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# THE CANADA LANCET.

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(Index next page.)

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(Surgeon to the Toronto Eye and Ear Dispensary.)

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Dr. J. W. Rosebrugh, Upper James St. Hamilton,

THE

Last Saturday of every Month.

# McGill University, Montreal.

## FACULTY OF MEDICINE.

### SUMMER SESSION, 1883.

THE Eighth Regular Summer Session of the Medical Faculty of McGill University will begin on the 12th of April, and continue twelve weeks. The classes are chiefly practical and demonstrative and are designed to supplement and extend the teaching of the regular winter courses. The experience of the past sessions has been very encouraging, both in regard to the numbers in attendance, and the diligence with which the classes have been followed; and the Faculty hopes that the students will endeavor to take one or more of these extra sessions, the fees for which have been placed so low as to be almost nominal. The special advantages of attendance upon a summer session are:—1. The benefit derived from the practical and demonstrative classes. 2. Dresserships and clinical clerkships are more easily obtained at the Hospitals, and the student has more time at his disposal to follow up the cases. 3. Cases of midwifery are obtained in greater numbers at the Lying-in-Hospital. 4. Systematic study can be carried out more effectually than at home.

The advantages offered by the City of Montreal for the practical study of Medicine and Surgery are unequalled in the Dominion. In the wards of the General Hospital there is always, and more particularly in the summer months when navigation is open, a large collection of interesting medical and surgical cases. In the out-door department, there is a daily attendance of between 75 and 100 patients, which afford excellent instruction in minor surgery, routine medical practice, and diseases of children. The Eye and Ear Department will afford an opportunity of studying practically and under skilled direction, these important branches.

The hours of attendance at the Hospital and Dispensaries are so arranged that the student can be occupied from 11 a.m. to 3 p.m. in seeing the practical work of his profession.

At the University Dispensary there will be, in addition to the Demonstrations on Gynecology, Demonstrations on Diseases of Children and Diseases of the Skin.

Dresserships and clinical clerkships can be obtained on application to the physicians and surgeons in attendance at the Hospital.

The Faculty has made arrangement for the following courses:—

Clinical Instruction at bedside in General Hospital,	{ SURGERY, MEDICINE, }	THE ATTENDING PHYSICIANS AND SURGEONS.
Medical Clinic,		GEORGE ROSS, A.M., M.D.
Surgical Clinic,		T. G. RODDICK, M.D.
General Clinic (at Dispensary),		DRS. MACDONELL AND SUTHERLAND.
Genito-Urinary Surgery,		G. E. FENWICK, M.D.
Diseases of Women,		WILLIAM GARDNER, M.D.
The Urine in Health and Disease,	R. L. MACDONELL, B.A., M.D. & M.R.C.S., ENG.	
Practical Gynecology,	D. C. McCALLUM AND WM. GARDINER, M.D.	
Practical Obstetrics,		ARTHUR A. BROWNE, B.A., M.D.
Ophthalmic and Aural Surgery,		FRANK BULLER, M.D., M.R.C.S., ENG.
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Morbid Anatomy,		W. OSLER, M.D., M.R.C.P., LOND.
Museum Instruction,		W. SUTHERLAND, M.D., L.R.C.P., LOND.

All students desirous of attending the above courses are expected to register their names with the Registrar of the Faculty, and to pay a fee of \$15, when a ticket will be issued admitting bearer to the lectures. Enregistration and payment of the fee is compulsory upon all students, whether attending one or more of the classes. A printed certificate of attendance will be issued at the close of the session.

The following Special Courses will be given:

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Course on the Microscope in Medicine. By WM. OSLER, M.D. Fee, \$10.

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# THE CANADA LANCET.

VOL. XV.

TORONTO, APRIL, 1883.

No. 8.

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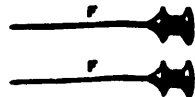


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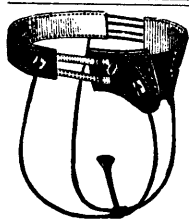
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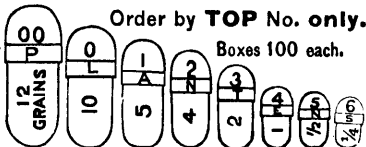
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*Emeritus Professor of Clinical Surgery in the University of New York, Visiting Surgeon to Presbyterian Hospital, etc.*

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FRANK WOODBURY, M.D.,  
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Yours truly,

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Physician to the Pennsylvania Free Dispensary for Skin Diseases.

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**Particular Attention.**—We do not claim that this Food will agree with all children; we do not think that any artificial food will ever be made which will do this, as nature sometimes fails, a mother's milk not agreeing with her own child. We only claim what has been proved by its use for fifteen years past, that it will agree with a larger proportion of children than any other artificial food.

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A pamphlet by Prof. H. Lebert, of Berlin, giving full particulars of the Food, sent to any address on application to

**THOMAS LEEING & CO., Sole Agents,  
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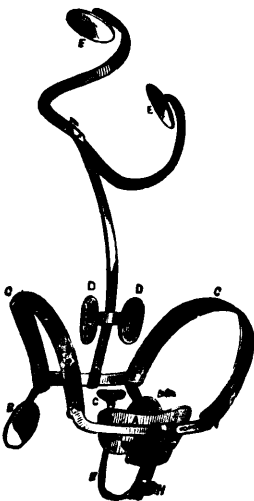
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Fig. No. 8 is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

THE IMPROVED BODY BRACE.  
FIG. 3.



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



No. 8 as 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.

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*Yield Readily to our System of Support.*

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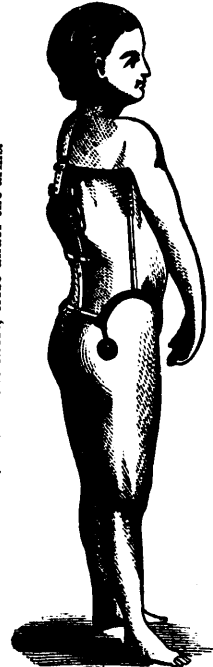
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FIG. 19.



HOW TO MEASURE FOR ANY OF THESE APPLIANCES

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

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

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

# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

VOL. XV. TORONTO, APRIL, 1883. No. 8.

## Original Communications.

### ON COUNTER-IRRITANTS, BLISTERS, ETC.

BY ALFRED J. HORSEY, M.D., M.R.C.S., ENG.,  
OTTAWA.\*

GENTLEMEN,—With your permission I will submit to you a few thoughts and observations, on some local medicaments, as irritants and blisters, which have in a greater or less degree engaged the attention of each of us. The remarks that I am about to make, may to some appear heterodox, though, if they are a departure in the direction of truth you will commend them, but if not, the reverse must be your verdict. I may not tell you anything new; but, by drawing your attention to the subject, set you thinking. I hope at least just now to set you talking, so that your various experiences and opinions may be known, and the outcome be of benefit both to ourselves and patients.

It is not because I think topical applications of the class I have mentioned, to be of no service in the treatment of disease that I have chosen them for the subject of my brief and imperfect remarks, for I believe them to be the greatest comforters, as well as the greatest tormenters of humanity, but curative of disease only in a minor degree. I believe them to be as we read of them in our text books even of to-day, a most barbarous and cruel mode of treatment, sometimes attended by positive harm, often as, alas, is too frequently the case in much we do in medicine, applied in a haphazard or routine sort of way, it may be for the sake of appearing to do something, hoping at least no harm may come of them. Not that routine practice, where we are convinced that it is productive of

good, should be objected to, for much of our most useful treatment is empirical; we may not know how it proves beneficial, but for this reason will not discard it, but continue to carefully use it, hoping some day to have revealed that which is now hidden from us.

Counter-irritation, as you know, is irritation excited in a part of the body with the view of relieving a pathological irritation already existing in another part. It is one of the oldest applications of our art, being handed down to us from I don't know whom, very probably it was the first domestic remedy, a moral rubefacient, applied by the hand of mother eve, to the *glutei maximi* of master Cain, and judging from the little villian's after-career was productive of much good.

Derivation or revulsion means a centre of irritation, established in a part for the purpose of abstracting the blood and vital manifestations from some other part. Trousseau says, it would greatly embarrass us to have to say by what internal paths revulsions act; the explanations of pathology have not made the question clear, and we freely confess we have vainly sought the explanation. This mode of treatment is an attempt to imitate nature, suggested by the knowledge, that disease for reasons unknown, suddenly disappears from one part or organ of the body to appear as suddenly in another which phenomenon is known as metastasis. I think it is admitted there is such a thing though very often, that which is thought metastatic is secondary to the original disease and merely an extension of it, as is exemplified in the deposit of pus in the joints from a distant wound. The most perfect metastasis is said to take place between the parotid glands and testicles, which are likewise, said to be in sympathy one with another most intimately. Though this connection is not very apparent, it is true in a limited degree in all probability, that one disease proves curative of another, as after prolonged fevers old ulcers heal and skin diseases disappear. Glands in many morbid conditions seem to play a principal part, the brunt of the disease falling heavily upon them. For instance, many disorders manifest themselves by derangement of the glands we can see and feel about the throat, the tonsils, parotids, thyroids and others, and yet we know the *materies morbi* to be not only in these parts but generally through the system.

\* Read before the Bathurst and Rideau Medical Association, Jany. 17th, 1883.

Long ago, even before the time of Brown and Broussais, it was thought that by setting up a greater extent of irritation, that a less was drained of its blood and vital phenomena and thus the part was enabled to regain its normal action. I think I am correct in stating that it is not generally thought so now, but rather that an inflamed part has the power to draw to it all the blood required to carry on the morbid changes in it, and that though a second part be inflamed it does not detract from the first. There are various other terms now almost obsolete, which signify the methods in which irritants act, or were supposed to act; such as transpositive, substitutive, spoliative, but we will not dwell on them here.

Local applications may extend their influence in more ways than one; but it is chiefly through the nervous system, the impressions being transmitted by the different nerves to their centres and thence reflected to distant parts.

Ringer says, by applying an irritation to the termination of a nerve, we excite pain and the consequent phenomena follow in their order; the irritant produces certain molecular changes, which thence extend to the sensorium, and on removing the cause of pain the molecular arrangement reverts to its original condition and the pain subsides. In every instance of pain, however produced, molecular changes must involve the nuclei of nerves or the centripral fibres passing from them to the sensorium. Some think that pain is an exaggerated common sensation. There is no doubt that topical irritations make themselves felt in parts distant from the points of application, whether they are from the centre towards the surface or the surface towards the centre. In epilepsy we have convulsions; snuff excites sneezing; ipecac, vomiting, each sensation excites a different molecular arrangement in the nucleus of a nerve.

Let us ask ourselves are irritants curative in disease? Are they capable of doing what their long names would lead one to believe they can do? Through the sympathetic system or trophic nerves, as they are called, because they preside over nutrition and secretion, various impressions are transmitted, capable of modifying the processes in various ways and to some degree. But we cannot make them do anything we wish, even if we knew what to wish for. They are capable of performing certain functions in health, it may be presiding over a gland

that makes saliva and we cannot compel them to secrete anything else. By interfering with them, by irritants and other disturbers of the laws upon which they work, we may for a time and to some degree make them secrete a greater or less quantity, or a more or less abnormal quality; but we can never make a salivary gland secrete else than a good or bad quality of saliva. And yet we, to a part already thrown off its balance by a morbid process, seek to make it right by another foreign imitation of our own which we call art, hoping by this homœopathic treatment, out of two wrongs to make a right. And so it is with nutrition, we cannot go beyond a narrow limit in it. We can deprive the system of this or that element, or give a superabundance of this or that, but only tissues more or less normal can be produced. We may pervert, clog or even suspend action by irritants and poisons, but we can do no more.

There is no doubt, for it is daily exemplified, that counter-irritants are not only our most common but most effectual and safe means of relieving pain, whether applied in the form of mustard as a rubefacient to some painful nerve, or that of the potential cautery in painful disease of joints. And here we might ask ourselves, what is pain? Austie has poetically called it "the prayer of the nerves." It is said to depend on a molecular (electrical if you like) change in a nerve different from that of health, but of the same nature. When I said blisters were the greatest comforters of mankind I meant by their pain-relieving properties. It is thought they do so by altering the molecular arrangement in the nerve, or its nucleus or replacing it by a different one. Might it not be, in the case of the more powerful counter-irritants and cauteries, by shocking or paralyzing the nerves so rendering them unfit to carry impressions? However it is brought about, their pain-relieving properties are beyond a doubt. As to their curative powers, except indirectly in this pain-relieving quality, to my mind, they are but weak and unreliable agents.

A blister applied directly to an ulcer, in which there is deficient action or indolence, may so change it that it may readily heal—perhaps by drawing more nutriment to it, or by destroying granulations in a sore with abnormal action, as is shown by large, soft, pale, insensitive cells, and thus help it to repair. Or it may be by killing some

local parasites as the trycophyton tonsurans in tinea tonsurans or ring-worm, and in other local affections in divers ways, prove curative. But in general diseases to me they have long seemed unproductive of good, excepting by relieving pain.

In pneumonia for example, in which blistering has been used perhaps more than in any acute disease, I have failed to see any good which could be attributed to its use, but certainly much pain and discomfort if not positive harm. Dr. Inman, and others, have shown that blisters and counter-irritants applied to the chest or abdomen will, in some instances, excite inflammation of corresponding parts of the pleura and peritoneum. Again, an irritant applied to a joint distended by synovial fluid increases for a day or two the amount of fluid. The arrest of lung fever, which I regard pneumonia to be, by the application of a blister measured by feet, seems to me as irrational as to place one over the back for the cure of small-pox. If there is any disease in which a whole and healthy skin is required it is this one. The skin has been called the external lung and to damage a large extent of it as is sometimes done cannot be other than injurious. It is through it that a critical termination is sometimes brought about by profuse sweating. I once heard Bennet, by whose teaching bleeding was abandoned in this disease, and who was not much in favour of blistering say:—Inflammation of the lungs frequently terminated in one of three ways, a copious sweat, urination or expectoration.

It was once the fashion to treat pneumonia at the outset by a large fly blister hoping by revulsion to arrest the disease, but as time went on its application became more and more retarded, till, as Dr. Wood says, "it is precisely at the period when depletion, local and general, is no longer required that blisters are applicable—or, as it might be put, just as the patient has turned towards a favourable termination he is subjected to useless pain and annoyance and his recovery probably retarded by the abstraction of more or less serum which contains almost as much albumen as blood and also some fibrin. In pleurisy their benefit in my experience is very doubtful, and I think it amongst the rarest probabilities, that the amount of serum in a pleural sac can be diminished by their use.

In inflammation of the bowels it is the common practice of the day to place upon the abdomen

some active counter-irritant hoping it will in some way prove remedial. Reasoning from analogy the practice is very questionable. In burns and scalds, especially of the trunk, inflammation of the viscera is one of the most common sequences, and more especially is this the case with the bowels.

Wm. Curling, of London Hospital, was the first to call attention to the frequency of ulceration and perforation of the duodenum in scalds and burns,—not those of degree but of extent. It is superficial sores of large extent that most commonly produce them, just such an injury to all appearance as a fly blister would cause.

The foregoing remarks do not apply to the more emollient applications, liniments, rubefacients and poultices, which, by their heat, moisture and active principles are capable, with few exceptions, of doing what the more powerful vesicants are capable of without their damaging effects. And now, gentlemen, let me thank you for listening to my paper, which I shall rather abruptly close for fear what was intended for a mild rubefacient should prove a blister.

### LONGEVITY IN BRAZIL.

BY JOSEPH WORKMAN, M.D., TORONTO.

If the occurrence of remarkable instances of longevity can be regarded as a sufficient indication of the salubrity of the climates in which they are observed, we may feel almost warranted in the conclusion, that our preconceptions as to the unhealthiness of some countries, heretofore generally reputed to be very inimical to human vitality, have been very erroneous. In the November (1882) number of the *Uniao Medica*, of Rio de Janeiro, a list is given of persons who had attained to very advanced ages, in the Empire of Brazil. The following is a translation from the Portuguese, of the details presented:—

"In the province of Rio Grande, south, there is a locality called Povo Novo, (young people), which should rather be styled Povo Velho, (old people), because of the long life of its fortunate inhabitants. We here present a practical demonstration of the existence of the elixir of life in this precious land: Counting 17 years of life in the last century, there is in this place a woman named Damazia de Barros, who married at 16, and lived in wedlock 70



years, and has been a widow for 15 years. From her marriage she had 11 children, of whom eight are now living; she has 48 grandchildren, 142 great grandchildren, and 20 great great grandchildren; thus showing a descendance of 218 persons, who are all now in the full enjoyment of their mental faculties. She has a son who is past 80, residing in Arroio Grande, from which he comes every year to visit his old mother, making the journey, without much fatigue, in a single day; two sisters, each over seventy, accompanying him.

In the same locality, there are, of less ages, the following persons:—Donna Maria Pereira das Neves, aged 95, and Donna Muela das Neves, aged 93, who are both industrious, and occupy themselves in domestic work. Raphael dos Santos, aged 94, who is able to do some work; Donna Marenciana da Rosa, aged 90. There are in Povo Novo an unusual number of persons, in comparison with the entire population, from 70 to 80 years old. It is there no rarity to hear of persons of 100 years or over. From 1840 to the present date the following persons have died at this advanced period: Anna Veladoa, 114 years; Maria de Barros, 113; Joao da Rosa, 113; Diego de Barros, 104; Luiza de Barros, 106; Anna da Rosa, 107; Domingos de tal, 106; Rosa Rogado, 104; Maria Joaquina da Conceico, 102; Manuel dos Quadros, 101: Caetano Silveira and his wife died on the same day, and were reckoned to have each passed 100 years of age. Donna Damazia de Barros, in spite of her 100 years, is able to work with the hoe from morning till night. Albino de Barros, her son, is 87; he resides near Arroio de Palma, 12 leagues from his mother, whom he visits every year, on horseback. The youngest son of this woman, Manuel de Barros, is 56. Mathias de Barros, the husband of Damazia, died 16 years ago. A few days before his death he shouldered a heavy burden, and trotted off with it like a strong boy. He related that he had danced at the ball given on the occasion of his wife's baptism. In this family many of the members are above 60 years old. Maria de Souza is 108; D. Monoela da Rosa is about 100; D. Maria Soares, the mother of Lieut.-Colonel J. Soares, is 95; Eugenia Nunes de Sousa, is 83; Justino Luiz de Lima is 88, and his wife is 90; Antonio Ilheo, is above 100; Polydoro Pereira died at over 100; D. Joanna Mendes died at over 100; a short time before her death she

still rode on horseback, and went out at all hours, in the exercise of her function as a midwife. Her son, Frederico M., reached the age of over 100.

*Still more of the Macrobiotic sort.*—Within the present year (1882), there died in the vicinity of S. Francisco de Paula, a Brazilian named Antonio José da Silveira, aged 132 years, and an African named Goncalo, aged 100, both enjoying to the end their complete faculties. There lives in the city of Porto Alegre, Rio Grande, South, in the street Riachuelo, No. 160, a lady who was born in 1773. She married at 25, the Governor D. Diego de Souza being a witness. in the year 1798; she is therefore now 109. She has the perfect use of her faculties; converses with much decision; travels on foot through the whole city, visiting many of her friends; on the day of visiting the graves, she goes to the cemetery, and returns from it on foot, and in like manner she attends the festivals of the *Menino Deus*. She numbers sons, grandsons and great grandsons. *Ditosa senhora!*"

Some of our modern Thomases may be disposed to question the accuracy of the preceding figures, simply because they do not comport with their own experience, which is a form of argument no less cogent than that of the African who denied the possibility of water becoming solid, because he had never seen frost. It is, no doubt, quite true that old people have but weak memories, and from having no reliable record of their births, or having forgotten the dates, they may fall into the error of exaggeration, and by frequent repetition become at last sincere believers in their own assertions. Some, however, of the preceding Brazilian records appear to have fair pretensions to accuracy.

