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

Vol. VIII }
No. 9. }

TORONTO, MAY 1, 1876.

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"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, and cinchonidine.*"

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

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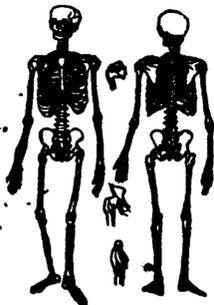
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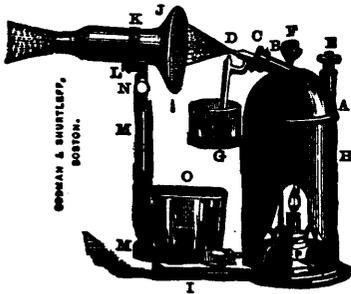


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Original Communications.

TREATMENT OF ACUTE IRITIS IN ADULTS.

BY A. M. ROSEBRUGH, M.D.

At the Eye and Ear Infirmary, Toronto, out of a total of 2,122 eye cases, 39 are recorded as cases of iritis. Although occurring with far less frequency than catarrhal or phlyctenular diseases of the conjunctiva, or superficial phlyctenular disease of the cornea, acute inflammatory diseases of the iris run a much more rapid course, and, when neglected, are much more destructive both to vision and to the integrity of the eye.

A slight attack of inflammation of the iris, if overlooked, may result in adhesion of its posterior surface to the anterior capsule of the lens (anterior synechia), which, however slight, may be sufficient to cause recurrent attacks of iritis,—resulting in total closure of the pupil (annular synechia).

When recognized early, however, there is probably no pathological condition that responds so readily to treatment, and none that can be so effectually kept under control. In this paper, however, I except from consideration those forms of iritis that result from injury, sympathetic irritation, or from inflammation extending forward from the interior of the eye.

The plan of treatment that I have found most satisfactory (I might almost say, uniformly successful), though not new, is, I fear, not yet generally adopted in Canada.

I believe, with Von Græfe, that the great sheet anchor, in the treatment of acute iritis, is the local use of atropine. Atropine causes dilatation of the pupil, allays nervous irritation, and places the iris in a state of absolute rest. It is also believed to exert a controlling effect on the size of the calibre of the vessels.

In these cases it may be advisable, on other grounds, to place the patient on constitutional treatment (a syphilitic patient for instance); but in perhaps one-half the cases, if the treatment is commenced early, the local disease can be brought to a successful termination by the local treatment alone. The following is a good illustrative case. One Sabbath morning, as I was about ready for church, our cook asked me to look at her eye, saying that it had been painful that morning, and that the sight was somewhat misty. On examination, I discovered nothing unusual in the appearance of the eye, with the exception of a very slight pink blush around the cornea. Suspecting the possibility of iritis, and not having time for a more careful examination, I applied a four-grain solution of atropine, and left her. After church, I found the pupil slightly dilated, but irregular in shape. There were three points of adhesion, one above and two below, giving the pupil the shape represented in Fig. 1. The solution of atropia. sulph.

Fig. 1.



Fig. 2.



Fig. 3.



was again applied, and repeated during the afternoon and evening, and on Monday, upon examination, it was found that the adhesion above had yielded to the midriatic. Fig. 2. The atropine solution was continued, and on Tuesday there was but one point of adhesion remaining (Fig. 3). On Wednesday, the pupil was widely dilated, and the iris free from adhesions. The pupil was kept fully dilated for about a week longer, when all irritation having disappeared, the treatment was discontinued.

Constitutional treatment is not resorted to until after the atropine solution has been vigorously applied for twenty-four or forty-eight hours, and then in those cases only where the pupil is not dilating.

The adhesions of the iris will yield more promptly to the atropia after local depletion, and local depletion should be resorted to in all cases of iritis accompanied with considerable pain. From one to three ounces are taken from the temple, either by cupping or leeches, in the evening, and the patient is almost certain to be relieved from all nocturnal pain.

In 1866, Mr. Teale, of the Leeds Infirmary, published (*Ophthalmic Hospital Reports*, Vol. v.)

a tabular report of 20 cases of acute iritis, in which 'the exactness of the results is so marked,' that he is justified in deducing certain principles of treatment, which, I find, are in perfect accord with my own experience.

The treatment is commenced with the vigorous use of the solution of atropia. sulph., and if, at the end of twenty-four or forty-eight hours, the pupil is not dilating, the patient, whether syphilitic or not, is put on mercurial treatment, and brought under its influence as rapidly as possible.

