY  
**McKESSON & ROBBINS,**

*Druggists & Pharmacists,*

91 & 93 Fulton, and 80, 82 & 84 Ann Sts.,

NEW YORK.

Sold in 4 oz., 1 lb. and 5 lb. bottles.

In ordering of your Druggist be careful to specify McKesson & Robbins'.

We have been much gratified by the receipt of a number of letters from Physicians and Pharmacists, speaking in the highest terms of the strength and reliability of our Fluid Extracts, for they convince us that our efforts to elevate the standard, or rather to

## Compound Syrup of the Phosphates of IRON, LIME, POTASSA AND SODA.

(CHEMICAL FOOD.)

This Syrup is the most agreeable and efficient of the *Chemical Nutritive Tonics*, well adapted to supply the waste occurring in the system during the progress of *Chronic Diseases*, and to build up the strength of persons wasted by long continued ill health.



The elements of its composition are present in the system, and a proper proportion of them is essential to health. In this preparation the Phosphates are presented in a soluble and elegant form.

DOSE.—A tea-spoonful three times a day, immediately before or after eating.

PREPARED BY  
**McKESSON & ROBBINS,**  
*Druggists and Pharmacists,*  
NEW YORK.

maintain the proper standard, of these important Pharmaceutical Preparations have been successful. We shall always endeavor to merit the reputation we have earned.

## SYRUP OF LACTO-PHOSPHATE OF LIME.

(DR. DUSART.)

This Syrup, after the formula of Dr. Dusart, contains the recently precipitated Phosphate of Lime, dissolved in Lactic Acid, two grains in a fluid drachm. The value of



this preparation will be readily appreciated in cases of deficient nutrition in the different forms of Scrofula, Phthisic and Dyspepsia.

DOSE.—A tea-spoonful.

PREPARED BY  
**McKESSON & ROBBINS,**  
*Druggists and Pharmacists,*  
NEW YORK.

Syrup Iodide of Iron.  
Syrup Lacto-Phosphate Lime, Soda and Potassa.

## SYRUP OF THE HYPOPHOSPHITES OF LIME, SODA, POTASSA AND IRON.

This Syrup combines the earthy and alkaline hypophosphites prescribed and used by Dr. Churchill, as a



remedy in Phthisic, Nervous Diseases and General Debility, supplying Phosphorus to the system.

DOSE.—A tea-spoonful three times a day, immediately before or after eating.

PREPARED BY  
**McKESSON & ROBBINS,**  
*Druggists and Pharmacists,*  
NEW YORK.

Syrup Hypophosphites Lime, Soda and Potassa.  
Syrup Sarsaparilla with Iodide of Calcium.

Syrup Lacto Phosphate of Iron.  
Syrup Lacto-Phosphates Lime and Soda

Syrup Hypophosphate Iron.  
Syrup Hypophosphites Lime and Soda.

Sold in 4 oz., 1 lb. and 5 lb. bottles.

temporary would have us open wide our doors, grant unrestricted commerce, and extend embossed invitations. Why, sir, he almost, in his selfish interest, would represent it as a particular object of national pride, shuts his eyes to the experience of such miserable creatures as benefit by his protection, even of those who have lived in his immediate neighbourhood and plied their nefarious trade within the limits of his own city. Perhaps a few more flagrant instances may show him (despite the wonderful gouging operation of a corn doctor) that his proteges are not very creditable.

If, sir, there is not a personal profit, why is it we find no such opposition to the lawyer's incorporation and protection? Yet as well he might argue, that the pettifoggers have their rights curtailed, law services increased in remuneration, and a monopoly secured. Who would, however, venture such foolish argument unless receiving a proper *quid pro quo*?

The dentists are respected in their particular corporation, yet the handy blacksmith of former days, with his rusty key, and patients with swelled faces and broken jaws no more ornament the village corner, and who complains? Who objects to the superior chemist of to-day supplanting the bleary-eyed, besotted grocer of former times, because the pleasure is denied him of looking wondrous wise as he deals out the precious grain. Yet the few drug shelves with their ill kept bottles no more ornament the habitation of rum, molasses, tobacco, and dirt. No, sir, the public are better served, and even Gordon Brown is satisfied. But, Mr. Editor, the druggist should not pretend to prescribe or run an infirmary. He is not educated to diagnose between cold and croup, inflammation of the lungs and consumption, inflammation or colic, *et id omne genus*, and he does not so signify by card or sign. The Pharmaceutical Society do not pretend to examine their candidates for diplomas in surgery, anatomy, midwifery, physiology, or pathology. They do not pretend to use a stethoscope or any aid at diagnosis, and are not expected to, and the sooner the law understands the limitations of their studies the better will public interests be served, notwithstanding the two-penny-halfpenny nonsense of an organ which if it confined its arrant foolishness to the proper domain of politics, might receive more credit, there not being the same class of fanatics in any other

branch of business. It has become too much the custom of the less respectable druggists throughout Canada to re-hawk physicians' prescriptions over and over again, and make serve every conceivable ailment. If prescribing comes within the legitimate domain of the chemist and druggist, why should not the Pharmaceutical Society require in their examination a knowledge of such branches as are supposed to be necessary, and why not study auscultation and other such aids as are given to assist? Why stay behind the counter? Driving around town and into the country is more pleasant and healthy. A boy might be left to do simple prescribing at home, as the man of profound knowledge and general usefulness became more widely useful. And why stop at administering the daily dose for fever? A case of surgery once in a while to keep the hand in would be agreeable, and the clerk could occasionally wait on a woman in trouble. It is all easy enough, if Mr. Gordon Brown is to be credited. Such a line of conduct seems reasonable, as no country's part could suffer if no midwives or *old women* should be nearer than the drug stores. And I certainly give the druggists equal credit for honesty to those empirics who profess to practice the Hahnemannic system, and at every bedside *belie* their professions just as the loud-mouthed herbalist too often proves the strongest advocate of calomel and antimony. There is an acknowledged truism, "birds of a feather flock together," and it is certainly a natural business for the *Globe* to take such schemers' coppers and advocate their wondrous virtues. A beautiful phalanx is presented for exhibition marshalled under the leadership of the Hon. George Brown, the old veteran of a day's campaign, to obtain which he by turn trotted out King William or the Jesuit Fathers as occasion demanded.

Yours truly,

P. P. BURROWS, M.D.

Lindsay, Sept. 14th, 1875.

---

### Selected Articles.

---

#### BRITISH MEDICAL ASSOCIATION.

The forty-third annual meeting of the British Medical Association was held on the 6th of August, and following days, at Edinburgh. A large number of members of the profession, not only from

various parts of Great Britain but from the Continent, were present, and the meeting was the largest yet held by the Association. The proceedings were commenced by a sermon by Dr. W. Lindsay Alexander. There was a large attendance of members and the public.

Dr. Alexander preached from the text, "Honour all men," and at the conclusion of his sermon made reference to the meeting of the Association. The subject to which he had directed their attention was not, he said, inappropriate to the occasion of their present meeting, and he was confident that the sentiments he had endeavored to express were in accordance with the views and feelings of those whom the occasion had brought together. There was no body of men who were more justly esteemed than the medical profession. Their proper study was man, and the aim of their lives was to diminish human misery, and to improve and elevate the condition of their race. To no body of men was the community more indebted for help in time of need, and by none was it rendered more readily and devotedly. When he thought of the multitude of men laboring to alleviate human suffering and to preserve human life, when he remembered how many in the highest ranks of the profession were carrying their resources and skill to the hovels of the destitute, inmates of hospitals and infirmaries, and when he saw them in all grades of their profession—the old, the young, the rich, and the poor—he felt it was only the barest justice to say that by none more than by them was the injunction, "Honor all men" in spirit and in integrity obeyed. He ventured to assume a representative character on this occasion, and, in the name of his fellow-citizens, he would bid a cordial welcome to the British Medical Association who were to assemble this week in the city. He trusted their visit would be enjoyed, and that benefit to themselves and advantage to the profession would be the result of their meeting. May the spirit of wisdom (he concluded) and knowledge and power pervade the assembly and guide their deliberations, and may He from whom cometh down every good and perfect gift, He who revealed himself to his ancient people as Jehovah, prophet, Jehovah, their physician, ever give counsel and help, and grant them good success in the exercise of their noble and beneficent profession.

At half-past 2 the Association met for business. The inaugural address of the President was given at half-past 3. The retiring president, Dr. E. Copeman, Norwich, entered the hall, accompanied by Sir Robert Christison, president elect, Sir Wm. Fergusson, Sir John Rose Cormack, the Right Hon. Lyon Playfair, M.P., and other gentlemen, and was received with cheers. Dr. Copeman before vacating the chair, briefly thanked the members of the Association for the assistance given him during his presidency, and expressed his gratifica-

tion at the auspicious circumstances under which they had again met.

Professor Sir Robert Christison having taken the chair amid great applause, Dr. Gibson moved a vote of thanks to the retiring president, and proposed that he be elected a vice-president.

Sir Robert Christison, who was loudly cheered, said his first duty was to bid the Association welcome to that seat of medical learning, familiar of old to many of them as the school in which they were initiated into the mysteries of physic, to welcome them in the name of his medical brethren of the city, in the name of his fellow-citizens at large, on behalf of the good town, too, herself, who meant to put on her fairest sunshine smiles to greet their arrival—no common favour in this, the usual week of the Lammas floods. (Applause). His next duty was to offer gratitude and thanks for their great kindness in choosing him for president during the present session. They might well have bestowed the favour on another, for when the Association last met in Edinburgh, the health of Dr. Allison was such as to throw the work in a great measure upon him as Dr. Allison's deputy, so that, were he inclined to take the most flattering view of his present position, he might almost claim the singular distinction of now occupying for the second time the chair of the British Medical Association. After hesitating between several topics, he had, for the subject of his address, fixed on a question well worthy of being considered—the question whether and what change is desirable in the present system of education and of examination in the medical schools of our country. He begged them not to be startled by the choice of a rather hackneyed theme. It would be very dry and hackneyed indeed, alike to his hearers and to himself, were he to undertake it methodically and as a whole. He meant, with their leave, to give historically some insight into the school life of one of their chief seminaries of medical education, in the hope that there might be found in its history some safe guidance in the present somewhat wild struggles of their profession, to improve itself, to redress what seemed faulty, and to frame if possible a masterpiece of medical examination and recursive study. In singling out for this end the medical school within whose walls they were assembled, he did so because he knew its history, constitution, and work best, and because it was worth while to inquire in the present conjuncture into the causes which have led the Medical Department of the University of Edinburgh, situated in an outlying quarter of the kingdom, to become, for well nigh a century, with little interruption, the most popular medical school in the British Islands. Sir Robert proceed to give an historical sketch of the University from the period of its foundation by James VI. in 1582. He showed that it was not till the appointment of Alexander Munro Primus to be Pro-

