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(Index next page.)

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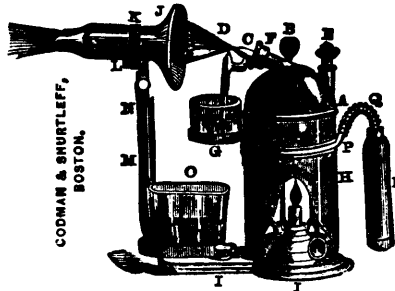
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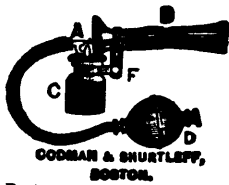
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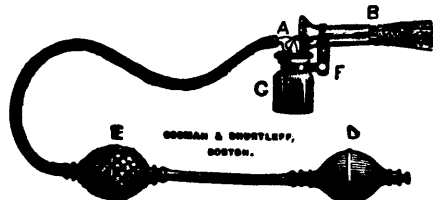


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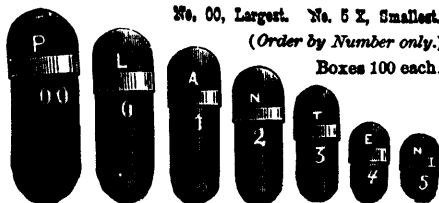


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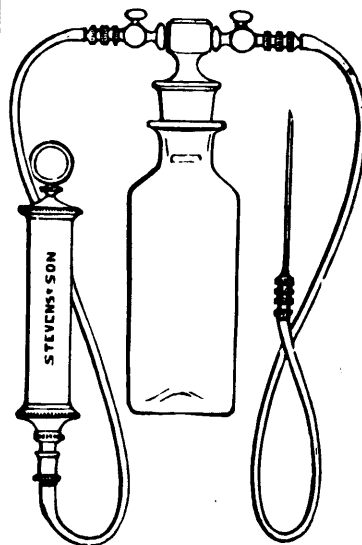
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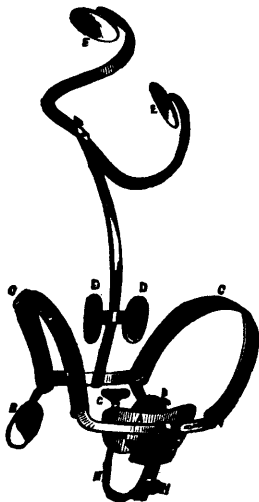
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Fig. 3.



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Fig. 8.



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2nd. Around the chest, close under the arms.

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

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A. E. McLEAN,

Analytical Chemist and Microscopist,

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℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicae, ¼ gr.

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℞ Phosphori, 1-50 gr.; Ext. Nucis Vom., ¼ gr.

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

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

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

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

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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

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Original Communications.

LACERATION OF THE CERVIX UTERI.*

BY J. ALGERNON TEMPLE, M.D., ETC., TORONTO.

Prof. of Obstetrics and Diseases of Women, Trinity Medical College.

Mr. President and Gentlemen,—I purpose very briefly to bring to your notice to-day the subject of "Laceration of the Cervix Uteri." It is not my intention to dwell on the causes, symptoms or mode of treatment; such information any of us can easily get from the modern text-books; nor have I anything new to advance. In a Society like ours, we can do ourselves much good by recording our own personal experience, and we are met together to-day for that very purpose.

My object, then, is to detail my own experience, and to bring forth, I hope, the experience of those amongst us who have taken an interest in this all-important subject,—one of the newest and most important advances recently made in Gynæcology.

To Dr. Emmet, of New York, we are undoubtedly indebted for all we know on this subject, and though the operation is meeting with great opposition from a host of practitioners both on this continent and in Europe, yet I believe their opposition does not stand on any sound basis,—rather on prejudice, than clinical experience—from all I can gather from the various discussions that have been going on recently. I find that the strongest opponents of the operation are men who have had little or no experience in the operation, and who are both writing and talking against it for reasons best known to themselves. Yet I would ask, can you name an operation that has not met with opposition? Had the original promoters of ovariectomy not manfully struggled on through the most discouraging records and opposition, this

grand triumph of modern surgery would not now be in existence, and many a valuable life saved through its instrumentality would have been consigned to an early grave.

That this operation—Trachelorrhaphy, or, Hystero-Trachelorrhaphy—has a brilliant future before it, I am convinced, and the enemies to the operation now, will, I expect, become its strongest supporters hereafter. One of the strongest proofs, to my mind, of the stability of this operation, is in the fact that the original operation introduced by Emmet in 1862, has not yet been modified.

I do not belong to that class of practitioners who are easily led away by a new or novel procedure. For some years back I have been patiently following up the literature on this subject, and it is only within the last year that I have become convinced of the absolute necessity of this operation in certain cases, and that nothing short of the operation would effect a cure. Understand me distinctly, I do not think that every case of laceration requires to be stitched up; undoubtedly there are some cases so slight as to cause no serious inconvenience to the patient, and others, again, which unite of their own accord,—the mere rest in bed, with attention to common rules of cleanliness, being quite sufficient to cause union.

It is not immediately after labor that these cases come under our observation; in a large majority of cases the tear is small, gives rise to no special symptoms, most difficult in fact to detect from the swollen condition of the cervix after delivery, and unless the tear is so extensive as to cause serious hæmorrhage—so as to compel us to examine the woman with a speculum—they pass by unobserved.

According to the statistics furnished by Emmet, this accident occurs in 32.80 per cent. of cases of delivery; this point, however, is not yet definitely settled; that the accident is of frequent occurrence, there is no doubt. That the age of the patient or the social position of the woman is no important factor in the frequency of the accident is important, as it appears to be as common in the young woman as the one more advanced in years, in the rich woman as in the poor. And that this accident is not always due to the medical attendant is worthy of remembrance. In the most careful hands it has occurred; it is liable to occur to any one of ourselves, though using the utmost care and caution.

* Read before the Ontario Medical Association, June 7th, 1882.

The most frequent site of laceration is in the anterior lip, inclined to the left side ; the next in frequency being double laceration. It occurs in tedious as well as in rapid labors, though the rapid deliveries, in all probability, furnish the most cases.

The abortionist furnishes many cases, probably because of his ignorance in the use of instruments ; likewise also the forceps, when used by unskilful men, give as many cases ; here, however, it is unjust to blame the forceps, but rather the man who used them should be blamed. Cases arising from this source are very frequently bilateral in their nature.

A lacerated cervix gives rise in after life to very many complaints of females. Prominent amongst the effects, we notice irregularity in the menstrual flow, followed sooner or later with excessive menstrual discharges, and during the inter-menstrual period the woman complains of excessive leucorrhœal discharges, pains in the back and thighs, with a sense of weight in the pelvis ; she becomes ænemic and nervous, loses her appetite, and her general health fails. The process of involution is seriously interrupted, so that the uterus remains large and heavy ; the mucous membrane of the cervix, as also the cervical tissue, undergo cystic degeneration sometimes to an excessive degree, so that it becomes completely honeycombed ; the torn edges of the cervix soon become thickened and everted, and from the constant uterine secretion accompanied by the increased weight of the uterus, it excoriates itself by friction against the vaginal walls. This condition is frequently mistaken for ulceration and treated as such by caustics, which only aggravate the already diseased condition. Now these conditions which are gradually brought about and in all probability the result of some years, baffle all attempts at cure unless the lacerated cervix is restored by an operation. Still other more serious conditions than those mentioned, may result from this accident. I allude to pelvic cellulitis. A low form of inflammatory action is set up, which eventually develops into a true attack of peritoneal cellulitis ; it is found situated, as a rule, between the folds of the broad ligament on the same side as the laceration exists. This will in time lead to lateral displacement of the uterus through contraction of the lateral ligaments. Prolapsus of the uterus is another condition which may result from the ever-increasing weight of the uterus

pressing down, and without there being any laceration of the perineum, as occurred in one of the cases I operated on. And lastly, there is but little doubt that cancer of the cervix is not an infrequent sequence to this condition.

I will now briefly detail my own experience and the results which have followed the operation.

CASE I. M. J., æt. 27, married four years, mother of one child ; previous to marriage was always healthy ; first and only labor was very tedious ; forceps used to effect delivery ; convalescence very slow. Some months after delivery complained of constant pain in the back with dragging pains within the pelvis, frequent desire to micturate, profuse leucorrhœa, locomotion difficult and painful. After she weaned her child her menstrual periods returned in frequent and excessive discharges ; uterus gradually became so low as to almost protrude through the vulva, and eventually did so. Was treated by different practitioners in many and various ways without deriving any benefit, and for the past two years her life has been a burden to her, her uterus being all the time external to the vulva except when in the recumbent position. She could not pass any urine unless she first pushed the uterus up with her finger and retained it there.

On examination I found complete procidentia of the uterus with an extensive laceration on the left side, the laceration measuring $2\frac{1}{2}$ inches in length ; the torn edges were thick and everted ; the uterine cavity measured $5\frac{1}{2}$ inches long ; the mucous membrane of the cervix, from constant exposure to friction from the clothing, resembled ordinary skin ; her general health was much impaired ; menstrual periods frequent and excessive, and she was quite unable to attend to her ordinary daily household duties. I advised the operation of trachelorrhaphy, to which she consented. After carefully denuding the edges, I brought them together by putting in nine silver wire sutures ; she was placed in bed and weak carbolic acid injections used twice daily. On the ninth day I removed the sutures and found complete union throughout the whole line of incision. As a precaution I kept her in the recumbent position for four weeks ; at the end of that time I allowed her to go about and for safety's sake put in a pessary to assist in maintaining the uterus in position. In six weeks from the time of operation the uterus was reduced in

Size $1\frac{1}{2}$ inches ; her first menstrual period after the operation only lasted four days. She walked to my house, a distance of over two miles, with perfect ease ; all her pains and uncomfortable sensations had disappeared and she expressed herself as feeling quite well for the first time since her confinement. In her case she had no laceration of the perineum whatever, and yet the uterus, from its constantly increasing size, had prolapsed completely ; and this very simple operation entirely restored her to health, which I claim could not have been done in any other way.

CASE II. M. H., æt. 40, married ; one child, three or four miscarriages. Since the birth of her child ten years ago, she has never been well ; menstrual periods profuse, constant pain in the back and thighs, profuse leucorrhœa, loss of appetite, pain in connexion, general failure of health, nervous and irritable. Vaginal examination revealed double laceration of the cervix, with erosion of the everted edges ; uterus tender and enlarged and retroverted, with cystic degeneration of the cervical glands.

Many and various have been the plans of treatment she has been subjected to, without deriving any benefit. I advised her to submit to the operation. Five sutures were put in on one side and four in the other. Removed them on the tenth day ; good primary union throughout, without any bad symptoms, and the woman, now three months since the operation, is rapidly recovering her health.

CASE III. History almost identical with previous case, though not so bad, having only a single laceration. The operation in her case has also been a complete success and she is rapidly regaining her health, with all her old uterine complaints disappearing.

CASE IV. M. T. ; a case of double laceration of long standing ; her monthly periods very irregular and excessive in quantity, with constant profuse leucorrhœa, pains in back and thighs, total inability to get about from great impairment of the general health. In her case I put in eight sutures, seven of which united ; the one nearest to the point failed, leaving however but a very small point un-united, which will, I think, granulate ; but as it is only very recently since I operated, I cannot speak with much certainty.

CASE V. M. S., æt. 38 ; mother of five children, youngest five years ; her most prominent

symptom is excessive menstruation, which amounts to menorrhagia, lasting ten days, during all of which time she is confined to bed ; her general health is very poor and she is of a nervous, irritable disposition. I have for the past two years tried every possible means to relieve her, but without effect. The late Dr. White, of Buffalo, told her nothing but the operation would cure her. I operated on her about four weeks ago. Unfortunately, two days after the operation, her periods came on with great violence, and I regret to say the operation has entirely failed, as not one of the sutures united, which I attribute to two reasons mainly : first, the uterus was so dense and hard that I could scarcely get any needles through the tissues, in fact I broke several of them ; and, secondly, I did not get the sutures as deep in as I should have wished. I purpose, however, to try it again.

CASE VI. My friend, Dr. Macdonald, kindly allows me to report this case in his practice, in which I assisted him. M. E., æt. 40, a well-developed woman of German descent, the mother of nine children, has suffered from pain in the back and bearing-down since first delivery. Menstruation has since then been painful and profuse, though regular, with excessive leucorrhœa and general weakness. Examination revealed rupture of the perineum to verge of anus. Uterus slightly prolapsed ; cervix ruptured laterally, about $1\frac{1}{2}$ inches in extent torn ; edges swollen and everted, and cystic degeneration of cervix. Trachelorrhaphy was performed. Nine silver-wire sutures were inserted ; eight of these were successful, the one nearest the right lower edge failed. Since the operation the cervix has become much smaller, the woman's general health greatly improved. Twenty days after the operation, the patient herself volunteers the statement, "I cannot thank you enough, Dr., for the comfort I now enjoy." Dr. Macdonald, at this operation, used a double hooked wire-twister of his own design, which was a great assistance in securing the sutures firmly. Perineorrhaphy is to be done later on.

I may briefly say that my mode of operation is that recommended by Dr. Emmet, viz. : pare the edges of the laceration with either scissors or knife (I prefer the scissors) and bring the edges together by silver-wire sutures, keep the patient quiet in bed, remove them on the ninth or tenth day, and daily use warm but weak carbolyzed vaginal injections.

If no other reason can be advanced in favor of the operation than the prevention of cancer of the cervix, I think it strong enough, as it is the opinion of many gynæcologists of the day that this lesion is a frequent exciting cause of cancer. And I take the liberty, in conclusion, of copying my closing remarks from Dr. Thomas' last edition on Diseases of Women: "No part of the body of a woman is so liable to the development of cancer as the uterus; no part of the uterus so liable to it as the neck, and no tissue of the neck so liable to it as the glandular lining membrane. Exposure of this by eversion, the result of laceration would, theoretically, be supposed to be a fruitful exciting cause of that affection, and practical observation abundantly supports theory in reference to the matter. My own observation has for several years made me feel sure of this, and that of Brieskey, Emmet and Veit is recorded to the same effect. This alone offers a valid indication for the closure of lacerations attended by local engorgement and irritation."

ON VENESECTON. FACTS? THAT ARE
FACTS, IF YOU PLEASE, WHEN THEO-
RIES CHOOSE TO IGNORE THEM.*

BY J. CLARK, M.D., OSHAWA, ONT.