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#### HINTS ON CHRONIC CONSTIPATION.

BY T. ARNOLD HAULTAIN, M. A., PETERBORO, ONT.

Perhaps no malady of those that are popularly classed as trivial and undeserving of medical aid, is so pregnant with results destructive of the very activities most required by the class of persons oftenest afflicted with it, as Chronic Constipation. It is the sedentary man, the man who lives by his brain, that suffers most; and it is his brain, his mental faculties, that he finds chiefly impaired. Every student knows the value of a laxative dur-

ing examinations; Carneades, the most celebrated of the later Academic philosophers, I believe it was, who was accustomed to take a strong purgative before arguing against the Stoics; and I once heard of a commandant of a regiment who vowed he knew no better incentive to the invention of a new manœuvre than an anti-bilious pill.

The particular species of constipation to which I refer, is that due to the impairment of the contractile power of the muscular coat of the large intestine. So many influences tend to diminish the patient's efforts to cure this habitual form, that, in nine cases out of ten, only by spasmodic and soon-discouraged endeavors can he be persuaded to undertake remedial measures. Its persistency; the expense and trouble of procuring drugs, the use of which cannot be long continued; the perceptibly waning efficacy of many of these very drugs; the want of time to persevere daily in such mechanical contrivances as enemata, suppositories, lengthened attempts at evacuation; the absolute impossibility to the majority of sufferers—in this country at least—of procuring throughout the year such articles of diet as are almost a *sine qua non*; the inability to devote to defecation the time best suited to the system,—these are some of the causes that lead to a cessation of the employment of measures, such as, even to procure a moderate amount of success, demand untiring pertinacity. This being the case, the simpler the remedies, and the more suited to the habits and circumstances of the patient the better. I do not hesitate therefore, to suggest the following remedial—I will not as yet say curative—plan as an adjunct or auxiliary to the conventional treatment.

This is the induction of a greater number of evacuations *per diem* than that to which the patient has been accustomed. The intestinal canal has been subjected to abnormal and long-continued distension; nutrition of this organ has been diminished; its muscular fibres are probably somewhat atrophied, and the nerve *plexuses* do not fulfil their function. If then we can eliminate the causes of distension we shall have accomplished everything; and the less unnaturally the elimination is effected the better.

This augmentation of the number of evacuations may, I think, best be provoked by:—

1. Regular attempts at defecation, not only after breakfast as usual, but also after the mid-day and

evening meals; and if this last consists of 'tea,' after supper also.

2. Employment of the measures adopted or prescribed in the medicinal and mechanical treatment at times calculated so that these will exert their effects after the mid-day and evening meals, leaving the first to nature.

3. (a). The ingestion of a glass of cold water, or—better still, cold tea or coffee, before luncheon, and (b). Supplementing the last repast—which ought to be light—with a small quantity of spirits diluted with hot water. This, so common a custom amongst the lower and middle classes in England, exerts a great influence on the peristaltic action of the intestines, and is preferable—at all events to the palate!—to any stomachic.

4. Kneading the abdomen with the fingers, especially along the course of the descending colon, sigmoid flexure and rectum, while at stool, in the intervals of the expulsion of feculent matter. By these means I believe (and, I may add, not on theoretical grounds alone) the bowel may soon be made to understand that it is expected to divide its daily task of expulsion into three or more portions.

The theory on which the success of the method depends is, of course, that the colon, rectum, etc., do not become distended to the extent that they otherwise would be and are, were there only the usual single evacuation in the twenty-four hours. And it seems plausible to imagine that, the quantity of food ingested remaining the same, the amount of nourishment extracted and assimilated remaining the same, then, if the *excreta* are expelled instead of being allowed to be retained for twenty-four hours there cannot obtain that same enervating distention of the bowel.

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#### RETENTION OF A DEAD FŒTUS FOR NINE YEARS.

BY A. D. M'GILLVARY, SYDNEY, N. S.\*

It is an old saying that "truth is stranger than fiction." I submit to you the following history, extracted from my note-book, not for any very great advantage it may be to my professional brethren so much as to show how much the human system can endure at times.

\* Read before the Cape Medical Society, Feb. 13th, 1883.

On the 1st of November last I was called quite a distance into the country to see a patient who gave me the following account. Her name was Mrs. J. McL., aged 36 years, has been married eleven years, her husband still living. During the first year and nine months after being married the menstrual flow was regular and normal; at that period her courses stopped, and for the next six months she had all the symptoms of pregnancy with quickening in the fourth month. About the end of the sixth month she received a severe injury in the back while driving in a waggon over a broken bridge. Immediately after the injury she was attacked with vomiting, and from that time her health began to fail. In a fortnight's time her feet and legs began to swell and the abdomen became flaccid and uncomfortable. A month after the injury she had severe intermittent pains for twenty-four hours, followed by a discharge of water and a little blood. About a month from this date she awoke in the night, flooding. A doctor (save the mark) was called, who gave some medicine and left. This flooding continued for six days, when it stopped, and a white purulent discharge began, which has continued ever since. A year after the purulent discharge began she consulted a second doctor, who gave some more medicine, and ordered vaginal injections. At the end of two years from the time the discharge of pus began, or about three years from the date of pregnancy, small pieces of bone began to come away—these continuing to pass at irregular intervals for over six years. Eighteen months ago she consulted a third doctor, who ordered injections again. At the time of my visit her condition was as follows: Pulse, 130; temperature,  $103\frac{3}{4}$ —very much emaciated—and very nervous; has had hectic fever and profuse night sweats for over a year. Has had diarrhoea and vomiting for the last three months; is unable to take any solid food. The abdomen is enlarged to about the size at seven month's pregnancy. The uterus feels soft and boggy, marked tenderness on the upper portion, particularly on the right side. On making a vaginal examination I found the uterus low down, the os slightly dilated, the cervix very much hypertrophied, and the cervical canal impacted with pieces of bone, some of them deeply imbedded in the tissue. With a pair of forceps I removed some eight or ten pieces, but one larger than the

rest and high up I could not remove. I then, with difficulty, passed a gum catheter into the uterine cavity and removed three pints of most foetid pus; afterwards I washed out the cavity with a solution of permanganate of potash. I put her upon sulphate of quinine, and as the perspirations were so very profuse I gave her a solution of sulphate of atropia.

On November 3rd, accompanied by Dr. Wm. McKay, of Reserve Mines, we visited the patient. Found the pulse 120, temperature  $102^{\circ}$ ; the general condition much the same as on previous visit. From the fœtor of the discharge the air in the room was almost unbearable. I had the patient placed on a table, then passed a catheter into the uterine cavity and removed nearly a pint of thick pus, not quite so offensive as the first.

Dr. McKay then put the patient under ether, and I removed the impacted bone from the canal, that I could not remove on my first visit. My sound passed into the cavity about six inches. I found no solid body, but a mass of semi-solid material that grated on the sound as it passed through it. I immediately began to dilate the neck, using the blades of a pair of forceps as a dilator. In a short time I was able to pass a pair of placenta forceps and with them removed a quantity of broken down tissue mixed with bone. Having emptied the uterus I washed out the cavity with the permanganate solution as before. The patient came out from under the ether very slowly, she being an hour and a half under its influence. During the whole operation there was not two ounces of blood lost. The patient being placed in bed, I left the following instructions: Hot turpentine stupes to be applied occasionally to the abdomen; opium to be given if there should be much pain or tenderness, and sulph. quinine to be continued and largely increased should the temperature rise high.

November 6—Visited patient again; pulse 96, temperature  $101^{\circ}$ , general condition much improved; night sweats still troublesome, but not so bad as formerly. The abdomen was markedly reduced in size, with very little tenderness on pressure. The discharge is still copious but not so foetid. I introduced a No. 12 catheter and drew off about four ounces of very thick pus, after which I washed out the cavity as on the other occasions. I gave sulph. quinine and tinct. ferri mur., and

instead of the atropia solution I gave tinct. of ergot. This was my last visit.

Here let me draw attention to some of the difficulties I had to contend with : First, the distance from town prevented my giving the case the attention it required, and the debilitated condition of the patient prevented her removal ; it also prevented me from using the ordinary means of dilating the os uteri, and necessitated my using forcible dilatation. Had I failed in this attempt I should have had to divide the neck on either side sufficiently to pass my forceps ; yet, in the face of all these difficulties, my patient is making a good recovery. There is still some discharge ; the night sweats are troublesome at times, yet she is steadily improving, taking sulph. quinine and tinct. ferri mur. before eating, and iodide pot. with fl. ext. sarsap. co. between meals.

The lessons to be learned from this case are : 1st. The great necessity for a correct diagnosis ; 2nd. Encouragement to try, even in almost hopeless cases ; and 3rd. When instrumental interference is required, use the appliances you have at hand, even if they are not just those laid down as the proper ones. If the work is properly done success may crown the effort when everything appears to be against you.

#### ON THE TREATMENT OF HYDROPHOBIA.

BY J. M'CREA, M.D., CAMPBELLFORD, ONT.\*

In June, 1860, I attended a case of hydrophobia near the Village of Hastings. The case terminated fatally on the fifth day after the symptoms were well marked. At the time and since, I have read much on the subject, and have studied carefully the opinions of different writers.

Dr. Watson appears to have devoted much time and talent in discussing the nature and treatment of this terrible disease ; and after giving a long list of medicines and operations together with many so-called specifics, that in time proved to be of little value, he sums up by saying that the disease once established was incurable by any known remedies, and that our efforts should be directed to the removal of the virus at the seat of injury at an

early date, and that the only safe and effectual remedy was perfect excision of the part bitten. But it is quite possible that the part bitten may be so situated that excision may be difficult or dangerous. Now, Dr. Watson, foreseeing the trouble attending such a complication, has recommended that if a general excision should be difficult or dangerous to make skewers of wood and insert a skewer into each separate tooth-mark, and then make a circular incision around the skewer, and thus remove the poison. Or, if that operation was dangerous or difficult, to wash out the wound and apply nitrate of silver.

About 20 years ago I treated two cases of bites from decidedly mad dogs. In March, 1861, I. B., aged seven years, went to the barn to call her father to dinner. As she was returning to the house a dog came from under the barn and seized the child by the leg. She was wearing short dresses at the time, and the bite was on the bare leg, making a very severe wound in the popliteal space. The cries of the child brought her father to her, and with a fork he was using at the time, he killed the dog. I was called to the case, and finding several of Mr. B.'s animals bleeding from recent wounds, inflicted as we supposed by the dog, we were disposed to think seriously of the matter. In examining the wound I found the formation of the part such that I could not see my way very clear to excision either general or on the skewer plan, and I resolved to treat her by the application of caustics. I had with me both nitrate of silver and chloride of zinc, and resolved to use the zinc. After probing the wounds to a certain their depth and direction, I washed them freely, using a male syringe, with very warm water, and continued the operation for a considerable time. I then shaved the rods of zinc into very fine points and introduced one into each separate tooth-mark, being more particular that the points were sufficiently long to reach the bottom than to their circumference. I ordered warm linseed poultices to be frequently applied, and left opium powders to allay pain and procure sleep. On the second day a profuse suppuration ensued, but not before I began to regret having placed so formidable a caustic in the immediate neighborhood of the knee-joint. The inflammation and suppuration soon ceased, the wound healed kindly, and she made a good recovery from the effects of the caustic. She has

\* Read at the meeting of the Newcastle and Trent and Quinté and Cataragui Medical Association.

never shown any tendency to hydrophobia, is married and has five children, yet Mr. B. was obliged to shoot five or six of his animals, unmistakably mad in periods ranging from 13 to 27 days.

My second case was in the month of January, 1864. T. C., a well-to-do farmer, came to consult me, having just a few hours before been bitten by his own dog. He reported that he found his dog acting strangely, worrying the animals in the barn-yard, and in the attempt to pull the dog off a sheep, the dog seized him by his hand, passing his teeth entirely through the hand between the base of the index finger and the thumb. He killed the dog, and after seeing that quite a number of his animals had been bitten, he became alarmed, fearing the dog was mad.

I gave him a full history of I. B.'s case, and advised him to submit to the same line of treatment, telling him I had every confidence that the suppuration induced by the caustic would perfectly eliminate the poison, admonishing him also of the great pain and inflammation that was sure to ensue. He appeared to dread the caustic, and begged of me to excise the part, or amputate at the wrist. I at length prevailed on him to allow me to use the caustic, which produced the usual results, causing great pain and swelling of the hand, relieved in a few days by a profuse suppuration. His hand healed satisfactorily. Mr. C has never felt any tendency to the disease, now nearly 19 years, but was obliged to kill seven of his animals in periods ranging from 15 to 74 days.

As nothing reliable has been devised with the exception of excision, and that operation being sometimes difficult, or even dangerous, and notably so in the cases I have seen, I humbly submit that if I were bitten by a rabid animal I should request to be treated by caustics, and that caustic the chloride of zinc, and would feel the utmost confidence in being free from danger from the bite.

The cases I have reported upon would probably have been cases of which Dr. Watson says: "That if he were bitten by a decidedly rabid animal upon his arm or his leg, and the bite was of such a kind that the whole wound could not be excised, my reason would teach me to desire, and I hope I should have fortitude enough to endure, amputation of the limb above the place of injury."

## REPORT OF A CASE OF POLYSARCOMA.

BY J. ALGERNON TEMPLE, M. D., M. R. C. S. ENG., ETC.

*Prof. of Midwifery and Diseases of Women and Children in Trinity Medical College, Toronto, etc.*

Owing to the rarity of this disease I am induced to give the following brief report of a case occurring in my practice:—

On July 1st, 1881, I was requested to see a gentleman, aged 77 years, from whom I got the following history:—Two months previous to this time he was attacked with excessive pain along the course of the left sciatic nerve, which has continued up to the present in spite of medical treatment. He was advised to have some Turkish baths, and had three, which appear to have prostrated him very much. About two weeks before I saw him he noticed a great number of small, hard, painless lumps, scattered over the whole anterior surface of the abdominal wall, accompanied by great weakness but no pain. The day I saw him, his pulse was 112, temperature 99.2; skin hot and dry; countenance anxious and haggard, tongue coated, bowels constipated, entire loss of appetite, restless, wakeful, despondent, considerable emaciation, accompanied by great weakness, and inability to walk without assistance. The whole abdominal surface was studded over with a great number of small hard subcutaneous tumors, varying in size from a buckshot to an almond, movable, colorless, and painless. Some of them were attached to the skin on their summit. A considerable number were also present in the groins, and both axillæ. I searched over the whole of the remaining part of the body and found but one on the left forearm. I concluded I had a case of Polysarcoma to deal with and gave an unfavorable prognosis. The symptoms of emaciation and weakness continued to increase, and he became comatose and died on the 5th September. The treatment pursued was chiefly of a tonic character with good diet. I also gave him chian turpentine. Diarrhoea and vomiting came on a few days before death. The tumors were never painful but he constantly complained of soreness and heat within the abdomen. After death I removed several of these small tumors and sent some to Dr. Osler, of Montreal, and Dr. Sheard, of Toronto, for microscopical examination.

Dr. Osler writes me as follows:—"I have examined the specimens, which appear to be of the nature of a round-celled sarcoma *i. e.*, a tumor composed almost entirely of round cells about the size of colorless blood corpuscles, with very little stroma, only sufficient for the support of the vessels. In places there were a few giant cells but they did not form a special feature in the growth." Dr. Sheard's report was substantially the same, viz: that these growths were malignant and that the case was one of polysarcoma.

The family history of deceased was unexceptionally good, there being no evidence of cancer or allied disease. His previous health had always been very good. I regret I was prevented by the family from making a post mortem examination.

The Committee of the American Medical Association, appointed to arrange for the publication of an Association journal, have recommended the undertaking.

### Reports of Societies.

#### BRANT CO. MEDICAL ASSOCIATION.

The above society held its regular quarterly meeting in Brantford on March 6th the President, Dr. Clarke, in the chair. An unusually large attendance of members from the county and city were present. The minutes of last regular meeting were read and confirmed.

Dr. Winskill read a paper on "Traumatic-Meningitis," which originated in an injury to the ear. A discussion followed in which Drs. Griffin, Burt and Harris took part.

Dr. Griffin related the history of, and the treatment pursued in three cases of fracture of the neck of the femur which had occurred in his practice during the present winter.

Dr. Harris then gave post mortem notes of "Disease of the Kidney." The organ was enlarged from its normal size of a few ounces to about eight pounds, and showed evidence of malignant disease.

The following gentlemen were appointed a committee for the purpose of urging upon the proper authorities in the city and county the necessity of procuring hospital advantages for the place: Drs. Burt, Henwood, Harris, Marquis, Winskill, Philip, Kitchen and Griffin.

The society adjourned to meet at Paris on the first Tuesday in June next.

### Selected Articles.

#### FREQUENT REPETITION OF DOSES.

BY A. A. SMITH, M. D., BELLEVUE HOSPITAL.

GENTLEMEN,—I propose to direct your attention this morning to the subject referred to at my last lecture, namely, the frequent repetition of doses. This subject is a very important one, and one regarding which it is very difficult to establish any arbitrary rules. In the case of chronic diseases, where it is necessary to continue the treatment for a long time, the plan of administering the medicine in larger doses at intervals of five or six hours is probably the best one which can be adopted. For example, if you were prescribing some preparation of iron in a case of anæmia, it would be unnecessary to give it oftener than three times daily. Again, in certain cases it may be desirable to produce the full effect of the drug at a single dose, as in the administration of a cathartic, or of quinine to reduce temperature.

In other cases, however, it is desired, in administering medicinal remedies, to keep up their continued effect, and the question arises, whether we can accomplish this purpose better by giving them in smaller doses at frequent intervals than by giving them in large doses at much longer intervals, the total amount of the drug in the end being, perhaps, the same in either case. It is a fact with which you are acquainted that certain drugs become absorbed and produce their effect upon the system in a very short time, and they may also be eliminated very rapidly, while others act slowly and are eliminated after a longer interval.

The first drug to which I would call your attention in connection with the subject of the lecture is the chlorate of potash. It may not be unknown to most of you that this drug has at times been administered in sufficiently large doses to produce a dangerous inflammation of the kidneys. Special attention has been called to this fact by Dr. Jacobi, of this city, and also by other authors. This danger can be avoided by administering the drug in small doses frequently repeated. In writing the prescription, a teaspoonful of the solution may be made to represent as much of the drug as you wish to give; or, if it be in a more concentrated form, the patient may add water to it. Grain doses given every half-hour in scarlet fever, diphtheria, tonsillitis, etc., will produce the same results as larger doses, without the danger of the evil effects resulting from the accumulation of the drug in the system, as sometimes happens when it is administered in the ordinary way. Indeed, I believe they will produce better results on the throat inflammations.

For the treatment of neuralgia, croton chlora

has for a long time been given in large doses, as from five to eight grains, repeated every two hours, until fifteen grains are taken. But allow me to suggest what I consider a better mode of administering the drug—that is, to give a grain of it, prepared as you please, either in liquid or pill form, every half hour until the neuralgic symptoms are relieved. A solution of which a teaspoonful represents a grain of the croton chloral may be made, having scarcely any of the bad taste which usually belongs to this medicine when given in large doses. I may here remark that one of the important advantages connected with the frequent repetition of doses is the fact that the medicine may be so largely diluted with water or other vehicle as to be rendered comparatively tasteless, and harmless to the mucous membrane of the stomach.