fessor of Anatomy in 1720 that the University School of Medicine put on a shapely form and entered upon its career of prosperity. Monro had his place in history as one of the European anatomists of last century. He entered upon his office when only 23 years of age, and bringing to the task he had set himself an intimate knowledge gained in the schools of Paris and Leyden, a profound knowledge of men, and polished affable manners, he won the confidence of men of station and influence and obtained popularity with all ranks. He is understood to have had much weight in the general affairs of the city and country. Thus it was that he not only soon placed the University Medical School on a sound and prosperous footing, but likewise mainly created the Royal Infirmary. From this time the staff of the school was gradually enlarged, and in the late establishment of the Chairs of Natural History, Medical Jurisprudence, Clinical Medicine and Surgery, the University of Edinburgh took the lead by a long way of all other British schools, as it had done in the organization of a school complete according to the time immediately after 1720. Professor Christison proceeded to show the success of the school under Rutherford Cullen Monro and the fluctuations as to the number of students entered for the medical classes. Up till 1830 the number averaged about 900 yearly, but at that time on the opening of University College, London, and other schools, events betokening the prosperity of the nation, the number fell to about 500. Since 1861, through changes made in the plan of education and graduation, a temporary fall occurred till the students, in 1868, only numbered 445; but the wisdom of the arrangements was now seen in a steady yearly increase till in the present year the medical students numbered 898. (Applause.) Dr. Christison proceeded to trace the rise in graduation along with matriculation, and in some interesting statistics as to the nationality of the students, showed that the graduates from Ireland had fallen from 175 in five years prior to 1831 to six in the past five years, the isolation aimed at in other matters—Home Rule—having been accomplished by the Irish in medical education. (Laughter.) The speaker then proceeded to describe the government, the course of study, and the system of examination in Edinburgh University, illustrating his remarks from his own lengthened experience. Although he had been instrumental in changing the system of examination, he was not sure that they had substituted a better test, but he entertained no doubt that either method was a full and fair one in the hands of able and impartial examiners. He submitted that the Edinburgh School, as proved alike by the influx of students and by the multitude of men of mark trained in it, had been so successful that its system deserves great consideration, perhaps for guiding other schools, certainly for

dealing with itself. Professor Christison then took into consideration the system of teaching by lectures, dwelling on the advantages of clinical and practical teachings as now followed, and discussed the question whether or not the period of study should be increased. He next took up the "one portal" question, against which he had from an early period taken his stand. He concluded an address, which he occupied two hours in delivery, as follows:—The present entrance door to the medical profession is not really, though nominally, a University, a Royal College, an Apothecaries-hall or a Faculty of Physicians and Surgeons; it is an examination. There was no reason why the examinations of all these bodies might not be brought up to a reasonable standard of equivalence, now that the Medical Council had put forth their strength towards that end. Should the result prove unsatisfactory owing to the insufficient control, support them in obtaining more direct power, and allow them time for further trial. This surely is a wiser course than to rush upon untried treacherous ground and measure entirely novel, which though on the surface they promise reform, at bottom threaten revolution. In this kingdom three denominations of practitioners are provided by education and examination—(1) The ordinary class of general practitioners in town and country; (2) high class physicians and surgeons who practice chiefly in cities and large towns; and (3) an intermediate order educated on the footing of the highest attainable education for the greatest possible number and whom circumstances may attach, some to the first, some to the second class. The corporations provide the first class by their licence, and most of them by means of their fellowship enable licentiates to pass into the second class if they please. The two great and old English Universities, by means chiefly of a protracted education, and the London University, by elaborate examinations, aim at producing the second class, at least in physic, ready made, so to speak. The three Scottish Universities have aimed at supplying the third class by supplying the highest education attainable by the greatest number. All have been more or less successful, and none can be charged with failure. But the Scottish Universities, and eminently the University of Edinburgh, have attained the object for which they were destined. By supplying to the greatest number the highest education of which the number can take advantage, they enable men of superior original talent or industry to go out from their schools with high qualifications, not inferior to those of the graduates of any of the English Universities. These results flow from their system of education and examination, the fruit of long educational experience, and their elasticity is such as to render it easy for them to adapt themselves to the progress of knowledge, and of public opinion. Surely it is not too much

to ask that the University of Scotland shall not be disturbed by further and doubtful innovations during so important an experiment following recent and serious changes, and they may do worse than watch a little longer the experiment going on there before they venture upon dangerous innovations for themselves.

On the motion of Sir W. Fergusson, seconded by Dr. Radcliffe Hall, of Torquay, a vote of thanks was given to Sir Robert Christison for his address.

In the evening the President gave a full dress reception in the Music-hall and Assembly-rooms, which was attended by a large number of ladies and gentlemen.

(To be concluded in our next.)

#### RELATION OF PUERPERAL FEVER TO PYÆMIA, &c.

The discussion on the Relation of Puerperal Fever to the Infective Diseases and Pyæmia, opened by Mr. Spencer Wells, at the previous meeting of the Obstetrical Society, London, was resumed on Wednesday evening last. To judge by the attendance of fellows, the interest manifested was very great, the majority of the leading obstetricians being present, and the remarks from the various speakers being listened to with evident satisfaction. A letter from Dr. J. Matthews Duncan, dealing more fully with the subject of the proper conduct of midwifery practitioners in avoiding disaster to patients from puerperal infection, was read. The charge of homicide by infection he regarded as a new one in the history of law, and in the present state of science and practice not substantiated. In ordinary circumstances, he regarded giving up practice for a time, with a view to preventing the spread of puerperal fever, as unnecessary. In nearly thirty years of obstetric experience, in private, in hospital, and in consultation practice, he had not, as a precaution, given up work for a single day. The grand precautionary measures for obstetric practitioners to adopt were: 1, avoidance of the duties of nurses; 2, avoidance of using the hands in *post mortem* investigation; 3, antiseptic cleanliness of the hands and of the dress. The difficulties of determining the proper conduct of obstetricians were not to be solved by officious coroners foolishly sending threatening messages to practitioners, nor by judges giving decisions without due consideration; but by discussion in such a society as the Obstetrical, and by matured professional opinion. Dr. Barnes, on opening the adjourned discussion, remarked that he had listened to the letter of Dr. Duncan with considerable satisfaction. If prosecutions went on, it would not be safe to practise. Respecting puerperal fever, he thought the cases might be divided into two great

classes: 1, Heterogenetic; and 2, Autogenetic. If the excretory organs were in a good state, the patient might resist the effects and throw it off. Mr. Squire thought it was an error to call every case of disease in the lying-in woman puerperal fever. Dr. Brunton thought that, if the poison of infectious diseases were so powerful in producing puerperal fever, it was curious he had not seen it in his own practice. He had before now attended patients in their labours where children were lying ill in the room with scarlet fever, and the parturient woman escaped without any trace of fever. Dr. R. E. Huntley (of Jarrow-on-Tyne), had experienced an outbreak of puerperal fever in his practice ten years ago. Small pox was very prevalent in the neighborhood at the time; but he had never been able to associate scarlet fever with puerperal fever. Dr. C. R. Brown (of Beckenham) had witnessed cases of patients who had never had scarlet fever being exposed to its influence during their lying-in, without showing the least symptoms of it. Dr. Swayne (of Clifton) thought Dr. Duncan's letter was calculated to do much good. He had noticed that cases of puerperal fever occurred more in the practice of some men than of others. As a precautionary method, he thought, a warm bath-washing with carbolic acid soap, and a Turkish bath the next, and a complete change of clothes, to be all that was necessary. Dr. Graily Hewitt thought that puerperal fever was essentially a form or blood-poisoning, of pyæmia. He entirely disbelieved in a form of fever sufficiently definite or precise to merit the name of puerperal fever. There were two classes of cases. In one class there was evidence of the introduction into the system from without of a distinct animal poison, inoculation in fact, conveyed in many cases by the hand. Another class of cases was autogenetic, where the contagion was not introduced from without. Concurrently with puerperal fever, the involution of the uterus was retarded and the contraction of the uterus failed, and thus allowed the pyæmic poison to find easy entrance. Mr. Callender thought there were many points of resemblance between erysipelas, septicæmia, etc. It was a pure matter of speculation to assert that it was due to the influence of some septic matter or poison. He thought it very important that all wounds should be kept strictly from contamination of other wounds. A patient was tolerant of suppuration set up in his own wound, but intolerant of contamination from other sources. Antiseptics were of great service, but cleanliness was equally important. The discussion was again adjourned to the next meeting of the Society in June.—*Brit. Med. Journal.*

OPENING FOR A MEDICAL MAN.—There is an opening for a medical man in the village of Shelburne, Co. of Grey, Ont.

## VARICOCELE AND ANEURISM.

CLINIC BY PROF. AGNEW, PENNSYLVANIA HOSPITAL.

CASE I.—This patient, a man *æt.* 33, has, as you see, a swelling or enlargement in his scrotum, disappearing when he lies down, and returning when he resumes the erect posture. Now, knowing these two facts about a swelling in this locality, you know that it is either a varicocele or a reducible hernia. The diagnosis between these conditions is so easily made that a mistake is simply inexcusable. Make your patient lie down, wait until the swelling has disappeared, and then place your finger over the internal abdominal ring, retaining it there while he again stands up. If the disease is a hernia the swelling will not re-appear, but if it be varicocele it will speedily return, and rather more quickly than usual, because you are obstructing the spermatic veins and preventing the return of blood from the tumor. Usually, in these cases, I do not advise any operation so long as the tumor gives no special trouble and the testicle shows no disposition to atrophy. Frequent bathing with cold water, and the use of a suspensory, will generally relieve the patients of the pain and weakness in the lumbar region, the feeling of weight and dragging, and the burning sensation of which they usually complain. Sometimes, however, as in the present case, an operation is rendered necessary by the condition of the testicle, as well as for the relief of the painful symptoms. The old plan consisted in laying open a portion of the scrotum and excising the veins; another, in occluding them by pushing a pin underneath, and surrounding them with a ligature externally. This latter was very painful, as the skin was constricted by the ligature.

A much simpler way is one which I will now employ, and by which we can throw around the the veins a subcutaneous loop which can be disengaged at any time. The first step is to separate the vas deferens, which feels like a piece of wire, from the other constituents of the cord. Having done this, we push it to the rear, and then put a needle between it and the veins. We then nick the skin slightly, and enter a second needle, double-threaded, carrying it between the veins and the skin. It is then withdrawn. The loop of the first thread is then passed under the end of the first needle, while the two free ends are brought down and tied lightly around the other end. We thus have the veins constricted by a loop which can be removed at any time merely by withdrawing the needle. It is usually left in position for about seven days, unless there is much fever with marked constitutional disturbance. Although varicocele sometimes returns, it has not been true in my experience that, as Mr. Symes says, it does so

in all or nearly all cases. On the contrary, we may usually look forward with considerable confidence to effecting a permanent cure by this method.