Mr. President and Gentlemen,—In the *Globe* of June 3rd is the following, part of an editorial on a political subject: "In the good old days when the surgeons had full sway in the sick chamber, before modern medical science and modern common sense had brought the life of hope to the diseased and suffering, blood-letting was the one great panacea for all the ills that flesh is heir to. If the patient had, or was supposed to have inflammation, he was bled to reduce it. If, on the other hand, he was pale and debilitated, bleeding copiously was the thing to strengthen him. If he had bile in the spring, or catarrh in the fall, there was nothing like a good bleeding to restore him to health. No matter how feeble or poorly nourished his system or how badly in want of a tonic, the first care of the sapient knight of the lancet was to bleed him within an inch of his life. If, as occasionally happened, the patient by virtue of a good

constitution and the recuperative forces of nature, slowly regained strength, in spite of this killing treatment, we can readily imagine the self-satisfaction with which the professional blood-letting would point to him as a trophy of his skill and a living demonstration of the healing powers of phlebotomy. Happily for humanity the days of the blood-letting are passed in enlightened countries, though a half-fossilized specimen is still occasionally to be met with, who is never tired with vaunting the superiority of his own drastic method, and deriding the quackery of the modern scientific treatment."

I think this description of the evils of the old system so admirable, that I avail myself of it as an introduction and as nearly all that need be said as to the *abuse* of venesection. I present myself with great pleasure as the "half-fossilized specimen," who will endeavor to defend the *use* of blood-letting in certain cases, "vaunting" it as admirable, and the neglect of which is often disastrous.

For about thirty years the practice of venesection has been pretty generally abandoned by the profession, and I think I can show without sufficient reason, and that the result has not redounded to the public benefit, but the contrary, and hence I have been stirred up to address you. Although in the departments of physiology and pathology very great advances have been made, I doubt very much, on the whole, whether the percentage of success in practice is very much larger under modern treatment than under that so very much condemned of about forty years ago, when I began practice. In this particular matter of venesection, I have no doubt the opposite is the case. Beginning life so long ago, and ever on the look-out for results, I have come to the conclusion and assert that no advantage towards the cure of disease has been derived from the abandonment of venesection; on the contrary, that serious loss of life has ensued and will continue to ensue, till venesection is restored to its proper place among our means of cure. So thoroughly convinced of this fact am I, that on receiving from the Secretary notice of the meeting of this Association, I wrote to the president, who very kindly encouraged me in my desire to address you on the subject. I regret that my facts are so ill-arranged and that time and health were not given me to enable me to place them properly before you, as you all know so much depends on the ability of the advocate; but in the absence of

* Read before the Ontario Medical Association, June 8th, 1882.

more capable defenders, I present myself with such facts as my memory can produce, in the hope that some attention may be directed to the matter and that the subject may be reconsidered. That the practice was formerly grossly abused there can be no doubt, but I agree with a recent writer that more harm had arisen from the abandonment of the practice than ever was done by its greatest abuse. What was the reason of this ignoring the lancet? Probably the prejudice in the public mind; the Bible expression, "the blood is the life"; the utter inability of reconciling theories; the trouble of the operation, the *caccøthes scribendi*; Dr. Sangrado; the love of change and the self-sufficiency of youth, possibly are some of them.

The world is naturally averse
To all the good it sees or hears,
But swallows nonsense and a lie
With greediness and gluttony.

Fools rush in where angels fear to tread.

The early advocates for the abandonment of the lancet were not of such transcendent ability; there were hundreds of professional men who were far in advance of them who continued to bleed, and I distinctly recollect reading some cases of Dr. Bennett, given with the utmost complacency, but which nearly all terminated in death, the recuperative powers of nature not being adequate to the occasion. The hue and cry, however, were too much, and it was extremely difficult to do what you deemed right in the face of the universal condemnation. But that the neglect of venesection, even where it is not immediately fatal, causes in hundreds of cases a prolongation of the disease, and leaves to nature to effect in weeks or months what the lancet, properly handled, can relieve at once and cure in a day or two, is a fact of which I am perfectly assured. I do not mean to recommend any drainage of the system, for the mere loss of blood will do little towards the cure of the disease, but I pursue a plan that I was induced to adopt long ago, when blood-letting was in vogue. I observed then that reliance was placed on mere bleeding and not on producing an impression on the system. The plan is this. In cases of inflammation the patient to be treated as follows: to be raised from the recumbent position (for left in that position the greater part of his blood could be removed without the desired result). He is to be raised and kept in a sitting upright posture, the puncture to be sufficiently large to allow the blood

to flow rapidly so as to induce faintness as quickly as possible, which will be evidenced by the relief of pain and dyspnœa if the chest is concerned, and followed by profuse perspiration which of course should be encouraged by covering the patient with warm wraps; if the syncope be complete, he must be placed recumbent, if not, semi-recumbent. The ordinary medicine not to be dispensed with. There is no fear from great loss of blood if this method be followed to the letter, and that it will put an end to the inflammation I pledge you my word. I assert that in cases of inflammation of the lungs, of the serous membranes, congestion, apoplexy, venesection is admirable and nothing else so effectual. I never repeat the bleeding, nor do I think it necessary if properly done. I have used (and do use) the lancet in hundreds of cases, and will mention a few of them. Some years ago I bled a man who had congestion of the lungs threatening serious complications, who had been ill for weeks, and who was at once relieved and is well now. Another under my own care, who for several days had fever and congestion of the brain, whose case becoming serious, I told his wife I would bleed next day if he were not better. As he was no better on my next visit his wife begged for a consultation, to which I assented. My medical friend, after convincing himself and admitting that the case was really grave and evidently getting more and more so daily, said that he had no experience in bleeding, indeed, had only once used the lancet in his life—in a case of Asiatic cholera, which recovered. He accepted my assertion that bleeding would relieve and supported me. He did this and we had the satisfaction of leaving our patient free from fever and pain, in a profuse perspiration and in fact from that day he quickly recovered. Subsequently my patient went to California, and so grateful was he that he borrowed from others to enable him to discharge his indebtedness to me. Again, a case of pneumonia; the man had been ill from Saturday to the following Thursday, discharged his non-bleeding doctor and called me in, his friends believing that as he was getting worse daily he was in imminent danger; that, too, was my opinion. I did not hesitate to bleed (although I warned them that, coming in so late, I would not be responsible for the result), in the manner I have described, with the result that he was at once relieved and quickly got well. In

cases of apoplexy, I have succeeded in apparently hopeless cases, by the use of the lancet, in restoring sensibility and preventing paralysis. I recall a case where a man, suffering from determination of blood to the head, requested his doctor to bleed him; he declined, but gave medicine; in a week afterwards he had an attack of apoplexy, followed by paralysis and was utterly useless as long as he lived. I think the inference is obvious. Within a fortnight, lately, I bled three patients for pneumonia, apoplexy, and congestion of the lungs, respectively, all of whom speedily recovered—the case of apoplexy without paralysis. She was 76 years of age; consciousness began to return while the blood was flowing and she is now quite well. The pneumonia case was a most alarming one.

I do not lose any of my cases of inflammation where I can use the lancet. Has it not often occurred to many of you to observe how nature has come to the relief of the over-laden system by discharging blood from the nose, lungs, bowels, womb, etc., with resulting relief to those organs; and no doubt it was not mere chance or caprice that established the custom of bleeding, but deduction and observation of these facts, that induced our ancestors to establish it, and it required only the self-sufficiency of the present day without any adequate substitute to abolish it, only for a time I believe; and I believe also that many years will not pass over your heads before a practice so natural and beneficial will be restored, to the saving of many lives and to the credit of common sense. It is lamentable to see and hear of so many deaths of young men from pneumonia, as I have done, when in my conscience I believe they ought to have lived. It is impossible, I think, to ignore the fact that we have gone from one extreme to the other, and that we have rushed into greater danger than we have escaped. I am supported in some of these views by Prof. J. Wharton Jones, in an article published in the *Lancet* of November 2, 1879. He writes: "Instead of simple reform of indiscriminate practice, complete reaction in the opposite direction has taken place, as is so common when extreme views on any subject come to be called in question." He asks whether by abstention from blood-letting altogether, as is the present fashion, inflammations of important organs are not often allowed to run a long and disastrous course, which might be prevented by a timely abstraction of

blood in such quantities that the loss of it could be in nowise injurious to the patient? He answers this question in the affirmative, and gives as illustrations cases of iritis. He quotes Dr. Marshall Hall's axiom, that "in the operation of venesection, the quantity of blood lost before fainting comes on, whilst the patient is in the erect position, is never more than is requisite for the cure of the inflammation and never so great as to prove hurtful to the patient." He says the late Mr. Wardrop remarked, "that of a number of persons bled for inflammatory diseases, those who had lost the largest quantity of blood by the fewest repetitions of the operation have made the most rapid recovery." Also that the doctrine that the inflammatory process consists merely in "proliferation," virtually ignores the vascular congestion and the symptoms depending on it, such as "rubor cum calore et dolore"; the doctrine thus refutes itself by omitting cognizance of the condition on which depends the supply of the materials for the maintenance of the increased activity of cell multiplication, constituting proliferation. It is needless, I hope, for a man of my age to say that he has nothing to gain personally from having written this paper, but the satisfaction of having fulfilled a duty, alas! most inadequately. The exhibition of myself is painful to me, and I fear, in consequence of the imperfect manner in which I have discharged the duty, will be without result; but I shall have the satisfaction of feeling that I have done, what in me lies, to restore a much abused remedy to its former place in our regard, and if I do not succeed, some one coming after me will. Truth will prevail against prejudice as all other things sooner or later.

"Facts are chieftan than wunna ding
And munna be disputed."

Some years ago, feeling indignant that so potent a remedy as venesection had not been tried in some cases of spinal meningitis, I addressed "a plea for the lancet" to the *London Medical Journal*, intending (as the editor kindly inserted the letter) to follow it up with a statement of cases; but hopeless of any good arising and want of health prevented. I advised a friend to try the lancet, who assured me that he had met with great success by its use. Pray dismiss prejudice from your minds, and in severe cases of inflammation try what the lancet will do for your patients, and I am sure you will be satisfied that my assertions are not exag-

generations, but veritable facts. More than this, I say you are bound to prove, after what I have said, that I have told truth or falsehood.

REPORT OF THE DELEGATES OF THE
ONTARIO MEDICAL ASSOCIATION
TO THE INTERNATIONAL MEDICAL
CONGRESS, HELD IN LONDON, ENG-
LAND, AUGUST, 1881.*

BY W. B. GEIKIE, M.D., F.R.C.S.ED., TORONTO.

Mr. President and Gentlemen,—Having had the honor of being one of your delegates to the late International Medical Congress, which met in London, England, last summer, and having been requested by your worthy President, Dr. Covernton, to do so, I beg leave to submit to you, on behalf of my co-delegates and myself, a short report with reference to that great gathering. To weary you by attempting to give a synopsis, or anything like it, of the work of *any one* of the many sections into which the vast concourse of medical men then assembled was divided, would be entirely out of place, inasmuch as many, if not all, of the gentlemen present, have already read digests of these, far better than could be given in the short compass of a delegate's report.

At the grand opening in St. James' Hall, on Wednesday, August 3rd, nearly 3,000 members were present. H. R. H. the Prince of Wales, one of the patrons of the Congress—H. M. the Queen being the other—and by express invitation of the Prince, His Imperial and Royal Highness the Crown Prince of Germany, with many of the most distinguished men of Great Britain and other countries, honored themselves, and the Congress, by being present.

The opening address of the President, Sir James Paget, was what might be expected from so eminent a speaker, one of whom our profession may well be proud, a most eloquent, learned, wise, worthy, and withal a most humble man—a truly great and universally-respected member of our calling, which he truly characterized as offering, among all the sciences, the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, utility, and charity.

The various sections met in the forenoon at ten o'clock in the rooms set apart for that purpose, and in the afternoon at two, of each day. The general meetings were all held later in the afternoon in St. James' Hall. One feature of the Congress was especially interesting and useful to those who availed themselves of it, viz., the exhibition of models and specimens illustrative of cases. As an instance: Prof. Charcot himself showed a life-sized model, prepared under his own supervision, and since presented to St. Thomas Hospital Museum, of an old woman who died of locomotor ataxy, showing the extraordinary degenerative changes sometimes occurring in this disease in the bones forming the articulations. Beside the model was the entire skeleton of the same patient. The museums of the several metropolitan hospitals, too, furnished their very best specimens, illustrative of almost every form of surgical and very many forms of medical disease.

Living patients, with rare skin and other diseases, were daily exhibited at an early morning hour—9.30—and such remarks were made in elucidation of particular cases as were thought necessary by the gentlemen who had charge of them. Members visited, either by special appointment or as they might desire, various hospitals daily, and the utmost pains was everywhere taken to make such visits both pleasant and profitable in a practically scientific point of view.

The Congress work proper was done in the sections, which were as follows: Anatomy, physiology, general pathology and morbid anatomy, materia medica and pharmacology, medicine, surgery, military surgery and medicine, ophthalmology, diseases of the skin, a sub-section—diseases of the throat, diseases of the ear, diseases of the teeth, mental diseases, diseases of children, obstetric medicine and surgery, and, lastly, state medicine.

Each of these sections had its president, vice-president, and a list of gentlemen named the Council, in which latter body great pains had evidently been justly and wisely taken to have the profession from various countries adequately represented. This is just what in such a gathering was to have been expected; but to me, as a Colonial delegate, and to all of my confrères with whom I spoke on the subject, it seemed strange that the Colonial profession, so far as any separate mention went, was simply entirely lost sight of. India sent

* Read before the Ontario Medical Association, June 1st, 1882.

7 members to the Congress; Africa, 6; West Indies, 2; Mauritius, 2; Malta, 1; Australasia, 20; Ceylon, 1; Canada, 23. Yet no Colony had its profession acknowledged by having had even one of the 62 Colonial delegates placed on any of the section councils. It seemed a great oversight, particularly in the case of our most distant and most populous Colonial possessions, and many thought, including every Englishman to whom I mentioned the matter, that although not done in the least degree intentionally, it was nevertheless unquestionably a blunder, and one which many would gladly have tried to rectify had the matter been sooner brought before their notice.

Professor Grainger Stewart, of Edinburgh, and Dr. Duckworth, of London, one of the Secretaries of the Medical Section, took much interest in this matter so far as Canada was concerned, and the latter gentleman was particularly anxious at least partially to correct the omission by having our Canadian profession alluded to in some way—as at the informal dinner with which the Congress ended—and some of us were told to be ready for something of this kind; but there was so much confusion at this dinner after the serious part of it, *i.e.*, the dining, was over, that it was with the utmost difficulty Prof. Ackland, of Oxford, was given a moment or two to move what, so far as I could hear, was a well merited vote of thanks to the President of the Congress.