The atropine solution is applied twelve times a day, as follows:—six times in the morning and six times in the evening; it is dropped into the eye every five minutes, and (I would add) care exercised to prevent any excess of the solution passing into the lachrymal duct. My method is to have the head well thrown back, and the chin elevated as high or higher than the forehead. After the solution is applied, the head is rotated to the temporal side, and any excess allowed to escape at the external commissure.

The strength of the solution of atropia. sulph. used by Mr. Teale is two grains to the ounce, but I find it necessary to use a solution of double that strength. The neutral sulphate of atropine is soluble in water, and the solution should be used free from acid or alcohol.

In using mercury, Mr. Teale believes that it should be introduced into the system through the skin only, as, in this way, its full remedial effects can be produced without in the least impairing the powers of nutrition. His method is as follows:—instead of *rubbing in* the ointment in the usual way, "the patient is ordered to lie in bed, to wrap round each arm a broad piece of flannel, well smeared with mercurial ointment (strong), and to wear this mercurial bandage until the gums are slightly tender, a small quantity of fresh ointment being added every evening." "As soon as the symptoms of the disease begin to abate, or the gums begin to be tender (and these two conditions are generally coincident), the mercury is discontinued.

The instillation of the atropine should be continued for a week or ten days after all symptoms of irritation have subsided, and longer if the pupil is not fully dilated. After the adhesions have completely yielded and the pupil is fully dilated, the atropine need not be applied more than two or three times a day.

Effusions of lymph and adhesions of the iris are seen to much greater advantage by the method known as oblique or focal illumination. In a darkened room, a lamp is placed, two or three feet to the right or to the left of the patient, according as the right or the left eye, is the one to be examined, and with a double convex lens of two inch focus, the light of the lamp is concentrated and directed laterally across the anterior chamber. This examination is more satisfactory when the iris is under the physiological influence of atropine.*

I would add that, in all cases of the least doubt, the atropine solution should be used experimentally; it is far better that it should be applied occasionally where it is not needed, than that it should be omitted in a single case where it is needed. Considering the number of cases of closed pupil that are constantly occurring,—sometimes even in cases under clinical assistants at ophthalmic institutions, it would surely be far better to use the atropine empirically in every case of eye disease, than that a single case of iritis should be overlooked.

Many of these cases of occlusion of the pupil are still amenable to treatment, by means of the operation of iridectomy; but a discussion of that branch of the subject does not come within the scope of a paper on the treatment of Acute Iritis.

REMOVAL OF A LYMPHOMA FROM THE RIGHT SIDE OF THE NECK.

BY WILLIAM E. BESSEY, M.D., C.M.†

This tumour had existed for a period of about sixteen years, gradually increasing in size, and at times becoming considerably swollen, thus causing great inconvenience by the sensations of pain in the head, ringing in the ear, and aching in the arm of that side, with a feeling of tightness about the throat. By its prominence it was an object of frequent remark, and the deformity it created, together with the apprehension of an increase in its size, led the patient to determine upon having it removed.

* Oblique illumination is also used in searching for incipient cataract or nebulæ of the cornea. The two inch lens accompanying the ophthalmoscope is used for this purpose. In its absence, one can be procured from Mr. Potter, the optician, for about 75 cents.

† Read before the Medico-Chirurgical Society of Montreal, January 28th, 1876.

It occupied the superior portion of the right posterior triangular space, and projected into the superior carotid triangle lying upon the sterno-mastoid, and covering the chain of lymphatic glands, which run along the posterior border of this muscle, (it proving to be made up of three of these glands hypertrophied,) and was covered in by the fibres of the platysma-myoides spread out to an aponeurosis.



Its long axis was in a line with the fibres of the sterno-mastoid, and was crossed above by the posterior auricular, and a superficial cervical branch. The external jugular vein lay in immediate contact with it underneath, being in a sort of niche on its under surface, its fundus dipping down well into the superior carotid triangle. Its length was about six inches, its breadth about four inches, and it was very moveable, by which means its relative position could be somewhat improved.

The patient was a stout-built florid Frenchman, about forty years of age, who had seen much active military service, and who, being fond of playing at sparring, may have received blows upon the glands of the neck, giving rise to inflammation in their structure and consequent enlargement.