## ILIAC ANEURISM.

CASE II.—We have here a strong, healthy-looking man, *æt.* 47, of fair constitution and good family history. He confesses to drinking freely, and we notice that he has the scar of a suppurating bubo in each groin. We also observe no feeling his pulse in the right wrist that he has a very small, atheromatous radial artery which is hardly discernable. Eighteen months ago he tripped and had a slight fall, and ever since has had obscure pains about the pelvis and right thigh, but, until about five months ago, there was no external evidence that he had sustained any injury. Then a tumor made its appearance under Poupart's ligament on the right side, and has grown to what you see are its present dimensions. It is about four inches in diameter, and extends from the crest of the ilium to the median line. It involves the femoral below Poupart's ligament to the extent of two or two and a half inches, and the external ilica for an indeterminate distance. It has a centrifugal heaving movement, which ceases when I make firm pressure on the abdominal aorta or primitive iliac. On laying my ear over it I can hear a thrill or bellows-sound. Compression has already been tried with an abdominal tourniquet, the pad of which thrusts the iliac artery against the brim of the pelvis. It was continued for five hours with the aid of morphia and ether, and at the time of removal there seemed to be some solidification, but the pulsation did not cease entirely, and has since returned. We propose to repeat this trial, as in such cases compression should certainly be very thoroughly employed.

Ligation of such a large vessel as the external iliac is a serious matter. We would have to go far up it, nearly to the bifurcation of the primitive iliac, and then would run the risk of not getting a firm clot and not having the artery entirely occluded. In fact, it is extremely probable that in this case we would have to ligate the common iliac, an operation which has been attended with a fearful mortality,—29 out of 39 cases having died. Iliac aneurism is of very rare occurrence compared with other forms, only 9 cases having been reported to 551 cases of aneurism of other vessels. In two of these cases the primitive iliac was tied: one died and one recovered. In four the vessels was sound enough to admit of the application of the ligature to the external iliac. All of these recovered. In one case the abdominal aorta and the distal extremity of the femoral were ligated, but this proved fatal in a few hours. In three cases compression was used, and these all recovered.

Hence, as in this case we have every reason to believe there is a diseased arterial system, and as

we would probably be compelled to tie the common iliac, we will give compression an extremely thorough trial.

(This case was subsequently entirely cured by compression of the abdominal aorta with an abdominal tourniquet, and up to the present time no return of the pulsation has taken place.—*Medical Times*.

## THE STYLE IN OBSTRUCTIONS OF THE LACHRYMAL APPARATUS.\*

BY DR. NUNNELY.

It is not my purpose now to speak of affections of the lachrymal apparatus in general, but only of one method of treatment of those diseases of the sac or nasal duct in which dilatation of the latter by mechanical means is necessary.

The difficulty formerly experienced in dealing with such cases is sufficiently shown by the great variety of probes of metal and catgut, of many shapes, and to be used in various ways, and of styles, and tubes, and other mechanical appliances, which were devised, often with great ingenuity, with the object of dilating and keeping open the nasal duct. Except the simple style, introduced through the skin and the anterior wall of the lachrymal sac, these contrivances failed more or less in their object, and were abandoned. In many respects the treatment by the style was satisfactory enough. It had, however, some objections; its appearance was unsightly, it was liable to fall out or be dragged out in various ways, and after its removal in some instances the opening which was left refused to heal, and a lachrymal fistula was the result. Since the general introduction of the very simple and admirable operation of division of the canaliculus into the lachrymal sac, devised by Mr. Bowman, the description of which was published in the Transactions of the Royal Medico-Chirurgical Society for 1851, the treatment of cases of epiphora, depending upon displacement of the puncta or obstructions of the canaliculi or nasal duct, has been reduced to narrow limits, this plan presenting such conspicuous advantages as to have been almost at once generally adopted. By it the sac and nasal duct can be reached and treated through the natural passages, without external wound. The advantages gained by this mode of procedure are many, and its disadvantages are few. The latter are, mainly, that in order to keep open the wound along the canaliculus, which has been divided, it is necessary to pass a probe along it several times, or the incision will close (as it frequently does unless considerable care be taken; again, the probe must be passed through the nasal duct at intervals, longer or shorter

according to the nature of the stricture. All this involves, of course, considerable pain, and is more or less tedious, usually requiring several attendances on the part of the patient, so that there is oftentimes difficulty, both in public and private practice, in persuading persons to persevere for a sufficient length of time.

These objections may be avoided, and the whole treatment greatly simplified, in most instances by the use of a form of style introduced some years ago, I believe, by Mr. R. Taylor, surgeon to the Central London Ophthalmic Hospital, and which has scarcely, I think, been adopted so frequently as it deserves. It is highly spoken of by Mr. Haynes Walton, in his work on the "Surgical Diseases of the Eye." This style is a straight piece of silver to fit the nasal duct, having at right angles to it, at the upper end, a small arm about three-eighths of an inch in length; it is introduced along the slit-up lower canaliculus, through the lachrymal sac into the duct. The little horizontal arm lies in the channel of the canaliculus, which it keeps open, and prevents the style from slipping out of sight, allowing ready removal when necessary. I have used it constantly, and with great advantage. The canaliculus is slit up in the usual way, and I then either dilate for a short time with the ordinary probe, and then put in the style, or more generally, where the case is a straightforward one, introduce the latter at once. Different sizes are required. The style requires to be taken out and cleaned occasionally, and if there be any irritation set up by it, which is not common, the removal of it for a day or two is generally sufficient to allow it to be worn with ease, and I find that patients are so comfortable while wearing it that they often neglect to appear at the end of a month or six weeks to have the instrument removed.

When we think of the very fragile bones by which the lachrymal apparatus is formed, and the danger which must always exist lest the passing of an instrument should injure them, or bruise their delicate lining membrane, the consequent swelling of which would increase, instead of lessen the evil, it must be evident that the use of a probe in this situation demands the greatest gentleness. A plan therefore which so much simplifies the instrumental treatment of many of these frequent, painful, and troublesome cases is a real gain.—*The Lancet*.

CANADIANS ABROAD.—The following gentlemen have lately passed the examination of the Royal College of Surgeons, England:—R. T. Godfrey, M.D., Montreal; F. L. M. Grassett, M.D., Edin, Toronto. H. L. Machell, M.D., of King, who has been absent during the past year, has just returned. He passed his examination before the Royal College of Physicians, Edinburgh, and was admitted a member of that body.

\* Abstract of a paper communicated to the Leeds and West Riding Medico-Chirurgical Society.

STERILITY AND DYSMENORRHŒA  
TREATED BY BILATERAL INCISION  
OF THE CERVIX UTERI.

CASE 1.—Mrs. O., native of and residing at Evans, N. Y. ; age, thirty-one years ; married eight years, and sterile ; she menstruated at fifteen. During the last five years has been failing in health ; menses have been irregular and very painful ; she is anæmic, emaciated, and has a cough, and she is under the care of a physician, whose diagnosis of her troubles is consumption, and who predicts that she will die when the leaves start, in the coming spring. She consulted me on account of her dysmenorrhœa, which has troubled her since her married life began. On examination I find the uterus retroflexed, the cervix conoidal, and the os so small as to be scarcely discernible. The uterus was replaced by the sound, and Hodge's pessary was applied. Dilation of the cervical canal was attempted by sponge-tents, without much effect, or relief to the dysmenorrhœa. Three months after my first examination I made bilateral section of the cervix, afterward applying Scattergood's pessary. The painful menstruation never troubled her again. She became pregnant within six months, and while wearing the pessary, greatly to the surprise, and somewhat to the regret of herself and husband. She was delivered at full term, of a healthy boy, and has since had a daughter. She is a healthy woman, and weighs nearly two hundred pounds.

CASE 2.—Mrs. F., native of and residing at Brant, N. Y. ; age thirty years ; menstruated at fourteen ; married twelve years, and sterile. Her husband had been absent three years of this time, soldiering. She had suffered much during her married life, from dysmenorrhœa, and also from nervous mimicry of "liver complaint," and its radical treatment, having been several times salivated. Her lady friends and physician agreed in the opinion that pregnancy would make a healthy woman of her, and I was consulted on account of her sterility. I found that she was subject to violent attacks of sick headache, had dyspepsia, and more or less constant lumbar and pelvic neuralgia. On examination of the uterus I found a conoidal cervix, with a moderate degree of retroflexion, and some endo-cervical inflammation ; the canal was filled with a plug of mucus. She was treated locally, with chromic acid, for three months, with some amelioration of local pains and distress, and improvement of her general health. Not becoming pregnant however, six months afterward section of the cervix was made. In sixteen months from the date of operation she was delivered of a boy. She has since had two children. This lady's change in physique, after the operation and consequent relief of the dysmenorrhœa was remarkable ; her sick headaches, "liver complaint," and pelvic neuralgia,

entirely disappeared, and she gained fifty pounds in weight before pregnancy occurred. At the birth of the first child she suffered laceration of the perineum which was promptly relieved by operation.

\* \* \* \* \*  
CASE 3.—Miss M., milliner, age twenty-six years, native of Evans, N. Y. ; consulted me on account of dysmenorrhœa. She menstruated at fifteen, and since the age of twenty has had painful menstruation. Her periods were a terror to her, and she was bed-ridden half the time, from the nervous irritation consequent upon the dysmenorrhœa and pelvic distress, with an insupportable feeling of weight in pelvis when standing. On examination I found the uterus retroflexed, the cervix long and conoidal, the os tinçæ small, and a contracted cervical canal. Prof. James P. White, M.D., was called to visit the patient in counsel with me, and advised and performed the operation of section of the cervix. No pessary was afterward applied, and owing to insufficient attention after the operation, and to the fact that the os internum was incised, the incision again united, leaving the uterus retroflexed, and a tortuous, cicatrized cervical canal, that was nearly impervious to a probe, or the menses. For the next two years this patient was bed-ridden ; the menstrual molimen was attended, at each effort, with pains like, and nearly equal to, parturition, sometimes lasting three days before the appearance of the menstrual flow. She required the use of the catheter twice daily, nearly all of the time, for two years, and the irritation of the uterine disorder upon the nervous centres produced, in time, a nervous imitation of nearly every known disease of various organs. She was visited by many quacks, who all agreed in condemning the operation made by Prof. White. At the end of her first year's rest in bed the uterus assumed its natural position. About this time Prof. J. F. F. Miner, M. D., of Buffalo, was called to visit her with me. Dr. Miner attempted to enlarge the cervical canal with a urethrotome. The result was of no benefit, and another year passed before she would consent to any further use of the knife. During this time dilators of various patterns, and sponge tents, were assiduously used, with but little benefit. At the end of two years from date of first operation, in the presence of Prof. White, I made another section of the cervix. Her next menstruation was painless. The result of this operation could not have been better. A large patulous os, and free cervical canal were formed, and the patient regained her general health, and has never had any more local trouble.

CASE 4.—Mrs. Bohemian, living at Racine, Wis. ; age thirty-eight ; married fifteen years, and sterile. She is under the care of Dr. A. H. Hoy, who is treating her for dysmenorrhœa by sponge tents, to dilate the contracted cervical canal. This treatment had not had the desired effect, and while

I was making him a social visit, he requested me to make section of the cervix. The operation was performed, as I thought the case required it, the cervix being elongated and conoidal. The patient's next menstruation was painless, and she was taken with a laudable fit to wash and be clean, and went to "cleaning house" during her menstruation, in her bare feet. The consequence was an attack of metro-peritonitis, from which she recovered by a chance, but the benefit of the operation was small indeed.