Shortly before leaving England, after having carefully thought over the matter of the non-recognition of the Colonial profession, I wrote to the President, Sir James Paget, on the subject, referring, as a Canadian delegate, chiefly to Canada. The substance of the letter was as follows:—

That although I had not the pleasure of knowing the President personally, yet as with us in Canada as elsewhere, his name is a household word; and as the worthy President of the recent "International Congress" the liberty, as one of the representatives of the Canadian profession, was taken to congratulate him on its very great success. I hoped and believed that much good will result from it, and felt sure that it will tend to unify the profession in many ways. One thing, however, the result, doubtless, of mere oversight, was to be regretted, *viz.*, the fact that no mention was ever made of the Canadian profession as being represented at the Congress, except in the printed list

of representatives where the names of the delegates appear. As individuals, our delegates, and there were only a few sent in that special capacity, were all treated with the utmost possible courtesy; but it was rational to suppose that the thousands of medical men we represented, would have been glad to have had the satisfaction of being referred to as "the Canadian profession" as distinct from that of any other foreign country. But in England, strange as it appears to us, the colonies in this and in many other ways too often receive but scanty public recognition. In Canada, the standard of medical education was pointed out as very high indeed—very far beyond what is required for the most part in the neighboring Republic and in many other countries, and it is constantly improving. Under such circumstances it was but simple truth to say that as Canada closely follows Great Britain as a model in regard to professional education, it would undoubtedly have gratified the Canadian profession, at a gathering like the Congress, to have received some separate mention as a large and respectable body, duly represented. I am satisfied that what is now spoken of, and which was mentioned to me by several of my fellow-delegates, was a mere omission, owing probably to the matter never having been thought of. This letter was written not at all in the spirit of fault-finding, but merely with the view of preventing the recurrence of anything of the same kind at future medical gatherings to which large colonies like Canada, thousands of miles distant, may send special representatives.

Sir James Paget sent me a prompt and courteous reply, acknowledging the receipt of my letter, and explaining that the Canadian and other Colonial delegates had been viewed as British medical men, and for this reason alone the Colonial profession had not been specially recognized; but expressing satisfaction at the matter having been brought up, in order that any similar cause of complaint might be avoided in future.

I could not help, however, although accepting without the slightest hesitation the explanation given by Sir James as the only correct one, wondering that British India throughout all its vast extent, with Calcutta and other large cities; Australasia, with Melbourne, Sydney, Auckland, and numerous other large centres of population; and even the tiny strip of territory known as the

Dominion of Canada, stretching between the small bodies of salt water known as the Atlantic and Pacific Oceans, with Halifax, Montreal, Hamilton, and Toronto, and other cities and towns;—I could not help wondering, I say, that the idea of giving representation anywhere to the many thousands of medical men living in all those vast regions, appears never once to have occurred to the gentlemen who had charge of these details.

In regard to the general arrangements made, and admirably carried out, for the entertainment of the members of the Congress, they were all that could be desired, and more extensive than anyone could have conceived of as at all possible.

The daily programme admirably combined work with pleasure; and the hospitality shown to thousands of professional men, strangers in London, was very great. Banquets, dinners, garden parties, conversaciones, excursions of all kinds, and sight-seeing without end, were the order of the day. The royal palaces, and gardens, and the great city residences of many of the nobility were thrown open to us, and everyone seemed intent on making our visit, during the Congress week, to the world's metropolis what it indeed was, a week of red letter days, never to be remembered but with pleasure, and the pleasure of these remembrances such, as will not fade with the lapse of years.—All of which is respectfully submitted.

COMPLICATIONS OF TYPHOID FEVER.

BY H. P. YEOMANS, B.A., M.D., MOUNT FOREST, ONT.
(Member of the Ontario Board of Health).

Phlegmasia dolens, or phlebitis, as a complication of typhoid fever, occurring in case of a male patient, is very rare.

Dec. 31, 1881. E. G., æt. 33, called at my office. Said he had been ill since Thursday, when he had a chill; feels feverish, face somewhat swollen; sent home and ordered to go to bed.

Jan. 1. Morning temperature, 101; evening, 102½.

Jan. 2. Slept well last night. Temp., morning, 100½; evening 103½.

The following is morning and evening temperature, taken at 8 a.m. and 8 p.m.:—

Jan. 3rd. 100½ morning, 103½ evening; 4th. 103½, 103½; 5th. 101½, 104; 6th. 100, 102; 7th.

99½, 102½; 8th. 100½, 101; 9th. 99, 102½; 10th. 99½, 101½; 11th. 100, 101½.

From the 12th until the 22nd, the temperature was not higher than 99 in the morning and 100 in the evening.

On the 22nd, in the morning, he felt very well; had a good appetite; had slept well every night for ten nights; bowels and all functions apparently normal; tongue slightly furred. Sat up all day and transacted some business. In the evening the temperature rose to 102.

Jan. 23rd. Evening temperature, 102; 24th. morning, 102½, evening, 103. 25th. 101½, 101½; 26th. 99½, 102½; 27th. 100, 102.

There was no material change from the 27th until Feb. 3rd. On that morning the temperature rose 99½. During the day the symptoms remained the same until 5 p.m., when a very severe chill and shivering fit came on. This was one of the characteristic chills which followed at irregular intervals and accompanied the phlebitis. At this time the left leg was considerably swollen; the saphena vein was tender. There was a great deal of pain in the leg, which increased on the slightest movement. Immediately after the chill there was a sudden elevation of temperature, which rose in two hours from 99½ to 105, and then, in two hours, fell again to 103½.

Feb. 4th. 101½, morning; 104 evening; 5th. 100, 101½; 6th. 100½, 102; 7th. 100, 103; 8th. 101, 103½; 9th. 103, 104½, noon; chill to-day; 105½ at 3 p.m., 104 at 8 p.m.; 10th. 103½, 103½ at 3 p.m., 102½ at 8 p.m.; 11th. 100½, 100½; 12th. 99, 101 at 7 p.m., 105½ at 10 p.m.; to-day had four natural motions in succession, sat up on bedpan in the bed; had a very severe chill again; 13th. 104½, 103½; 14th. 99½, 100½; 15th. 100, 102; 16th. 99, 102; to-day had a slight chill; 17th. 102, 102½; 18th. 99, 100; 19th. 98½, 100; 20th. 99½, 100½; 21st. 99, 103 at noon, 100 at 8 p.m.; no chill, leg felt sore and saphena vein tender to-day; 22nd. 99, 100. After this the temperature did not rise in the evening above 100 and convalescence rapidly advanced.

In noting the prominent features of the case, we may observe that the fever commenced on Thursday, Dec. 28th, with a chill. He called at my office two days afterwards and was ordered to go home and remain in bed.

On the third day the temperature was taken for

the first time, 101 in the morning and 102½ in the evening. On the eighth day the evening temperature reached the highest point, 104, and after that declined. On the fourteenth day the evening temperature was 101½, and it rose no higher than 100 during the succeeding ten days.

During the second week, the symptoms plainly indicated the approach of the convalescence that followed in the third week. On the twenty-sixth day there was a slight relapse, caused by over-exertion and mental excitement in business.

During the whole course of the fever, which lasted thirty-five days, including the relapse, there were no symptoms of delirium, tympanites, or lesions of the intestinal glands, no sudamina and only a few petechiæ.

On the thirty-third day some symptoms of phlebitis appeared, such as swelling of the leg and tenderness of the saphena vein. On the thirty-seventh day the first chill occurred. These chills were very severe, amounting almost to convulsive twitching of muscles of limbs and body similar to chorea. The chill lasted fifteen or twenty minutes and was followed by four or five hours' of profuse perspiration. Before the chill came on, a feeling of apnoea was complained of by the patient. The sudden rise and fall of temperature, also, was very remarkable.

There were three very severe chills and one very slight chill. The first on the thirty-seventh day, the second on the forty-third day, the third on the forty-seventh day, and the fourth on the fifty-first day. On the fifty-sixth day the pain and soreness of the saphena vein increased, but no chill occurred. After the sixty-first day the evening temperature was not higher than 99 and convalescence was thoroughly established. Great care was exercised, however, for some time, in order to prevent a relapse.

I am not prepared to assign any cause for the phlebitis in this case, at present. Several opinions are advanced by different writers, to which I shall not refer; my intention is to state the symptoms and history of this case as observed at the time. I may, however, note the fact, that no premonitions of phlegmasia appeared at the commencement or during the attack of the fever, and that the phlebitis may be termed in this case, a serious sequel to a mild case of fever.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—It was, and still is, my intention to refrain from controversy regarding the Chairmanship of the Provincial Board of Health. I do not even know, as you assume to do, the name of the gentleman who signs himself as "Junius."

But my attention has been directed to your recent editorial, in which are some mis-statements put forward as matters of fact, which, if allowed to pass uncontradicted by me, might be assumed to be undeniable.

I must therefore ask you to publish my distinct and emphatic denial of your statement that I "carried about the city petitions for signatures." I understand that a document in favor of my appointment was drawn up by one influential friend in the House at the suggestion of another, and was signed by all the medical members of the House, except one. I do not, to the present day, know the contents of this paper; and as it is the only one to which, so far as I am aware, signatures were asked, it is hardly necessary for me to state the fact that I neither wrote, suggested, dictated, nor "carried about" any document of the kind.

Your second mis-statement of fact occurs in your remarks about my report on the City Hall. If you had referred to the report itself, you would not have needed to state that there were "no suggestions as to improving the unsanitary condition of the present buildings," as you would have found many, some stated specifically and the rest implied, in pointing out defects. Had the *Mail* reporter supposed that any person of experience would have based a serious criticism on a hurried newspaper report, he would probably have been more careful in epitomizing. The clause from which you quote reads as follows:—"With the facts in view, to which I have drawn your attention, I think it is quite apparent that the present buildings and surroundings can never be altered to meet the fullest requirements of health, without so tearing them to pieces, and adding to them, that very little of the old structure will be found in the new. In other words, new buildings will be more economical, and are necessary for the maintenance of sound and energetic men in the City Hall. All that can be done with the old is to

"make certain temporary alterations, to do away with the more glaring defects."

Members of the Provincial Board, in common with many of their professional brethren, have not been remiss in pointing out causes of typhoid fever in Toronto and in advocating reforms; but whether it was necessary for the Board, when pressed with much urgent business to refer, at its first meeting, to the unusual amount occurring last year, and to consider hurriedly a question involving much more than the points you allude to, and which will require a carefully prepared report;—whether the Board expects me to assume the *role* of giving "instructions to my colleagues," as you propose when criticizing my address;—whether it will interfere with the discharge of my duties if I should decide upon continuing to divide between University College and the Toronto School of Medicine the same number of hours that a lecturer, say in Practice of Medicine and Clinical Medicine, devotes to one school:—or whether my having given seven lectures last year, in the Veterinary School, in the place of a sick friend, will so interfere; these and other questions of a more trivial nature raised by you I might by some be expected to discuss. But I agree with you that such discussions would be neither profitable nor "in the interests of the public and the profession"; I will therefore refrain from them; and should you consider it necessary to again depart from the course of action implied in this quotation, I trust your readers will not expect me to trouble you or any other journalist with a reply.

I am, sincerely,

WM. OLDRIGHT.

Toronto, 17th June, 1882.

[Before writing the article to which Dr. Oldright alludes, we took pains to make due enquiry on every point. A medical gentleman in this city, whose veracity has never yet been called in question, told us that Dr. Oldright personally asked him to sign a petition recommending him to the Government for the chairmanship of the Board. The other points are admitted. The clause of the report above quoted shows on the face of it the unpractical nature of the recommendations].—Ed. LANCET.

SPIRÆA ULMARIA.

To the Editor of THE CANADA LANCET.

SIR,—The use of this drug in the treatment of senile enlargement of the prostate gland has, in three cases, given me wonderful results. About ten months ago I was called to see T. B., æt. 68, in the city of London, and found him suffering from retention of urine. I had him put immediately into a hot hip-bath, the hot water coming well over the pubes, and administered a drachm of paregoric and twenty drops of Hoffman's anodyne every thirty minutes. He remained in the bath about fifteen minutes, when hot wet cloths were applied over the bladder. Nearly two hours elapsed before this method of treatment had the desired effect. After the bladder had been evacuated, I found on examination per anum, hypertrophy of the prostate. I then explored the urethra with a No. 10 catheter, found no obstruction and the instrument glided into the bladder without difficulty. Two weeks subsequently to this attack, I was called again to the same patient. I tried my former method of treatment, but it failed. I also failed to introduce the catheter. Matters were becoming alarming, and I was about to send for professional assistance, when it came from another source, viz., an old woman. She volunteered the information that the patient wanted a dose of Queen of the Meadow (the common name for *Spiræa Ulmaria*) and that if he got it, it would cure him in quick time. She said some could be procured in a few minutes. I asked her to get it. It was brought, an infusion was made and half-a-pint given to the patient, and in fifteen minutes he desired to micturate and emptied his bladder without difficulty. Since that time the patient has needed no medical or surgical aid to rid him of his old enemy. If he gets on a spree and his old trouble threatens him, he takes Queen of the Meadow tea and rejoices in being saved. In two other cases of this nature in which I used this drug, the results were just as satisfactory. I have tried it on myself in health and find it acts as a diuretic and astringent, since it sometimes causes smarting pain as the urine passes along the urethra. Its antispasmodic properties are very marked at the sphincter vesicæ, and I think much of its virtue in the affection named results from its power to overcome the contraction of the neck of the blad-

der arising from irritation in the prostatic region. It is my opinion that, in many cases of retention of urine from prostatic enlargement, the enlargement is not, *per se*, the main obstacle, but rather the spasmodic contraction of the sphincter vesicæ, as the result of a sudden congestion or inflammation of the prostate gland. In conclusion, I would ask for this drug a fair trial by the profession.

Yours truly,

J. BAUGH, M.D.

Hamilton, June 19th, 1882.

Reports of Societies.

NEW BRUNSWICK MEDICAL SOCIETY.

The annual meeting of the above-named society was held in St. John, N.B. on the 18th ult., Dr. Steeves in the chair. There was a large attendance of members present. After routine, the President read his annual address, a paper on "Insanity." In dealing with the subject, he noticed the causes, increase, the relations of civilization to insanity, and, lastly, its prevention.

The election of officers was then proceeded with, and resulted as follows:—President, Dr. S. Z. Earle; Vice-President, Dr. Todd; Secretary, Dr. Duncan; Corresponding Secretary, Dr. Coleman; Treasurer, Dr. P. R. Inches; Trustees, Drs. Inches, Walker, and Allison; Committee of Arrangements, Drs. Addy, Earle, and Coleman.