You will often be called upon to treat very obstinate cases of urticaria, and you will be put to your wits' end to know what to do. The plan ordinarily suggested is to give alkalies, as the bicarbonate of sodium, or magnesium; but, if you will give the patient two grains of the salicylate of sodium every hour or half-hour, you will usually be enabled to effect a cure even in obstinate cases, except those of a chronic nature. Two grains of the salicylate of sodium administered in a teaspoonful of water is almost tasteless, and may be given without producing disturbance of digestion. Urticaria is often caused by the administration of full doses of balsam of copaiba in cases of urethritis, or inflammation of other mucous membranes, and it may seem strange to you when I make the statement that a single drop of the same drug given every half-hour will sometimes control urticaria. I have no explanation to offer, but I make the statement not alone upon the authority of others; I myself have often observed the efficacy of the treatment, although not so frequently as in the treatment by the salicylate of sodium.

Fowler's solution, or the liquor potassii arsenitis, half a drop given every half-hour for six or eight doses, will often relieve the vomiting which occurs after a debauch. It will also relieve the morning vomiting of drunkards, and is of decided benefit in the sympathetic nausea and vomiting of pregnancy.

Jaborandi has been given in large doses with a view to exciting perspiration in cases of Bright's disease, but the very serious objection has been found to its administration in this manner, that it sometimes has a very depressing effect upon the heart's action, resulting in some cases fatally. Now, five to ten-minim doses of the fluid extract of jaborandi given every hour or half-hour will produce marked perspiration without causing any unpleasant effects upon the heart. I sometimes combine with the jaborandi the tincture of digitalis, with a view to counteract any possible evil in-

fluence which the former drug may have upon the heart. So dangerous do I consider large doses of jaborandi that I often hesitate long before administering it, especially in the uræmia of the puerperal state.

The next preparation of which I shall speak is a solution of the sulphate of atropine, one-hundredth of a grain in a goblet of water, a teaspoonful of which shall constitute a dose, amounting in all to about sixty doses. Now, you will often be called to see cases of supposed croup, but which, in the majority of instances, prove to be cases of false croup of a reflex origin. Ordinarily, you will be able to relieve these patients by giving them a teaspoonful of this preparation every hour. It is possible the remedy acts slightly as a stimulant of the respiratory centre; it is also possible that it has some influence upon muscular contraction or relaxation; at all events, clinical experience proves that it is of benefit in these cases. The dose may be repeated every hour or half-hour, according to the severity of the attack. If the child's face begins to flush and show signs of the physiological effects of the drug, the dose can be reduced in frequency. It should be remembered that when thus administered the equivalent of a full dose of the drug will soon be reached. Do not forget in these cases to give an emetic if there is anything in the stomach which may be causing the spasm, or a cathartic if there be reason to suspect intestinal disturbance as the cause.

The bromides are largely used in the treatment of the nervous and febrile disturbances of children, but an objection to them is the fact that the little patients do not take them readily, because of the taste; the bromide of sodium is, perhaps, as little disagreeable as any of the preparations. This objection can be avoided by giving small doses frequently repeated; for instance, a few grains dissolved in half a tumbler of water, a teaspoonful representing a half-grain, or a grain even, administered every ten or fifteen minutes. When given in this manner, the bromides often prove of great benefit in the nervous disturbances arising from dentition and other causes, and in relieving the fever which, in children, usually attends a slight degree of excitement of any kind. I have seen an elevation of the temperature in children where it could not be traced to any other cause than the excitement incident to their afternoon play. A temperature which might indicate a sickness of considerable gravity in the adult, if it occur in a child may be of comparatively little importance. In such cases the bromides, administered in small doses, say a grain or two at intervals of ten or fifteen minutes, will often prove of great benefit.

You will often meet with children of a nervous, excitable frame of mind, who are, perhaps, naturally of a sensitive, nervous temperament, who are disturbed by the slightest noise, and are unable to

go to sleep before ten or eleven o'clock at night. In such cases you will find it necessary to give a nervous sedative. An excellent effect will be produced by chamomilla in some one of its forms, as the tincture, administered in minim doses, every fifteen or twenty minutes. It is a tonic as well as a sedative. It is a better sedative in such cases than the hydrate of chloral, which is liable to affect the digestion. It is harmless when given in larger doses. Put a teaspoonful into a half-tumblerful of water, and let the child drink it freely.

One of the most important remedies which can be administered with great benefit in frequently repeated doses is ipecac. You are aware that a teaspoonful of the syrup of ipecac is likely to produce emesis; but it is always a fact, regarding which I was at first quite skeptical, that a single drop of the wine of ipecac will often arrest obstinate vomiting. It should be repeated every ten or fifteen minutes. When administered in this manner, I have often known it to relieve vomiting from different causes, among which are pregnancy and subacute gastritis. Children often vomit from very slight causes, and are liable to suffer from diarrhoea and vomiting which have no other assignable cause than disturbance of digestion. A single drop of the wine of ipecac, repeated every fifteen or twenty minutes, will often produce the most marked relief, both from the vomiting and from the diarrhoea. Administered in this manner, the drug is not nauseous, and is easily taken.

I now make a statement, upon the authority of Trousseau and his enthusiastic successor, which may appear to you, as it once did to me, incredible—viz., that one sixtieth of a grain of calomel taken every hour for ten or twelve hours will relieve the headache of syphilis occurring at night. I have administered it in one fortieth-grain doses in this manner and have obtained the results which they claimed for it, but I have not yet tried it in sixtieth-grain doses. The relief was very marked by the second or third night. It is not intended to take the place of iodides which are given in such cases. Doubtless the calomel, when administered in such small doses, is all taken up into the system.

Nursing children often vomit or regurgitate their food; this has been relieved repeatedly in my experience by giving them a teaspoonful of a solution of one grain of calomel to the pint of water every ten or fifteen minutes. In order to dissolve it, the calomel should first be put into an ounce of lime-water, and then into the pint of pure water. One twenty-fourth of a grain of mercury with chalk, administered every fifteen or twenty minutes, is often of great benefit in the vomiting and non-inflammatory diarrhoea of children. Where the diarrhoea is accompanied by mucous passages, indicative of a certain degree of inflammatory action, or enteritis, benefit will be derived

from the administration of one teaspoonful of a solution of bichloride of mercury (corrosive sublimate), one grain to the quart, every hour. The dose may seem very small, but it must be remembered that the dose for an adult is only one-sixtieth to one-thirtieth of a grain, and, when administered in this manner, the full dose for a child is reached within a few hours.

For the diarrhoea of children, accompanied with slight inflammation, straining, and the passage of jelly-looking matter, but not true dysentery, five drops of castor-oil, given every hour in water with sugar and gum, is an excellent remedy.

Another extraordinary statement, which at first seemed to me to be fabulous, and may seem so to you, but which, nevertheless, you will find to be based upon clinical facts: Put a grain of tartar emetic into one quart of water; teaspoonful doses of this solution every half-hour will prove effectual for the relief of the wheezing and cough accompanying a slight bronchitis in children.

It is well known that cantharides, when given in large doses, is liable to cause inflammation of the urinary tract; but it has been found that a single drop of the tincture every hour will in many cases relieve vesical catarrh.

You probably have heard that digitalis has been used in cardiac disease. Certainly if you have not heard of it you will, and, if you have already heard of it, you will hear of it again, particularly at the clinics. Ordinarily, it is administered in considerable doses only three or four times a day, but I do not hesitate to say that the frequent repetition of small doses will produce much more benefit than larger doses at longer intervals. A single drop of the tincture of digitalis, given to a patient suffering from symptoms due to organic heart disease when digitalis is indicated, administered at intervals of an hour or half-hour, according to the severity of the symptoms, will often give greater relief than larger doses, and without liability to ill effects.

A gentleman of this city, of authority in the specialty of venereal diseases, says he has given greater relief in a short time, in cases of orchitis and epididymitis, by the administration of two-minim doses of the tincture of pulsatilla every hour than by any other mode of treatment. I can testify to the great benefit derived from the drug administered in this manner in dysmenorrhoea not of a membranous, obstructive or neuralgic character.

One of the most distressing symptoms from which many women suffer at the menopause is flatulence, and a sensation of fluttering or palpitation at the pit of the stomach, an effectual remedy against which is the extract of calabar bean in one-fiftieth-grain doses, repeated every half-hour for six or eight doses. It may be repeated in the same way after stopping it for three hours.

In cases of amenorrhoea not dependent upon



anæmia, benefit may be derived from minim doses of the fluid extract of ergot administered every half-hour for five or six hours the day before the flow should begin, and again on the day on which it should occur. Contradictory as it may seem, when administered in the same manner the fluid extract of ergot is of benefit in cases of excessive menstruation.

Aconite is one of the drugs to which you will probably have occasion to resort frequently when you enter upon the active practice of medicine. It has for a long time been used in quite small doses, but not so frequently repeated as it might be with benefit. There are many cases of febrile movement, with dry, hot skin, a full, bounding pulse, the mucous membrane of the throat and nose probably dry—cases in which the febrile movement is not the commencement of one of the continued fevers; the tincture of aconite, one-third to one-half a minim, given every fifteen minutes, will be found of decided benefit. Visiting the patient shortly after the commencement of this treatment, you will often find him in a little perspiration; the medicine may then be administered at longer intervals, every half-hour or longer, according to the indications. The tincture of aconite, administered in a similar manner, is also useful in cases of commencing so-called cold in the head. It is likewise useful in cardiac hypertrophy with palpitation, severe headache, and disturbances of the nervous system due to increased force of the heart-beat.

Two minims of the tincture of hamamelis every half-hour will often control hæmorrhages. I was at first inclined to look upon this statement with a great deal of distrust, but I have since tried it in cases of hæmorrhage from the nose, from the uterus, and in the hæmorrhage from hæmorrhoids, and have found it of great benefit.

The tincture of belladonna in minim doses, given every half-hour, is a good remedy in cases of nasal catarrh and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered, as it is less quickly eliminated from the system than the other medicines of which we have already spoken. In cases of pulmonary œdema with failure of heart power, belladonna thus administered is of benefit in retarding the exudation of serum, and in overcoming the failure of heart power.

Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubeb, given every half-hour, oftentimes controls acute pharyngitis and superficial inflammations of the other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of the ammoniated tincture of guaiac, and administer very hour.

In the headache of migraine, one grain of the citrate of caffeine given every half-hour will often produce most marked relief. In neuralgias about

the face or head, three-minim doses of the tincture of gelseminum every half-hour will often act almost miraculously and leave no ill effects. A single drop of the tincture of nux vomica given every ten minutes will often produce most marked relief in sick headache not of a neurotic origin. It should be given immediately after or soon after meals. For certain kinds of headaches (especially those which are periodical and not of malarial origin), fifteen-minim doses of fluid extract of guarana given every fifteen minutes will very frequently relieve. If it does not relieve in four doses, increase the dose to thirty minims.—*N. Y. Med. Journal.*

## THE TREATMENT OF ACUTE RHEUMATISM.

BY DR. ROBERTS BARTHOLOW (*Medical Record*.)

No one can give anything like attentive consideration to the types of rheumatic cases without perceiving that they may be resolved into three groups, as regards the characteristics of the individuals composing them:

1. Spare persons of considerable bodily vigor, good muscular development, and having a distinct family history of neurotic or rheumatismal disorders.

2. Obese subjects, addicted to malt liquors and good living, sometimes with—more often without—an inherited predisposition to rheumatic diseases; the gelatinous descendants of albuminous parents, as they have been entitled.

3. The feeble, pale, anæmic subject, depressed by poor diet and evil hygienic surroundings, including dampness and bad air.

No one can treat cases of rheumatism successfully unless he recognizes the type before him and adapts his remedies accordingly.

The first type is comparatively frequent and found amongst the best elements of our mongrel population. Besides the inherited tendency, such subjects are prone to indulge in a rich diet of animal food, sauces and wines, and to pursue rather sedentary occupations, or an in-door life. In these cases, salicylic acid, or the salicylate of soda, renders an incontestible service. There are, however, some practical details regarding its administration of great moment in respect to the permanency of the results. It is quite certain that in this group of rheumatic cases, full medicinal doses of salicylic acid, or of the salicylates, will speedily arrest the pain and diminish the fever. The lowering of the temperature seems to bear a constant ratio to the diminution of the pain. It is not possible to express in figures with exactitude the doses necessary; the curative effect is attained by that quantity which reduces the pain and the tem-

perature. In suitable cases, the administration of this remedy removes all of the more prominent symptoms and establishes convalescence in three or four days. Unfortunately, in a considerable proportion of cases, the disease manifests a strong tendency to relapse, after a marked subsidence of the acute symptoms which apparently indicates the beginning of convalescence. A rule of practice has been distinctly formulated since this tendency to relapses has become well known. It is this: Give the remedy for several days after the acute symptoms have ceased. I have attempted, from my own experience, to give numerical expression to this rule, with the following result:

Salicylic acid, or the salicylates, should be given after the subsidence of the acute symptoms, and the cessation of the fever and pain, for the same number of days as the acute attack lasted. Thus, if the decline of fever and pain occurred on the fourth day, the remedy should be continued as many days thereafter, or for four days subsequent to the apparent cessation of the acute symptoms.

The second class of rheumatic subjects contains the obese, or those of full habit, the rotund addicted to malt liquors and to good living, all of whom are apt to suffer from a form of acid indigestion. The cases of rheumatism occurring in such subjects are, as a rule, much benefited by the alkaline treatment. This method is an empirical attempt to cure a disease characterized by an excess of acid in the various secretions. Dr. Fuller, the author of an excellent work on rheumatism, has been the most prominent advocate of the alkaline method.

"By the 'alkaline treatment,'" says Dr. Fuller, "I mean a plan of treatment in which alkalies play an important part, but which consists not only in the administration of alkalies, (1½ ozs. in 24 hours) but in the careful regulation of the secretions, the strictest attention to diet, and the administration of tonics, such as quinine and bark, as soon as the patient can bear them. As soon as the urine, when freshly voided, ceases to show an acid reaction—which is usually the case after twenty-four hours—the quantity of the alkali is diminished by one-half, six drachms only being administered during the succeeding twenty-four hours. At the expiration of that time, if the urine remains alkaline, three drachms only are given in the next twenty-four hours; and on the fourth day, if the urine still shows an alkaline reaction, the form of the medicine is altogether changed. The treatment ceases to be essentially alkaline; either a cinchona draught is ordered to be taken three times a day, containing a scruple or a half drachm of bicarbonate of potash—a little more or a little less according to the condition of the urine, which should be kept nearly neutral—or three grains of quinine dissolved in lemon-juice is given three times a day in effervescence, with half a drachm of bicarbonate of potash or soda."

The third case of rheumatic cases, and numerically the most important, probably, also pathologically, the most serious, is the feeble and anæmic subject. A rheumatic of this kind is pale, rather thin, the muscles weak and wanting in firmness, the chest narrow and somewhat flat, the joints prominent and lax. In such persons an extension of the rheumatic inflammation from joint to joint, until almost all the joints of the body are involved, is to be feared, as it is of frequent occurrence. Cardiac complications are relatively frequent. It need hardly be observed that in such subjects the depressing effects of salicylic acid and of the alkalies are to be dreaded. Here clinical experience is in entire accord with theory. We owe to Dr. Russell Reynolds, of London, the introduction of a remedy for acute rheumatism, which is especially suited to this group of cases. I refer to the *tincture of the chloride of iron*. To be effective it must be given in full doses—from 3 ss. to 3 j. in sufficient water every four to eight hours. It lessens the swelling and pain of the joints, lowers the fever, diminishes the tendency to heart complication, and, above all, sustains the vital powers in their struggle against the encroachments of the rheumatic disease.

I am far from denying that cases of rheumatic fever in these anæmic subjects would not be relieved by salicylic acid, but I do affirm that so much depression would result that relapses would occur, and the convalescence would be prolonged owing to the remarkable depression of the nutritive functions. The same state of things results from the administration of alkalies. The blood is spoiled, the heart enfeebled, and complications of various kinds invited. On the other hand very conspicuous benefit results from the vigorous administration of the tincture of iron. Besides its influence over the course of the disease—shortening its duration by checking waste, and preventing complications by maintaining the vital resources—the tincture of iron, as shown by the late Dr. Anstie, has a distinct prophylactic effect, so that, when the attack is threatened, will, by timely administration, prevent it.

During the period of convalescence from acute rheumatism, after the treatment by salicylic acid and by alkalies, the tincture of iron in the full doses already advised renders an important service. The tenderness and effusion about the affected joints, the subfebrile temperature, and the condition of anæmia, are alike greatly improved by its administration in efficient doses. I have repeatedly observed that cases which lingered long on the hands of the physician after the acute symptoms had subsided, quickly improved and recovered when efficient doses of the tincture of iron were administered, and, at the same time, suitable blisters were applied to, or about, the affected joints.

Independently of the considerations above ex-

pressed regarding the utility of blisters, the "blister treatment" of acute rheumatism is deserving of careful consideration. Blisters in various ways, and applied in accordance with various notions, have long been used in the treatment; but the "blister treatment," properly speaking, of acute rheumatism has been systematized by Dr. Davies, of the London Hospital, and Dr. Dechilly, of France. The latter, however, applied a large blister to cover the joint, and permitted it to remain on until sufficient inflammation occurred to produce abundant serosity. Dr. Davies, on the other hand, was content to apply the blisters around rather than on the joint itself. It is a remarkable fact that blistering brings about a neutral or alkaline condition of the urine, how acid so ever it may have been before the blisters were applied. More or less strangury occurs in some instances. So remarkable is the relief to pain produced by the blisters that patients petition for their renewal from time to time. Cardiac complications are comparatively infrequent, and the duration of the disease is reduced to the limits of the favorable cases. Indeed, I may sum up the testimony as to the efficiency of this method in the words of Dr. Greenhow, who affirms that the treatment of rheumatism by blisters is quite as successful and less objectionable than by salicylates. The good effects of the blister treatment afford a strong justification of the neurotic theory. When first ascertained, the result was ascribed to the withdrawal of a quantity of acid serum from the neighborhood of the affected joints. The change in the character of the urine, induced by successive blisters, rendered further explanation necessary. The increase of our knowledge respecting the influence of peripheral irritation on the state of the nerve-centres, and especially on the trophic system, has paved the way to a better appreciation of the facts; nevertheless the final explanation remains to be made. A combination of the blister treatment with salicylic acid, with alkalies, or with the tincture of iron, may often be made with signal advantage.

The importance of a proper diet is not less than is stated by Dr. Fuller in the quotation made from his paper. Solid food should not be allowed in any case. Liquids composed of starchy and saccharine matters are only less hurtful. Milk and animal broths are the articles to be depended on chiefly until the cessation of all joint troubles will permit the gradual restoration of a solid dietary. Lemonade and carbonic acid water are allowable, unless they produce flatulence, when they will excite fresh joint mischief. Anodynes are to be avoided if possible; when necessary, atropine is preferable to morphine, if adequate to relieve the pain, which it usually succeeds in doing. The complications which may arise in the course of rheumatic fever demand more careful treatment than I can give them at the conclusion of this article.

## THE "WEIR MITCHELL" TREATMENT OF HYSTERIA AND ALLIED DISEASES.

Dr. W. S. Playfair concludes an interesting and quite exhaustive article on this subject as follows:

The principal elements in the systematic treatment of these cases are—

1. The removal of the patient from unhealthy home influences and placing her at absolute rest.
2. The production of muscular waste and the consequent possibility of assimilating food by what have been called "mechanical tonics," viz: prolonged movement and massage of the muscles by a trained shampooer, and muscular contractions produced by electricity.
3. Supplying the waste so produced by regular and excessive feeding, so that the whole system, and the nervous system in particular, shall be nourished in spite of the patient.