CASE 5.—Mrs. M., native of Cattaraugus county, N. Y.; age thirty-six years; twice married, and sterile. She has had violent dysmenorrhœa since her eighteenth year. She was brought to me by her father, a practicing physician, for examination. Her cervix uteri was found long and conoidal, the uterus partially retroflexed, the cervical canal crooked, and I could not pass any sized probe or sound into the uterine cavity. It was decided to incise the cervix, which was done, and her next menstruation was the most painless she had ever experienced. She left immediately, however, to live in Albany, before I had finished her treatment. I have since heard that she became pregnant.

In the treatment of sterility and dysmenorrhœa, I always have limited the incision of the cervix to such abnormal conditions of the uterus as I have described, and these cases illustrate one form of these diseases, their causes, and their evident proper treatment. The operation of incision of the cervix in these cases was made on the fifth day after cessation of the menses, and in the manner described as follows:—The cervix is exposed by Sim's speculum, and brought into convenient position by a hook. It is then incised bilaterally, the cut being made from the cervical canal outward, from the os externum to within a few lines of the junction of the wall of the vagina with the uterus. The enlarged cervical canal, thus made, is then packed with pledgets of lint, saturated with carbolyzed glycerine. No styptics are used, especially no persulphate of iron. A large pledget of cotton-wool is then saturated with glycerine and opium, and applied over the os, in the vagina, to hold the dressings in position. Any hemorrhage is controlled by the tampon.

On the fourth day the dressing is removed and reapplied, and continued every alternate day until the next menstruation, when it is removed. After cessation of the menses the same dressing, alternated with sponge or sea tangle tents, is used, until a free open cervical canal is secured, with a patulous os tinæ. The operation is perfectly painless, and anæsthetic is not required.—*Dr. Curtiss—Med. & Surg. Reporter.*

PERSONAL.—Dr. Hingston was entertained at dinner by his professional brethren of Montreal, previous to his passing from a state of single blessedness.

BLOOD POISONING FROM SEWER GAS.—The death of Dr. Alexander Crichton, of Mortlake, furnishes another and very sad instance of the effects of sewer gas and of the disasters which are entailed by imperfections in any system of drainage. We have been favored by Dr. Marshall, of Mortlake, with particulars of Dr. Crichton's illness, which leave no doubt as to its origin. A day or two after his return, in apparently good health, from a visit to Edinburgh, the sewers in his street were opened and cleaned, having been in a filthy condition and very offensive. The process lasted a week, the smell being most unpleasant. The stoppage of a house-drain led to some escape of sewage matter beneath and outside his own surgery. About ten days afterwards he was employed to inspect the ventilation of the sewers, complaints having been made of the odors from the ventilators, some of which he found most offensive. Two days afterwards he complained of headache, followed some days later by vomiting, slight jaundice and abdominal pain. Delirium followed, and blood appeared in the urine, and subsequently in the vomit. Violent delirium gave place to coma, and slight hæmorrhage from the lungs was added to that from the kidneys and stomach. He died on the eighth day of his illness, an extremely offensive odor having been given off for some hours before death. The temperature, when taken, appears to have been natural, and the bowels were obstinately constipated. The origin of his illness appears clearly to be ascribed to the Mortlake sewers, and this was the opinion of Dr. George Johnson, who saw him before his death. There appears to be a radical defect in the Mortlake drainage, which the remedial measures adopted are quite inefficient to overcome. Our readers will remember the outbreak of low pneumonia in a large school which followed the insertion into a neighboring drain of one of the ventilators which were, in part at least, concerned in Dr. Crichton's blood-poisoning. We cannot wonder that they are regarded with disfavour by the inhabitants. The free ventilation of sewers into the open air is a necessity, if the air within the houses drained by it is to be kept pure; but the ventilators should be so placed that the inhabitants do not suffer from the means employed for their safety.—*The Lancet.*

PERSONAL.—We observe from the *Thunder Bay Sentinel*, a new paper by the way, that Dr. Clark, M.P.P., of Simcoe, is at present in Thunder Bay, and actively endeavoring to provide hospital accommodation for the sick in that new village. Owing to the number of accidents that occur in the mining districts the want of suitable accommodation of that kind must be severely felt. It is suggested that a temporary hospital might be erected in the meantime at a very small outlay, and we have no doubt the suggestion will be acted upon.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science  
Issued Promptly on the First of each Month.

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

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

TORONTO, OCT. 1, 1875.

## RECIPROCAL ACTION OF THE MIND AND BODY.

Dr. Botsford in his address before the Canadian Medical Association very profitably discoursed on the power of the mind over the body in diseases where functional derangement unaccompanied by tissue change, alone prevailed. This close yet inscrutable association; this latent correspondence of parts seemingly unconnected; this reciprocal influence of mind and body has long fixed the attention of medical men and metaphysical enquirers. "Can we," says D'Israeli in his curiosities of literature, "conceive the mysterious inhabitant as forming a part of its own habitation? the tenant and the house are inseparable, so that in striking at any part of the building you inevitably reach the dweller." Pascal also says truly, "We must not mistake ourselves; we are body as well as spirit." Those who support life by bodily labour are apt to consider that physical inactivity is laziness. It is however certain, that to think is to labour, and that as the body is affected by the exercise of the mind, the fatigue of the study is not less than that of the field or manufactory. Exercise gives sleep, vigour, cheerfulness, robust health, and a good appetite, while the effects of sedentary mental labor, are diseases that shorten and embitter life; interrupted rest, tasteless meals, perpetual languor and anxiety. M. Reveille, Paris, in his "Physiologie et Hygiene des Hommes livres aux travaux de L'Esprit," says if there be a positive fact in pathology, it is, that all the causes capable of producing irritation and inflammation commence by exciting and increasing sensibility. It is then on the nervous system generally and primarily that all the causes of disease act. Now when this system has

acquired an exclusive and unnatural predominance, when the economy, so to speak, is saturated with irritability, it is clear that all the organs which it pervades must be in a *quasi* morbid state, and predisposed to tissue change. This is precisely what takes place in men who work with their brains, and neglect the requisite exercise for the body. In this class the pathological affections of the brain are always of a serious character, by reason of the intense and incessant excitement which this organ undergoes. One of the principal effects of the continued tension of the brain is to weaken all the organs more or less dependent on it, by depriving them of a part of the nervous influx necessary to their use. A "capite fluit omne malum" says Fernel. The organ most exposed perhaps to this privation, is the stomach; debility of the digestive system seems in a manner peculiar to illustrious men. Tissot asserts that "the man who thinks most, digests worst, *ceteris paribus*, and that he who thinks least is the man who digests best." M. Parisæ argues that when sensibility predominates, contractility diminishes, and that occurs more especially with respect to the digestive apparatus, the tonic and contractile power of which is not always proportioned to its sensibility, the consequence of this is, that the debility of the stomach now in question is always accompanied with nervous irritation of this organ. To this we may add that the continued excitement of the brain has a direct and immediate influence on the stomach. Shakespeare was well aware that sudden news agreeable, or otherwise, at once disturbs digestion, suspends the appetite, and throws the digestive organs into a morbid state of languor

"Read over this, and after this—and then  
To breakfast with what appetite you have."

When the act of digestion is interfered with and retarded; when chylification is tedious, and incomplete; it is evident that such imperfect elaboration of the chyle will introduce into the system nothing but impoverished blood, and that the nutrition will be essentially altered. Amatus, a Portuguese physician, it was, who said that a bad stomach followed profound thinkers as faithfully as the shadow follows the body. M. Parisæ considers next in order to the stomach, the liver and urinary organs, as most frequently modified in their functions and structure in men of studious and sedentary habits. In enumerating the principal diseases

to which these persons are liable he begins with affections of the brain. These, he remarks, sometimes come on rapidly, and explode, as in cerebral inflammation, and brain fevers; whilst the effects of incessant mental toil are at other times slow. Apoplexy to which so many profound thinkers fall victims, presents various modifications. Before the person gets the fatal stroke, how often has the brain been excited, strained, and outraged! how many times have rushes of blood to the head, squalls of heat in the face, dull pains and sense of weight in the frontal region, temporary dimness, violent arterial pulsations and restless sleep, clearly indicated sanguineous repletion, and cerebral excitement beyond what was natural. These effects however pass away; they are forgotten; they return, and the delicate structure of the brain is soon broken up. A slight attack of apoplexy has been called by Ménage, "Un brevet de retenue de mort," which may be rendered, "Death's bond of security." Napoleon who dreaded apoplexy, one day asked Corvisart, his first physician, for some information respecting this disease. "Sire," replied Corvisart, "apoplexy is always dangerous, but it is preceded by certain symptoms. Nature seldom strikes the blow without giving warning. A first attack, which is always slight, is a *sommatation sans frais*—a summons without costs, a second attack, a *sommatation avec frais*—a summons with costs, but a third is a *prise de corps*—an execution on the person." M. Parisæ endeavours to explain the gradual action of the causes of this disease. The permanent excitements of the brain at first increase its energy or activity. This excess of action, when repeated occasions every time an afflux of blood to the organ; the stimulations then become congestional. At first these congestions disappear more or less completely, the brain is freed, and the equilibrium restored. Afterwards the forced dilatation of the vessels becomes such that the congestions disappear but imperfectly; this gives rise to symptoms not however of a very alarming nature. At a still later period, when age advances and the venous system increases in size and the cerebral veins have a tendency to become varicose, at the same time the arteries diminish in diameter, and these congestions become more permanent. From these morbid states arise coma, stupor, softening of the brain, tremors, paralysis, and finally apoplexy in all its degrees.

### VACCINATION—ITS PROTECTIVE POWER.

Recent events in Montreal anent vaccination have given a forcible and practical illustration of the evils likely to arise from imperfectly performed vaccination.

There can be no doubt but that the active opposition to vaccination in Montreal and elsewhere, is due chiefly to the very imperfect manner in which vaccination has been too frequently performed. Indeed in too many instances, the results have shewn great carelessness or culpability on the part of practitioners in the selection of vaccine used by them, and in numerous instances phlegmonous erysipelas and axillary abscesses of a severe and alarming character have followed the use of vaccine contaminated with pus; in this way producing "pus poisoning" instead of the characteristic pustule and protective influence of a disease antagonistic to small-pox.

Negligence or ignorance in a matter so vital to the interests of a community is inexcusable. It is an old axiom that "a thing that is worth doing at all is worth doing well," and in no case is this more imperative than in the operation of vaccination where it has to be performed upon patients in the face of the most prejudiced opposition, and where any departure from the characteristic results which should follow properly performed vaccination, are sure to be noticed and cited against the operation at the first opportunity. Great suffering not infrequently arises from improper vaccination, sufficient in itself to deter people from having the operation performed. But such results cannot possibly follow except under exceptional circumstances, hence their too frequent repetition leads to the suspicion that the practitioner has been to blame, and that too in the very first and most important elementary matter of the selection of *pure vaccine*, free from pus globules—for to vaccinate with virus containing pus is simply to produce a poisoned wound, and to invite abscesses, erysipelas or other evils attendant upon pus-poisoning. Many practitioners never have any difficulty of this nature, and this immunity from bad results is attributable simply to care in the selection of the vaccine—never in any case using a doubtful crust, or one that could at all be suspected of containing pus globules. The practitioner who negligently

performs this most important, though simple operation is open to very grave censure, inasmuch as the consequence of his conduct tends to throw discredit upon a most beneficent practice, and by deterring the masses from submitting to it, contribute their quota toward the sacrifice of human life, or holocaust, which is sure to follow, should small-pox make its appearance in a crowded community under unfavorable sanitary conditions, and with over-crowding, as is the case in large cities like many of those in our Dominion.