Dr. Bayard, President of the New Brunswick Medical Council, reported that some changes had been made in the Medical Act at the last session of the Legislature. During the year ending July 18th, 1882, the names of 178 persons had been entered on the Medical Register; of these 121 are natives of New Brunswick, 20 of Nova Scotia, 16 of the United States, 4 of Ireland, 5 of Scotland, 7 of Quebec, 4 of England, 2 of Prince Edward Island, 1 of Newfoundland, 1 of Spain. Of the registered qualifications 134 are from American colleges, 17 from British, 11 from Canadian. Three have registered from continued practice in this Province, 3 possess Provincial licenses, 1 has been licensed by the Council of Physicians and Surgeons of New Brunswick, 9 have both American and British qualifications, 4 gentleman have passed preliminary examinations. \$563 has been received as fees for registration, as fees for the

certificate \$30, for preliminary examinations \$20. There has been expended \$314, leaving a balance on hand of \$299.

A discussion then took place upon the propriety of consulting the Society upon any contemplated change in the Act before going to the Legislature. The members next visited the General Hospital. They were received and conducted through the building by the Medical Superintendent, Dr. Crookshank, Drs. Earle, Coleman, and Walker. They then proceeded to the Lunatic Asylum, through which they were conducted by the Medical Superintendent, Dr. Steeves, after which the company partook of a bountiful repast.

The Society met again in the evening, when several interesting papers on different medical subjects were read by Drs. Musgrove, Coleman, Gray, Allison, and Atherton, and were discussed by the members present.

The next annual meeting of the Society will be held in St. John on the third Tuesday in July, 1883.

BATHURST AND RIDEAU MEDICAL ASSOCIATION.

A meeting of the above-named Association took place at Smith's Falls on the 28th of June. There was a good attendance present.

The President, Dr. Cranston, delivered an able and appropriate address. He referred to the many changes that had occurred in the district, dwelling upon the death of Dr. Blackwood, who for forty years had practised his profession at Pakenham. He reviewed the proceedings of the recent session of the Medical Council of Ontario, explaining the changes that had been made, and expressed his satisfaction at the harmonious manner in which that body had performed its duties. He informed them that an inspector for the district had been appointed, who since accepting the office had convicted two illegally practising "doctors."

The following officers were elected for the ensuing year:—*President*, Dr. Cranston, Arnprior; *Vice-Presidents*, Dr. Horsey, Ottawa, and Dr. Burns, Almonte; *Treasurer*, Dr. Hill, Ottawa; *Secretary*, Dr. Small, Ottawa. *Council*, Drs. Baird, Pakenham; Dickson, Pembroke; McCallum, Smith's Falls; Groves, Carp; Lynch, Almonte; Preston, Carleton Place; Sweetland, Grant, and H. P. Wright, Ottawa.

Dr. Powell read a valuable paper on "Heart

Disease." He dwelt upon the significance of murmurs and the prognosis that might be given. A general discussion took place on several points brought forward.

Dr. Wright reported a case of "Diabetes Mellitus," and also one of "Phantom Abdominal Tumor." Dr. Cranston reported a unique case of "Gravid Uterus," with cervix greatly elongated. Some microscopical demonstrations of *Tænia solium* were given by Dr. Small.

Drs. Baird, Burns, Horsey, and Prevost were appointed to prepare papers, and the meeting then adjourned to meet in Ottawa, in January, 1883.

Dr. Atcheson, of Smith's Falls, entertained the members of the Association in the evening.

Selected Articles.

CHANCRE OF THE LIP AND EPITHELIOMA.

BY R. C. LUCAS, F.R.C.S., GUY'S HOSPITAL.

Two cases illustrating the resemblance which these two affections often present have lately been attended on the same day, and a careless observer having regard only to the local disease, and ignoring the history and the age of the patients, might easily have fallen into serious error. Nor is the diagnosis always easy when no fact is omitted which might influence the conclusion; but in the two cases before us, despite the similarity in appearance, there is corroborative evidence in each case which leaves no doubt as to the nature of the disease. One patient is a man about thirty years of age and unmarried. He has a thickening of the edge of his upper lip slightly to the right of the centre. In the middle of this thickening there is a superficial abrasion upon which the secretion and epithelium cake and scale. The whole lip is a little swollen, but if you pinch it between your finger and thumb you feel a hard circular rim to the sore about the size of a sixpence.

Now look at the other man. He is a respectable married man, upwards of fifty years of age. He has a superficial sore on his lower lip to the left of the median line. The surface is almost exactly similar to the other man's sore; it is cracked, and has a tendency to scab and scale. It too has a thickened rim, but if you pinch it you find the resistance less than in the other case; but so similar are the sores, that if their positions could be changed I do not think you would be able to distinguish one from the other. Yet one is a cancer, the other the initial stage of syphilitic infection. How, then, can one distinguish them? First, the

age and state of life make it probable that the young man's sore is a chancre, the old man's an epithelioma; but thirty is not too young for epithelioma, nor is fifty proof against syphilis, although with age impetuosity yields to discretion. Epithelioma below thirty-five is very rare. Last year I operated upon a man aged thirty-eight for a cancer recurrent in the cheek and glands of his neck, which had been operated on some time before in the country; but this is an exceptional case, and the age is of the greatest importance in aiding our diagnosis. Cancer occurs at the time when the tissues begin to wear out, and epithelioma especially is almost always traceable to long continued irritation.

Next, the position is a distinguishing mark in these two cases, for epithelioma is rare upon the upper lip. The position of the sore upon the old man's lip is almost characteristic; it is just opposite the notch in his teeth made by his pipe. Further, he confessed to always having smoked an unwaxed clay. If mere contact with porous clay is sufficient, after years to set up cancer, you would conclude that there should be a corresponding sore on the upper lip; but the lower lip suffers most, for owing to the weight of the bowl the lower lip is pressed upon as well as rubbed.

A chancre may occur upon either lip as it results from the virus having come into contact with a chance crack. In many cases it will depend upon whether the person is underhung or overhung; for the lip most exposed is most liable to crack, and at the same time most likely first to meet in an embrace. Hunter maintains that neither the blood nor any of the secretions could convey the poison, but this is now known to be untrue. His reasoning on this point was most fallacious. If the blood, he argued, could produce syphilitic inflammation in a healthy wound, no object affected with constitution syphilis could escape from venereal ulcers; for every time he was bled or he scratched himself with a pin the small wounds thus caused would be transformed into so many chancres. Hunter overlooked the fact that the man's tissues by the inoculation were protected, for the time at least, by re-inoculation, but that to another both blood and secretion might prove contagious. There is abundant evidence now of the contagious nature of the blood during the secondary stage, of the vaccine from a syphilitic infant, and of the pus from the secondary ulcers on the lips; hence there is no need to follow Ricord in his loathsome suggestions that these chancres of the lips were the result always of illicit contact.

The time during which the disease has been developing is another most important consideration in determining its character. The old man states that he has had ulceration, more or less, for five years, but that it is only during the last few months that the lip has caused him inconvenience. The other man counts his trouble by weeks, and gives

six weeks as the time since he first noticed the sore. Five years is an exceptionally long history for so small a development of epithelioma, and it is very questionable whether the sore has been epitheliomatous all this time. Rather it is probable that had he left off the irritating cause two or three years ago he might have escaped from the disease from which he is now suffering, for doubtful ulcers distinctly traceable to local irritation will often heal when relieved of the exciting cause. It is now about two years since I saw, in consultation with Dr. Orton, of Kensington, an old gentleman who had been condemned by another surgeon for cancer on the inner side of his left cheek. He was suffering from an ugly-looking ulcer with thickening edges, very like an epithelioma, but upon inquiring into the history we found that it had not been noticed more than six weeks or two months, and immediately opposite we found a tooth stopped with an irregular amalgam stopping. It was clear that the ulcer was excited by the tooth, and I suggested that the tooth should be extracted, after which the ulcer completely healed. Had, however, the irritating cause been allowed to remain for months, it is highly probable that the sore in this old gentleman might have taken on an epitheliomatous character, and the medical man who first saw him would then have been correct in his diagnosis. Thus the time is of great importance in separating an epithelioma from a simple ulcer and chancre.

There is a stage in both cases when the glands under the jaw will be found enlarged; and I remember two patients came last year with sore lips, both with short histories and enlarged glands, and I refused to give a positive diagnosis till I had had an opportunity of watching them. One of these developed a syphilitic eruption during the following week, while the other proved to be suffering from an epithelioma growing much more rapidly than the one we have now under consideration. Time will always settle the diagnosis; for it is seldom, unless the patient takes mercury, that the eruption of syphilis is delayed beyond two months. The man before us with a chancre has now upon his arms and trunk a few brownish papules, which place the diagnosis beyond all doubt.—*London Practitioner.*

AN OVARIAN TUMOR WITH RARE COMPLICATIONS.

Dr. A. P. Dudley and Dr. H. C. Coe, of the house staff of the Woman's Hospital, in a joint communication published in the *New York Medical Journal and Obstetrical Review* for July, 1882, remark that it is a well-recognized fact that statistics of ovariectomy are among the least satisfactory of any in surgery. For a man to report that he

has had so many "successful cases" may mean simply that he has had the good luck to secure a run of uncomplicated ones, such as would have recovered under the hands of any other operator. The public, and even the medical public, are too prone to judge of success by the outward results alone, overlooking the skill, judgment, boldness in meeting emergencies, and the care and anxiety in after-treatment, which a surgeon has bestowed upon a desperate case, and in spite of which it has terminated fatally. To judge of an ovariectomist by the bare statement of the number of his patients who have survived the operation would be most unjust. So varied are the elements which enter into every case of ovariectomy, and which render it complete in itself, that it is quite impossible to institute close comparisons, either between individual cases or between the statistics of two different operators. They then give the history of a case that occurred recently in Dr. Thomas's service at the hospital. The patient had a severe illness at the age of 16—an acute intestinal trouble of some sort. After that she was always obstinately constipated, and occasionally had severe colic, with vomiting and tympanites, and was said to have passed gall-stones on several occasions. When she entered the hospital she had been married 20 years, but had had no children, and for 10 years she had not menstruated. Eighteen months before her admission her health began to fail, and she noticed a slight enlargement of the abdomen, attended with severe pain, localized on the left side. Soon after this she passed several concretions by the urethra, and began to discharge fecal matter and gas by the same channel. The tumor grew slowly, confined almost wholly to the left side, and attended with constant intense pain and marked gastric disturbance. It was tapped shortly before her admission, but no fluid was obtained. Dr. Thomas regarded it as uncertain whether the tumor was an ovarian cystoma or an uterine fibrocyst, but felt that its removal would be quite impossible on account of its complete fixity and firm adhesion to all surrounding parts. He made an incision four inches in length to the left of the median line, this being the most prominent part of the tumor, thus dividing the abdominal muscles. The sac, which was found to be firmly adherent on all sides, was punctured, and a quantity of dark-brownish, colloid material evacuated, with the patient turned upon the side. The external incision was extended to five inches; the cyst opening was also enlarged, and the operator introduced his hand and broke up a number of secondary cysts, removing their contents. The cyst was found firmly adherent to the intestines and pelvic viscera. Accordingly, the edges of the cyst-opening were stitched into the edges of the wound, a Thomas's double drainage-tube being introduced into the sac, brought out at the lower angle of the incision,

and held in position by interrupted wire sutures. The patient died on the eighth day. At the autopsy the visceral and parietal layers of the peritoneum were found so firmly united by old adhesions that it was with difficulty that the cavity could be opened at all. The liver was adherent to the diaphragm, anterior abdominal wall, stomach, duodenum, and transverse colon. The spleen was surrounded by old adhesions. The coils of small intestine were adherent to the abdominal parietes, and so firmly glued together that they formed an inextricable mass. The intestines were also adherent to the posterior wall of the bladder, the superior and posterior aspects of the uterus, and to the surface of tumor. Douglas's fossa was entirely obliterated. Upon separating the adhesions near the fundus of the bladder, a cavity of about the size of a hen's egg (diameter four centimetres) was found, which seemed to be a portion of the general peritoneal cavity, shut off by adhesions. It was bounded in front by the posterior surface of the bladder, at its upper third, laterally and posteriorly, by the mass of adherent intestines. This cavity communicated both with the small intestine and with the bladder, in the former case, by two fistulous openings about six mm. in diameter, situated close together, and each leading into a separate knuckle of small intestine. As nearly as could be ascertained, one communication was with the ileum, the other with the jejunum. There were three openings from this false cavity into the bladder, situated side by side, and separated only by narrow bridges of tissue; the largest measured one centimetre in diameter, the others two and three mm., respectively. The bladder was thus opened through its posterior wall, near the fundus. The cavity above described contained a mass of soft, yellowish faecal matter, and three hard, black calculi of irregular shape—all too large to have passed, fully formed, through the fistulous openings in the intestines. (Analysis of these calculi showed them to be enteroliths). The pelves and calyces of the kidneys were much dilated, the renal parenchyma being atrophied and the seat of a chronic diffuse nephritis. No evidence of an acute interstitial nephritis. The dilated pelves contained a dirty, brownish, purulent fluid, having an offensive urinous odor. Both ureters were greatly dilated, the dilatation extending along their whole course, the calibre of the right being nearly equal to that of the small intestine. They contained an offensive fluid similar to that in the pelves. The bladder was capacious, its long diameter being eleven centimetres. It contained soft faecal matter, turbid urine, and gas. The uterus was normal. On the right side the adnexa were completely buried in a mass of adhesions. Upon the left side the ovary was occupied by a polycystic tumor, which filled the pelvic cavity and extended upward into the abdomen. Its diameter was four centime-

tres. It was adherent to the small intestines and to the sigmoid flexure, which lay behind it. The upper half of the tumor had a peritoneal covering, while the lower half was devoid of it. The growth was found to be a multilocular ovarian cyst, having one large cavity, the inner wall of which was covered with papillomatous growths. This inner surface was of a black color, and in places was sloughing.

"BACK SLING" FOR FRACTURED CLAVICLE.

BY LORENZO HALE, M.D., ALBANY (*Medical Annals*).

E. M. Moore, M.D., of Rochester, has well shown the faults of the treatment with the axillary pad. While the theory of treatment as developed by him is demonstrably correct, yet his bandage—"a shawl," "eight inches in breadth" "when folded"—appears to be somewhat cumbersome and warm; and, in passing over and in front of the injured shoulder, it lies over the depressed fragment, and hides the fractured bone away from inspection; and, when firm extension is attempted, pressure appears to come on the already depressed fragment.

These undesirable conditions are obviated by the use of a sling, applied by holding one end of a narrow roller bandage against the scapula of the sound side, and then passing the bandage under



the forearm of the injured side near the elbow (the elbow being first bent and drawn back), thence up, around and over the same forearm and across the back to the axilla of the sound side, then in front of and over the sound shoulder, to unite with the

end held at the place of beginning (see figure). It is not always necessary that the bandage should be thus officinally crossed on the back; but a "back sling" forming parallel lines on the back, although slightly cooler, is not quite as secure.

And further,—instead of finding support for the hand by a sling in front, fastened over the fractured clavicle,—a narrow strap may pass from the wrist across the chest to the "back sling" on the sound shoulder. The front support is thus entirely away from the weak shoulder, and tends to lessen the strain and chafing of the bandage on the sound shoulder.