On each of these I shall offer one or two brief observations:

1. The removal of the patient from her home surroundings, and her complete isolation in lodgings with only a nurse in attendance, is a matter of paramount importance. This is a point on which I am most anxious to lay stress, since it is the great crux to the patient and her friends; and constantly appeals are made to modify this, which I look upon as an absolute *sine qua non*. I attribute much of the success which I have been fortunate enough to obtain in my cases to a rigid adherence to this rule. In almost every instance of failure in the hands of others of which I have heard, some modification in this rule has been agreed to, in deference to the wishes of the friends—as, for example, treating the case in one room by herself in her own house, or in admitting the occasional visits of some relatives or friends. While, however, the patient is to be rigidly secluded, it is incumbent to secure the attendance of a judicious nurse, with sufficient intelligence and education to form an agreeable companion. To shut up a refined and intellectual woman for six weeks with a coarse-minded, stupid nurse can only lead to failure. I have had more difficulty in obtaining suitable nurses, sufficiently firm to insure the directions being carried out, and yet not over-harsh and unsympathetic, than in any other part of the treatment. Whenever my case is not doing well, I instantly change the nurse—often with the happiest results. In adding to the isolation the patient is put at once to bed, to secure absolute rest. In many cases she is already bedridden; in others there has been a weary, protracted effort, and the complete repose is in itself a great gain and relief.
2. Under the second head comes systematic muscular movement, having for its object the production of tissue waste. This is administered by

a trained rubber, and here again is a great practical difficulty. The so-called professional rubbers are, in my experience, worse than useless, and I have had to teach *de novo* a sufficient number of strong, muscular young women; and the aptitude for the work I find to be very far from common, since a large proportion of those I have tried have turned out quite unsuited for it. I cannot attempt any description of this process. I need only say that it consists in systematic and thorough kneading and movements of the whole muscular system for above three hours daily, the result which at first is to produce great fatigue, and subsequently a pleasant sense of lassitude. Subsidiary to this is the use of the faradic current for about ten to twenty minutes, twice daily, by which all the muscles are thrown into strong contraction and the cutaneous circulation is rendered excessively active. The two combined produce a large amount of muscular waste, which is supplied by excessive feeding; and in consequence of the increased assimilation and improved nutrition, we have the enormous gain in weight and size which one sees in these cases, it being quite a common thing for a patient to put on from one to two stones in weight in the course of five to six weeks. The feeding, at regular intervals, constitutes a large part of the nurse's work. At first from three to five ounces of milk are given every few hours; and for the first few days the patient is kept on an exclusive milk diet. By this means dyspeptic symptoms are relieved, and the patient is prepared for the assimilation of other food. This is added by degrees, *pari passu* with the production of muscular waste by massage, which is commenced on the third or fourth day. By about the tenth day the patient is shampooed for an hour and a half, twice daily, and by this time is always able to take an amount of food that would appear almost preposterous did not one find by experience how perfectly it is assimilated, and how rapidly flesh is put on. It is the usual thing for patients to take, when full diet is reached, in addition to two quarts of milk daily, three full meals, viz: breakfast, consisting of a plate of porridge and cream, fish or bacon, toast and tea, coffee and cocoa; a luncheon, at 1 p. m., of fish, cutlets or joints, and a sweet, such as stewed fruit and cream, or a milk pudding; dinner at 7 p. m., consisting of soup, fish, joints, and sweets; and, in addition, a cup of raw meat soup at 7 a. m. and 11 p. m. It is really very rare to find the slightest inconvenience result from this apparently enormous dietary. Should there then be an occasional attack of dyspepsia it is at once relieved by keeping the patient for four and twenty hours on milk alone.

Such is a brief outline of the method to which I am here to direct your attention. As to the results, I have already published several remarkable illustrative cases, so that it is perhaps not neces-

sary to do much more in this direction. I may say, on looking back at my cases, that the only ones with which I have any reason to be disappointed are those in which the primary selection has been bad; and in the few in which the results were not thoroughly satisfactory, I had doubts as to their suitability for the treatment, which I expressed beforehand. These include one case of chronic ovarian disease, and one of bad ante-flexion with fibroid enlargement of the uterus, in both of which the local disease prevented any really beneficial result. In the third I had to stop the treatment in a week, in consequence of cardiac mischief; two others were cases of positive mental disease, and in one case there was true epilepsy. I have no doubt that any positive coexistent organic disease of this kind should be considered a contraindication. In my other cases the results have been all that could be wished, and in many of them the patients have been restored to perfect health after having been helpless, bedridden invalids for years; in one case twenty-three without ever putting a foot to the ground, in others sixteen, nine, six, and so on. In two instances my patients were in such a state that it was found absolutely impossible to move them except when anesthetized; and they were brought to London by the medical men long distances under chloroform, in each case leaving in six weeks perfectly cured.

## HIGH FORCEPS OPERATION.

BY PROF. BRAUN.

A case of the high operation which Prof. Carl Braun performed upon Wednesday, November 8, before the class will serve to convey the teachings of the Vienna School upon a number of important subjects in relation to the use of forceps.

The patient, a native of Austria, unmarried, thirty-two years old, in her fifth pregnancy at full term, felt labor pains towards the evening of November 7, and entered the lying-in ward of the First Obstetrical Clinic at 2.30 A.M. November 8. Abdominal palpation revealed pregnancy at full term, a large child, head presentation, first position. Heart tones were loud and regular. By combined external and vaginal examination a contracted pelvis was demonstrated. The measurements were:

Distance between the anterior and superior spine, . . . . .	21½ cm.
Distance between the iliac crests, . . . . .	25½ "
"    "    trochanters, . . . . .	30½ "
External conjugate diameter, . . . . .	18 "
True    "    "    "    "    "    "    "    "    "    "	8½ "
Abdominal circumference, . . . . .	82 "

The os became fully dilated at 5 o'clock A.M., and the rupture of the bag of waters occurred

some moments later. The head engaged in the superior strait and advanced very slowly until a segment of one-third its volume was within the pelvic cavity. The head now became firmly fixed, with the sagittal suture in the transverse diameter, and a considerable caput succedaneum began to form. The corpus uteri continued to contract powerfully, at regular intervals, without effecting in the slightest degree any change in the position of the head, while the collum uteri became distended, and finally reached to the umbilicus. Later the condition of tetanus uteri was observed, and the corpus uteri could be felt as a firm hard tumor above the umbilicus, very sharply differentiated from the distended, relaxed collum uteri, situated below. At 11.30 o'clock A.M., the woman received a hypodermic injection of morphia, and at 12.30 o'clock P.M., she was taken into the lecture-room for the application of the forceps.

Prof. Braun, after careful disinfection of his hands by liberal use of a 3 per cent. solution of carbolic acid, 10 per cent. solution of potassium permanganate, a solution of hydrochloric acid of similar strength, green soap and a brush, examined the woman, and confirmed the diagnosis previously made in the lying-in ward. He said the child would weigh more than 3500 grammes, and would have a greater length than 50 cm. After catheterization, the vagina and external genitals of the patient were copiously irrigated with a 3 per cent. solution of carbolic acid, immediately before the application of the forceps.

While Prof. Braun is in no sense of the word a strict disciple of Lister, he is no disbeliever, and always gives his patient the benefit of a doubt, with the exception of the spray. In passing, it may be mentioned that careful irrigation with disinfectant fluids was employed under his direction long before Esmarch called public attention to the subject.

For the operation, Prof. Braun selected his own instrument. This is the long forceps of Sir James Simpson, with the fenestræ closed by a thin metallic plate (Hohl's modification), the whole instrument, including handles, being covered by a thin layer of hard rubber. The weight of the instrument is 600 grammes.

The advantages claimed for the instrument are:

1. The impermeable, smooth surface.
2. The easy, antiseptic cleansing, because septic material finds no lodgement in any groove.
3. The durability, because hard rubber resists rust, chloroform, chloride of iron, carbolic acid which is not the case with the nickel or gold-plated instrument.
4. The instrument requires no heating apparatus.
5. The avoidance of all sharp, metallic angles and points, which injure the skin of the head and face.
6. The obliteration of the fenestræ prevents the feathering of the blade.

Prof. Braun speaks in unmitigated terms of disapprobation of Tarnier's forceps, Alexander Simpson's instrument, and Felsenreich's modification of the last-named forceps. Felsenreich's forceps, which have been used at the clinic for some months past, present few points of difference from Alexander Simpson's original instrument. For the past six months there has been much discussion in the Vienna Obstetrical Societies as to the value of the last-named three instruments. For this reason, Prof. Braun has allowed his assistants to use them at the clinic. The results, upon the whole, have not been favorable. Mother and child have, in a number of cases, sustained serious injury. Prof. Braun himself never uses these instruments, and pronounces the principle to be radically false, and the instruments themselves a fashionable folly ("Moderner Schwindel").

The patient having been slightly chloroformed, was placed upon her back, with her lower extremities elevated, and the blades of the forceps were adapted to the long diameter of the foetal head, the maternal tissue being guarded by the introduction of four fingers above the pelvic brim. Seated quietly in his chair, the operator applied traction in the axis of the pelvic brim, and after a few, though sometimes powerful efforts, brought the head down into the middle of the pelvic canal, where rotation was effected by readjustment of the blades, and the birth of the child rapidly followed.

Prof. Braun never uses the forceps as a *lever* or *compressor*.

The child proved to be a male, weighing 3900 grm. with a length of 52 centimetres. The child was profoundly asphyxiated, but when the cerebral congestion was relieved by its elevation above the level of the placenta, the breathing became normal, and the facial hyperæmia disappeared. The placenta was at once expelled, the corpus uteri being thrust downwards towards the symphysis in such a manner as to cause complete descent of the collum uteri into the cervical canal. The collum uteri folded upon itself as if telescoped.

When the cord ceased to pulsate, 30 minutes after its delivery, it was severed, but not ligated. This departure from custom was made, in order to show that ligation of the cord, after cessation of pulsation, is not a scientific necessity.

Prof. Braun is not an iconoclast, however, and in the lying-in-ward all umbilical ends are ligated in two places. After careful irrigation of the vagina with a 3 per cent solution of carbolic acid, an iodoform tent, weighing 5 grammes, was introduced into the uterus.

At the time of writing, both mother and child are thriving.—*Medical News*.

Governor Cleveland, of New York, last Monday signed the bill prohibiting the manufacture of cigars in tenement houses in New York city.

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Please refer to the very able article of Dr. D. W. BLISS, in *New York Medical Record*, July, 15th, 1882, in which he so frequently refers to BEEF PEPTONIDS, having been used to so great an advantage not only in the case of the late PRESIDENT GARFIELD, but many others as well.

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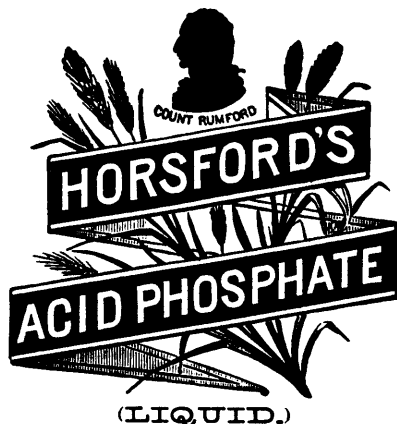
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½ grain Phosphate of Magnes. ( $3MgO PO_5$ )  
1-6 grain Phosphate of Iron ( $Fe_2 O_3 PO_5$ )  
¼ grain Phosphate of Potash ( $3KO, PO_5$ )

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It is equally effective in hot water, or tea without milk or sugar, and to some may thus be more palatable. In such cases use the same dilution as above. Some constitutions may need a stronger dilution, which fact experience alone can decide.

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*Physician and Lecturer on Forensic Medicine, Westminster Hospital.*

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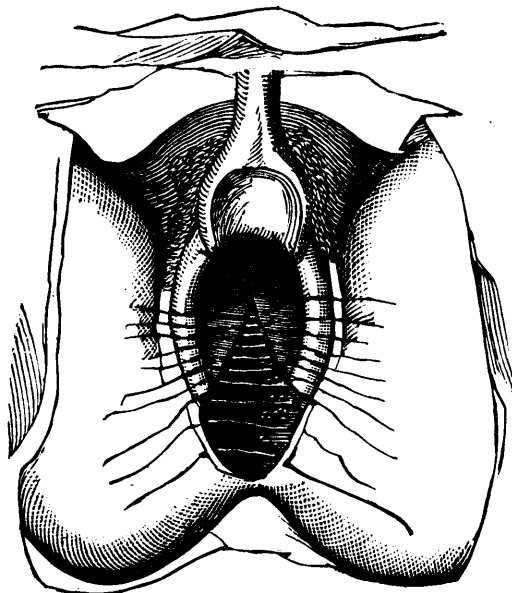
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### PRIMARY OPERATION IN LACERATED PERINEUM.—NEW METHOD.

[Dr. W. L. Barret, Prof. of Diseases of Women in the St. Louis Medical College, describes, in the *Courier of Medicine*, Feb'y, '83, a new method of performing the primary operation for laceration of the perineum. We extract the following which gives in detail his plan of operating.]—ED.

The plan I have pursued is to place the patient in the usual position on the back, with the legs flexed on the abdomen. A satisfactory light is indispensable, and if an artificial light is employed a reflector will be of signal service. The parts are sponged off, and a sponge inserted into the vagina to prevent the uterine hemorrhage from obstructing the view. The vaginal sponge having been introduced, a Sims' speculum is inserted into the anterior commissure of the vulva. This exposes the posterior surface of the vagina to the view of the operator, and he can plainly see the whole extent of the rent. Then, with a very fine, short, straight needle, with a trocar point, armed with very fine silk, and held with a needle forceps, the operator begins at the superior or vaginal extremity of the rent, and stitches the mucous membrane together, from above downwards. The sutures are simple interrupted sutures, cut off short on the vaginal surface and left to ulcerate out. Five or six sutures are used to the inch. The needle is entered and brought out only a line or two from the torn edges, so that the suture embraces very little tissue.



The cut shows the patient, and speculum in position, and indicates the method of introducing the sutures. The highest suture, viz., that at the superior extremity of the rent, is inserted first, and the lowest last. It also conveys an idea of the

amount of tissue embraced by each suture. No matter how serpentine and ragged the rent may be, it is accurately followed with the needle from its commencement on the vaginal surface to the edge of the fourchette. No trimming of serrated or irregular edges should be resorted to; but, on the contrary, every tongue of tissue should be fitted into and stitched down to its proper place so accurately that the mucous surface cannot gap and discharges cannot enter. The point on which the success of the operation turns, and the only point worthy of consideration in the proceeding, is the exact approximation of the edges of the mucous surface. It is not necessary either to effect apposition or to maintain apposition of the lacerated parts that the sutures should be strong or that they should embrace much tissue in their grasp.

The perineum, normally only  $1\frac{1}{4}$  to  $1\frac{1}{2}$  inches in length, is during labor stretched to four or five inches in length. Immediately after labor the parts are flaccid and elongated; and if the torn surfaces are placed in apposition, in the same relationship that they occupied before the injury, they fit together as naturally and as accurately as an oyster fits into its shell. There will be no tension on the sutures, and no disposition to a separation of the lacerated surfaces; but, on the contrary, the contraction that takes place in the perineal tissues, as involution progresses and the parts resume their ante-partum condition, tends to draw the severed surfaces into closer apposition, and thus contributes to the success of the operation. If the parts have been drawn by deep perineal sutures into artificial relationship, the normal change referred to disturbs the apposition that is forced and unnatural, and opens sinuses, into which irritating discharges percolate and prevent union.

When the mucous membrane has been closed in the manner described, the tear in the perineum will also be closed, and I believe that the passage of sutures through the cutaneous surface might be entirely dispensed with; but it has been my habit to introduce one or two superficial stitches, because it approximates the parts more perfectly and insures a neater appearance. I do not believe the external sutures are absolutely essential. I do not bind the limbs together, draw off the urine, nor constipate the bowels, but treat the patient in all respects as if no operation had been performed. On the fourth or fifth day the external sutures are removed. Those in the vagina are left to ulcerate and come away spontaneously. The operation, performed in this way, is simpler, less painful, more rational, and, I believe, more certain in its results than when the usual method is adopted.

**BORACIC ACID IN THE TREATMENT OF OTORRHOEA.**—A paper was read at a meeting of the State Medical Society of Pennsylvania, by Dr. Charles S. Turnbull, of Philadelphia, from which we quote the following:

"A most gratifying experience in the use of powdered boracic acid in the treatment of chronic purulent inflammation of the tympanal mucous membrane, the constant symptom of which is otorrhœa, has induced me to consider the antiseptic, or what might be more accurately termed the 'dry method' of treatment. The marked success that I have met with, induces me to advocate its use in this most frequent form (in this country) of aural disease. Chronic purulent inflammation of the middle ear continues its work of destruction year in and year out, gradually corroding the contents of the middle ear and seriously compromising the functions of its appendages. Upon these delicate parts, covered by an inflamed or ulcerated mucous membrane (which, it must be remembered, acts the part of the periosteum), all sorts of foreign material collect, and these with the added irritation from fermenting discharges (caused by the high temperature of the parts, collections of the bacteria, etc.) increase the fire of inflammation which burns fiercely, and the mucous membrane, in defence of itself, pours out a copious secretion. To remedy these affections, general surgery has done but little, so that in many instances medical men are glad to get rid of 'patients with running ears,' and this added to the prejudices in the minds of the community at large, and in some of the profession too, as to the injurious effect of healing or 'drying up' as it is termed, discharges from the ear, has caused this affection, through ignorance or apathy, to be much neglected.

"Bezold conceived the idea that boracic acid had failed on account of the powder used. He therefore procured *boracic acid in an impalpable powder*, and when he began *packing the meatus tightly* with it, obtained excellent results. Since Bezold's paper, Bückner speaks highly of the powdered acid in the otorrhœas, and Dr. J. O. Green also recommended Bezold's treatment, which he had used extensively in the meantime. From that time to the present, with few exceptions, the treatment recommended by Bezold and Green was given a trial, but although Politzer, of Vienna, recommended it highly, and Cassells, of Glasgow, did the same thing, no one was satisfied that the plan of treatment was particularly efficacious, or to be preferred to many others. The great mistake, as I have discovered, was in the fact of many experimenters not having observed Bezold's instructions, namely, that *boracic acid must be nicely powdered*. The ear is not to be syringed at all; it should be cleansed with absorbent cotton. According to the character of the intra-tympanal secretion as I guided in the introduction of the antiseptic powder, hence especial note must be made of the exact variety of the discharge as regards color, odor, consistency, etc., etc.

"As the cleansing procedure is more or less apt to provoke reflex coughing, it must be gently and

carefully done; *in fact, the successful treatment of any case greatly depends upon the method of cleansing the meatus*. If it be carelessly done more discharge will be provoked, and an artificial eczema, aggravated by the powder used, defeats the objects sought by a thorough cleansing. The powder is to be poured into the speculum, *ad libitum*. A little will drop through, but the bulk of the powder will remain in the speculum and this will require displacing and *packing*. To hold the speculum still and pack down the powder without causing pain from the edges of the speculum is no easy procedure. Force cannot be employed because by the pressure the edges of the speculum will cut; then too, and suddenly, the mass moves, and whatever is used to thrust it down is apt to impinge, with more or less force, upon the delicate parts beneath. I use a thin steel probe with the point (about 1 line) bent at a right angle, and whilst the auricle and speculum are held immovable, the parts being illuminated with the head mirror, (the head of patient unmoved from first position) I hug the inside wall of the speculum, and so can always tell when I am down to its lower orifice. As the powder is filled into the meatus, through the speculum, it is *packed*, layer upon layer, not tightly, but firmly, meanwhile I gradually withdraw the speculum until it reaches the mouth of the meatus. Here I insert a light pledget of cotton, only to be worn for six or eight hours (until bed time), and then to be withdrawn and not again introduced. My directions to my patients are to permit, in fact, endeavor to have all the powder possible remain within the meatus. If any moisture be felt, sop (that is, wipe by pressing) the mass, and soak out the discharge with absorbent cotton or dry thin linen, but do not disturb the powder. From the moment this agent is used all odor, from the most fetid discharges, ceases, and unless the discharge be extraordinarily profuse, never returns. No reaction ensues if filled into meatus as I have directed. Of course, the mechanical deafness caused by the foreign mass in the meatus was sometimes complained of, but this was gladly endured when explained as only of a temporary nature.