The frequency of erysipelas and abscess following vaccination must be traceable to a cause, and that cause is, in most cases, the presence of pus in the vaccine crusts made use of, many of which have never been selected by the practitioner, but have been purchased at a drug store, and possibly furnished by some "money grab" who cares more for the paltry price obtained than for the reliability of the article sold. Practitioners cannot be too careful, therefore, in the selection of the vaccine to be used, in view of the grave responsibility they incur in carrying out the practice.

Much has been said about the loss of protective power in the vaccine, after repeated transmission from child to child. On this point there need be no doubt, since to the thoughtful mind it will be apparent that the vaccine disease is reproduced as effectually in each successful case of vaccination yielding a characteristic pustule as it was a century ago, and as effectual as each separate attack of measles or scarlatina is perfect in itself and characteristic, inheriting all the peculiarities which the disease ever had or could have had. The necessity for a repetition of the operation, or re-vaccination varies in different persons. The experience of the Prussian and English armies on this point is satisfactory. In those services re-vaccination is imperative every five years. The result is, not a single death from small-pox. In the Prussian army not a single case after re-vaccination.

The mortality rate in the city of Montreal in 1874 was 983 of which 955 were among the French Canadian Catholics, or that portion of the community which refuses this protection, or 1 in 100 of the population, and among protestants less than 1 in 1,000. These figures tell strongly against the clap-trap of the anti-vaccinationists and their followers, who however simply make out a case from the

blunders of those entrusted with the performance of this and other sanitary duties. As a general rule "the failure is not in vaccination, but in the physician who performs it."

We have written more at length than we intended on this matter, but the subject is fresh in everybody's mind at present and a large and respectable portion of the community of our largest city is placed in an improperly unfavorable light as a result of their antagonism to vaccination. The authorities, however, should first of all endeavour to create confidence in the vaccine used and the persons applying it, before seeking to enforce implicit obedience to their behests.

---

### THE COUNCIL EXAMINING BOARD.

In our last issue we published a letter from Dr. Clarke, of Princeton, in defence of the Council and the Examining Board. The Dr. tells a plausible story, but it is far from convincing. There is evidently too much effort put forth to cover up a bad case, and the Dr. in his eagerness has gone too far; he has taken the profession into his confidence and has divulged too much of the secret doings of the Council. He says "Caucuses, wire-pulling and reciprocity were the order of the day," among the members of the Council in regard to the appointment of examiners. Now, however, that these "wire-pullers" have constituted themselves the examiners, all is serene in the Council, and, no doubt, the wire-pulling has been relegated from the Council chamber to the examining Board. It is therefore not a matter for surprise that the students should pass so creditably! But with all due deference to Dr. Clarke (and here we would wish to except him and one or two other members of the Board from the strictures we have felt it our duty to make) we submit that "wire-pullers" and log-rollers are not the class of men to make examiners of. We are quite well aware that according to the present Act only four, or five at most, of the examiners are to be appointed from the profession, but it becomes all the more necessary that these should be the best men available, and entirely removed from the influence of the schoolmen and the "wire-pullers" in the Council. The Dr. states that "outside examiners were at no stage amenable to anybody for the proper discharge of their duty, and

if a student felt aggrieved and asked for a consideration of his case, the examiner was not there to answer for himself." There is no need that he should; the report which is sent in to the Registrar should be accompanied with the examination papers and the Council has the power to review them, and we are quite certain the student would be much more likely to have his grievance remedied, (if he had cause for any), than by an appeal to a Council whose members constituted themselves the examining Board, and who were not likely to alter their previous decisions. No student would be so silly as to submit a grievance against the examining Board, to the Council, while matters are as at present.

We are charged with inconsistency in protesting against the Council constituting itself an examining Board, because professors of colleges examine their own students for graduation. We are not now discussing the propriety of professors examining their own students. When we come to express our opinion on that matter we will speak out. The cases are not parallel, however. The degree of M.D., does not at present give the licence to practice; it is, honorary merely, while the examination before the Board gives the right to practice, gives, in short, a *legal status* to the individual. We could never consent to the Doctor's plan of forming a Board of Examiners, chosen partly from the Council and partly from appointments made by the Government, to examine for both the licence and the degree. We want no Medical Council "wire-pullers" to examine students for the degree of M.D. in any of our Universities; we have not come to that yet.

There seems to be in the mind of our correspondent a holy horror of the college men in the examining Board, and that it requires all the "wire-pullers" in the Council to check-mate them. Now, we say, and we say it advisedly, if it is thought for one moment that any difficulty has arisen, or is likely to arise from the presence of schoolmen on the Board, let the act be amended at once and leave them off. If the Council would do its duty in the selection of examiners, appointing only men who are thoroughly competent to examine, and not "personal friends," "electioneering agents, *et al.*," a good examining Board could be obtained without the schoolmen. If this meets with the approval of the profession let it be done by all means.

Our correspondent states "that the total value of

papers reached 50 per cent., and that the proof is in the Registrar's hands." We do not doubt his statement, but we would like to ask him how many marks some of the candidates received to which they were not entitled, in order to bring them up to 50? We are also blamed for using private information in our editorial remarks. How were we to get this information but from private sources? This part of the examination was not public. In fact at no period was the examination open to the public, and all our information was obtained from private sources, but it is none the less reliable. We have admissions enough from Dr. Clarke's letter itself to show that our statements were true. The Doctor in his letter mis-states our position in reference to the registration of those possessing British qualifications. We have all along maintained that Canadian M.D.'s (who might have gone up before the Council and passed in the same year), but who, instead of so doing, have gone to London, or Edinburgh, spent a year in some metropolitan Hospital, and passed the Royal College of Physicians or Surgeons, or both—that such men should have some consideration shown them; that they should, in short, be admitted to registration without any further examination and attendant expense and loss of time. There is a clause in the Act for their special benefit, but being optional with the Council, it has never yet been liberal enough to give them the benefit of it. The Doctor taunts us with having raised a "storm in a teapot," but he will find sooner or later that we are on the side of professional opinion. We have received several communications on this subject last month, but we refrain from publishing any more at present. Their nature may be judged of by the following extracts:—"The Council deserves all it got;" "Don't be discouraged at the abuse you received from a few members of that body;" "You carry the profession with you;" these and similar statements show which way the wind blows.

#### THE *GLOBE* v. THE MEDICAL COUNCIL.

Much surprise and regret have been expressed by many intelligent people, both medical and lay, in this city and throughout Ontario, at the singular course of the "*Globe*" newspaper, in its support and advocacy of quacks and quackery in the medical profession. According to its theory, any person

who considers himself at all competent to deal with the ailments to which flesh is heir, should be allowed to treat disease, and the natural conclusion to which the argument leads, is that education or particular training is not a requisite condition. It seems to believe with the cute "Darkey" that some men are "borned doctors," and while the Medical Council is working diligently and faithfully to build up an enlightened and intelligent medical profession in the interests of the public, the efforts of the *Globe* which should be in favour of education, intelligence, and refinement in all things, are to pull down and lower the standard by placing all, without distinction, upon a level with the itinerant mountebank. It has been found impossible to elevate the standard of the profession and to secure high attainments generally, without having some power to compel men to pass through a certain course of study, and if men are compelled to pass through a certain course of study at great cost to themselves, they must be protected in that position, just as the individual who pays a license to follow any occupation, is protected from the injurious competition of those who pay no license.

This is one view of the case. But there is another, and in our opinion a higher and more philanthropic view, viz., that the public ought to have some protection against the ignorance and knavery of the uneducated charlatan. The *Globe* says the public need no protection; that if these uneducated men do any mischief to individuals they are amenable to the law. This is very true but it is on the principle of "*locking the stable when the steed is stolen.*" Besides it would be useless, in cases where such individuals have laid themselves open to action, to prosecute, as in most cases their hats cover their entire responsibilities, and the man who is foolish enough to attempt to prosecute would have the costs to pay. But apart from this there is a great aversion on the part of most people to going into court and exposing their own weakness, however good their chance at recovering damages might be.

A great deal has been said about the liberty of the subject, and that people have a right to employ whom they choose. All this appears well enough, but at the same time they should be cautioned against being duped and swindled by pretenders of every description who by flaming advertisements and loud-mouthed promises, lead them to place confidence in men who have no faith in their

own practice, and here we would say that those journalists who do not seek to educate the people and assist in preventing them from being duped and swindled, are guilty of a great dereliction of duty. For some time past we have had in this city a quack who professes to cure by the laying on of hands, or "animal magnetism," a high-sounding phrase, well calculated to inspire confidence in the minds of an unthinking public. But this man has no faith in his own professions. A patient goes to him with a pain in one side of his face. He tells him that he will cure him for \$25, but he must have \$10 down, \$5 at the end of a week and the balance when he is cured. The poor deluded victim, (who has read of the great merits of this man in the *Globe*, and probably thinks there must be some truth in these statements) pays his money. The quack goes through some performance with his hands, prescribes *huge doses of iodide of potassium*, and tells him to take this and come back again. If any good results it is due to the medicine, and yet this man pretends to use no such thing. Another patient goes to him with a slight pain in his back and down the back part of the thigh (sciatica in a slight form). He tells *him* also that he can cure him for \$25, \$10 down, \$5 at the end of a week, and the balance when he is cured. The money is paid, but instead of the application of his hands, except in the most perfunctory manner, he punctures almost the whole of the patient's back and thigh with needles charged with croton oil. The man goes home, and in a few days he is very ill from the great irritation produced, and is obliged to call in a regular practitioner. The *Globe* might say, why don't this man bring an action for damages? But the patient says he would not for \$500 go into Court and have the whole thing ripped up. He feels too keenly the mortification of having been duped to wish to have it exposed in a public Court room, and there the matter ends. Still the *Globe* continues from day to day to pour out abuse upon the heads of a liberal and highly educated profession, and takes to its bosom as *protoges*, such men as these. The above statements are positive facts which have come under our own observation, and we think it is about time the public knew something of the character and practices of the men that the *Globe* is bolstering up in defiance of law and justice, and for what?