This dressing admits of the application of a compress over the inner fragment, to be held down with adhesive plaster; but, except when the clavicle is broken into more than two fragments, a compress will seldom, if ever, be necessary, since the "back sling," in drawing back the humerus, makes traction upon the clavicular portion of the pectoralis major—opposing the clavicular fibres of the sternomastoid which have drawn the inner fragment upward—and thus pulls the inner fragment of the clavicle downward.

The outer fragment is also acted upon by this drawing back of the humerus, for the scapula is pushed upward and inward toward the spinal column, and, through the medium of the scapulo-clavicular articulation, the outer fragment of the clavicle is brought upward, and extends outward, and the axes of the two fragments are firmly held in one continuous line. Hence the "back sling" in holding back the humerus, is seen to fulfil what have always been specified as the indications in the treatment of fractured clavicle, viz., to support the shoulder in a direction *upward, backward and outward*.

Similar anatomical conditions as these above detailed are obtained, although to a less degree, by simply pinioning the forearm of the injured side behind the back; this posture is more uncomfortable and less effective than the "back sling," but may be necessary in the treatment of fractured clavicle in imprudent or insane patients, where it would not be safe to permit even the slight freedom of motion allowed by the "back sling."

This "back sling" should be of some material that will not cut nor wrinkle, such as suspender webbing or a wide leather strap; it is light and cool; it leaves the site of the fracture *at all times accessible*; it safely allows a moderate and comfortable degree of motion in the forearm and hand; it gives the patient an immediate sense of security and relief, and is followed in practice by a result that approximates perfection. As it is to be applied over a portion of the clothing, which serves in a measure the purpose of padding, it is agreeable to the patient.

Aged persons and others whose flesh is soft or oedematous requires some form of protecting splint

or padding, as a saddle or muff on the forearm, and also padding in front of the sound shoulder, and in some cases daily tightening and slackening of the bandage; on this account it is convenient to have the ends of the "back sling" fastened with a buckle.

SODIUM NITRITE IN EPILEPSY.

BY W. T. LAW, M.D., F.R.C.S., ENG.

In addition to the extensive list of remedies employed or recommended in the treatment of epilepsy, I wish to suggest the trial of another which I was led to select upon theoretical grounds in a case of this disease which recently came under my immediate and close observation for 18 months. As evidence of my facilities for noting the effect of the remedies tried, it is proper to state that the patient, Mr. M., æt. 29 was received into my own house for supervision and treatment, and that arrangements were made by which any attacks occurring either out of doors or during the night could be noted. Patient's father died of apoplexy, but no other family history bearing on nervous disease could be elicited. Mr. M.'s habits were said to have been unexceptionable as regards drink and morals, and there was no suspicion of syphilis. In mind he had always been "below par," and though sent to various schools, learned very little. Had no fits at this time, but suffered from severe headaches which often kept him in bed. Entered a college, and after a good many years spent in trying to pass examinations, had his first distinct attack of epilepsy about a year and a half before he came under my observation. From that time he had numerous fits. In 1880 he had a seizure, followed by maniacal excitement for some hours. When he came under my charge I noticed that he was above the middle height, fair, and muscularly well-developed; clean shaven, nearly bald, congested face, neck, and hands. The latter were nearly always moist and often cold; nails much bitten. Contracted pupils; marked want of intelligence in manner, slow speech, and great delirium of movement. When walking, he partially extended his arms, as a rope-dancer might, and would touch any object he passed as an aid to muscular co-ordination, while the gait was jerky, uncertain, and slightly ataxic. Mental powers enfeebled and memory defective, though he exercised control over his property. In disposition he was reserved and secretive, and would carefully treasure up dirty fragments of paper and other rubbish found in the street. Curiosity and cunning were largely developed, and when a seizure was approaching uncontrollable fits of giggling often occurred. His great dislike of medication and intense desire of concealing his fits when they occurred, rendered him difficult to treat, and he

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

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

From *New Remedies*, September, 1881.

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

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

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

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

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

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

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

TUBERCULAR PHTHISIS.

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

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

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

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

MALTOPEPSYN

(REGISTERED AT OTTAWA)

FORMULA

SACCHARATED PEPSINE (Porci).....	10 Grains
" PANCREATINE.....	5 "
ACID LACTOPHOSPHATE OF LIME.....	5 "
EXSICCATED EXTRACT OF MALT (Equal to one tea- spoonful of liquid extract of Malt.).....	10 "

The new Canadian remedy for Dyspepsia, Indigestion,
Cholera Infantum, Constipation and all Disease
arising from Imperfect Nutrition.

It is also exceedingly valuable as a relief for Vomiting in Pregnancy.

TO THE MEDICAL PROFESSION.

Having been employed in the manufacture of Pepsine, Pancreatine, etc., in the United States for the past seven years, and knowing that nine-tenths of the numerous brands of Pepsine and Combinations thereof, in the market to-day, are almost worthless and inert, and knowing further, that the few really good articles are absurdly high priced—one dollar per ounce and upwards—I have decided to offer to the profession, Maltopepsyn, an article unequalled in quality and reasonable in price (fifty cents per two ounce bottle, containing nearly one and one-half ounces of powder).

I will guarantee Maltopepsyn to be compounded exactly as per formula and each ingredient to be of the best quality possible to be made, and therefore I claim the following advantages over the ordinary preparations now dispensed, viz:—

First—The Saccharated Pepsine (Porci) is of a quality superior to any in the market, it is perfectly soluble, tasteless, odorless, very active, and, being saccharated, will preserve its qualities for years, while made in any different manner it will not. N.B. Pepsine is very difficult to procure free from Mucous Creatine and the other impurities of the stomach, and is usually sold containing all these hurtful substances, which not only kill its digestive properties but give it a dark brownish color, disagreeable odor and acrid taste. Pure Pepsine should be light colored, nearly odorless and tasteless.

Second—The Pancreatine is fully equal to that made in London, England, the only Pancreatine in the market at all reliable, and that is so high priced (\$3.00 per oz.) as to almost prohibit its use.

Third—The Exsiccated, or dry extract, is a more effective, palatable and convenient preparation of the nutritive article, Malt, than the liquid extracts usually dispensed.

Fourth—The Acid Lactophosphate of lime is carefully purified and of the best quality. Its therapeutic value is too well known to need further comment.

Upon application from any of the Medical Faculty, I will be pleased to forward samples, which will substantiate the claims made for Maltopepsyn, and I hope for your assistance in this my endeavour to introduce a good preparation at a low price.

HAZEN MORSE, 57 Front Street East, TORONTO

TUBERCULOSIS RESULTING FROM DEFICIENT NUTRITION.

Various as are the opinions regarding the treatment of consumption, all writers concur in the belief that whatever measure is adopted, the strength of the patient must be husbanded with the greatest care, and the most efficient means employed to supply the system with that element which the symptoms indicate as being required to keep up the vitality while such course of treatment is being pursued as is considered suitable. The most striking indication of the presence of this dreadful disease is rapid loss of weight. The patient himself, prone as he is to disregard premonitory warnings of this insidious malady, cannot but observe an extraordinary difference in the appearance of his form, as first the face, then the trunk and, lastly, the limbs become soft and flabby, and the once well-fitting garments hang loosely about him, his flesh seeming to melt away, so rapid is the change.

EMACIATION.

A natural course of reasoning as to the cause and effect of emaciation under these circumstances has developed the fact that the abnormal consumption of the tissues is the result of nature's efforts to supply the waste, through the blood from the fatty tissues of the body with the requisite amount of material whose oxidation is the source of heat and nerve force, the natural supply, through the assimilation of food, having failed in consequence of an unhealthy condition of the pancreatic secretions causing an insufficient supply of chyle, or a failure on the part of the lacteal tubes, through fever or some cause, to absorb sufficient nutriment.

TUBERCLE.

As the attack upon the tissues of the body progresses, not only fatty tissue is absorbed into the circulation from unnatural sources, causing loss of strength, but particles of albuminoid tissue are carried by the blood and being deposited in channels where the system has no provision for throwing them off, form desquamations centres of disease which, in their turn, throw off infectious matter to be absorbed into the general system. The immense extent of delicate mucous surface in the respiratory passages of the lungs exposed to the contents of the minute blood-vessels which permeate their entire texture, offers the greatest and most susceptible field for the reposition of a large amount of this effete albuminoid tissue. This deposit forms the tubercle whose establishment in the lung is the beginning of that train of circumstances which characterizes the progress of that fatal malady—consumption. Thus it is seen that tuberculosis is either due to the defective action of the pancreatic juice on the fatty elements of the food, or to the non-absorption of the chyle into the blood.

ASSIMILATION OF FATS.

Fatty matter, when introduced to the stomach, undergoes little change by the action of the gastric juice, but passes, together with

the chyme or digested fibrinous and albuminous matter, to the duodenum, where it comes into contact with the pancreatic juice, and is thereby transformed into chyle, which is a very delicate saponaceous emulsion or suspension of the oleaginous portion of fat. It is when in *this condition only* that fat is capable of absorption by the lacteals, thence passing directly to the venous blood which is supplied to the lungs through the right cavity of the heart; the lungs then absorb from that blood the hydrocarbons or fatty portion, and return the nitrogenous portion to the heart, to form the globulin of arterial blood before passing into the circulation.

This function of partly saponifying and partly emulsifying fats is enjoyed by no other secretion of the alimentary canal but the pancreatic juice, unless we take into consideration the action of the saliva, which is somewhat of that nature; but as the food in most instances is subjected to the action of the saliva in the mouth for so short a time, this feature in the economy is almost inappreciable.

TREATMENT.

The close relations of non-assimilations of the fatty elements of food to wasting diseases, and especially to consumption, is understood, and reason would indicate that if by any artificial means the absorption of fat could be assisted by supplying, as chyle, a proper amount of oleaginous or fatty matter, a nutritive progress would be established which would modify the unhealthy action of the pancreas, and not only relieve the body from the depleting effects of the disorder, but afford an opportunity for treatment and recovery. With the assistance of a thorough knowledge of the chemical process which fat undergoes from the time of its introduction into the duodenum to absorption, a preparation has been introduced and extensively used by the profession in England with highly successful results, indicated by the very flattering commendations of it from many physicians who, having given the treatment of pulmonary disorders their special attention, are peculiarly qualified to attest its efficacy.

HYDROLEINE.

This preparation, to which the distinctive name of hydroleine (hydrated oil) has been given, is not a simple emulsion of cod-liver oil, but a permanent and perfect saponaceous emulsion of oil, in combination with pancreatin soluble in water, the saponification producing a cream-like preparation, possessing all the necessary qualities of chyle, including extreme delicacy and solubility, whereby a ready and perfect assimilation is afforded.

FORMULA OF HYDROLEINE.

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

Pure oil.....	80 m (drops)
Distilled water.....	35 "
Soluble pancreatin.....	5 grains.
Soda.....	½ "
Boric acid.....	¼ "
Hyocholic acid.....	1-20 "

DOSE.—Two teaspoonfuls alone, or mixed with twice the quantity of soft water, wine or whiskey, to be taken thrice daily with meals.

The use of the so-called emulsions of cod-liver oil during the extremely sensitive condition of the digestive organs always accompanying consumption does not usually afford beneficial results. Those of the profession in this country who have under their care cases of consumption, diabetes, chlorosis, Bright's disease, hysteria, and, in short, any disease where a loss of appetite is followed by a rapid breaking down of the tissues of the body in its effort to support the combustion supplying animal heat, are urged to give this preparation a trial. It is supplied by the agent for Canada, Hazen Morse, No 57 Front Street East, Toronto, who will forward literature relating to the subject upon application.

MALTOPEPSYN

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

PRICE LIST.

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

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

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

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

BRUSSELS, JUNE 28th, 1880.

Hazen Morse, Esq.,

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

Yours, etc.,

WILLIAM GRAHAM, M.D.

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

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

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

HAZEN MORSE, 57 Front Street East, TORONTO.

would deceive as to his sensations, condition of bowels, etc., whenever possible. After much trouble I got him to take one daily dose of bromide of potassium, 40 grains in the morning, with which I at once began, as a wound on the bridge of the nose indicated a recent attack. From this date, Aug. 9, 1880, fits occurred at the rate of two a week on an average, but always during the night, until Nov. 18, when I watched a seizure from the commencement at about 9 p.m. He was dozing over a newspaper, held upside down, which he had been pretending to read, when a low, peculiar cry indicated an attack. The eyes became fixed and staring, the chin advanced, and the face livid (I noticed no initial pallor). The chest walls seemed motionless and respiration suspended, but a gurgling sound resembling retching closely followed the initial convulsion of the limbs, which began in the arms and legs, which were forcibly extended, the former being rotated inwards and the fingers extended. Both sides seemed equally affected, or nearly so. With this the head rotated strongly to the left, the jaws closed firmly, and the pupils slightly deviated from their usual contracted state. Accompanied by deepening lividity, clonic spasms of the usual kind and twitchings of the mouth succeeded, and I think most affected the right side. The convulsion lasted about 20 seconds, and terminated in relaxation and stupor; saliva tinged with blood from a bitten tongue running freely from the mouth. The lividity disappeared, and the pulse, which during the paroxysm had been frequent and tense, was now slowed and softened, and perspiration moistened the skin. The sphincters were unaffected, and I found the urine normal the next day. Thinking the bromide was losing its effects in warding off day seizures, I gave borax till Dec. 20. In this time two day fits and seven at night were noted. Then followed bromide as before, with short intervals of iron and aloes, till May 30, with the result of eleven attacks in the waking and fifteen in the sleeping state. Belladonna in twenty-drop doses with bromides of potassium and ammonium were now given till Oct. 30, when three day and twelve night seizures were observed. Nitrite of sodium in twenty grain doses was then administered until Feb. 6, when he passed from under my care. During this period a remarkable improvement took place. Three fits only were noted, diurnal on Dec. 15 and Jan. 10, and nocturnal Dec. 16. During these latter months the gait and general manner showed a change for the better. The giggling which formerly heralded a seizure almost entirely disappeared. A disposition to over-eat, and post-prandial drowsiness, greatly lessened, and his friends declared they had never seen him look so well before. Among the few particulars, however, in which but little improvement took place, was one I omitted to mention in its proper place, an offensive exhalation from the skin re-

sembling the odour of corduroy and differing from any I have observed among mental or nervous cases. The general treatment was uniform, and consisted in careful dieting, restrictive in bulk, absence of all excitement, attention to the bowels as far as practicable, and a constant watchfulness to repress the tendency to mischievousness which so often accompanies brain deterioration.