"Oftentimes one packing was enough. In other cases, the packed powder was washed out, by the discharge, in a few days, but I persevered, and have always been rewarded for any trouble in filling and repacking. If the discharge ceases and leaves a hardened mass of powder, etc., filling the meatus, it must be removed, but not by force nor by syringing. It must be softened by the instillation of warm *fluid cosmoline* (petroleol), which has the charming recommendation of not becoming rancid by heat, etc. I have been compelled to require my patients, for whom the powdered acid has been prescribed, to bring with them the substance procured, for inspection, since druggists, as a rule, unless according to special agreement, dis-

pense a powder, so called, composed, for the greater part, of crystals of the acid. Messrs. Wyeth & Bro., of Philadelphia, have furnished all of the powdered acid that I have used. When properly powdered, no particles can be felt, and in dipping the finger into such a mass the sensation can hardly be said to be that of touch; the impression is that of powdered soapstone, such as is used by the glove and shoemakers."

**MEDICAL HINTS "GRATIS."**—The following hints off admirably the treatment physicians sometimes receive from their patients :

When you go for the doctor always pull the bell violently, using both hands if necessary. Do not wait a reasonable time for an answer, but pull again and again in quick succession, interposing by way of punctuation an occasional kick at the door with your heel. Such procedure is calculated to make the doctor receive you in an amiable manner. If after midnight, do not consider that the doctor is in bed, but sleeps standing behind the hall door; so no time need be allowed for throwing on even the slightest clothing. When he comes to the door or window, which is determined by the amount of sonorous vibrations you make, for the doctor, though not a cowardly, is a cautious man, always begin the interview with an oath in which some deity, heathen or otherwise, is invoked, interpolating a couple of spasmodic gasps, and finish with "Hurry up," which may be repeated any number of times; the oftener the better. This tends to increase the doctor's amiability, accelerates his dressing, and helps to compose his mind, so that he may the more calmly deal with the particular emergency.

Should the doctor come to the door in his night-shirt and slippers, repeat the oath and other little embellishments, and tell him to run on as he is, not to mind his clothes, that you will carry them. This little act of kindness will please him immensely and will be most fully appreciated during the winter months, more especially if a blizzard be on, or the thermometer be in the forties. Be careful and not tell him anything of the nature of the case on which you summon him, or he may take something to relieve it. Don't hint at your name or where you live; this might be fatal. If you send for him, expect him to run all the way, especially if it be only a mile or two. Should it rain, do not give him half of your umbrella, or if you affect to do so, mind and let it drip upon him. A slight irrigation down his spine cannot fail to be appreciated.

Never send or bring a carriage for him, doctors are not used to indulgences; but should you by mistake do so, do not fail to occupy two-thirds of the seat, and like quantity of the apron or buffalo. Talk to him on any subject but the one which is the object of his visit, and expect his answers to be cheerful and gay. If the call is particularly urgent,

more especially if at night, say the patient has been ill for a week or two, that they could not put off sending for him any longer lest the neighbours might talk. This will excite his sympathy and admiration. Be careful and have several skilful old women about, who will try which can make the most wise suggestions, and will cite similar cases which with care in their hands never failed. This will be highly edifying to the doctor and save him the trouble of thinking, for which he will feel grateful.

If the case be surgical—"a fracture of the leg" for instance—some bystander must not omit to declare that the limb is not fractured because the patient can move his toes, or tell him the bone will not begin to knit until the ninth day, or some equally novel piece of reliable information. If the case be a medical one, state aloud, so that both patient and friends may be inspired with hope and comforted by the intelligence, that the patient will surely die at midnight, for you heard the death clock in the wall at that hour the night before. Tell him the best time to give the medicine is in the wane of the moon; or that you consider the dose prescribed too large, and think it best to give only half the quantity, and a few more equally sage and complimentary suggestions, which add greatly to his store of knowledge and good temper, while it ensures you a high place in his affection and esteem, and at the same time tends to make him an amiable and tender-hearted old man.

When you think the illness a dangerous one, tell him to call often—not to spare anything, particularly himself. This may be spoken with increased confidence when you have not the remotest idea of paying him. If you do think of paying him—a very strange occurrence—when you suppose the danger past, ask him if he will have to come again.

"God and the doctor we alike adore  
When trouble takes us—not before;  
The danger past both are alike requited—  
God is forgotten and the doctor slighted."

On his first visit you will say, "My dear Doctor, I am so glad to see you," or some equally warm greeting, and take care that he is properly shown in and out of the house. When getting better you will simply call him "Doctor;" when still better you will be careful to add his surname, be cold and dignified; the servant need not show him in or out now. Should he call after this, leave word with the servant that you sleep and care not to be disturbed. This behaviour cannot fail to be appreciated by his sensitive nature, and cause him to exclaim, "There is nothing so beautiful as gratitude, and confidence reposed."

"Three faces wears the doctor; when first sought,  
An angel's—and a God's, the cure half wrought;  
But, when that cure complete he seeks his fee,  
Satan vile looks then less terrible than he."

**REMEDIES FOR HEADACHE.**—The following recipes and suggestions for the treatment of differ-

ent forms of headache are collected from a variety of trustworthy sources :

Two grains citrate of caffeine, in capsule, taken every half-hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief. The only objection to its use is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache : Muriate of ammonia, 3 drachms ; acetate of morphia, 1 grain ; citrate of caffeine, 30 grains ; aromatic spirits of ammonia, 1 drachm ; elixir of guarana, 4 ounces ; rose water, 4 ounces. Mix. Dessert spoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows :—Oxide of zinc is of great value. Ordinary dose, 2 grains, three times a day, after meals ; maximum dose, 5 grains. It is best given in forms of pills. Nux vomica is preferable to strychnia. The dose is 1-4 grain, after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain of sulphate of quinine. Bismuth, in the form of subcarbonate, will often take the place of oxide of zinc. Dose, 2 grains after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance. The bromides are serviceable when the nervous system has been irritated ; when it is exhausted they do harm. Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of 30 drops, largely diluted, three times a day, after eating, or phosphide of zinc, 1-10 grain, in pill, three times a day. Arsenic, as a nerve tonic, stands next in value to zinc. Dose, 5 drops of Fowler's solution three times a day, after meals. Galvanism is sometimes valuable, but by no means a specific. The *constant current* should always be used, being careful to avoid too great intensity, lest amaurosis is produced.

Dr. T. Lauder Brunton, (*Practitioner*), says : The administration of a brisk purgative, or small doses of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation ; but if the bowels be regular, the morbid process on which it depends seems to be checked, and the headache removed even more effectually, by nitromuriatic acid diluted, 10 drops in a wine-glass of water, or bicarb. soda, 10 grains, in water, before meals. If the headache be immediately above the eye-brows, the acid is best ; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time the headache is removed, the feeling of sleepiness and weariness, which frequently leads the patient to complain

that they rise up more tired than they lie down generally disappears.

A writer to the London *Lancet* remarks : At the Middlesex Hospital female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefited if not cured, by the administration of 10 minim doses of tincture of Indian hemp, three times daily before the attacks. This is well worthy of trial in those cases of ever-living, never-dying martyrdom-like suffering. In headache due to determination of blood to the head and in fever, the following simple treatment is to be commended : Put a handful of salt into a quart of water, add an ounce of spirits of hartshorn and half an ounce of spirits of camphor. Cork the bottle tightly, to prevent the escape of the spirit. Soak a piece of soft cloth with the mixture and apply it to the head ; wet the rag fresh as soon as it gets heated. Soaking the feet in very warm water, in which a spoonful of mustard has been stirred is also beneficial in drawing the blood from the head. Two teaspoonfuls of powdered charcoal well-stirred in a half a glass of water and drunk at once, is a valuable remedy in sick headache from sour stomach, flatulence, etc. Tincture of nux vomica is recommended by Ringer as possessed of real curative powers, when given in drop doses, repeated every 5 or 10 minutes, for 8 or 10 doses, and then continued at longer intervals, for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.—*Hosp. Gazette*.

#### THE DOCTOR'S DREAM.

I am sitting alone, by the surgery fire, with my pipe alight,  
now the day is done :  
The village is quiet, the wife's asleep, the child is hush'd,  
and the clock strikes One !  
And I think to myself, as I read the LANCET, and I bless  
my life for the peace upstairs,  
That the burden's sore for the best of men, but few can  
dream what a Doctor bears ;  
For here I sit at the close of a day, whilst others have  
counted their profit and gain,  
And I have tried as much as a man can do, in my humble  
manner, to soften pain :  
I've warned them all, in a learned way, of careful diet, and  
talked of tone.  
And when I have preached of regular meals, I've scarcely  
had time to swallow my own.  
I was waked last night in my first long sleep, when I crawl-  
ed to bed from my rounds dead beat.  
"Ah, the Doctor's called !" and they turned and snored, as  
my trap went rattling down the street !  
I sowed my oats, pretty wild they were, in the regular  
manner when life was free,  
For a Medical Student isn't a Saint, any more than your  
orthodox Pharisee !  
I suppose I did what others have done, since the whirligig  
round of folly began.  
And the ignorant pleasures I loved a a boy—I have prett  
well cursed since I came to be man.

But still I recall through the mist of years and through the portals of memory steal.  
The kindly voice of a dear old man who talked to us lads of  
of the men who heal,  
Of the splendid mission in life for those who study the science that comes from God,  
Who buckles the armor of Nature on, who bare their breast and who kiss the rod.  
So the boy disappeared in the faith of the man, and the oats were sowed, but I never forgot  
There were few better things in the world to do than to lose all self in the doctor's lot.

So I left life that had seemed so dear, to earn a crust that isn't so cheap.  
And I bought a share of a practice here, to win my way, and to lose my sleep;  
To be day and night at the beck and call of men who ail, and women who lie;  
To know how often the rascals live, and see with sorrow the dear ones die;  
To be laughed to scorn as a man who fails, when Nature pays her terrible debt;  
To give a mother her first-born's smile, and leave the eyes of the husband wet;  
To face and brave the gossip and stuff that travels about through a country town;  
To be thrown in the way of hysterical girls, and live all terrible scandals down;  
To study at night in the papers here of new disease and of human ills;  
To work like a slave for a weary year, and then to be cursed when I sent my bills!

Upon my honor, we're not too hard on those who cannot afford to pay.  
For nothing I've cured the widow and child: for nothing I've watched till the night turned day;  
I've earned the prayers of the poor, 'hank God, and I've born the sneers of the pampered beast,  
I've heard confessions and kept them safe as a sacred trust like a righteous priest.  
To do my duty I never have sworn, as others must do in this world of woe,  
But I've driven away to the bed of pain, through days of rain through nights of snow.

As here I sit and I smoke my pipe, when the day is done and the wife's asleep.  
I think of that brother-in-arms who's gone, and utter—well, something loud and deep!  
And I read the LANCET and I fling it down, and I fancy I hear in the night that scream  
Of a woman who's crying for vengeance! Hark! No, the house is still! It's a Doctors' Dream.—[Punch, Jan. 20, 1883.]

SYME'S AMPUTATION.—Dr. S. Savory, in the London Lancet, gives the following in reference to this operation:—

Every one knows that Mr. Syme attached very great importance to certain details of the admirable operation of amputation at the ankle-joint that goes by his name. He insisted especially upon the position of the incision across the sole. "The foot being placed at a right angle to the leg, a line drawn from the centre of one malleolus to that of the other, directly across the sole of the foot, will show the proper extent of the posterior flap. The knife should be entered close up to the fibular

malleolus, and carried to a point on the same level of the opposite side, which will be a little below the tibial malleolus." Thus he laid it down, and he dissected the flap off the os calcis from below upward. These directions were for a long while rigidly observed, but of late years surgeons have been less particular in the direction of the incisions. That across the sole is often made obliquely backward at the expense of the flap. The incision across the front of the joint is also varied, sometimes being quite transverse, at others curved toward the toes. With regard to the heel, of course the more obliquely backward the incision of the sole is made the less difficulty will there be in the reflection of the flap, if done from below upward; but it seems to me of importance to preserve at least the whole of the heel, so that it is best to make the incision a vertical one. The thick integument of this region forms so capital a pad on the extremity of the stump that care should be taken to secure the whole of this, and to bring it well forward in the first instance, for during repair and afterward there is a tendency in this to be drawn backward. Of course, it will not be forgotten that after this operation the person stands and walks directly upon the extremity of the stump. With regard to the particular points where the extremities of the vertical incision should be, some surgeons keep them both on a level with the external malleolus, but prefer to have them rather more forward—that is to say, on a line with the extremity of the internal malleolus, but not extending higher than the level of the external one, for the base of the flap is thereby so much broader. This is, I think, an advantage, and, so far as I can see, there is no objection to it. But of all changes in the operation I should attach most importance to the way in which the dissection is done. I greatly prefer, after making both incisions, to open the joint from the front, and then to work from above downward. This mode of dissecting out the os calcis is far easier than the original plan of dissecting from below upward, and there is less danger of inadvertently cutting into the substance of the flap. I have adopted this plan now for several years, in many cases, and I cannot doubt that it is a much better one of performing the operation. By dissecting out the os calcis from above downward, and so escaping the only difficulty in the operation—that of turning off the heel—there is no temptation, as in the other way, by carrying the first incision obliquely backward, to sacrifice some portion of the flap.

QUESTIONS FOR FINAL EXAMINATION, M.R.C.S. ENG.—The following questions were given at the written portion of the "final" examination for the diploma of member held on the 19th and 20th of January last:

*Surgery and Surgical Anatomy.*—I. The femur

being fractured in its upper third, just below the trochanter minor, enumerate all the muscles which might displace the upper fragments grouping them according to their actions. Give their origin, and insertions. 2. Mention, in the order in which they occur, beginning at the external surface, the parts divided in the operation of opening the colon in the left loin. Name the structures which serve you as guides, and those to be avoided. 3. What are the causes and signs of suppuration within the antrum? Give the appropriate treatment. 4. Give the usual symptoms of intra-cranial suppuration following an injury to the head. After what class of injuries are such symptoms most common? In what situations may the pus be found. What are the indications for surgical treatment? 5. Give the symptoms, course, and treatment of purulent ophthalmia of infants. 6. What untoward events might occur during the employment of the taxis? How are they to be recognized and met? (Candidates must answer at least four, including one of the first two, of the six questions.)

*Principles and Practice of Medicine.*—1. What are the symptoms of tubercular meningitis, the conditions under which it occurs, and the means of distinguishing it from the diseases which it most resembles? 2. Describe the symptoms, physical signs, and treatment of aneurism of the arch of the aorta. 3. What are the causes and symptoms of jaundice? 4. Enumerate the officinal preparations which contain mercury; give the dose of each, and briefly state their chief uses. (Candidates must answer three of the four questions, including question No. 4.)

*Midwifery and Diseases of Women.*—1. Under what conditions does rupture of the uterus take place? What symptoms and signs indicate its occurrence? 2. State the conditions under which forceps-delivery is called for? 3. You are called to a patient three weeks after delivery, who has a painful fixed swelling occupying the left iliac fossa, with febrile symptoms. What is such a case likely to be? What course is it likely to run? How would you treat it? 4. What are the causes of hæmorrhage from the unimpregnated uterus? (Candidates must answer three of the four questions.)

SULPHUROUS ACID AND IRON IN SCARLATINA MALIGNA.—Dr. Keith Norman Macdonald, after denying the prevalent opinion, that no reliance can be placed on any drug in cases of scarlatina, does not hesitate in affirming that, when properly applied, both locally and internally, sulphurous acid is by far the most efficacious remedy we possess. He continues, "I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that, of all reme-

dial measures in this disease, it is, in my opinion, the most reliable. My treatment is as follows:—The moment the throat begins to become affected, I administer to a child, say of about six years of age, ten minims of the sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous acid spray to be applied every three hours to the fauces for a few minutes at a time, by using the pure acid, in severe cases, or equal parts of the acid and water, according to the severity of the case. Sulphur should also be burned in the sick chamber half a dozen times a day, by placing flour of sulphur upon a red hot cinder, and diffusing the sulphurous acid vapour through the room, until the atmosphere begins to become unpleasant to breathe. In the worst cases, where medicine cannot be swallowed, this and the spray must be entirely relied upon; and the dark shades which collect upon the teeth and lips should be frequently laved with a solution of the liquor potass permanganatis of the strength of about one drachm to six ounces of water, some of which should be swallowed if possible.

"In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered in rather large doses in a separate mixture with chlorate of potash, and equal parts of the same with glycerine should be applied locally, with a camel's hair brush several times in the day; but, as in the majority of cases among children, it is next to impossible to use a local application more than once, the spray, and permanganate solution will then prove of great service. As to other remedies recommended by various authors, ammonia is nasty, and cannot be taken well by children; carbolic acid has the same fault, and cannot be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpine is a remedy that may give good results hereafter, but I have had no experience of its use."—*Brit. Med. Journal.*

THE SALICYLATES AND HÆMORRHAGES IN ENTERIC FEVER.—Dr. James Fergusson, of Perth, writes: "At the time when salicylic acid and its compounds are receiving so much attention, may the following facts be regarded as at least worthy of statement? Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as antipyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use when an increased frequency of hæmorrhages from the bowel raised the question, Could the salicylate be favouring the production of that complication

of the malady? Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterwards, I noticed that a foreign observer had reported the salicylate of bismuth, and, I think, also salicylic acid (though of the latter I cannot be certain, as I am not able now to find the report in question), to cause intestinal and nasal hæmorrhages. The subject would not have been revived by me at present, but for the recent experience of my successor in the resident's office of the above-mentioned institution, Dr. H. McLean Wilson, who joins me in placing the facts before the public. Dr. Wilson in having recourse to the soda-salt in typhoid, found the same striking frequency of hæmorrhages to follow closely. His employment of the agent differed from mine, in that he administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half-drachm doses at longer intervals apart. In the other respect, however, our experiences have been so similar, as to warrant the facts being brought under notice, so that the important practical question involved, may, if possible, be decided by the evidence of a number of observers."—*British Medical Journal*.

**TREPHINING FOR INTRA CRANIAL ABSCESS.**—Dr. Kilgariff, *Dublin Journal of Medical Science*, January, 1883, exhibited a patient before the Surgical Section of the Academy of Medicine, in Ireland, on whom he had performed the operation of trephining on account of an abscess resulting from a fall in the hunting field. The patient was unconscious for two hours after the accident. At the end of a fortnight he was removed to Dublin, suffering much from pain over the upper part of the occipital bone on the right side, and also much gastric irritability and general debility. Any motion, such as driving, intensified the pain, and caused nausea. On examination a shallow depression, the size of a florin, was found, bound by a well-defined margin, at the situation where he complained of the pain. The diagnosis of fracture, with the subsequent formation of an abscess within the cranium at the seat of the lesion, was made. An exploratory incision was made down to the bone, and a small purulent collection was opened into. Subsequently the operation of trephining was undertaken; and on exploring the bone a small circular opening through the skull, about two lines in diameter, was discovered. Through this opening, situated on the upper part of the occipital bone, some purulent matter oozed. A circular piece of bone was then removed with the trephine to provide free exit of the pus. An abscess cavity, from which almost half an ounce of pus welled up, was opened into. The inner surface of the piece of bone removed was deeply eroded. The cavity of the abscess was washed out with a weak solution of carbolic acid. Subsequently the patient experi-

enced an attack of erysipelas of the head and neck, from which, however, he recovered, and nothing further occurred to interrupt the process of complete recovery of the patient.