We would like to know very much where the

*Globe* gets its information regarding the desire of women to be attended by midwives. The experience of the editor in midwifery practice differs from that of most people, and we do not doubt that the majority of women would prefer a midwife to *him* in their *accouchement*. The daily experience of medical men, however, is that women don't want midwives about them; as a rule they have no confidence in them. Only yesterday we received a letter from a matron in a village where there is no doctor, begging us to send a medical man there and stating as a reason that one or two women had lately lost their lives through the bungling of midwives. Many medical men heartily wish it were as the *Globe* would have the public believe, for the midwifery part of the profession is not only the most irksome and trying, but also the least remunerative. The position which we take, however, is that neither men nor women should be allowed to follow as a business the practice of medicine, surgery, or midwifery, unless they have gone through a thorough course of training, and are fully competent to deal with every case, and every difficulty that may arise. This is what common sense and an intelligent public demands. When the candidate has shown this knowledge, he may then be safely allowed to adopt whatever line of treatment he chooses, whether it be "animal magnetism," "dry cups," "trance workings," or what not; knowing well that a well-educated man would never become a slave to one idea in medicine, where there is such wide scope for men of varied talents, and so much to divert the mind from a salutary groove.

The talk about "medical infallibility" is about as silly as can well be imagined. There never was any attempt on the part of the Council to tie licentiates down to set rules, or any system of practice. It is a libel on the intelligence of the profession to say so. Every man is free to use such remedies and appliances, or to prescribe for his patient in such manner and in such doses as his judgment may determine.

---

THE NEW COLLEGIATE YEAR.

The ever-circling year has brought us once more to the period at which the medical schools commence their annual courses. During the first week

of October we shall find the ranks of the profession re-inforced by another recurring batch of students. The occasion is suggestive; but the advice so repeatedly offered must become trite save to the newest entrants and to the uninformed. We shall, therefore, refer simply to the standing and prospects of the medical colleges of Ontario, and may drop a hint or two of advice to the earnest student. So far, as we learn, the prospects of these colleges are good for an increased attendance this year. Though Toronto has lost one of its medical schools during the past twelve months, it is none the less the medical centre of the Province, and its surviving schools are in a position to compete favorably for the attraction of students. The Medical School at Kingston, we are glad to learn, has very good prospects as regards an increased attendance; and we are glad further to learn of an enterprising outlay by the corporation in the purchase of a building, and in fitting it very completely. Despite the withdrawal of government assistance, the medical schools of the Province are doing and will continue to do their work of advancing the higher civilization of the country, by supplying the means of education to the rising generation of medical practitioners.

There are just two hints which we wish to present to our young friends, both derived from observation and experience. First, we have been led by fresh intercourse with Americans and with Canadians in the United States to a renewed knowledge of the undoubted fact, that the graduates of Canadian schools are held in high estimation in the United States, and particularly in the frontier towns and localities. This should be a cheering and an encouraging fact to our young men, who may feel sure that a wider field than the Province or the Dominion is open to them on the completion of their studies, should they elect to cast their lot abroad for a time.

Another encouraging fact consists in this, that on instituting a comparison between the state of public opinion and medical practice in Canada fifteen or twenty years ago, and with the same at the present day, it will be conceded that a young man has a better chance now-a-days of gaining medical confidence than he had then. This improved state of things for the young graduate, has been brought about by the improvement in the theoretical and practical education of medical

students, owing to which improvement many young men of capacity and attainments have made for themselves lucrative practices at a time of life when, a quarter of a century ago, they would have been condemned to wait instead of work,—under the idea that they were destitute of the all-essential “experience” which contributed to medical skill.

But these encouraging facts while they are calculated to cheer, are none the less suggestive of the duty of the student to give himself up earnestly to work during his collegiate course. Medical teachers and examiners are more exacting, and the public, if it be more disposed to trust and reward the young medical man, is naturally becoming more exacting too. Diligence and earnestness are essential qualities in the medical student. He who exercises them may live to have his highest hopes realized, he who fails to employ these qualities runs a sad risk of being disappointed.

#### NEWSPAPER QUACKERY.

One of the breaches of professional decorum that has of late become far too frequent and general is the practice of certain over eager and too enterprising medical men, in publishing, or allowing to be published in local newspapers, accounts of their surgical operations. The long established rule (which is based on a perception of what is due to the public and the just dealings of one professional man towards his brethren) is altogether against this species of newspaper quackery, which is deserving of severe reprehension. The only proper media for the publication of surgical histories and reports are the medical journals. Newspaper accounts must always lay under the charge of being mere *ad captandum* advertisements, and therefore degrading to its authors. The man who adopts such a course follows a mistaken path to eminence. Not so, however, the earnest working practitioner who aims at diffusing what he observes amongst his professional co-workers and students, and does this by preparing with due care and proper thought, accounts of the cases and methods of treatment, for publication in the medical journals. It has long been noticed and established that self-improvement follows such a practice; and that a doctor becomes a keener observer, a more careful therapist, and in due time a greater authority by devoting part of his time to the pre-

paration of contributions to the medical press. English medical biography is rich in illustrations of the truth of the statement; and we commend its teaching to young Canadian practitioners whose energies may thereby be turned into the proper channel and receive a fitting reward.

A GOOD MOVE.—We noticed sometime during the past month a report in one of the secular papers that at a meeting of a medical society in the eastern part of the Province, it was resolved “that no medical man should make an examination of an applicant for life insurance for a less fee than five dollars.” This we look upon as a move in the right direction. This duty if properly performed is a very important one in the interest of the company, and the physician should be fairly remunerated. We feel quite certain also that if the profession insists upon it the various companies will offer no objection.

APPOINTMENTS.—William Frith Savage, M.D., Elora, Associate Coroner for the County of Wellington. The following gentlemen have been re-appointed on the acting Medical Staff of the Toronto General Hospital:—Drs. Bethune, Geikie, and Temple, of the Trinity College Medical School; Drs. Aikins, Wright, and Graham, of the Toronto School of Medicine; Dr. Canniff and Dr. Cassidy. The names of the other gentlemen, formerly on the staff, and those lately appointed have been dropped, as the law only allows eight medical men on the acting staff.

PRACTICE FOR SALE.—Attention is directed to an advertisement in another column offering for sale a lucrative practice. The advertiser, with whom we are personally acquainted, offers a house and lot, and the good-will of a large practice for a very moderate sum. Parties on the lookout for a good opening should communicate at once.

TO OUR SUBSCRIBERS.—Now that money is beginning to circulate more freely, we trust our subscribers, and especially those who are in arrears, will at once cancel their indebtedness. In the present number we have enclosed bills to all who are owing, and we hope they will make prompt remittances. Those long in arrears must not expect any further leniency from us. We are determined that all who have received the *Lancet* shall fulfil their obligations.

## Reports of Societies.

### BRANT COUNTY MEDICAL ASSOCIATION.

The quarterly meeting of the Brant County Medical Association was held in Paris on Thursday, most of the members in the county being present, and a considerable number from the adjacent counties, among whom were Dr. Clarke, Princeton; Dr. Lovett, Ayr; Dr. Balmer, Princeton; Dr. Clarke, Drumbo; and others. The minutes of the last regular meeting were read, and, on motion, confirmed. This being the annual meeting when the officers of the society are appointed, the following members were chosen for the ensuing year:—Dr. Manwaring, St. George, President; Dr. Digby, Brantford, Vice-President; Dr. Philip, Brantford, Secretary-Treasurer. Dr. Burt, Paris, moved a resolution to the effect that no member of this Association should attend any society or association of individuals for a stated annual fee. After a good deal of discussion *pro* and *con*, the further consideration of the matter was postponed until the next regular meeting of the Association. Dr. Henwood, the representative of this Division in the Council of Physicians and Surgeons, made an interesting and practical address, giving details of the work being performed by the Council, and strongly advising the members of the Association to support them in the good work. Dr. Bown showed a specimen of polypus, describing its history. An hour was spent in a discussion upon diphtheria, in which Drs. Clarke, Digby, Philip, Henwood and Bown took part. The method of treatment as recommended by Ortel, of Berlin, by atomized vapor, etc., as showing the most satisfactory results, was generally approved of. Dr. Griffin showed a cancerous tumor which had been removed a few days ago giving a history of the case. A large amount of miscellaneous business, of interest to the society, was disposed of, after which it adjourned, to meet again in Brantford on the first Tuesday in December.

### SAUGEEN AND BROCK MEDICAL ASSOCIATION.

A largely attended meeting of the medical men of the county of Wellington was held at Fergus, on Thursday, for the purpose of forming a division Medical Association for the Saugeen and Brock Division. Dr. Clarke, of Guelph, representative of that Division in the Medical Council, presided. The necessary steps for the formation of the Association were taken, and a tariff of charges fixed upon, which, however, will require to be ratified by the other counties in the division before coming into operation.

## Books and Pamphlets.

PARALYSIS FROM BRAIN DISEASE IN ITS COMMON FORMS, by H. Charlton Bastian, M.A., M.D., F.R.S., University College, London, with illustrations; New York; D. Appleton & Co. Toronto: Willing & Williamson.

This work consists of a series of lectures delivered by the author in the University College, last winter, on Hemiplegia, Degeneration, Aphasia, Regional diagnosis in brain disease; The Cerebellum and its functions; Pathological diagnosis in apoplexy and hemiplegia, prognosis and treatment, &c. The author in a very concise manner deals with the common forms of brain affection in such a way that one may not only learn the principal variations which are to be met with, but also how far such variations are indicative of lesions in different parts of the brain. These lectures have already appeared in the *Lancet*, but in the work before us they have undergone a very careful revision and a considerable quantity of new matter has been added. The work in its practical character supplies a deficiency which has long existed in medical literature.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Third series; Vol. I.

MEDICAL ADDRESSES, edited by B. E. Cotting, A.M., M.D., Harv. Boston: David Clapp & Son.

A STATEMENT OF THE RELATIONS OF THE MEDICAL FACULTY OF THE UNIVERSITY OF MICHIGAN TO HOMOEOPATHY. Detroit; Tribune Printing Co.

## Births, Marriages, and Deaths.

In Toronto, on the 26th of August, the wife of S. B. Pollard, M. B., of a daughter.

At Pembroke, Ont., on the 5th ult., the wife of J. A. Desloges, M.D., of a daughter.

In Toronto, on the 16th ult., Dr. Hingston, Mayor of Montreal, to the eldest daughter of the Hon. D. A. McDonald, Lieutenant Governor of Ontario.

At the residence of the bride's father, Walnut Grove, Chatham, on the 1st inst., D. G. Fleming, M.D., to Marion Lucy, youngest daughter of Hon. A. McKellar, Sheriff of Wentworth.

At St. Thomas, 27th of Aug., Wm. Leonard, infant son of Dr. Marlatt aged 3 months and 19 days.

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

# 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.

## T. MORSON & SON,

31, 33 & 124 SOUTHAMPTON ROW, RUSSELL SQUARE, W.C.

WORKS: HORNSEY ROAD, N., & SUMMERFIELD WORKS, HOMERTON E., LONDON,  
MANUFACTURERS OF

Pure Chemicals and all New Medicines.

### SPECIALTIES.

MORSON'S PEPSINE PREPARATIONS. (The Original English Manufacturers.)

MORSON'S PEPSINE PORCI, Pure.

MORSON'S PEPSINE POWDER, or POUDE NUTRITIVE.