The object of this paper is to advocate the claim of nitrite of sodium to a trial in epilepsy. So far as I am aware this drug has not been used as a remedy for epilepsy, but assuming that the nervous discharge or explosion is associated with cerebral anæmia—a view which receives clinical support from the initial pallor of the face and high tension of the radial pulse, as well as from the usefulness of belladonna in certain forms, and of nitrite of amyl during the paroxysm—it seemed natural to look for a remedy capable of influencing the vaso-motor apparatus.

On three or four occasions (under bromides) the bladder and rectum emptied themselves, but, so far as I know, evacuation of the vesiculæ, seminales, voluntary or otherwise, was not a feature of this case. The fits nearly always took place after dinner, from 8 to 9.30 p.m. Mr. M. denied any aura or warning, but I believe headache often heralded a seizure, as did certainly giggling without cause, and drowsiness. He would eat bread in large quantities, if allowed, and I am firmly convinced of the truth of Dr. Radcliff's dictum, that epileptics should be rather underfed than otherwise.—*Practitioner*, June.—*Medical Abstract*.

THE TREATMENT OF CHRONIC RINGWORM OF THE SCALP: A NEW METHOD OF EPILATING THE DISEASED HAIR.—That chronic ringworm of the scalp is a difficult disease to cure, every practitioner will admit. There are two propositions, as regards treatment, which I desire to bring under the notice of the profession. But, first, I must briefly refer to a factor in the problem we are called upon to consider—a fungus growing on and in the hairs, extending deeply into the follicles as far as the roots.

In a paper published in the early part of last year, I pointed out that two things were essential in the treatment of this disease: first, some drug which is capable of destroying the fungus, and so preventing its further development; and, secondly, some vehicle to carry this drug to the part of the follicle where the fungus exists and grows. Arguing, from analogy, that certain chemical substances, called antiseptics, had the power of destroying certain low forms of vegetable life, such as bacilli, micrococci, and bacteria, I suggested that thymol or menthol should be used as the parasiticide, and that chloroform would answer the purpose as the absorbent. But, as the latter was volatile, I added oil to the compound to prevent evaporation.

While trying this liniment, of thymol, chloroform, and oil, in a large number of cases, I was struck with the fact, that in some of them, in spite of the constant application of the remedy, the disease appeared on other parts of the body, and also on other parts of the head previously free. It seemed difficult to understand that, in a strictly antiseptic medium, spores could be carried from part to part and live; but such seemed to be the case, for in some instances, when the liniment had been used too freely, and had run down the neck, fresh spots of the disease showed themselves in that region. During the time that I was considering this difficulty, I found that Koch, in Berlin, had been making experiments on bacillus spores with various antiseptics, and found that those spores lived and developed even after being placed in carbolic acid (one part in twenty) for one hundred and ten days. This, I think, is a very strong argument that neither oil nor fat of any kind should be used when the full action of an antiseptic is required.

Of course, I am aware that all the best authorities recommend strong ointments, mercurial or otherwise, though for a very different reason from what I have been describing. They care little or nothing about the antiseptic action, so long as inflammation of the follicle, more or less severe, be produced. The spores are said not to live in inflammatory products (Thin). But surely cases are not uncommon in which the disease is transplanted to healthy parts by means of the discharge. I have seen a case in which croton-oil was used to a single patch, and in a short time the head was covered with small centres of infection. In this case the spores were carried in the discharge. And, again, have not all the old chronic cases we see in practice—some of them of four or five years' duration—been cases treated by constant attacks of inflammation, and yet with the result that spores have been found with ease? My view is that to produce inflammation of a slight kind is useless; and that a severe kind is unjustifiable, on account of the risk of destroying the follicles altogether, and producing baldness.

To return to the question of fats; if fat of any kind from without protects the spores, as Koch asserts, the natural fat or sebaceous matter must have a similar effect. For this reason I have tried to remove the fat by means of ether, and have abstained from using ointments or oil in the treatment. I wash, or more strictly daub, the patch each morning with ether, rectified spirits of wine, and thymol, in the following proportions: ether, five drachms; rectified spirits of wine, two drachms and a half; and thymol, half a drachm—applying during the day glycerine with a very small trace of perchloride of mercury. Petroleum may be used in place of the ether and spirits. One drachm and a half of petroleum-oil takes up five grains of thymol. The ether or petroleum is of

greater value than would at first sight appear, and for the following reason. There is a disease of the scalp, known as *seborrhœa sicca*, the chief characteristic of which is the falling out of the hair. This is caused by the absence of the natural fat in the sebaceous matter. It is cured by stimulating the glands to action, and by adding fat artificially. In the ringworm patch, we want the diseased hair to fall out; and by producing a condition similar to *seborrhœa sicca*—that is, by making the part very dry—we can actually produce this effect. Instead, therefore, of epilating by means of forceps—which is useless, as the hair breaks at the neck of the follicle, leaving the diseased part behind—we can epilate by dissolving the fat, and thus loosening the hair in this way, we can in a few days remove all the broken and diseased hairs.—Malcolm Morris, F.R.C.S. Ed., in *British Medical Journal*.

BILLROTH'S OPERATIONS.—It is no wonder that Billroth does remarkable operations. In the first place, he is responsible to no one; there is nobody to question him and to ask, why do you do this or why do that? The patient has not a word to say in the matter. If Billroth determines to do an operation, that is the end of it; he is supreme. If the patient recovers, all right; if he dies, all right; not a particle of difference either way. I do not know if he even has any particular satisfaction in the recovery of the patient; it all lies in the fact of having done the operation. In the second place, Billroth has been first professor for years. He has the most abundant material of all classes, qualities and kinds. He does all kinds of surgery, including everything relating to female generative tract. There is no speciality of gynecology of any consequence here. There is not a day in the year, and has not been for years, that Billroth has not done major operations. I do not mean amputations of limbs or resection of joints—he would not look at such a thing. Why! he whips out a goitre as a sort of by-play while the patient is being etherized. To take out a tongue is easy for him, and he ties the lingual arteries on both sides with the utmost ease. So exceedingly familiar is he with the topographical anatomy of the body, that he rarely uses a director, but cuts right down to the place. He stops at nothing. The other day he was removing a cancerous ovary which was found to be adherent to the bladder and part of the small intestine. Does he stop? No! He cuts out a section of the bladder, stitches it up, cuts off seven inches of the intestine, stitches the ends together, removes the growth, closes the wound, and the woman recovers. I saw a man in the ward with a cancer of the stomach at the pyloric end, and after opening the abdomen, he found the disease so extensive, involving so much that he could not remove the growth at all. Does he close up the wound? Not he! He cuts down to the healthy gut, snips it off, cuts

a hole in the healthy part of the stomach, stitches the gut to it, and the man is getting fat. Now I say that, to be sure, they are wonderful operations; but why shouldn't they be? Billroth has attained this boldness and amazing skill in surgery by easy stages and after years of daily operating. Another thing, if he proposes doing an operation a little new or out of the way, he has one cadaver or a dozen to experiment upon, if he wants them, at any time or hour of the day. There are twenty to thirty bodies in the pathological rooms every morning.—*Dr. McClelland in the Philadelphia Med. Times.*

OSSEUS TISSUE FORMED FROM TRANSPLANTED BONE-MARROW.—Prof. Bruns, of Tübingen, reports (*Arch. für Clin. Chir.*, Bd. xxxi., Heft. 3), the results of some experiments he has lately made on animals, with the object of determining whether portions of transplanted bone-marrow can give rise to the formation of deposits of true osseous structure. The Professor states that the animals best suited for experiments of this kind are young dogs. A portion of the shaft of the femur or tibia is resected, and the marrow contained in this resected fragment, removed in an unbroken cylinder. Portions of this cylinder are then inserted into fresh wounds on the breast or back of the same animal, either into the subcutaneous fat or in a superficial part of the muscular layer. The wounds are then carefully closed by means of sutures.

The following changes, it is stated, take place in each instance of successful transplantation: A diffuse swelling is at once formed, which speedily begins to diminish, and is replaced about the fourteenth day by a movable nodule, in which bony tissue already exists in scattered foci. By the twenty-fourth day, foci have usually amalgamated into a single piece of bone. Microscopical examination proves that the nodule, in its early stages, is composed of osteoid tissue, cartilage, and newly-formed osseous tissue, and that the fully developed hard mass consists of true bone.

These experiments, Professor Bruns asserts, prove that bone-marrow, completely separated from its connection with bone, and transplanted under the skin of the same animal, at a remote part of the body, may give rise to the formation of bone and cartilage. The swelling at the seat of transplantation ossifies in part directly and in part by the conversion of cartilage and osteoid tissue into hard bone. The same process takes place in the formation of both the inner and outer callus after fracture; and it may be assumed that bone is formed from the inner surface of the periosteum. It is held by Professor Bruns that in each instance the osteogenetic function is due to the same elements, namely to osteo-blasts, which exist in the inner periosteal layer and are scattered amongst the elements of bone-marrow, particularly in young animals. Professor Waldeyer, of Strasburg, who

has examined these specimens, agrees in the view of the part played by the osteo-blasts in the ossification of marrow, and is not disposed to admit any participation in this process of leucocytes of the marrow, wandering leucocytes from the blood, metamorphosed fat cells, or newly-formed, spindle-shaped connective tissue cells.—*Lond. Med. Record.*

TREATMENT OF ABSCESS OF THE LIVER.—Dr. Randolph Winslow, in *Annals of Anatomy and Surgery*, contributes an excellent article on this subject, and closes his paper with the following conclusions:

The following summary represents the results of my investigations in regard to the surgical treatment of abscess of the liver:

1. The liver should always be aspirated in a case of suspected abscess, in order to verify the diagnosis.

2. Many small, and a few large abscesses, have been cured by one or more aspirations; hence this method should always be employed at the first exploration, and we should then wait until it refills. If the pus collects slowly and in small amounts, it may be again aspirated; if quickly, and in large quantities, aspiration is not to be relied upon.

3. Incisions should be made into the abscess cavity at the most prominent portion of the tumor, whether in an intercostal space or not; and irrespective of the presence or absence of adhesions.

4. Rigid antiseptic precautions add much to the safety and certainty of a successful result.

5. When Listerism is impracticable, good results will be generally obtained by simple incision, or puncture by a trocar and canula, followed by the introduction of a drainage tube, and the daily use of carbolyzed injections.

6. Any of these methods are preferable to leaving the case to nature.—*American Medical Weekly.*

CONNECTICUT MEDICAL SOCIETY AND THE NEW YORK CODE.—Resolutions were offered severely condemning the action of the New York Medical Society with regard to consultations, but they were laid upon the table after a brief discussion. The objection to action was that, after some rather severe quarrels, the society has at length been for several years harmonious; that the discussion of these resolutions would lead to hard feelings, and recrimination was inevitable. The wisest course was to manage its own affairs and leave its neighbors alone. A committee of three, however, was appointed to report upon the suggestions of the President concerning a revision of the Code of Ethics.

The St. Louis Medical Society has been considering the question of amending their code, so as to permit consultations with homoeopaths.

The meeting of the Michigan Medical Society took no action in regard to the matter.

The Virginia Medical Monthly is in favour of the new Medical Code.

THE MEDICAL STUDENT'S PRIMER.—What place is this? This is the Pathological Society. How does one know it is the Pathological Society? You know it by the specimens and smells. What does that gentleman say? He says he has made a post-mortem. All the gentlemen make post-mortems. They would rather make a post-mortem than go to a party. What is that on the plate? That is a tumor. It is a very large tumor. It weighs one hundred and twelve pounds. The patient weighed eighty-eight pounds. Was the tumor removed from the patient? No, the patient was removed from the tumor. Did they save the patient? No, but they saved the tumor. What is this in the bottle? It is a tape-worm; it is three-quarters of a mile long. Is that much for a tape-worm? It is, indeed, much for a tape-worm, but not much for the Pathological Society.—*Medical Record.*

DIGITAL EXPLORATION OF THE BLADDER.—Sir Henry Thompson's recent proposal to examine, by means of the finger, obscure and chronic disease of the bladder, hitherto inexplicable by sounding, etc., to which we not long ago called attention, is yielding valuable results. A patient who had suffered severely from cystitis and bleeding during three years, and without ascertained cause, was sent to Sir Henry from the country about three months ago, when the bladder was explored by the finger, after dilatation of the urethra, the patient being a lady. The outline of a considerable polypoid growth from the back of the bladder was easily defined, and at once removed by blunted forceps. The patient is making a rapid recovery. There has been no cystitis or bleeding since, in spite of exercise, walking and driving, daily.—*The Lancet.*

DISCHARGE OF GALL STONES THROUGH THE ABDOMINAL WALL.—In *Gaillard's Med. Journal* for April, Dr. H. Humfreyville reports a case of this kind. The patient, three years before, suffered what was then called "inflammation of the bowels," and since then had noticed a soreness just below the umbilicus, where a pyriform tumor existed. This finally opened and discharged a number of gall stones, varying in size from a chestnut to a pea. Beyond some tenderness in the umbilical region, the patient retained excellent health. A similar case was reported by Dr. Augner, of France, the patient also making an excellent recovery.

NERVINE AND ANTI-SPASMODIC.—The following is a favorite prescription in the Hospital for Chest Diseases, London. It is also useful in epilepsy, dysmenorrhœa, chorea, hysteria, and the like :—

R—Potassii bromidi,	grs. x.
Tinct. conii,	gtt. xxx.
Tinct. val. ammoniæ,	gtt. xx.
Aquæ camph.,	ʒj.

BLISTERS IN YOUNG CHILDREN.—M. Archambault (*Journal de Méd. et de Chir. prat.*, Jan. 1882, p. 14) points out that blisters should not be used as routine treatment in children, as they are always painful and often harmful. In a child of a year old, the blister should not be left on longer than one hour; at four or five years, four hours is enough. The blister should be covered with a piece of oiled silk paper. Blisters should never be applied to cachectic children or to those with a tendency to skin eruptions; but above all, blisters should be avoided in diphtheria and croup, and at the terminations of scarlatina, measles, &c., as he has often seen extensive ulcers so caused. Blisters should not be applied posteriorly or to parts exposed to pressure.—*Birmingham Med. Review.*

PRESCRIPTION FOR MEMBRANOUS DYSMENORRHOEA.—Dr. Wm. H. Mussey, of Cincinnati, Ohio, in the *Transactions of the Ohio Medical Society*, 1879, gives the following prescription for membranous dysmenorrhœa, which we have once before published, but which we are requested to republish:

R—Pulveris guaiaci resinæ,	
Terebenthinæ Canadensis,	aa ʒj.
Olei sassafras,	f. ʒij.
Alcoholis,	f. ʒviiij.

Mix. Macerate for seven days and strain.

Then add—

Hydrargyri chloridi corrosivi, ʒj.