**PARALDEHYDE: A NEW HYPNOTIC.**—The actions of this drug were first studied, by Dr. Carvello, of Palermo; and his experiments were made in the laboratory of Experimental Pharmacology at Strasburg, under the direction of Schmiedeberg. Prof. Morselli, of the Royal Asylum of Turin, has, in conjunction with Dr. Bergesis, the assistant medical officer, made an extensive series of observations with it. Its chemical composition is  $C_8H_{12}O_3$ ; and it is a polymeric form of aldehyde. In physiological action it strongly resembles chloral. A dose of three grammes procures quiet and refreshing sleep for from four to seven hours. It differs from chloral in its action on the circulatory system, strengthening the heart's action, while diminishing its frequency. It has also a well-marked action on the kidneys; greatly increasing the flow of urine. The skin is not at all affected. The drug does not give rise to digestive disturbances, to headache, or to any other unpleasant symptom. Up to the present, Professor Morselli has used paraldehyde about three hundred and fifty times. He has found it a valuable remedy in mania, melancholia, and other nervous affections, as well as in the sleeplessness that accompanies acute bronchial catarrh, lobar pneumonia, and heart diseases. He believes that it will to a large extent take the place of chloral.—*British Medical Journal*, February 3, 1883.

**PURPERAL FEVER.**—In the *Edinburgh Medical Journal* for October is contained an interesting and short paper by Mr. John Lowe, on "Puerperal Fever, its treatment and prevention," in which occurs the following judicious expression of views in regard to treatment:

"I am strongly of opinion that by early and repeated aseptic intra-uterine injections, a rapidly-acting cholagogue, washing out the bladder, if necessary, with some aseptic solution, and the timely and liberal use of stimulants, will avert death in many instances. It is no use giving the nurse instructions to wash out the uterus; we must do so ourselves by means of a long tube in the uterine cavity itself. Ammonia and brandy I regard as the medicines for the disease; indeed, when food is refused, brandy is not only most grateful to the patient, but is peculiarly well adapted to supply the place of ordinary food, and no amount of fever or other symptom contra-indicates stimulation when changes so destructive to the vital fluids and tissues of the body are in terribly rapid progress. To give aconite or veratrum viride in such cases is, in my opinion, as unscientific as it is useless; and yet these remedies have been vaunted and are



actually used by men of undoubted ability and eminence. To get rid of a fermentative poison from the blood, we must adopt some such practice as I indicated, and not stop to theorize about the physics of the circulation. We must, in other words, support vitality and eradicate the poison. That salicylates and sulpho-carbolates taken internally do not rectify the turbid urine in puerperal fever I am convinced from experience; and I would strongly urge that all depressant remedies are both hurtful and dangerous."

The use of carbolic spray, and irrigation of the uterus and vagina with carbolic solution, immediately after labor, are considered important means for the prevention of puerperal septic poisoning.—*Am. Med. Digest.*

**ABDOMINAL SECTION**—208 CASES BETWEEN MARCH 1ST AND DECEMBER 31ST, 1881.—Mr. Lawson Tait, F.R.C.S., Eng., Surgeon to the Birmingham and Midland Hospital for Women, in a paper bearing this title, gives the following analysis of the series:—Exploratory incisions, 13 cases, with no deaths; Incomplete operations, 8 cases, with four deaths. Operations for Cystoma: One Ovary, 36 cases; Both Ovaries, 28; Parovarian Cysts, 12; Hydrosalpinx, 16; Pyosalpinx, 20; or 112 cases, 3 deaths. Removal of Uterine Appendages: for Myoma, 26 cases; for Chronic Ovaritis, 12; for Menstrual Epilepsy, 1; or 39 cases, 5 deaths. Hepatotomy for Hydatids, 2 cases; Hydatids of Peritoneum, 2; Cholecystotomy for Gallstone, 2; Radical of Hernia, 1; Nephrotomy for Hydatids, 1; Nephrectomy, 1; Intestinal Obstruction, 1; Solid Tumors of Ovary, 3; Hysterectomy for Myoma, 10; Cysts of unknown origin, 1; Tumors of Omentum, 1; Pelvic Abscess opened and drained, 7; Chronic Peritonitis, 4; or 35 cases, 4 deaths. Total, 208 cases, with 16 deaths. These operations were not performed under carbolic spray.—*British Medical Journal.*

**NOVEL SYSTEM OF BURIAL**.—Dr. Alexander Mayer has proposed a novel system of burial, which, while obviating the difficulties and prejudices which at present stand in the way of cremation, he claims to possess all the sanitary advantages connected with that ancient method of disposing of the dead. His system is simply to inclose the body in an opaque glass coffin, hermetically sealed, to drive out the air from this receptacle, and to replace it with carbonic acid, or some other gas of antiseptic properties. By these means the body would be preserved as well as if it had been embalmed, and burial could be deferred, if required, for any period.—*Am. Medical Weekly.*

**PANCOAST'S COUGH MIXTURE**.—The following

formula, said to have originated with the late Prof. Pancoast, of Philadelphia, has the advantage of containing no opium or morphine, since many persons cannot take either of these remedies without discomfort.

Wild cherry bark,  
Senega.....aa ʒ iv.  
Ipecacuanha..... ʒ ij.  
Extract of conium.....gr. xv.  
Water.....q. s. ft. (by displacement) fl. ʒ viij.

Then add

Gin..... ʒ i.  
Compound tinct. of cardamom..... ʒ i.

Two teaspoonfuls in water constitute the usual dose to relieve cough.—*Med. Bulletin.*

**TREATMENT OF GONORRHOEA**.—A rather large number of American, German, French, and English physicians have—as we see by reading through the many different foreign and domestic medical journals—of late been reporting very successful results in the treatment of gonorrhœa by the *yellow oleum santali*. We learn that the remedy invariably puts an end to the discharge within two days, but to prevent a relapse it has to be continued for two weeks longer. From 15 to 20 drops given three times daily is the usual dose, which may be administered on sugar or in gelatine capsules.—*Med. and Surg. Reporter.*

**THERAPEUTIC VALUE OF HYOSCYAMIA**.—A writer in the London *Lancet* says: "No man who has ever used aconitine for the reduction of temperature will go back to the tincture, Fleming's though it be, or any crude form of the drug; and he who has not used hyoscyamia in troubles of the hollow viscera—stomach, bowels, bladder, etc.—has yet to experience the satisfaction and joy with which he will be greeted after prescribing it for a patient with spasm, retention, dysentery, or hernia; for this last is often spared the surgeon's knife by this beneficent drug."

**INCISION OF THE MEMBRANA TYMPANI**.—In accumulations of mucus or pus in the cavity, writes St. John Roosa, (*Archives of Otolology*) paracentesis *carefully and gently performed* is a great addition to our means of cure. It is not, however, to be lightly undertaken: mucus may be removed with a little delay by the Politzer bag, and a red and swollen drum-head may be relieved by leeches or scarification. In performing paracentesis the author uses a small needle, and makes the incision just large enough to give exit to the pus, blood, or mucus.

A BUSY doctor sent in a certificate of death the other day and accidentally signed his name in the space of "Cause for Death." The registrar says he wishes the profession would be as accurate generally.

# THE CANADA LANCET.

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

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

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

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The LANCET has the largest circulation of any Medical Journal in Canada.

## HIGH-PRESSURE EDUCATION.\*

This subject, though somewhat threadbare, still presses itself now and then upon the attention of those who have at heart the highest interests and future welfare of the coming generation. The prevalent high pressure-system of our colleges and public schools has been the subject of serious consideration by many of the leading members of the profession, both in the old world and the new. So far however, the warnings so emphatically sounded, the admonitions so wisely proclaimed, and the advice so freely given have not been heeded by the community at large, nor acted upon by the educational authorities. This is greatly to be regretted, and while it is to some extent disheartening and discouraging to those who are gratuitously bestowing much thought and labour upon the subject, yet the duty of the hour makes it incumbent upon those who are best qualified to express an opinion, to continue their efforts. The public do not fully understand the gravity of the question, and therefore cannot be expected to appreciate the value of the advice given. It is our great boast, and it is no idle one either, that we have the best school system in the world, yet it must be acknowledged that under its sanction the high-pressure system has had, and is still having, full sway. Nor is this iniquitous system of cramming confined to our own country. In a copy of the *New York Herald* of recent date will be found a letter from a school-girl on this subject which is particularly suggestive. After enumerating her daily routine of studies, which are "arithmetic, algebra, geography, astro-

nomy, grammar, United States history, general history, etymology, spelling, composition, drawing, reading, writing, and singing by note,"—a formidable list truly, for a girl in her teens—she goes on to say :

"After spending a long, wearisome day in a close school-room, trembling every minute for fear I shall forget some date in history or rule in algebra, I walk home, a distance of three short blocks—the only exercise I have except at lunch time, with a short recess in the forenoon in a crowded school-yard. As soon as I arrive at home I sit down to work out my number of algebra problems, which I would not mind if I was not so nervous and tired. After that comes my spelling, twenty review words of former grades, and twenty, historical, geographical, or astronomical names, which take quite a long time to hunt up in their respective text-books. Then next in the order of exercises is a long history lesson, with such lists of names and dates that it makes my head swim to look at them. I study the civil war, together with the explorations and early settlements. By the time I lay down my book to have supper my head feels as if it would burst. I hastily swallow my food, thinking all the time of how much more I must jam in somehow before I can rest. I hurry through two chapters of geography, and while studying them think, 'O dear, I don't half know that history yet !' and I have got astronomy and an account of Solymon to find in an encyclopædia, history, or elsewhere, besides preparing the definitions of a reading lesson, with the notes about the author. I study and search in histories and text-books until I am about worn out. I do not dislike study, but object to being obliged to work until twelve o'clock every night."

Now we venture to say that the experience of this poor girl is the experience of hundreds of young girls in Canadian schools to-day. Such is not education in the true sense of the word. It cannot lead to the development of a sound mind in a sound body, nor is it to be expected that the mental and physical system at this impressive period of life, can bear up under such a heavy strain. The tendency of the times appears to be to go from one extreme to the other. Surely the pendulum has swung far enough in this direction. Let us have a change, a swinging back again, and to that end the profession has a duty to perform in the premises, which is to continuously and persistently sound the note of warning in the ears of parents and those in authority. This reform, like all other great reforms, is only to be obtained by creating a public sentiment in its favor, and hence the

the great necessity for all who have the best interests of humanity at heart, to persist in the good work until success finally crowns their efforts.

### BABY INCUBATORS.

“There were giants in the earth in those days”—and there shall be giants in the earth in these days, to be seen not in side-shows merely, but on every hand—that is, if a report which comes from France be true, and it is well vouched for. And if giant babies are the making of giants and giantesses, all will admit the importance of a good send-off. It is just as essential in raising men and women as it is in raising any kind of stock. “Blood” and scientific management are no less potent in the one case than the other. Indeed, it would be a great blessing to mankind were some of the ideas acted upon by the raisers of good stock, imported into the more important business of raising a superior race of men and women. The working out of the law of the “survival of the fittest” would receive fresh impulse; much sickness, pain and sorrow would be averted, and the sum total of man’s happiness would be immeasurably increased. But no such luck is in store for the human race. The weak and the sickly no less than the strong and healthy will continue to produce after their kind. Man’s two-fold nature is an insuperable barrier to the enactment of civil laws, restricting to any considerable extent the natural law of reproduction. Economic and social considerations will always outweigh considerations having regard to the welfare of the prospective offspring. All that science or government can do in the matter, is to educate the masses into a more perfect knowledge of physical laws.

But to return to the subject—Dr. Tarnier, a French physician, attached to a foundling hospital, reports surprising results from certain recent experiments. This gentleman is said to have been grieved by the large number of children under his care who perished within the first six months of their life. While in this mood a new idea occurred to him. If French chickens, he asked himself, can be raised by artificial means, why not French babies? He caused a box to be made, having glass sides, and resembling an ordinary chicken-incubator. It was furnished with a soft bed, placed in a dark room,

and kept at a temperature of 85° Fah., by means of hot water. In this baby-incubator he placed one of the infants, a miserable specimen of the crying, colicky kind. The child was provided with a nursing-bottle, and of course only fed at regular intervals. The child ceased its crying on the second day, much to the doctor’s surprise, and never again cried for the space of the eight weeks it tenanted the incubator. At the end of this period it had the appearance of a healthy child of a year old. Encouraged by this success, Dr. Tarnier repeated the experiment with like results. He then, with the permission of the hospital authorities, proceeded to construct an incubator capable of receiving 400 children, and in this he placed all the children in the hospital, 360 in number. All except two remained in the incubator six months, when they had to be removed, having outgrown their narrow beds. Were it not that the facts are vouched for by a commission of twelve, who made a report to the Government, the results claimed might be deemed incredible. The average age of the infants when put in the incubator, was eight months and three days, the youngest being twelve hours, and the eldest eleven months. The average weight of the 360 was ten pounds. At the end of six months the average weight was 84 pounds, and all are said to have looked like children eight years old (*i.e.*), as much was accomplished in six months by the incubator as is accomplished in eight years of ordinary life. The infants were not only large but also strong and healthy, and most of them walked within a week of leaving their nests. The results were astonishing, and exceeded Dr. Tarnier’s most sanguine expectations. It is now expected that every child’s hospital will go into the incubation business, so that we shall probably witness a lively competition in the business of raising giants.

If this child-incubator is a good thing in foundling hospitals, and for hospital babies generally, it ought also to be a good thing in all homes blessed with babies. Doubtless we shall soon witness a new industry started under the fostering care of the National Policy, and presently baby-incubator agents will be as numerous as sewing-machine agents. It would be easy to enlarge on the practical value and suggestiveness of Dr. Tarnier’s experiments. First, it is clear the babies were not rocked, yet they enjoyed perpetual repose. This

teaches us that all the fuss and worry of mothers and nurses, so wearing to the constitution, is not only wholly unnecessary but an absolute evil in all its bearings. Instead of being placed in a condition favorable to absolute quiet, our babies are made a sort of family toy to be tossed from one to another as a means of sport. The moment the little creature begins to notice surrounding objects, its powers are excited to the utmost to afford amusement to the family circle. Dr. Tarnier's babies were fed at regular intervals. The home baby is usually fed every time it cries, as though that were a signal of hunger. Most commonly it is a sign of an overloaded stomach.

In conclusion, we may be permitted to say that, the essential conditions to successful baby-raising, are:—1. Absolute quiet, and no unnecessary interference on the part of nurses. 2. Regular and judicious feeding. 3. Uniformity of temperature above that suited to adults. This condition is difficult of attainment in ordinary life, but much may be accomplished by the knowledge that infants require a higher temperature. Even a modified observance of the foregoing conditions would take away much of the worry caused by crying and sleepless babies, and would add greatly to the quiet, health and growth of our children.

#### PUBLIC HEALTH STATISTICS.

The Dominion Government have very wisely increased the appropriation for the purpose of collecting and utilizing health statistics, the sum of \$20,000, instead of \$10,000 as last year, having been placed in the estimates just brought before the House. It is very desirable that the statistical system recently inaugurated may work satisfactorily, and that it may soon be greatly extended. The success or otherwise of the scheme, will depend largely on the manner in which the returns from the cities are made use of in the central office at Ottawa. In order that the public may become more and more interested through the monthly reports, the returns should be carefully studied, and utilized in a judicious and practical way by one experienced in such work, as is done in connection with similar weekly reports issued and widely circulated in Great Britain, and useful sanitary instruction should be published therewith.

With sanitary statistics the same principle holds good as with other statistics; they are valuable only as a foundation and a guide, and are of no practical value in themselves, only in so far as they are utilized as a guide in sanitary work. It is much to be regretted, that the journal which has been chiefly or almost wholly instrumental in awakening or creating public interest in this country in sanitary work and promoting health legislation, has been allowed to be discontinued. Even foreign medical and other journals, wisely foreseeing the influence for good in the country exercised by the *Sanitary Journal*, have ventured to express a hope that it might be liberally patronized. The *Journal* was not published in the interest of the profession, but was exclusively and exceptionally in the interests of the public and as such, we have always thought it should have received liberal government support. There is no doubt that the most practical way in which the public can be educated in sanitary matters is by means of a regular and well-conducted periodical. We can only express a strong hope, that means may be provided by which such a journal may be published and freely circulated at an early day, as the public health would be greatly promoted thereby, and we are persuaded that in no way could money be more profitably spent.

MEDICAL MEN IN PARLIAMENT.—The following medical gentlemen were elected to the Ontario Legislature at the recent elections:—Drs. McMahon, Dundas; Brereton, E. Durham; McLaughlin, W. Durham; Baxter, Haldimand; Cascaden, W. Elgin; Dowling, S. Renfrew; Widdifield, N. York, and Preston, S. Leeds.

Apropos of this subject the *Can. Med. & Surg. Journal*, for March, 1883, gives a list of medical members of Parliament for the entire Dominion, which may be interesting to our readers.

DOMINION PARLIAMENT—*Senate*: P. Baillargeon, Quebec; A. H. Paquet, St. Cuthbert; C. E. B. DeBoucherville, Quebec; W. J. Almon, Halifax; T. R. McInnes, New Westminster; J. Schultz, Winnipeg; L. Robitaille, New Carlisle, Q. *Commons*—D. Bergin, Cornwall, O.; J. G. Blanchet, Levis, Q.; H. Cameron, Mabou, N. S.; L. L. Desaulniers, Montreal; J. E. A. De St. Georges, Portneuf, Q.; C. F. Ferguson, Kemptville, O.; J. Ferguson, Welland, O.; J. F. Forbes, Liverpool,

N.S.; J. T. Jenkins, Charlottetown, P. E. I.; J. M. Platt, Picton, O.; P. Fortin, Gaspé, Q.; P. E. Grandbois, Rivière du Loup (*en bas*) Q.; C. A. Lesage, St. Claire, Q.; C. E. Hickey, Morrisburg, O.; G. Landerkin, Hanover, O.; P. A. McIntyre, Souris, P. E. I.; G. T. Orton, Fergus, O.; C. J. Rinfret, St. Croix, Q.; J. E. Robertson, Montague, P. E. I.; L. Springer, Hamilton, O.; T. S. Sproule, Markdale, O.; Sir Chas. Tupper, Ottawa; J. H. Wilson, St. Thomas, O.

QUEBEC.—*Lieutenant-Governor*: L. T. Robitaille. *Council*: C. B. de Boucherville, Quebec; J. J. Ross, Quebec. *Assembly*: L. Duhamel, Wright, Q.; E. Laberge, St. Philomène; A. Cameron, Huntingdon; V. P. Lavalee, St. Felix de Valois; I. Fregrau, Stukely; D. Martel, Chambly; H. J. Martin, Carleton; R. Rinfret, Quebec.

NOVA SCOTIA.—*Council*: D. McNeill Parker, Halifax. *Assembly*: C. H. Munro, West River; A. McLennan, Margaree.

PRINCE EDWARD ISLAND.—*Council*: J. Fraser, St. Peter's Bay. *Assembly*: P. McLaren, New Perth; J. A. F. Gillis, Summerside.

NEW BRUNSWICK.—W. J. Lewis, Hillsboro; E. A. Vail, Sussex; C. A. Black, Baie Verte.

MANITOBA.—D. H. Wilson, Nelsonville.

There are in all sixty members of the profession in the Legislatures—thirty in the Dominion House and thirty in the Local Assemblies. On the other hand in the British Parliament there are but four medical men.

PROFESSIONAL TOUTING.—We are pleased to learn that the "Integrity Medical Aid Fund" of the City of Toronto has closed its career in deference to the remonstrances of the profession. Having thus aided in cleaning the Augean Stables at home, we may now turn our attention to some of the professional touters throughout the country. We have received several notices of flagrant cases of this nature, clipped from newspapers and printed on cards, which we have been asked to advertise *gratis* in the LANCET. One of the practitioners to whose "card" attention has been called, after enumerating all the possible titles to which he can lay claim, recommends himself in the following terms:

"I have been many years in the practice of medicine, and have been favorably placed to acquire a thorough knowledge of the prevalent diseases of this country. By kind, considerate and enlightened treatment of the sick, I hope to merit your patronage."