MORSON'S PEPSINE WINE.

MORSON'S PEPSINE LOZENGES.

MORSON'S PEPSINE GLOBULES.

MORSON'S PANCREATINE POWDER.

MORSON'S PANCREATIC EMULSION.

MORSON'S PANCREATIZED COD LIVER OIL.

MORSON'S SACCHARATED WHEAT PHOSPHATES.

MORSON'S CREOSOTE, from WOOD TAR. (The only English Makers.)

N.B.—Test of Purity—Insoluble in Price's Glycerine.

MORSON'S GELATINE. (The most economical substitute for Isinglass.)

MORSON'S CHLORODYNE.

MORSON'S EFFERVESCING CITRATE OF MAGNESIA.

MORSON'S ARTIFICIAL ESSENCES for Flavoring.

MORSON'S MORPHIA SALTS.

MORSON'S CHLOROFORM, Pure and Meth.

MORSON'S SP. ETHER NIT. P.B.

MORSON'S SP. AMMON. AR. P.B.

MORSON'S GINGERINE and ALOINE.

Sold Wholesale and Retail by all Chemists and Druggists throughout the World.

# BELLEVUE HOSPITAL MEDICAL COLLEGE.

## CITY OF NEW YORK.

### SESSION OF 1875-'76.

THE PRELIMINARY AUTUMNAL TERM for 1875-76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. THE REGULAR SESSION will commence on Wednesday, September 29th, 1875, and end about the 1st of March, 1876.

#### Faculty:

ISAAC E. TAYLOR, M.D., Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College.	
JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery. AUSTIN FLINT, M.D., Prof. of Principles and Practice of Medicine and Clinical Medicine. FRANK H. HAMILTON, M.D., LL.D., Prof. of Practice of Surgery with Operations and Clinical Surgery. LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery and Clinical Surgery ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery. W. H. VAN BUREN, M.D., Prof. of Principles of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.	FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women WILLIAM T. LUSK, M.D., Prof. of Obstetrics, Diseases of Women, Diseases of Infancy, and Clinical Midwifery. EDMUND R. PEASLEE, M.D., LL.D. Prof. of Gynaecology. EDWARD G. JANEWAY, M.D., Lecturer on Materia Medica and Therapeutics, and Clinical Medicine. AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty. ALPHEUS B. CROSBY, M.D., Prof. of General, Descriptive and Surgical Anatomy. R. OGDEN DOREMUS, M.D., LL.D. Professor of Chemistry and Toxicology.
PROFESSORS OF SPECIAL DEPARTMENTS, ETC.	
HENRY D. NOYES, M.D. Professor of Ophthalmology and Otology. JOHN P. GRAY, M.D. Professor of Psychological Medicine and Medical Jurisprudence.	EDWARD L. KEYES, M.D. Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery. EDWARD G. JANEWAY, M.D. Professor of Pathological and Practical Anatomy. (Demonstrator of Anatomy.)

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

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

SOLD BY ALL DRUGGISTS

## HORATIO G. KERN,

MANUFACTURER OF

# SURGICAL AND DENTAL INSTRUMENTS, &c.

ESTABLISHED 1837.

THE subscriber would again remind the Medical and Dental Profession that he still continues to manufacture his celebrated Instruments, in all the various branches Assiduous attention to the details of the business, which an experience of thirty-five years has afforded, has enabled him to make many improvements in his

## Unrivalled Extracting Forceps,

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

## ASPIRATORS.

(A new Instrument.)

Aspirator, No. 1, Six Tubulated Needles, assorted.....	\$25.00
Aspirator, No. 2, " " " " .....	18.00
Aspirator, No. 3, " " " " .....	12.00

All the Latest Improvements and Novelties.

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

Catalogues furnished on application.

HORATIO G. KERN,

Oct., 1873.

No. 21 North Sixth St., Philadelphia.

**GEORGE TIEMANN & CO.,**

F. A. STOHLMANN. ESTABLISHED 1826. ED. PFARRE  
67 CHATHAM STREET, NEW YORK,

MANUFACTURERS AND IMPORTERS OF

**SURGICAL INSTRUMENTS,**

Apparatus for Fractures, Dislocations and Deformities,

Latest Instruments for Local Anæsthesia, and for Applications to the Larynx, Posterior Nares, Eustachian Tube, Uterus, Urethra, Bladder, &c., &c. Laryngoscopes, Ophthalmoscopes, Endoscopes, Hypodermic Syringes, Fever Thermometers, &c. Surgical Instruments of all kinds made to order, and the Latest Improvements and Novelties promptly supplied.

**TWO SILVER MEDALS AWARDED**

BY THE

**PARIS EXPOSITION OF 1867**

BEING THE ONLY SILVER MEDALS GRANTED TO

American Exhibitors of Surgical Instruments.



**DR. GARRATT'S  
Constant Electric Disk.**

A very convenient and excellent kind of medical electricity, is self-generated and self-applied, by simply wearing this clean, flexible, electric pad, (disk). It is most celebrated for curing Rheumatic lameness, Neuralgic pains, Local Weaknesses, Spinal, central, and other nervous ills, by its steady and very mild galvanic action.

These *aura* currents are not felt, for the elements are arranged *avalanche* and not for intensity. The effect is agreeable, warming, vitalizing. The tissues and nerves are strengthened. The nerve force and the blood circulation are equalized. It has no equal for ease and safety, with like good effects. (If medicine is taken it quickens the action.) See the Directions. Each "Disk" is TESTED and WARRANTED. Large Disk—5 by 8 inches (24 poles) best for general use, on body or limbs, \$2 50; Children's, \$1 50. By mail on receipt of price by A. C. GARRATT & CO., 6 Hamilton Place, Boston, Mass.



**UTLER'S  
POCKET INHALER**

AND  
Carbolate of Iodine Inhalants

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

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

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

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

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

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

W. H. SMITH & CO.,

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

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

**Microscope for Sale.**

STEWART'S PROFESSIONAL ACHROMATIC MICROSCOPE. It is well constructed and has coarse and fine Adjustments for Focusing, a Sliding Object Holder to the Stage, One Huyghenian Eye-Piece and Adjusting Concave Mirror, a Set of Achromatic Object Glasses, giving three different powers, and magnifying from 75 to 300 diameters, or 90,000 times superficial. A Live-Cage, for the examination of Aquatic or Transparent Objects, &c.; a pair of Adjusting Forceps, fitting into the stage, a pair of small Brass Forceps and Glass Slides, all fitting into a Mahogany Cabinet and Drawer, with Rackwork for two dozen Objects, and spare compartment for Apparatus, &c., including a Standard Work, entitled "Half-Hours with the Microscope," by Edwin Lankester, M.D.,

The power is quite sufficient for all ordinary investigation. Price \$20.00. Address

"Lancet Office,"  
Toronto.

**DUDLEY & BURNS,**

Plain and Ornamental Book and Job Printers,

11 COLBORNE STREET, TORONTO, ONT.

DOCTORS' AND DRUGGISTS' LABELS NEATLY PRINTED AT REASONABLE RATES.

# DR. J. COLLIS BROWNE'S CHLORODYNE

IS THE ORIGINAL AND ONLY GENUINE.

## ADVICE TO INVALIDS.

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

## CHLORODYNE,

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

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

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

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

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

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

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

### Extract from *Indian Economist*.

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

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

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

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

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

From Dr. THOMAS SANDIFORD, Passage West, Cork.

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

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

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

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

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

### CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

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

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

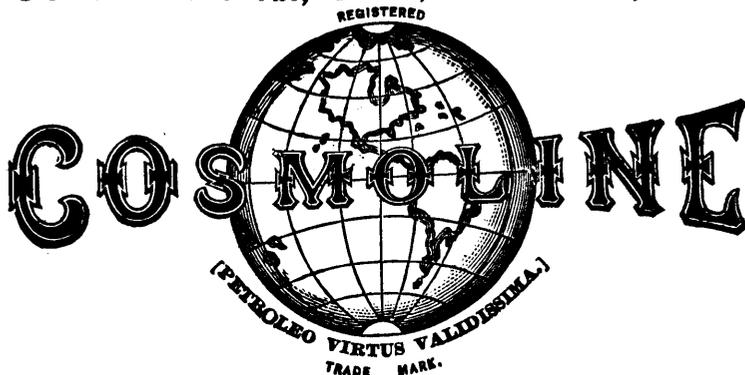
Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

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

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

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

PUT UP IN 1 lb., 5 lb., and 10 lb, CANS.



(PETROLEO VIRTUS VALIDISSIMA.)

"The most efficacious virtue from Petroleum."

The Emollient and healing principle from Petroleum, highly purified and concentrated, without the use of chemicals. It has an absolute non-affinity for oxygen or moisture; a perfect bland, soothing, oleaginous substance, applicable to the most sensitive condition, even to the eye, without the slightest irritation, and yet so homogeneous and dense as to exclude atmospheric action and other malific influence. IT IS A PERFECT APPLICATION.

WHEN USED AS SURGICAL DRESSING, and the bandages adhere to the wound, the subsequent applications may be made upon the exterior of the last fold, which it will penetrate at once, thus avoiding the danger of re-opening the wound.

FOR BURNS AND SCALDS it is INVALUABLE. It allays the acute inflammation almost immediately, and thoroughly protects the injured parts from the action of the atmosphere. If used promptly and ALONE, the wound heals rapidly, even in severe cases, without any sloughing, and usually without leaving any scars. For cuts, lacerated surfaces, all kinds of Inflammation, poisoning, and SKIN DISEASES GENERALLY. For Piles and diseases of the rectum, uterus and urethra, by injection. Hundreds of uses for it are suggested to the physician who knows its positive virtue. It is incapable of decomposition, fermentation, or becoming rancid on any sore, in any climate or temperature.

Cosmoline combines readily with White Wax for Ointments, Cerates, with Sulphur, Iodine, Bromine, etc., with Camphor, Gums, Resins, etc. It does not combine with proof spirits, Ammonia, or Caustic Alkalies. Coming from the same primitive source as Carbolic Acid, it has a peculiar affinity for that valuable remedy, and forms a superior vehicle for it: on account of its simple and positive character it is vastly superior to Olive Oil, Lard, etc., as a menstruum for other external applications. As an emollient, it is superior to Glycerine, especially the Rose perfumed. Its non-affinity for oxygen or moisture renders it a perfect protection against rust when applied to surgical instruments.

Prepared expressly for Medical Purposes by

**E. F. HOUGHTON & CO.,**

To be had from all Retail Druggists. Samples and Circulars furnished

215 South Front Street Philadelphia, Pa.

The Eleventh Annual Course of Lectures in the  
**Medical Departm't of the University of Wooster,**  
AT CLEVELAND, OHIO,

Will begin Wednesday, October 6th, 1875, and continue until the end of February, 1876.

Medical and Surgical Clinics, Tuesday and Friday of each week, at Charity Hospital.  
College Clinic every Wednesday.

The Summer Session of Recitations and Clinics begins the first Monday of April, and lasts twelve weeks.