Sig. : Take twenty drops in wine or sweetened water, night and morning.—*Virginia Med. Monthly.*

IODOFORM IN GASTRIC ULCER.—Dr. M. J. Redmond (*British Medical Journal*, May 6th, 1882), having observed the rapidity with which external ulcers heal under the influence of iodoform, gave a marked case of gastric ulcer three grains of iodoform three times daily, in pill form. The hæmatemesis which had been persistent up to the use of the iodoform diminished, vomiting ceased, pain and tenderness decreased, and within a month the patient had fully recovered. The patient was a young unmarried woman, so it is possible that there might be an hysterical element in the case.—*Chicago Med. Review.*

CHLORAL HYDRATE ON AN EMPTY STOMACH.—Dr. Clemens (*Alg. Med. Central Zeitung*), holds the administration of chloral upon an empty stomach to be irritational. Nocturnal administrations as an hypnotic, should be preceded by supper; in case of the presence of acid stomach or acid food, a solution of carbonate of soda should be taken. Patients using it should be instructed as to their diet. As a local application, glycerine and chloral. A saturated solution with glycerine is an excellent anodyne in severe toothache from dental caries.—*St. Louis Med. Record.*

THE CANADA LANCET.

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

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

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

TORONTO, AUGUST, 1882.

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

PRESCRIBING DRUGGISTS.

Considerable discussion has recently taken place in the secular press on the subject of illegitimate prescribing by druggists, and we are much surprised to observe the course taken by our leading newspaper organs on this question. The controversy arose in consequence of a druggist in the city of Ottawa having been fined for prescribing for a patient contrary to the provisions of the Ontario Medical Act. The druggist in question was not only guilty of the very common offence of prescribing for a patient, but had the audacity to recommend and substitute his own preparation, for the prescription sent him by a legally qualified medical practitioner in that vicinity, to be dispensed. Although the papers have not had the boldness to defend the druggist for such a glaring abuse of his office, yet they preach inane homilies upon the right of every man and woman to prescribe for his fellow-beings in distress, and utter pitiful jeremiades over the great hardships to the public which must accrue if the poor druggist is not allowed to prescribe his simple remedies.

Druggists are like other people, some of them are conscientious and careful enough, and we have no particular fault to find with them even if they do occasionally prescribe some very simple remedy for an importunate individual. There are others, however, who are continually prescribing over the counter for all sorts of ailments—from teething or colic in children to the gravest forms of disease among both children and adults. If it were worth

while, or at all necessary, we could recount numbers of cases where persons have nearly lost their lives through this species of tampering with serious diseases; such as, for example, the prescribing of various forms of cough mixtures in inflammation of the lungs; strong cathartic pills in the incipient stage of inflammation of the bowels, trifling remedies in the various stages of syphilis and many other equally serious blunders. And so long as this practice of prescribing over the counter is permitted, such occurrences are to be expected. The druggist, although well enough qualified to dispense medicines, and posted also in regard to their action in health and disease, has no knowledge whatever of diagnosis and pathology—the very foundation-stones of practice of medicine. It is in this that the danger lies, and we cannot but express our regret that the leading newspapers of the day do not consider it a part of their duty to guard the lives of the people, and as far as possible prevent them from being tampered with by ignorant pretenders. We have often had occasion to deplore the fact that the secular press of this country is ever ready to defend quackery in medicine. It does seem to us inexplicable, but it is a fact nevertheless.

All respectable druggists will admit that only properly qualified medical men are competent to prescribe the proper remedies for the sick, and that druggists and other unqualified persons should as far as possible be prohibited from doing so. This is not at all a question of protection to medical men—they can take care of themselves—but it is a subject of great importance to the public who are as a rule unable to judge for themselves in such matters, or to discriminate between the skill of a chemist or an apothecary, and a properly qualified medical man in the treatment of disease. We have no patience with people who are continually crying out about the protection of the profession. Surely the Legislature had the general good of the public in view when the Act was passed. The public have much need of all the protection the law can give, not only from outside the profession—but, with shame be it said, from some of those who have found their way into it—but who have so far forgotten what is due to an honorable profession as to join the army of quacks that are preying upon the credulity and gullibility of the public.

FIRST YEAR'S PROFESSIONAL EXAMINATION.

The question of instituting a compulsory examination in elementary Anatomy and Physiology, at the end of the first year of professional study is now under discussion at the Royal College of Surgeons, England, the General Medical Council, the Royal College of Physicians, and elsewhere. The London *Lancet* for July 15th, in an article on the subject strongly recommends its adoption. The proposal to which a conference of the medical teachers agreed is to the following effect, viz.: that an examination in elementary Anatomy and Physiology, shall be conducted at the end of the first winter session at the various medical schools by the teachers of those schools, said examination to be conducted by means of written papers, and also orally or practically; and that no student shall be allowed to present himself for the primary examination for the membership of the College of Surgeons, until at least six months after passing this preliminary examination.

We are happy to be able to inform our transatlantic brethren, that two years ago the Ontario Medical Council adopted a resolution similar to the one proposed, making an examination at the end of the first year of professional study compulsory upon every student, such examination to be passed in the various medical schools, and the plan has been found to work well. Each candidate is required, before presenting himself for the primary examination of the college, to present with his lecture tickets a certificate of having undergone an examination at the school he has attended at the close of his first winter session, on elementary Anatomy, Physiology, Chemistry and Botany. At the time of its adoption by the Council it was urged by the representative of Trinity Medical College, and heartily supported by many members, that while this first year's examination would cost the Council nothing, it would be of great value to the students by keeping them at work from the beginning, just the period when many of them are disposed to waste precious time, and that it would prevent the tendency which prior to this was a growing one, to the straggling away of many members of the several classes before the courses of lectures were anything like concluded. The expectations of its promoters have been fully realiz-

ed. The examination has done much good and will yet do more, as the several schools take it up more thoroughly which they are sure to do. It is therefore gratifying to see that our brethren have adopted a resolution similar in spirit to the one above alluded to, so that hereafter all candidates will be obliged to present a certificate of having passed an examination on elementary Anatomy and Physiology at the close of the first session said examination to be conducted both by means of written papers and orally or practically, just the plan adopted and found to work so well in Canadian schools during the past two years. This resolution has the support of the principal teachers of the various schools in London.

THE TORONTO SCHOOL "ORGAN."

Our homœopathophobic contemporary has surely taken leave of its senses during the warm weather. In the May issue it published the statement that our adverse criticism of Dr. Oldright's appointment as chairman of the Ontario Board of Health arose from disappointed ambition, and having been taken to task for such an unwarrantable statement, the "organ" now says editorially, that "the principal motive which inspired the articles in the LANCET was personal enmity," inasmuch as Dr. Oldright had beaten us in the contest for the Senate of the Toronto University several years ago. This statement is not only exceedingly silly, but is absolutely untrue, and shows how anxious the "organ" is to weaken the force of our criticism by trying to make it appear as a "purely personal attack" on the chairman. There were three vacancies in the Senate, and four candidates in the field, not one of whom was individually pitted against any one of the others. Besides, we can easily prove that we asked many of our friends to vote for Dr. Oldright, as one of the candidates. It is also really touching to see the fatherly interest our contemporary has recently taken in our behalf, and in behalf of the LANCET. We cannot but feel grateful for the kindly advice so gratuitously tendered, and are inclined to wonder how we managed to reach the position we have attained in the support and estimation of the profession before it came to the rescue. But while thanking it for its very kind interference, we may be permitted to say that we intend to manage our own

business in our own way, and to continue the same course which has heretofore borne such good fruits, that we are enabled to say that we have "the largest circulation" of any medical journal in Canada. This statement, from the manner in which it has been alluded to on several occasions, seems to seriously wound the tender susceptibilities of our hyperæsthetic contemporary. We sincerely regret that it should so far misapprehend our object in making this statement. We have no desire to flaunt our "large circulation" in the face of our contemporary, but make the statement simply as a matter of business, with a view to increase our advertising patronage, which is a profitable part of the management of a journal of good circulation.

We apologize to our readers for occupying space with a matter which is almost purely personal. We do not feel ourselves bound to correct all the false statements made concerning us by our contemporary, nor to defend our mode of doing business, and would say that this discussion will end here, so far as we are concerned, as we do not consider such controversy either dignifying to those concerned or edifying to our readers.

VITAL STATISTICS

An announcement appears in the last issue of the *Canada Gazette*, to the effect that each of the electoral districts of the Provinces of Ontario, Quebec, New Brunswick, and Nova Scotia have been constituted health districts for the purpose of statistics under the Act respecting Census and Statistics.

We understand that the sum of \$10,000 was placed in the estimates and voted by Parliament last session for the collection of Health Statistics, and we presume this division of the Provinces is in pursuance of some scheme to meet the repeated request of the Canada Medical Association, representing the profession of the Dominion, that some comprehensive plan should be adopted to collect and utilize the vital statistics of the Dominion. Of course the sum allowed is quite inadequate for any efficient and beneficial organization. It is to be feared that the limited means for the purpose, may lead the Government to undertake the work on what is sometimes called a cheese-paring plan. Should failure result in such a case, it will be due

entirely to this fact. The value of vital statistics to a nation, can no longer be questioned when properly dealt with, and the fact is recognized by all civilized nations. As we are as yet uninformed as to the nature of the contemplated machinery for the Dominion, we can offer no opinion as to the chances of success. Above every other consideration, it is most important that the chief officer of the Bureau of Health should possess the best qualifications the medical profession of the country can supply. To secure a suitable person, the salary should be at least equal to the income a first-class practitioner can command. We trust the Government will succeed in securing the services of a properly qualified person, who will command the respect of the profession and the public. We have in our mind one, who we believe would ably fill the position; at least among the profession, no one would meet with more general and hearty approval. We refer to Dr. Canniff of Toronto. He has already, for a brief period, served the Department of Agriculture; and indeed, it was understood from statements made by Sir J. A. Macdonald to a deputation of medical men which waited upon him in the winter of 1880-81, that the services of the person referred to would be retained to carry into effect the Act relating to Vital Statistics as soon as the Census had been taken. We may be permitted to say that we think the Government should, without further delay, meet the wishes of the profession and the requirements of the country in this respect in a liberal spirit.

CANADA MEDICAL ASSOCIATION.—The annual meeting this year will take place in Toronto, commencing Wednesday, the 6th of September. We anticipate a large attendance, as, in addition to the interest in connection with the Association itself, there will be the Industrial Exhibition, which opens the same week. Last year only a few Ontario medical men found it convenient to attend the meeting at Halifax; but those who did experienced no regret, as the meeting was very successful, except in point of numbers. We have not learned as to the number and character of the papers to be read at the approaching meeting. We shall be glad to welcome the President-elect, Dr. Fenwick of Montreal, who will no doubt ably discharge the duties of his office. And we are glad to know that

the work belonging to the Secretaryship is in such good hands as those of Dr. Osler of Montreal.

We are able to state that the profession of Toronto will extend a cordial welcome to the members of the Association, and endeavor to make the occasion a pleasant one from a social point of view. Arrangements have already been made to hold a reception in the rooms of the Educational Department, which have been kindly placed at the service of the Committee of Arrangements by the Minister of Education, and other festivities will mark the occasion. The City Council has kindly granted the use of their Council Chamber for the meetings of the Association.

COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA.—At a meeting of the profession held June 13th, the following gentlemen were elected members of the Council:—Dr. J. H. O'Donnell, Dr. J. S. Lynch, Dr. A. Codd, Dr. D. Young and Dr. A. H. Ferguson.

The new Council met on the 20th of June and the following officers were elected:—Dr. Lynch, President; Dr. Young, Vice-President; Dr. Codd, Treasurer; Dr. A. H. Ferguson, Registrar.

Any graduate in Medicine in Her Majesty's Dominions is recognized by the Council and may be admitted to practice on payment of a registration fee of \$10. American graduates and undergraduates are admitted by passing a satisfactory examination before a board of examiners appointed by the Council.

CHRONIC BRONCHITIS (CORRECTION).—In our last issue, on page 351, will be found a prescription for chronic bronchitis, in which the proportion of Amm. Carb. is put down $\bar{z}j$. It should be $\bar{z}j$. Dr. J. Carrick Murray, senior medical officer of the Northern Counties Hospital for Diseases of the Chest, Newcastle-on-Tyne, Eng., who very kindly called our attention to the error, recommends the following as an improvement upon our prescription.

R—Amm. Carb.,	$\bar{z}j$.
Spts. Amm. Arom.,	
Spts. Æth. Nit.,	aa $\bar{z}ss$.
Syr. Scillæ,	$\bar{z}j$.
Tr. Camph. Co.,	$\bar{z}jss$.
Vin. Ipecac.,	$\bar{z}ij$.
Infus. Senegæ,	ad $\bar{z}viiij$.—M.

SIG.—A tablespoonful every four hours.

PERSONAL.—Dr. Osler, of Montreal, has been elected an honorary member of the New York Pathological Society.—Dr. Henry Howard, of Longue Pointe lunatic asylum, is about to publish a work on insanity.—Dr. A. Jukes, of St. Catharines, has removed to Qu'Appelle, N.W.T. Dr. O. C. Edwards, of Montreal, has also located there.—Dr. R. A. Reeve will be out of the city during the month of August, on a holiday trip to the North-West.—Dr. A. M. Rosebrugh, of Toronto, is spending his summer holidays in Minnesota and the Canadian North-West Territory.

PERSONATION AT MEDICAL EXAMINATIONS.—We learn from the London *Lancet* that a case has just been heard in Dublin, before Mr. Curran, Q.C., in which a student of that city was summoned on a charge of attempting to induce a gentleman, Dr. Norris, to personate him at a Dublin examination, and offering him in the first instance £150 and afterwards £100. The Court issued a warrant for his arrest. One or two cases of this kind actually occurred in this city, but the fraud was discovered in time to prevent its consummation.

NEW TREATMENT OF PRURITUS.—Dr. Steele, of Denver, Col., communicates to the profession, through the *Lancet and Clinic*, what he considers a very reliable acquisition in the treatment of that troublesome affection, pruritus vulvæ. It may be applied to pruritus ani as well. The remedy is quinia sulphate, rubbed up with only sufficient lard to hold it together. The nearer you get the full strength of the quinia the more efficacious it will prove. Apply freely and thoroughly. It has proven a specific in his hands.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS.—We are pleased to state that Dr. J. A. Grant of Ottawa has been recently elected a Fellow of the Royal College of Physicians, London. He received the membership degree in 1864. We congratulate the Dr. upon his election, a distinction to which he is fully entitled. We believe this is the first time this distinguished honor has been given to a Canadian.

The death of Prof. Spence of Edinburgh, at the age of 70 years, also that of Dr. Peacock, St. Thomas' Hospital of London, England, at the same age is announced in our British Exchanges.