Having chloroformed the patient, I made a free incision along the posterior aspect of the tumour, and, getting at it from behind, I proceeded to enucleate it slowly. The adhesions to the surrounding structures were very extensive, and the small blood-vessels feeding it numerous. No vessels sufficiently large to require ligatures were met with. By proceeding cautiously, examining each mass of adhe-

sions before severing, and working with the fingers—in which I was kindly assisted by Dr. Hingston, I succeeded in loosening it, step by step, from the neighbouring glands, the subjacent muscle, the external jugular vein over which it lay in direct contact, and finally succeeded in removing it from its adhesions in the superior carotid space without any injury or accident occurring to any important



part or blood-vessel in the neighbourhood; thirty minutes were thus occupied in its removal, without any untoward circumstances occurring to complicate the operation.

The parts having been approximated, simple water-dressings completed the treatment, and an excellent recovery followed in a fortnight, with, however, some slight numbness in the right hand and arm, which is growing less. The patient is as well as ever, and is now attending actively to business engagements. For an account of the pathology of the mass removed, I must refer to my friend Dr. William Osler, who kindly made some microscopic sections of it. I may say, however, that it contained numerous spicula of bony deposits in its structure, showing, no doubt, ossific transformation going on.

GENERAL AND HISTOLOGICAL DESCRIPTION OF THE TUMOUR.—BY DR. OSLER.

In size and shape the tumour resembles an adult kidney, presenting a convex side and an irregular concave surface corresponding to the hilus. At this latter situation one or two partially attached lym-

phatic glands are seen. A tolerably dense capsule encircles the whole, and can easily be peeled off.

One section of the tumour, which has been in alcohol for three weeks, has a grayish-white colour, is firm, elastic, and about the consistence of a lymphatic gland. Several strong fibrous septa dip in from the capsule, but otherwise the surface section is by no means fibrous. Towards the centre, at a point near the hilus, a fibro-cartilaginous and osseous change has taken place, and a few other spots of a similar character, but smaller, may be noticed over the sections; with the naked eye, a pitted or alveolar appearance may be observed in the sections. This alveolar character, it may be remarked, is also very well seen in sections of the cortical portions of lymphatic glands. Microscopically the tumour proves to be one of considerable interest, being an adenoid tumour of the cervical lymph glands, a lymphoma, or, as some call it, a lymphadenoma. Sections show a finely reticulated fibrous meshwork, in the interspaces of which are numerous lymph cells, the structure in fact of a lymphatic gland with which indeed these growths are strictly homologous. The proportion of cellular elements to the matrix varies in the different parts of the tumour; the former being more abundant in the superficial, the latter in the central regions. The corpuscles are very well seen in prepared specimens, and in places the fibrous net-work is also visible. It may be looked upon as a simple hypertrophy, a hyperplasia of the elements of the lymphatic glands, the proportion between the fibrous and cellular elements remaining tolerably normal.

This same condition of the lymphatic glands is met with in Hodgkin's disease, in which a general enlargement of these structures takes place throughout the body, and certain growths of a lymphoid character are found in the liver, spleen and kidneys, forming, in fact, a disease very analogous to leucæmia, but differing from it in the absence of any excess of white blood corpuscles. The specimen under consideration represents a local lymphadenoma, while Hodgkin's disease is a general lymphadenoma. This tumour is distinguished on the one hand from simple transitory enlargement of the lymphatic gland by its persistence; and in the other from scrofulous enlargement, by the lack of any tendency to undergo the caseous or suppurative process. From the syphilitic enlargement it is characterized by the absence of induration; the

fibrous elements do not predominate over the cellular. Other and more important relations are with the sarcomatous tumour of the lymph glands—the lympho-sarcomas. In the early stage, many of these are simple enlargement of the glands, sometimes the cervical, more frequently the mediastinal, occasionally the retro-peritoneal. Gradually, as the growth proceeds, the cellular elements increase greatly, the tumour becomes infective and infiltrates the surrounding tissues. These lympho-sarcomas form the great majority of intro-thoracic tumours.

A PIN IN THE URETHRA OF A CHILD EIGHT YEARS OF AGE.