Another physician touts for patronage by publishing a "list of fees" which he has full confidence will meet with public approval. The latter offers his services for 50 cents a visit in the village and 25 cents a mile to go into the country; midwifery cases within two miles \$4. Still another adopts the old method which has been frequently exposed, of having his name inserted in the papers in connection with every trivial accident which occurs in the vicinity to which he may have been summoned. It is almost unnecessary to state that all such touting for patronage is a transgression of the code of medical ethics, and is alike injurious to the reputation of those who indulge in it, and derogatory to the dignity of the profession. All such actions are exceedingly short-sighted, and unwise. No physician was ever known to build up a reputation, or to acquire an extensive *clientele* by these means. Such tactics are a sign of conscious weakness, and want of self-confidence on the part of those who adopt them.

THE RIGHT TO MAKE AUTOPSIES IN HOSPITALS.—We quote the following from the *Medical News*, Philadelphia, of March 17, in reference to this vexed question:—"Last year a case was decided in England which is of special interest to hospital staffs, as it involved the question of the right of a doctor to make an autopsy. A post-mortem examination had been made on the body of a child dying in hospital, but no previous communication was made to the relatives, nor was their consent asked or obtained. The medical man was charged with improper mutilation of the body. The magistrate, after a week's deliberation, ruled that the Anatomy Act did not apply, and that the surgeon would not be liable to indictment unless it could be shown that the examination had been conducted in such a way as to offer indignity to the body. We are not aware that a legal decision has been given in any similar case in this country. It is, however, such an important point, especially in hospitals, that we should be glad to know that our American courts held the same view as the English." Gratuitous services, often very prolonged and requiring great skill, are but poorly requited when the medical man is allowed at least to learn all he can from such a case. Yet we have known the right to be often denied, and hospital authorities are so afraid of criticism, that they not

seldom join with the relatives in refusing to allow such an examination.

**RAILWAY MEDICAL TARIFF.**—The following items from the tariff of fees drawn up by the medical referee of the Grand Trunk Railway Company, have been sent to us for an expression of opinion: The fees for a day visit are \$1; night visit, \$2; office consultation 50 cents; dressing of wounds, first time, \$1, in the night, \$2; subsequent dressings, 50 cents. The following rates include subsequent treatment. Amputations, finger, \$5; forearm or arm, \$20; foot, \$20; leg, \$25; thigh, \$50. Setting fractures, forearm, \$10; arm \$15; clavicle, \$8; leg, \$25; thigh, \$30. Reducing dislocations, elbow, \$10; shoulder, \$8; ankle, \$8; knee, \$10; thigh, \$20. It is scarcely necessary for us to say that we consider these charges on the whole, very low, and in some cases, ridiculously low. We are very much surprised, that any surgeon would assume the responsibility of the treatment of serious surgical cases, for such paltry fees. But we are told that some of our confreres are eager to secure and retain the position, with this tariff before them. If such is the case, the blame rests with the profession, and although it looks like robbery for a rich corporation to grind down the poor surgeons, yet it is perfectly natural and business-like for the company to secure the services as cheaply as they can. The surgeons have themselves entirely to blame, if the fees are less than they ought to be.

**SUMMER COURSES OF LECTURES.**—We desire to call attention to the summer course of lectures which has been inaugurated in Trinity Medical College Toronto, commencing on the 1st of May. This, although the first summer course in this institution, promises to be a success, judging from the number of enquiries which have been received by the secretary, Dr. Sheard. The announcement of McGill College summer course will also be found in this issue. This, which is the 8th summer session of McGill College, will commence on the 12th of April and continue 12 weeks.

**THE STYLOGRAPHIC PEN.**—Few minor inventions have been so readily appreciated and come so quickly into general use as the stylographic pen. None who have used one will ever be contented with any less convenient apparatus for writing, and

in a short time there will be few who have occasion to write much who have not adopted it. Recent improvements in the manufacture of the "Livermore" Stylographic Pen relating to the fastening of the needle and the ease with which it can be cleaned and repaired, have occasioned much comment. These improved and valuable pens may be obtained by addressing Louis E. Dunlap, Manager, Stylographic Pen Co., 290 Washington St. Boston, Mass. Price, plain, \$2; gold-mounted, \$2.50

**WINTER DIARRHŒA.**—This affection appears to be more than usually prevalent this winter. In fact many physicians have met with it this winter for the first time in many years' practice. An unusually large number of cases have occurred in the United States, as is noted in the health bulletins. The Michigan State Board of Health report, states that "there are many cases of winter cholera which comes on suddenly and is severe." Our Provincial Board of Health also reports the prevalence of diarrhœa in District No. IV., in which it is not only one of the six most prevalent diseases, but amounts to 5 per cent. of all the diseases reported.

**ELECTRIC BRUSH BATTERY.**—For some years past, parties in the United States have been advertising so-called electric brushes, but it remained for the Am. Electric Brush Co., of Cincinnati to manufacture a genuine electric brush, fitted up with a complete electric battery on the back. This little instrument, which we have examined and tested, is possessed of wonderful power. It may be used in a variety of cases where electricity is deemed advisable. The cell is composed of carbon and zinc and is charged with a solution of bisulphate of mercury. The coil is supplied with a spring armature, regulated by a platinum-pointed screw, and an adjuster to regulate the force of the current. The price of the instrument to physicians is \$4.

**KINGSTON MEDICAL COLLEGE.**—The following gentlemen have passed the final examination in the Royal College of Physicians and Surgeons, Kingston:—J. F. Kidd, gold medallist; W. G. Anglin, silver medallist; J. Cryan, H. Freeland, T. Moore, and W. Young, with honors; C. C. Clancey, L. T. Davis, W. Hall, D. C. Hickey, G. McGhie, T. A. Page, R. Smith, and A. McMurchy.

R. N. Fraser, and J. E. Sterling were recommended as House Surgeons to the Hospital, and J. Herald and E. Forrester as demonstrators.

**IRON IN DIPHThERIA.**—Dr. Tipton, of Selma, Ala., writing with regard to the treatment of this disease in the *Virginia Medical Monthly* (Febr'y) says, "long before a line was ever written on the use of the muriated tincture of iron in the treatment of diphtheria, Dr. Parke, an old and honored practitioner of Richmond, Va., was curing his patients with this agent with a steadiness and certainty that led him to regard it as a specific, so far as any remedy can be." His treatment is as follows: If the mildness of the disease permits, he clears the bowels out well with a purgative; he then gives, even to the youngest child, the following mixture *every hour night and day*:

R Tr. Ferri chlor. ʒiij.  
Pot. chlor. ʒi.  
Syr. acaciæ.  
Aquæ. aa ʒij.—M.

SIG.—From a teaspoonful to a tablespoonful according to age. Milk is to be given between the doses, not only to serve as nourishment but also to prevent the iron from upsetting the stomach and bowels. He uses no local treatment at all—in fact denounces it as hurtful where a child resists. The success, he claims, is largely due to the *persistent and unremitting* administration of the remedy *night and day*.

**OBITUARY.**—The numerous friends of Dr. Henry Croft will regret to hear of his death which took place in Texas on the 21st of February, at the age of 64 years. Dr. Croft was professor of Chemistry in University College, Toronto, for upwards of a quarter of a century, and was for many years the chief chemical expert in this Province. He was superannuated about two years ago, and since then has been living with his son near San Diego, Texas. He died of an affection of the heart.

**MICHIGAN SANITARY CONVENTION.**—A Sanitary Convention under the auspices of the State Board of Health, will be held in Reed City, Mich., on the 26th and 27th of April. Subjects of interest in connection with sanitary science, and methods relating to the prevention of sickness will be presented at the meeting.

**DR. GOODELL'S MIXTURE OF THE FOUR CHLORIDES.**—The following is known as Dr. Goodell's mixture of the "four chlorides," which he prescribes as an alterative tonic:—

R—Hydrarg. Bichlor. . . . . gr. j-ij  
Liq. arsen. chlor. . . . . ʒj  
Acidi. Hydrochlor. dil.  
Tr Ferri, chlor., aa. . . . . ʒij  
Syr. Zingib. . . . . ʒij  
Aquæ ad. . . . . ʒvj—M.

SIG.—Two teaspoonfuls three times daily in water, after meals.

**IODIFORM IN ANAL FISSURE.**—Fissure and ulcer of the anus generally resist all medical treatment, and require for their removal incision or dilatation. Dr. Boardman Reid, of Atlantic City, has had good success, however, in the treatment of these intractable affections by means of iodoform. He uses the following ointment:—

R—Iodoformi . . . . . ʒss  
Bals. Peru. . . . . ʒij  
Cosmolini . . . . . ʒj—M.

SIG.—Apply three or four times a day after washing the parts.

Dr. Canniff desires very particularly to thank his medical brethren who so kindly and voluntarily supported him in his application for the position of Medical Health Officer for the City of Toronto. He also begs to ask for the cordial co-operation of the profession in the work which they well know is most important, onerous, and may be difficult. It is his intention to carefully avoid infringing upon the rights of all in relation to cases which may be reported as affected with contagious diseases. Any suggestions or information which may be kindly supplied to him will be thankfully received.

**THE LATE DR. KOLLMYER.**—The following address of condolence was presented to Mrs. Dr. Kollmyer by the students of Bishop's College:

Bishop's College, Montreal.

Dear Madam,—We, the students of medicine of the Medical College of Bishop's University, hereby beg to tender our most sincere condolence to you in your sad bereavement by the decease of your lamented husband, Alexander Kollmyer, M.D. We feel that the loss is not yours alone, but that the city of Montreal has lost a valuable citizen, the profession of medicine has lost one of

its most efficient and devoted members, and we, the students in the College of which he was a Professor, have lost a kind friend, an enthusiastic teacher, and a valuable counsellor. And we pray that the consolations of heaven may sustain you now, and be your abiding comfort.

March 16th, 1883.

(Signed), J. B. Saunders, C. D. Bell, Chas. La-Fontaine, and thirty others, comprising the students in medicine in Bishop's University.

QUEBEC ANATOMY ACT.—The Quebec Government has recently brought in important amendments to the anatomy act which will, it is hoped, put an end to the disgraceful body-snatching which has obtained of late in this Province. Inspectors are to be appointed whose duty it will be to see that all unclaimed bodies in institutions receiving government aid are handed over to the schools, who shall pay ten dollars for each body. The institutions are to notify the inspectors within twenty-four hours after the death of any friendless persons, and claimants must show relationship within the third degree.

NEW SPLINT FOR COLLES' FRACTURE.—Dr. McNaughton, of Erin, Ont., has shown us a splint devised by himself for the treatment of Colles' fracture of the radius which meets the indication better than any splint we have ever seen. It is applied to the anterior surface of the forearm and hand, extending down as low as the palm, and is moulded to fit perfectly the inequalities of the surface. The Dr. has used it for many years with great success in the treatment of this form of fracture.

EUROPEAN TRAVEL.—Persons contemplating a trip to Europe, or any other part of the Globe, either alone or with excursion parties, will find it to their advantage to investigate the numerous facilities offered by Thos Cook & Son, the renowned Excursion Managers, of 261 Broadway, New York. Full particulars of their arrangements will be mailed free, on application, to any one interested.

DIPHTHERIA is again prevalent in the Maritime Provinces. Mr. Joseph F. Beut, of Springfield, Cumberland, N.S., lost three of his children within a few days from this terrible disease.

ASSOCIATION MEETINGS.—The American Medical Association will meet in Cleveland, Ohio, commencing on the 5th of June. The Association of

Am. Medical Editors will take place at the same time and place. The Ontario Medical Association will hold its third annual meeting in Toronto, on the first Wednesday (6th) of June.

ONTARIO MEDICAL COUNCIL ELECTION.—Dr. C. T. Campbell, of London, Ont., has been elected by the Homœopathic representatives in the Council to fill the vacancy caused by the death of Dr. Morden, in accordance with clause ii. section vii. of the Ontario Medical Act.

ONTARIO MEDICAL COUNCIL EXAMINATIONS.—In our last issue an error inadvertently crept into the announcement of the date of the primary examination. The primary will commence in Kingston on the 13th of April at 4 p.m., and not on the 4th as therein stated.

MEDICAL HEALTH OFFICERS.—Dr. W. Canniff has been appointed Medical Health Officer for the City of Toronto at a salary of \$1500.

Dr. Neilson has been appointed Medical Health Officer for Winnipeg, at a salary of \$1,200.

ERRATUM.—In our notice of Dr. Sanborn's medical charts in the February issue of the LANCET we inadvertently gave his address, Rockford. It should have been Rockport, Mass.

BRITISH DIPLOMAS.—Drs. W. H. MacDonald, of Trinity Medical College, and S. R. Rogers, of Toronto, have received the double degree of L.R.C.P. & S., Edin.

PERSONAL.—Dr. Richard Orton, formerly of Morriston, Ont., who has been abroad for upwards of a year, has returned, and commenced practice in Guelph.

Coroner—P. N. Balcom, M.D., of Aylesford, has been appointed Coroner for the Co. of Kings, N.S.

APPOINTMENTS.—Dr. W. Nelson, formerly of Montreal, has been appointed Port Surgcon of the Pacific Mail S. S. Co. at Panama.

T. W. Mills, M.D., &c., Montreal, has been appointed Demonstrator of Physiology and Histology in McGill College, Montreal.

REMOVAL.—Dr. H. H. Gardner, has removed from West Lynne, Man., to Sanfrancisco.



The death of Dr. L. Ranney of New York, and also of Dr. Benjamin Howard Rand, Prof. Chemistry Jefferson Medical College of, Philadelphia, is announced.

### Books and Pamphlets.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. A Treatise on the Theory and Practice of Surgery, by authors of various nations. Edited by J. Ashhurst, jr., M.D., Prof. of Clinical Surgery University of Pennsylvania; illustrated with chromo-lithographs and wood-cuts, in six vols. Vol. II. New York: W. Wood & Co.; Toronto: Willing & Williamson.

We have already expressed our appreciation of the value of the above-named encyclopædia in our notice of the first volume. The second volume fully bears out the statements then made. It opens with articles upon wounds, burns, abscesses and gangren followed by elaborate articles upon the various venereal diseases, and in the latter part of the volume is begun injuries and diseases of the various tissues. We observe an excellent article in this volume on "The effects of cold," by our distinguished confrere Dr. J. A. Grant, of Ottawa, upon which we congratulate him. The work bears evidence of the painstaking care and the thorough and exhaustive research of the various writers on the different subjects assigned them, and reflects no small degree of credit upon American surgery. The illustrations commend themselves both by their artistic excellence, and by their practical value in elucidating the text. The work is well printed, and handsomely bound. It is sold by subscription only.

PERCUSSION OUTLINES.—By E. G. Cutter, M.D., and G. M. Garland, M.D, Assistants in Pathological Anatomy and Clinical Medicine, respectively, in Harvard Medical College. Boston: Houghton, Mifflin & Co. Toronto: Willing & Williamson.

This interesting little work is intended to teach students and beginners in practice, the anatomical position of the viscera in the normal state, and as a guide to the proper methods of detecting abnormal deviations. The authors state that the book is essentially a condensed abstract of the German literature upon this subject, as contributed by Weil, Ferber, Laschka, and Gerhardt, reviewed and confirmed by their own experience in practice

and at the autopsy table. The work is embellished by some most excellent diagrams, giving percussion outlines of different organs.

THE SCIENCE AND PRACTICE OF MEDICINE, by Professor Alonzo R. Palmer, of the University of Michigan, Ann Arbor. G. B. Putnam & Sons, New York, 1882.

This work is one written by a practical man, with the object in view of bringing practical subjects before his readers. While not likely in any way to interfere with the sale of any other modern work on practice of medicine, it will no doubt be highly appreciated by the friends of the author, both amongst the profession and the students who have attended his lectures.

QUIG COMPENDS NO. I—QUESTIONS ON HUMAN ANATOMY; By Samuel O. L. Potter, M.A., M.D., with sixty-three illustrations. Philadelphia: P. Blakiston, Son & Co. Toronto: Ure & Co.

This little work contains a series of questions and answers, comprising the essential points of the various structures of the body. It is founded on Gray's Anatomy, and contains many useful hints and aids to memory not found in ordinary works.

### Births, Marriages and Deaths.

At Picton, on March 4th, the wife of H. A. Evans, M. D., of a daughter.

At St. Thomas, in Nov. last, Dr. Frederick B. Going, aged 72 years.

At Halifax, on the 27th of Feb., A. Moren, M. D., city medical officer, in the 47th year of his age.

At Cape Sable Island, on the 21st Feb., Dr. J. J. Clark, of Barrington, N. S., aged 56 years.

In Montreal, on the 13th ult., Henry Kollmyer, M.D., aged 51 years.

In Pembina, on the 6th ult., W. D. Ross, M.D., formerly of Ottawa.

At Black River, Jamaica, W.I., on Feb. 4, Dr. George E. Gascoigne, formerly of Brockville, Ont., aged 49 years.

*\*\* The charge for Notices of Births, Deaths, and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.*

# Hydroleine and Maltopepsyn.

---

Having demonstrated conclusively during the past three years the superiority of Maltopepsyn formula over all other digestive remedies, as attested by the signatures of nearly all our leading physicians, I desire to keep it up to its present high standard, and I cannot do so and give one and one-half ounces for fifty cents, as I find upon figuring up my expenses of introduction to the profession and of doing business, and the high cost of the ingredients of Maltopepsyn, that I am at present, after three years of hard work, actually out money. Naturally desiring some profit, I am obliged to raise the price to 75 cents per  $1\frac{1}{2}$  ounce bottle, as I will not lower the standard of the article under any consideration.

---

I therefore ask your continued support in this my endeavor to give the profession a perfect and reliable digestive of home manufacture at as low a price as it can be produced and afford a living profit.

---

I desire to call your attention to the fact that Maltopepsyn given in from 1 to 5 grain doses, (according to the age and strength of the child), is a specific for most of infants' troubles, such as cholera infantum, etc.

---

One word in reference to Hydroleine and I am through. This remarkable remedy being Cod Liver Oil of the best quality artificially digested by the use of pancreatine, is of a necessity much more palatable when fresh and when made during the winter.

---

Notwithstanding the fact that I put four labels on each bottle, and large label on each  $\frac{1}{2}$  dozen package to call druggists' attention to the necessity of keeping the preparation in a cool place and to avoid freezing, and that I have further mailed each one a circular letter to the effect and asking them to purchase not over a four weeks' supply, so as to have it as fresh as possible, I find over one half pay no attention, but buy even a six months' stock, and keep it often in their show windows, subject to excessive heat.

---

I would call your attention to the fact that Hydroleine when fresh is a beautiful and perfectly digested oil, of the consistency and appearance of Devonshire Cream, palatable and highly nutritious. I intend in future to put the word "Winter" in red ink across the face of the inside bottle label on all Hydroleine made during the cool months (October to March, inclusive).

---

If you will at first see that the Hydroleine is fresh and right, the druggist will soon pay proper attention to the keeping of it, and you will have a remedy unequalled for the treatment of Consumption, Winter Cough, Affections of the Chest and Wasting Diseases, the Debility of Adults and for delicate children, invariably producing immediate increase in flesh and weight.

---

I might remark here that all Cod Liver Oil should be obtained fresh and should be kept in a cool place.

I shall be happy to mail printed matter on both remedies giving full particulars upon application.

Yours very truly,

**HAZEN MORSE,**

57 Front St. East, Toronto.

P. S.—Present prices are as follows:

Hydroleine, \$1.00 per Bottle, \$10.00 per Doz.

Maltopepsyn, 75c. per  $1\frac{1}{2}$  oz. Bottle, \$7.50 per Doz.

" in 8 oz. Bottles, \$6.50 per lb.

FOR CONSUMPTION AND WASTING DISEASES,  
**HYDROLEINE** (HYDRATED OIL)

FOR DYSPEPSIA, INDIGESTION, ETC.,  
**MALTOPEPSYN.**

Having for the past three years published the names of most of the leading physicians of Canada endorsing both these remedies, I will therefore now only give the names of a few of the profession, and will add the opinions of some of the leading Druggists throughout the Dominion.