**FACULTY.**

L. FIRESTONE, M.D.	H. J. HERRICK, M.D.	G. C. E. WEBER, M.D., DEAN.	D. B. SMITH, M.D.	W. J. SCOTT, M.D.
C. W. NOBLE, ESQ.	H. W. KITCHEN, M.D.	JAMES DASCOMB, M.D.	JOEL POMERENE, M.D.	A. C. MILLER, M.D.
T. CLARKE MILLER, M.D.	A. MEIZ, M.D.			J. H. LOWMAN, M.D.

For further information or Catalogue, address  
T. CLARKE MILLER, SECRETARY,  
112 Prospect St., Cleveland, O.

**FIRST PRIZE FOR ARTIFICIAL LIMBS**  
AND  
**SURGICAL APPLIANCES.**



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

JAMES AUTHORS,  
16 King Street East, Toronto.

TORONTO, Sept. 17, 1874.

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

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

# UNIVERSITY OF TRINITY COLLEGE.

(INCORPORATED BY ROYAL CHARTER.)

MEDICAL DEPARTMENT.—WINTER SESSION 1875-'76.

## FACULTY:

- E. M. HODDER, M.D.**; F.R.C.S., Eng.; F.O.S., Lond.; Dean of the Faculty, and Consulting Surgeon Toronto General Hospital and the Burnside Lying-in-Hospital.—159 Queen-st. West.  
Prof. of Obstetrics, and Diseases of Women and Children.
- W. B. BEAUMONT, M.D.**; F.R.C.S., Eng.; Consulting Surgeon Toronto General Hospital.  
Emeritus Prof. of Surgery.
- NORMAN BETHUNE, B.A., M.D., Edin.**; M.R.C.S., Eng.; F.R.C.S., Edin.; F.O.S., Lond.; Physician to Toronto General Hospital, and Burnside Lying-in-Hospital.  
24 Gerrard-st. East.  
Prof. of Surgery and Clinical Surgery.
- WALTER B. GEIKIE, M.D., F.R.C.S., Edin.**; L.R.C.P., Lond.; F.O.S., Lond.; Physician Toronto Gen. Hospital.—Cor. Gould and Yonge-sts.  
Prof. of Principles and Practice of Medicine.
- J. FULTON, M.D.**; M.R.C.S., Eng.; L.R.C.P., Lond.—334 Yonge-st. Physician to the Toronto General Hospital, Hospital for Incurables, and Hospital for Sick Children.  
Prof. of Physiology and Sanitary Science.
- W. COVERTON, M.D.**; M.R.C.S., Eng.  
Prof. of Pathology and Medical Diagnosis.
- JAMES BOVELL, M.D., L.R.C.P., Lond.**; Consulting Physician to the Toronto General Hospital, and the Burnside Lying-in-Hospital.—118 St. Patrick st.  
Prof. of General Pathology.
- J. E. KENNEDY, A.B., M.D.**; F.O.S. Lond. Phys. to Toronto General Hospital.  
Prof. of Materia Medica and Therapeutics.
- J. ALGERNON TEMPLE, M.D.**; M.R.C.S., Eng.; F.O.S., Lond.; Physician to Toronto General Hospital, and Attending Physician Burnside Lying-in-Hospital.—144 Bay-st.  
Prof. of Medical Jurisprudence and Toxicology, and Assistant Lecturer on Obstetrics, &c.
- W. H. ELLIS, M.A., M.B.**; L.R.C.P., Lond. Instructor in Chemistry, College of Technology.  
Prof. of Chemistry—General and Practical.
- H. ROBERTSON, M.B.**; M.R.C.S., Eng.—24 Shuter-st.  
Prof. of Anatomy—Descriptive and Surgical.
- J. FRASER, M.D.**; L.R.C.S., Edin.; L.R.C.P., Lond.  
Demonstrator of Anatomy.
- A. J. JOHNSTON, M.D.**; M.R.C.S. Eng., F.R.M.S., Lond.; Physician to Toronto General Hospital.  
Microscopy.
- THOMAS KIRKLAND, M.A.,** Lecturer on Chemistry, Botany, &c., Normal School.

The Session will commence on FRIDAY, the 1st of October, 1875, and continue for Six Months. The Lectures will be delivered in the new College building, close to the Toronto General Hospital. Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, &c., will be given in the annual announcement.

E. M. HODDER, Dean.

W. B. GEIKIE, Secretary.

# ELECTRICAL INSTRUMENTS

FOR

# MEDICAL USE.

We respectfully refer to the following Eminent Physicians:

### BOSTON.

Prof. Francis Minot, M.D.  
H. H. A. Beach, M.D.

### CHICAGO.

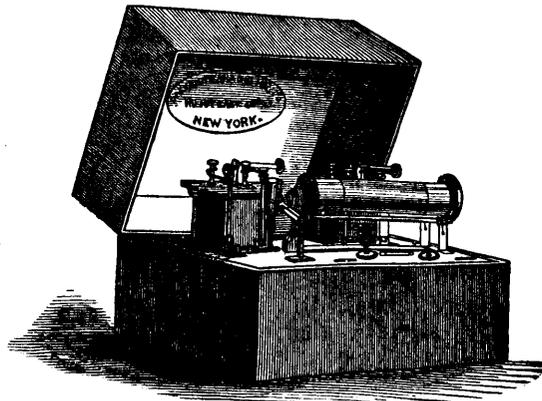
Prof. N. S. Davis, M.D.  
Prof. James S. Jewell, M.D.

### DETROIT.

Prof. Thea. A. McGraw, M.D.  
Prof. James F. Noyes, M.D.  
Prof. Albert B. Lyons, M.D.  
Prof. Leartus Connor, M.D.

### ST. LOUIS.

Prof. J. K. Bauday, M.D.  
Prof. Jas. B. Johnson, M.D.



### NEW YORK CITY.

Prof. W. A. Hammond, M.D.  
Prof. Lewis A. Sayre, M.D.  
Prof. James R. Wood, M.D.

### PHILADELPHIA.

Prof. Robert E. Rogers, M.D.  
Prof. B. Howard Rand, M.D.

### CANADA.

Dr. Theo. Mack, M.D., St. Catharines.  
Dr. Fife Fowler, M.D., Kingst'n  
Dr. John R. Dickson, M.D., Kingston.  
Dr. B. H. Lemon, M.D., Thoroild.  
Drs. Orton & Alexander, M.D., Fergus.  
Dr. A. Wolverton, M.D., Hamilton.  
Dr. J. Fulton, M.D., Toronto.

## Galvano-Faradic Manufacturing Company,

167 EAST 34th ST., NEW YORK.

FOR SALE BY LYMAN BROS., TORONTO.

Send for Catalogue, with a concise and practical Guide for their use.



# The Banning Truss and Brace Co.

New York.

Fig. No. 3, is a comfortable support to the abdomen, but is not so effective as No. 5 in supporting the bowels, spine or chest.



The Improved Body Brace.

Abdominal and Spinal  
Shoulder and Lung Brace.

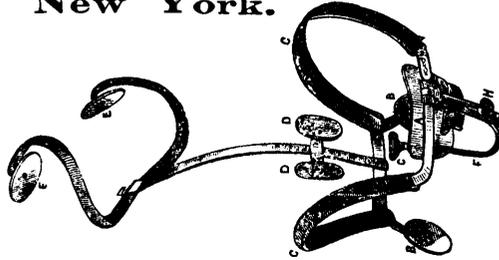
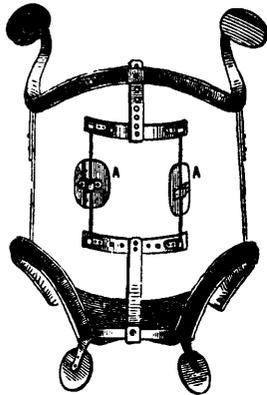


Fig. No. 8, is a general and grateful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so, particularly in spinal and uterine affections, the corresponding attachments are required.

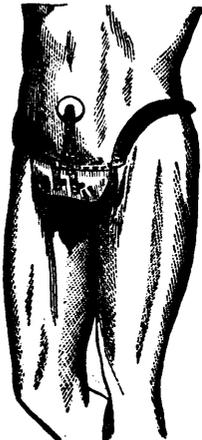
Fig. No. 18.

## Improved Revolving SPINAL PROP.



Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

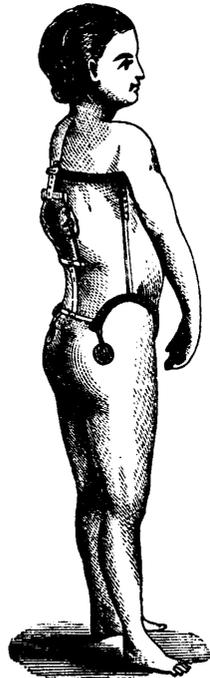
Fig. No. 12.



The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Fig. No. 19.

## SPINAL PROP APPLIED.

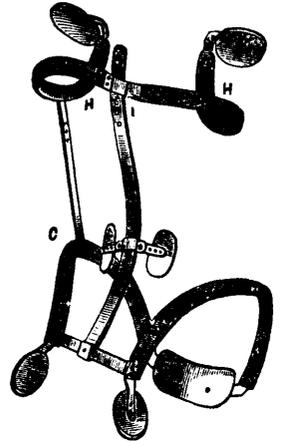


How to measure for any of these appliances.  
1st Around the body, two inches below the tips of hip bones.  
2d Around the chest, close under the arms.

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

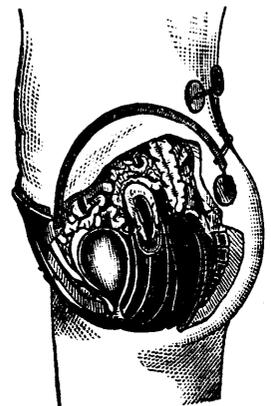
Fig. No. 14.

## Improved Centripetal SPINAL LEVER,



For lateral curvature of the spine. The general action is to reverse the body's weight, and so deprive gravity of its depressing force.

Fig. No. 7.



The above cut represents THE IMPROVED ABDOMINAL SUPPORTER, removing visceral weight, and correcting the truncanl bearings, while its attachment, BANNING'S IMPROVED BIFURCATED UTERINE ELEVATOR, in supporting the vaginal cul de sac on each side, thus, while elongating the vagina, restoring the diseased or overtaxed uterus [without touching it] to its normal position.

## Banning Truss & Brace Co's.

SYSTEM

OF

## MECHANICAL SUPPORT

Has the unqualified endorsement of over five thousand of the leading medical men of this country and Europe, and has been adopted by them in their practice.

## PRACTITIONERS

Report to the Medical Journals and to us that cases of

## SPINAL DEFORMITIES

AND

## UTERINE DISPLACEMENT

which have gone through the whole catalogue of other Spinal Props, Corsets, Abdominal Supporters and Pessaries,

YIELD READILY

TO

Our System of Support.

BANNING TRUSS AND BRACE CO., 704 Broadway, above 4th St.

No other office or Address.

Send for Descriptive Pamphlet.

N. B.—The numbers of the above Figures refer to Pamphlet Nos., NOT to Descriptive List Nos.