APPOINTMENTS.—Drs. Geo. Wright and A. H. Wright, have been appointed members of the attending staff of the Toronto General Hospital, and Dr. J. E. Graham has been appointed on the pathological staff. Dr. J. A. McDonald has been appointed Resident House Surgeon, Montreal General Hospital; and Drs. T. N. McLean and W. T. Duncan, have been appointed Resident Medical Officers.

ANÆSTHETIC MIXTURES.—The Vienna mixture, used in 8,000 operations without accident, consists of three parts of ether and one of chloroform; Billroth's, three of ether, one each of chloroform and alcohol. The committee of the Medico-Chirurgical Society, of Great Britain, recommends one part, by measure of alcohol, two of chloroform, and three of ether.

ROYAL COLLEGE OF SURGEONS, ENG.—Mr. John Marshall, Mr. H. Power, and Mr. Croft, have been elected members of the Council of the Royal College of Surgeons, Eng. The two former were re-elected. At a subsequent meeting Mr. Spencer Wells was elected President, and Mr. John Marshall and Mr. Cooper Foster, Vice-Presidents, for the ensuing year.

NOTICE.—The New Medical Register of the College of Physicians and Surgeons of Ontario is about to be published. Members of the College are requested to see that their addresses are correctly given; any additional qualification may be added on payment of a fee of two dollars (see advt.)

LIGATURE OF THE ARTERIA INNOMINATA.—Mr. Thompson, of London, Eng., has recently applied the ligature to the innominate artery for the cure of aneurism. The case is doing well at last accounts, having reached the 34th day after the operation.

LONDON MEDICAL SCHOOL.—We have received the first annual announcement of the Medical Department of the Western University, London, Ont. The first course of lectures will commence October 3rd, 1882.

R. J. B. Howard, M.D., and R. Levi, of McGill College, Montreal, have successfully passed the primary examination of the Royal College of Surgeons, Eng.

Books and Pamphlets.

THE POPULAR SCIENCE MONTHLY for August. New York: D. Appleton & Co.

This ably conducted periodical continues to sustain its conceded high reputation, as a vehicle of instructive and profitably entertaining matter, in the wide range of modern science. The August number, now before us, exhibits no falling off in either the variety or the substantial value of its content. It presents no less than fourteen articles on subjects of inviting interest to all intelligent and enquiring readers, and in addition to these, under the titles of "Entertaining Varieties," "Editor's Table," "Literary Notices," "Popular Miscellany," and "Notes," we have, in smaller type, and closer lines, a truly useful miscellany.

The article by the distinguished Benjamin Ward Richardson, M.D., F.R.S., under the designation of "National Necessities and National Education," is of such sound practical merits as to claim the deferential consideration of the entire body of educationalists, of all parents or guardians of the young, advisers or formulators of school regulations, and framers of school statutes.

Dr. Richardson has, on all available occasions, declared his hostility to the modern and far too prevalent system of school cramming. It would appear that in England, as in Ontario, a premium is offered to those who exhibit the highest success in this senseless and deplorably profitless art. An able and experienced lady, long engaged in teaching, speaking of the hurtful physical results of existing school requirements, says she had "found that to obtain the school grants, the children are so constrained as to exclude the exercises that are needed for their bodily development." Surely a more potent temptation than this mode of earning the *school grants*,—in other words the wages of the teacher,—could hardly be devised by the most determined, or the most stupid, devastator of both bodily and mental health.

Dr. Richardson speaks of the present system in the following decided terms:—"The present system is not only a violation of physiological, but also of psychological law. The powers of receptivity of the minds of children of different ages have been tested experimentally, with as much care as physicists take when they are treating in

their experiments on the relationships of ordinary matter to force. Certain brains can take in so much, and no more, according to age. The capacity grows with cultivation and skilful teaching, no doubt, but it *must be permitted to grow*. In the very young a lesson of a minute may be all-sufficient. Later, of three minutes, five, ten, fifteen, and so on, to one hour, two, or three. But to this there is a limit, and it is probable that, with the best scholar of primary school age, the powers of receptivity rarely extend beyond a period of two hours and a-half of direct teaching. Teachers of various districts, and of different countries, have testified in respect to this point, and while they have explained, from direct observation, that the receptivity varies in different children, according to difference of temperament, physical health and build, as might very well be expected, the receptivity at one time, in all children, ceases at the end of three hours."

HOMŒOPATHY: WHAT IS IT? By Prof. A. B. Palmer, M.D., Ann Arbor, Mich. Second Edition. Detroit: G. S. Davis. Toronto: Willing & Williamson.

We beg leave to acknowledge the receipt of the above work from the publishers. Recent treatment of the subject by prominent societies and individuals—for example, the action of Sir Wm. Jenner and Dr. Quain in the case of the late Earl of Beaconsfield, with the action of the British Medical Association in the premises; the reference to the subject in the new code adopted by the New York State Medical Society; the article by Dr. Palmer in the March number of the *North American Review*, etc.—attach additional interest to "Homœopathy—What Is It?" at this particular time.

MEMORANDA OF PHYSIOLOGY. By Henry Ashby, M.D. (London), Physician to the General Hospital for Sick Children, Manchester, etc., etc. Third edition, thoroughly revised, with additions and corrections, by an American Editor. New York: Wm. Wood & Co., 1881. Toronto: Willing and Williamson.

This is one of Wood & Co.'s Memoranda Series, and is really a very good short compend on the subject. All these works have their proper place in a medical library, and this one will be found very useful, especially where a student wishes to run over the points of physiology in a short time.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., F.R.S., Trinity College, Cambridge. Second American, from the third revised English edition. Edited by Ed. J. Reichert, M.D., Philadelphia: H. C. Lea's Son & Co. Toronto: Hart & Co.

This excellent work is already favorably known to the student of physiology. The most important changes in the present edition by the author, are to be found in the section on muscle and nerve. The remaining changes are not of great importance. The American editor has made some few changes and additions which will enhance the value of the work to American students. A number of new cuts have been introduced instead of the old ones, and others added. The present work will be found to embody all the recent advances made in experimental physiology.

MANUAL OF OBSTETRICS, by A. F. A. King, M.D., Prof. of Obstetrics in the Columbian University, Washington, D. C., with 58 illustrations. Philadelphia: H. C. Lea's Son & Co. Toronto: Willing & Williamson.

This work is much of the same character as Meadow's Manual, so well known to medical students. It is probably a little more complete in detail than the latter, and is of course more recent. It is, as the author states in his preface, a compilation from Leishman, Playfair and Lusk. We regret, however, that he did not adhere to the old terms "ante-partum" and "post-partum," instead of the horrid Anglicized words, Antepartal, and Postpartal, which fall so harshly on the ears.

Births, Marriages and Deaths.

At the Asylum, London, on July 7th, the wife of Dr. Millman, of a daughter.

On the 19th ult., Dr. Alexander Robinson of Hamilton, to Alice Maud, second daughter of the late Jacob Pingle, Esq., of Markham.

On the 9th of June, Dr. Henry Edward Bissett, of Port Hawkesbury, N.S., in the 40th year of his age.

On the 9th of June, Dr. Samuel Blackwood, of Pakenham, Ont., aged 70 years.

On the 28th of July, Dr. John Salmon, of Simcoe, aged 52 years.

WARNER & CO.'S PHOSPHORUS PILLS.

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

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nucis Vom., ¼ gr.

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

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℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., ¼ gr.; Quinæ Sul., 1 gr.

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

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

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

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

9.—PIL. PHOSPHORI CUM QUINIA CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quinæ Sulph., ¼ gr.; Strychn., 1-50 gr.

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

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℞ Phosphori, 1-50 gr.; Quinæ Sulph., 1 gr.; Ext. Nucis Vom., ¼ gr.

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

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

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

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

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

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

12.—PIL. PHOSPHORI CUM DIGITAL. CO.

[Warner & Co.]

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

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

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

13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO.

[Warner & Co.]

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

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

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

14.—PIL. PHOSPHORI CUM CANNABE INDICA.

[Warner & Co.]

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

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

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

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

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

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

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

16.—PIL. PHOSPHORI CUM ALOE ET NUC. VOM.

[Warner & Co.]

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

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

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

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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 has 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, 8 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce.

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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.

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W. M. CAMERON, M.D.

Messrs. SCOTT & BOWNE :

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

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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.

I have the honor to be, yours truly,

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

St. John, N.B.

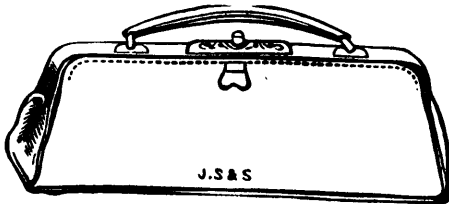
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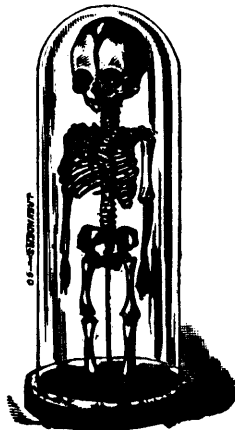
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the substitution of any other than Collis Browne's is a deliberate breach of faith on the part of the chemist to prescriber and patient alike.

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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.

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 AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
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 LEWIS A. SAYRE, M.D., Professor of Orthopædic Surgery and Clinical Surgery.
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Matriculation Fee	5 00
Dissection Fee (including material for dissection).....	10 00
Graduator Fee	30 00
No fees for Lectures are required of Graduates of three years' standing, or of third-course Students who have attended their second course at the Bellevue Hospital Medical College.	

FEES FOR THE SPRING SESSION.

Matriculation (Ticket valid for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures	40 00
Dissection (Ticket valid for the following Winter)	10 00

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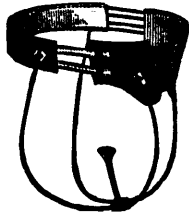
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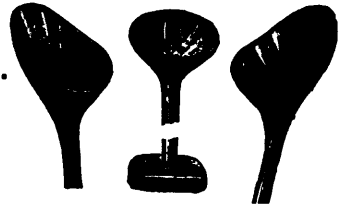
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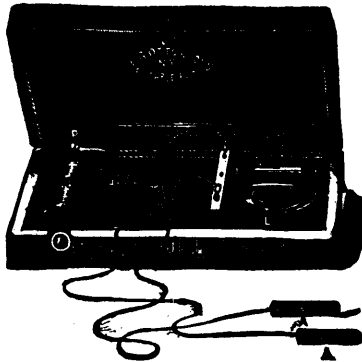
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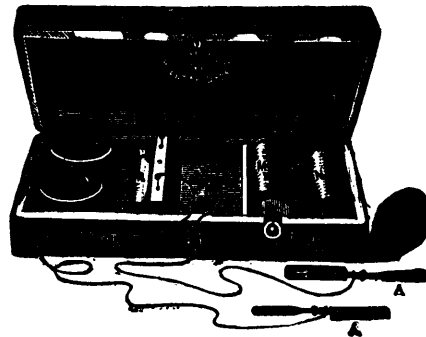
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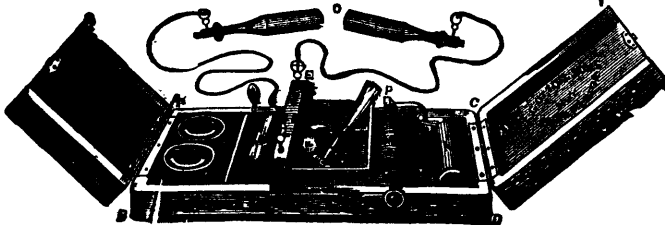


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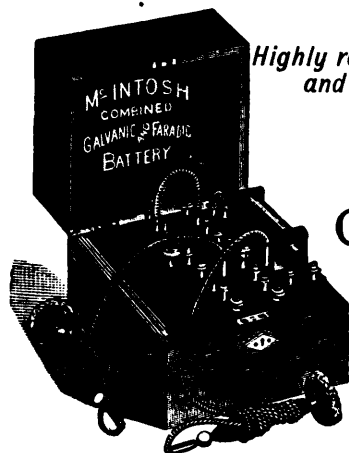
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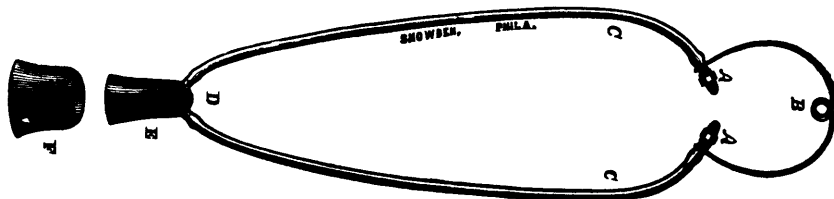
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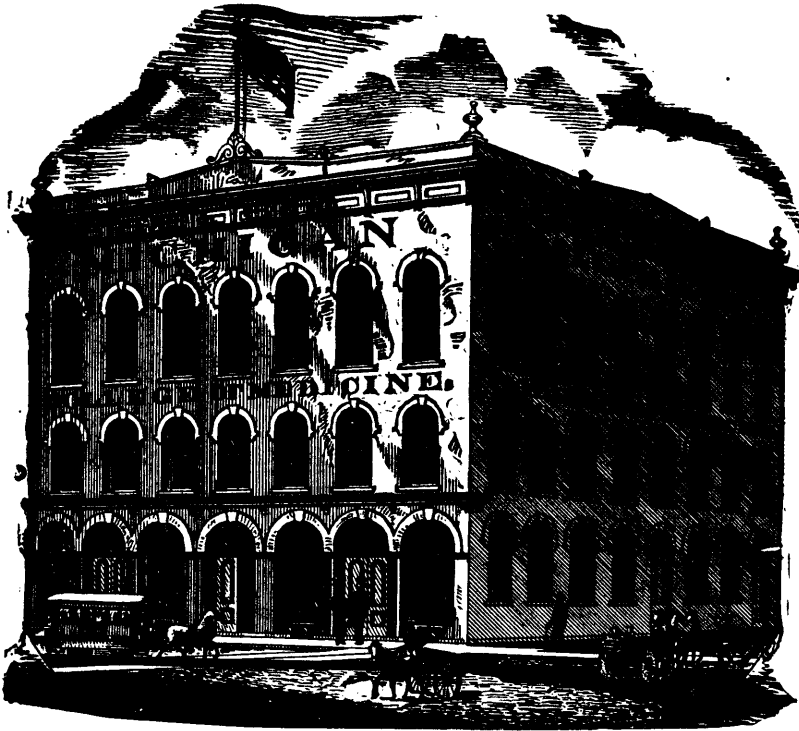
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As the new Medical Register will have a number placed before each member's residence, indicating the Division in which the member resides, the necessity for the correct address will be obvious to all. Also any member desiring the registration of any additional Degrees or Titles will notify the Registrar, and enclose the necessary Registration Fee of \$2, for the insertion of the same without delay.

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