JAS. H. RICHARDSON, M. D., TORONTO.	JOHN REDFIELD, M. D., MONTREAL.
J. ALGERNON TEMPLE, M. D., "	D. C. MACCALLUM, M. D., "
J. H. MCCOLLUM, M. D., "	F. G. RODDICK, M. D., "
JOHN E. KENNEDY, M. D., "	GEO. ROSS, M. D., "
O. S. WINSTANLEY, M. D., "	JOHN T. FINNIE, M. D., "
J. E. GRAHAM, M. D., "	GASPARD ARCHAMBAULT, M. D., "
J. H. BURNS, M. D., "	W. B. BURLAND, M. D., "
CHAS. WM. COVERNTON, M. D., "	CASEY A. WOOD, M. D., "
	A. LAPHORN SMITH, M. D., "

**FROM LEADING CHEMISTS AND DRUGGISTS.**

144 ST. LAWRENCE MAIN ST., MONTREAL, NOV. 18, 1880.

I beg to say that Hydroleine is increasing in favor with the medical profession. It digests easily and in most cases rapidly, and brings up the weight of the patient. To prove which, several physicians have weighed their patients before beginning the remedy. My sales this month are larger than ever.

HENRY R. GRAY, Chemist.

TORONTO, AUG. 15, 1881.

With reference to your Maltopepsyn, I would say I have never sold any preparation of the kind which seemed to give such universal satisfaction both to physicians and patients.

The increasing sales with the testimony of numbers who have obtained marked benefit from its use, show that Hydroleine is a great success.

H. J. ROSE, Pharmacist.

TORONTO, JULY 20, 1881.

We have much pleasure in informing you that the sale for Hydroleine and Maltopepsyn is increasing greatly, both over the counter and in dispensing. Many people who cannot take Cod Liver Oil take the Hydroleine with great benefit.

E. HOOPER & CO., Chemists and Druggists.

MONTREAL, AUG. 15, 1881.

We have very favorable news in reference to Hydroleine and Maltopepsyn. Their sale is increasing, and we have heard through medical men who have prescribed them that they both give entire satisfaction.

LAVIOLETTE & NELSON, Pharmacists.

MONTREAL, AUG. 15, 1881.

I have much pleasure in saying that numbers of my customers express themselves highly satisfied with the action of both Hydroleine and Maltopepsyn, and in consequence I find the sales increasing.

J. A. HARTE, Chemist and Druggist.

444 QUEEN ST. WEST, TORONTO, MARCH 4, 1882.

I have much pleasure in informing you that the sale of Hydroleine and Maltopepsyn is rapidly increasing, and the very best of results invariably follow their use. Leading medical men are ordering them freely, which fact is sufficient guarantee of their being reliable preparations.

HARRY SHERRIS.

I feel it a duty to the public and yourself to communicate to you the very satisfactory results effected by your Maltopepsyn.

171 KING ST. EAST, TORONTO, FEBRUARY 3, 1882.

JOSEPH DAVIDS & Co.

I have been selling your Hydroleine and Maltopepsyn for some time past, and find it gives universal satisfaction.

382 & 630 QUEEN ST., 324 SPADINA AVE., TORONTO, FEB., 1882.

JOSIAH GREEN.

I have sold Hydroleine and Maltopepsyn since their introduction, and must say they have given entire satisfaction.

243 YONGE STREET, TORONTO, 1882.

CHAS. W. HOWARTH.

We have sold both remedies and find them spoken of very favorably by both the Medical Profession and the Public.

BELLEVILLE, FEBRUARY, 1882.

We can safely recommend them to parties needing such remedies.

L. W. YEOMANS & CO.

In recommending Hydroleine and Maltopepsyn, we endorse the opinions of many of our customers who have used both.

BELLEVILLE, ONT., FEBRUARY, 1882.

JAS. CLARK & CO.

I believe Hydroleine gives general satisfaction. I have also received very good reports from the use of Maltopepsyn in cases where other preparations have failed.

BELLEVILLE, FEBRUARY, 1882.

A. L. GEEN.

I have much pleasure in recommending your preparations of Maltopepsyn and Hydroleine, as they have given entire satisfaction wherever they have been used.

BELLEVILLE, ONT., FEBRUARY 7, 1882.

R. TEMPLETON.

I have much pleasure in assuring you of the general usefulness of your Hydroleine and the confidence bestowed upon it by those who have used it. One customer says respecting his child troubled with Chronic Bronchitis, "Nothing answers him so well; he thrives upon it."

BELLEVILLE, FEBRUARY 8, 1882.

W. R. CARMICHAEL.

We have much pleasure in stating that for the past two years we have sold Hydroleine. It has given satisfaction, as the sales of it have been considerable, and we have had no complaints.

BROCKVILLE, ONT., FEB. 13, 1882.

ALLAN, TURNER & CO.

I have much pleasure in informing you that the sale for Hydroleine and Maltopepsyn is increasing greatly both over the counter and in dispensing. Many people who cannot take the Cod Liver Oil take Hydroleine with great benefit.

LONDON, ONT., NOV. 24, 1881.

W. T. STRONG.

The sale of your preparations, Hydroleine and Maltopepsyn, has been very large, giving satisfaction wherever used.

OWEN SOUND, JAN. 6, 1882.

ROBERT WIGHTMAN.

I have used Hydroleine and Maltopepsyn for over a year, and have the satisfaction of knowing that I can safely and confidently recommend them to my customers.

WINGHAM, ONT., JAN. 11, 1882.

W. T. BRAY.

# New Remedy for Teething Infants.

—MORSE'S—

## GLYCEROLE OF CELERY COMPOUND

### EACH FLUID DRACHM CONTAINS

Celery Seed,	-	-	-	-	-	4 grains.
Catnip Herb,	-	-	-	-	-	5 grains.
Chamomile,	-	-	-	-	-	2 grains.

Dose for teething infants 10 to 60 drops, according to age.

This remedy has been found to be a good and harmless substitute for the more powerful drugs so often used to quiet children. It is not necessary to speak of the advantages obtained by such a substitution, as they will be at once apparent to every physician.

Price for 4 oz. bottle,	-	-	-	-	50 cents.
“ “ 1 lb. “	-	-	-	-	\$1.20.

MORSE'S

## Fluid Extract of Celery Seed

(APIUM GRAVOLENS.)

This remedy has of late been considerably used in the United States in Dropsy, Incontinence of Urine, and Liver Complaints.

Price per lb.,	-	-	-	-	\$2.50.
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1 lb. of the Extract represents 1 lb. of Celery Seed.

A four ounce bottle of each of the above new remedies will be sent free to any physician who is willing to pay express charges on same upon application to sole proprietor.

HAZEN MORSE,

57 Front Street East, Toronto.

# SCOTT'S EMULSION

## PURE COD LIVER OIL,

### With HYPOPHOSPHITES of LIME and SODA, PERFECT, PERMANENT, PALATABLE.

The high character, and wide reputation **Scott's Emulsion** has attained through the agency of the Medical Profession, and the hearty support they have given it since its first introduction, is a sufficient guarantee of its superior virtues. The claims we have made as to its permanency—perfection and palatableness—we believe have been fully sustained, and we can positively assure the profession that its high standard of excellence will be fully maintained. We believe the profession will bear us out in the statement that no combination produced as good results in the wasting disorders, incident to childhood; in the latter as well as the incipient stages of Phthisis, and in Scrofula, Anæmia and General Debility. We would respectfully ask the profession for a continuance of their patronage, and those who have not prescribed it to give it a trial. Samples will be furnished free upon application.

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

#### SEE TESTIMONIALS OF PHYSICIANS.

**Messrs. SCOTT & BOWNE:**  
I have prescribed your emulsion of Cod Liver Oil with Hypophosphites for the past two years, and found it more agreeable to the stomach, and have better results from its use than from any other preparation of the kind I have tried.  
Halifax, N.S., Nov. 19, 1880.  
W. M. CAMERON, M.D.

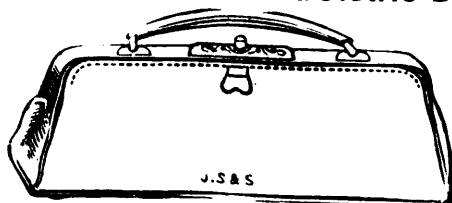
**Messrs. SCOTT & BOWNE:**  
Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market.  
Truro, N.S., Nov. 15, 1880.  
W. S. MUIR, M.D., L.R.C.P. & S., Ed.

**Messrs. SCOTT & BOWNE:**  
I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anæmia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach, are some of its greatest merits.  
St. John, N.B.  
I have the honor to be, yours truly,  
T. J. O. EARLE, M.D.

**Messrs. SCOTT & BOWNE:**  
I have used for some time, and prescribed Scott's Emulsion of Cod Liver Oil, and find it an excellent fixed preparation, agreeing well with the stomach, easily taken, and its continued use adding greatly to the strength and comfort of the patient.  
Petitcodiac, N.B., Nov. 5, 1880.  
A. H. PECK, M.D., Penn. Med. Co lege.

SCOTT & BOWNE, Manufacturing Chemists, New York.

### The Practitioners' Obstetric Bag.



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

The whole in Bag of Superior Morocco Leather, or of Black Hide, with Lock and Fittings, engraved and gilt, price, complete..... \$26. 00  
Bag, empty..... \$4. 50 \$5. 50 6. 00

#### IMPROVED CLINICAL THERMOMETER WITH INDESTRUCTIBLE INDICES. LOSS OF INDEX IMPOSSIBLE.



These Thermometers combine all the improvements which have recently been made in the manufacture of Clinical Thermometers. The indices are bold and easily seen, and cannot be shaken into the Bulb, the engraving is plain and cannot be rubbed off. A certificate is supplied with each Thermometer above the value of \$2.00, showing the deviations, if any.

PRICE—In Wood Case..... \$2.25  
In Plated Case..... 2.50  
Ordinary Registering Thermometers 1.50  
Patent Magnifying or Lens Front 3.00 & 3.25

Manufactured by

**J. STEVENS & SON,**  
Surgical Instrument Makers.  
GOWER STREET, | 40 Wellington St. E.  
London, Eng. | Toronto, Ont.

### 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

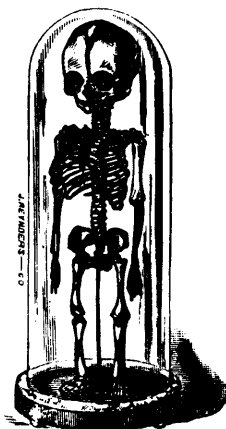
Orthopædical Instruments,

**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

# Dr. J. Collis Browne's

ORIGINAL AND ONLY GENUINE

## CHLORODYNE.

COUGHS,  
COLDS,  
ASTHMA,  
BRONCHITIS.

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

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

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

**D**R. J. COLLIS BROWNE'S CHLORODYNE is the GREAT SPECIFIC for CHOLERA, DYSENTERY DIARRHŒA.

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

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

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

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

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

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

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

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

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

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

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

### IMPORTANT CAUTION.

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

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

**D**R. J. COLLIS BROWNE.

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

SOLE MANUFACTURER:

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

# BELLEVUE HOSPITAL MEDICAL COLLEGE. CITY OF NEW YORK.

## SESSIONS OF 1882-83.

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

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

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

### Faculty.

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and diseases of Women and Children, and President of the Faculty  
 FORDYCE BARKER M.D., LL.D., Professor of Clinical Midwifery and Diseases of Women.  
 BENJAMIN W. McCREADY, M.D., Emeritus Professor of Materia Medica and Therapeutics, and Prof. of Clinical Medicine.  
 AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.  
 W. H. VAN BUREN, M.D., LL.D., Prof. of Principles and Practice of Surgery, and Clinical Surgery.  
 LEWIS A. SAYRE, M.D., Professor of Orthopedic Surgery and Clinical Surgery.  
 ALEXANDER B. MOTT, M.D., Professor of Clinical and Operative Surgery.  
 WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery  
 A. A. SMITH, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.  
 AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty  
 JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.  
 R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.  
 EDWARD G. JANEWAY, M.D., Prof. of Diseases of the Nervous System, and Clin. Medicine and Associate Professor of Principles and Practice of Medicine.

#### PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otolary.  
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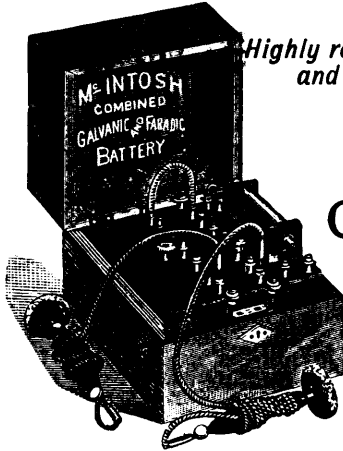
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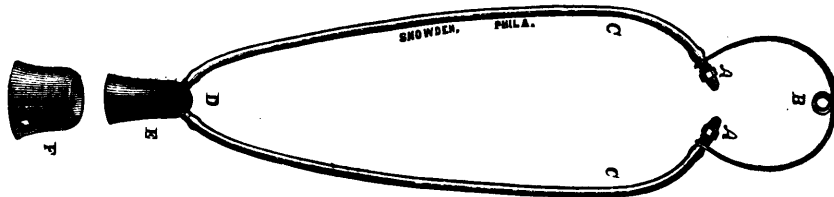
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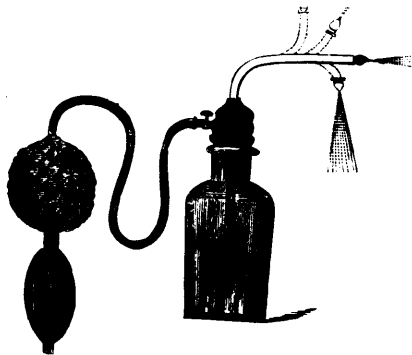
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It is requested that papers to be read at the meeting will be concise and practical, and that the titles be sent to the Secretary *not later than May 28th*, to enable members to know what subjects are to be discussed.

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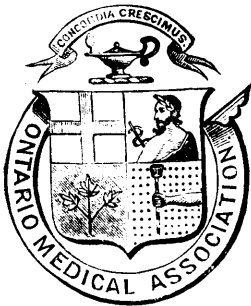
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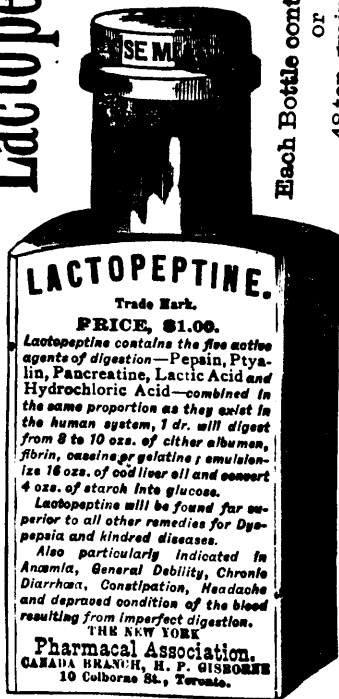
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"Vaseline is the best pharmaceutical preparation in the making of Ointments, as it is completely neutral and unchangeable. I saw it used for the first time in London by Dr. Lanson. I then procured the 'Vaseline' myself, and have experimented with it for four months on over one thousand patients, and I must declare that the knowledge acquired by practice has surpassed my expectations by far. \* \* \* I have also prepared large quantities of eye ointments with 'Vaseline,' and have employed them on numerous maladies with very great success, and I can affirm that 'Vaseline' is very precious in ocular therapeutics, and must replace all the ointments in use at the present time. \* \* \* In conclusion, on account of its unalterability and its great affinity for perfumes, I believe that 'Vaseline' merits the attention of the scientific and industrial world."

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Jenner made his great discovery of Vaccine in the year 1798. An ancestor of the discoverer of Jennerine, contemporary with Jenner, appreciating the value of the discovery, and at the same time the opposition which would be made to its application in future years, owing to the possibility of inoculating the human subject not only with the vaccine virus, but with other humors of the system, and the characters which were liable to accompany such inoculation, decided upon a course which would obviate such danger and at the same time render the vaccine virus effective not only as a preventive and curative agent in small-pox, but also as an assistant in bettering the characteristic features of the human race.

Recognizing then the value of the pure aristocratic blue blood of the English race, as well as a similar strain in cattle, Vaccine Virus was obtained as a result of spontaneous production in a blooded cow of long pedigree. By the special permission of a member of the royal family of England his arm was inoculated with this virus, and from him the virus was carried to other members of the royal family and of the nobility of England from generation to generation, under the supervision of the ancestors of the inventor of Jennerine, until the virus which we have has so increased in power and effectiveness, and also brings with it much of the attributes of the blue blooded races that it has been decided in this latter part of the nineteenth century to place this great discovery before humanity. Limited space here forbids our amplifying upon the subject. We can only say that the intense vitality of this vaccine, as a result of its transmission through the blue blood of ages, enables us to prepare a preparation in powdered form, which will preserve its intensity for all time. It may also by a process, also invented by the same person, be transmitted by electricity over many miles of wire, so that patients may be inoculated in the neighboring states or counties to the residence of the physician.

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Nitrogen, one volume.  
Pure Oxygen, without admixture, one volume.  
Carbonic Acid Gas pure, unhydrated, two volumes.  
Pure Carbon in Crystalline form, one part by weight.  
Permanganate Potash, two parts by weight.

These ingredients should be carefully mixed in an air-tight receptacle of pure platinum of a capacity of five gallons. It should be gently boiled, and the resulting product, a liquid of extreme density and oily consistence, is dissolved in a strong solution of Nitro-muriatic Acid, the proportion being one part of the liquid by weight to ten parts of the acid. With this result is then admixed the active principles of Eucalyptus Globulus, Carbolic Acid, Nitrate of Silver dissolved in a menstruum of highly concentrated Sulphuric Ether in the proportion of one part of each ingredient to five parts of the other. The whole compound is then mixed in a platinum vessel and allowed to precipitate, when the clear fluid is decanted for sale. Further particulars given in circular form.

The name Pasteurine is protected by trade-mark, as it is our invention, and other dealers are warned not to infringe upon our rights. Put up in bottles of one pound. Prices afforded on application.

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Physicians have always disputed among themselves, and probably always will differ, as to the cause and treatment of this disease. Throwing aside all questions of etiology we have aimed our effort at the solving of the question—as to whether consumption can be cured, and if so, how? We answer this question in the affirmative, and offer Consumptine as an agent. As a basis for our operations it has been assumed that consumption was due to a gradual wasting of the tissues of the body, with especial reference to the loss of carbon and albumen through the sputa. We propose to restore the carbon to the body in the form of the well-known agent, Cod-Liver Oil, and the albumen by means of the albumen of the ostrich egg, which latter we collect in the process of raising our ostriches. Cod Liver Oil per se has not been very effective, as it has been demonstrated that it must be modified by being perfectly dissolved, not admixed with water, otherwise the most delicate stomach will reject it and its nourishing effect be lost. To form this combination has been the greatest difficulty which we have had to overcome, but we have at last succeeded, and offer a preparation which might be more scientifically designated as Hydro-oleo-protein, meaning a chemical combination of water, oil and albumen. A difficulty we have experienced too is to keep our albumen in liquid form and avoid the tendency to decomposition without destroying its nourishing efficiency. We are aware that the above results have never yet been achieved by chemical scientists, and for that reason believe that the medical profession will hail with acclamation the result of our midnight work. Consumptine contains in every 101 parts of the finished product 65 parts Cod-Liver Oil pure, specially manufactured for us from fresh cod livers, 40 parts of distilled water and 25 parts of the albumen of the ostrich egg. Put up in bottles of one pound. Prices given on application.

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