Dr. Bessy of Montreal, also reports the following case:—Annie S., the child of a shoe-dealer, whose family I attended, manifested symptoms of irritation of the bladder, with pain and difficulty for some four months. I could not diagnose anything more than cystic irritation, but did not divine the cause. From time to time acids, alkalies and buchu compounds were administered with little advantage. The child was restless and feverish at times, and latterly became unable to make water. On one of these occasions she strained considerably (the bladder being distended with the accumulated urine of some hours) and complained of something pricking her in the urethral passage. On examination, a pin point was easily distinguished in the urethra. With forceps, the pin was laid hold of, and with a little traction brought away, followed by a gush of urine, to the intense relief of the patient. The pin was of the usual length, and heavily coated with a calcareous formation involving the head and entire length of the pin, except a small portion at the point, where it was broken away, allowing the sharp point to protrude through the crust. At the longest point, it measured $\frac{5}{8}$ of an inch in thickness and was $1\frac{1}{2}$ inches in length. The patient never complained afterwards. The parents believed the child to have swallowed it, but no such explanation was admissible. It can only be accounted for by mischievous interference either on the part of the child herself or some one else, who introduced the pin-head foremost into the urethra and lost hold of it; the child being the most likely person, and afraid to tell of what had been done

TREATMENT OF SPINA BIFIDA, BY THE ELASTIC LIGATURE.

BY ALEX. BETHUNE, M.D., M. R. C. P. S., K.

(Member of the Medical Council, of Ontario.)

In the March number of the *Canada Lancet*, I observed an interesting article on the "Treatment of Spina Bifida." As I have lately had a case of the same disease, under treatment, and as such cases are not at all uncommon in the practice of almost every medical man, any contribution that tends to throw light on the treatment of spina bifida, must necessarily be of some little interest to the profession.

By way of preface, I may state that I have not had time to look up statistics, with regard to the frequency of spina bifida, but I can speak of it as it has occurred in my own practice. During eighteen years I have attended over fifteen hundred cases of midwifery, and of these, eight were born with spina bifida, which shows from my own experience, that the disease is not of very frequent occurrence. Two of these children were still-born, three lived a few hours, one lived a week, another lived four months, but it suffered from paraplegia most of the time, and one, the present case, made a good recovery under treatment. Of these eight cases, it will be observed, that only two of them could have been amenable to treatment, and I believe that most of those, who have any experience in this disease, will agree with me in the opinion, that three fourths of such cases prove fatal before there is any opportunity or time for treatment. However as in the article I have already referred to, the writer truly says, "previously to October, 1871, it was the habit with others as well as myself to regard cases of spina bifida as hopeless, and to discountenance the idea of surgical interference," so I may say, and many others with me, that we have been in the habit of considering most of these cases incurable and therefore neglected, or have been averse, to try what surgical interference might do. With the object of adding my mite to the general fund of knowledge, with regard to the treatment of this disease, and of inducing others to record their experience, I have been induced to report the following case.

On the 11th of November, 1865, I was called to

see M. S., a female child, two weeks old, who—the father said—"had a lump on her back, and as there had been no doctor present at the birth, he wished me to see the child and tell him what was the matter." On examination I found it was a case of spina bifida. The tumor, which was situated over the fourth dorsal vertebra, resembled a small tomato, both in size and shape; there was no other deformity, and the child had a healthy appearance, but pressure on the tumor caused great pain, and symptoms of convulsions. I advised steady compression to be continued for a week or two, with the object of seeing whether it would have any effect in diminishing the tumor or preventing its growth. The compression was continued faithfully for a month, but it had no effect in preventing the increase of the tumor, which grew rapidly. I therefore decided to try the injection treatment, and on Dec. 13th, I punctured with a small trocar and canula, and evacuated about four ounces of clear watery looking fluid. I then injected two drachms of tinct. iodini. comp. full strength, closed the aperture, and applied a compress, which I strapped securely on with strips of adhesive plaster, over which I applied a figure of eight bandage. As the child seemed to suffer a good deal of pain, I prescribed chloral hydrate in one grain doses every four hours, which had the effect of quieting it.

For a week or two the disease seemed to be checked, and I was in hopes that it was cured, but it then began to grow again, and although the sac did not fill up very rapidly the fleshy part of the tumor increased very fast, so that in a month or six weeks after the injection it was as large as an average sized apple. I then determined to try the elastic ligature, as recommended by some writer, whose name I now forget, in the London *Lancet*, a few months ago. As I could not obtain any of the proper sort of elastic cord, used by him, I used the smallest size of elastic tubing I could procure, and on the 20th of January, 1876, after placing the child under the influence of chloroform, I applied the ligature, drawing it very firmly. I also gave chloral hydrate as before, but as it did not ease the pain entirely, I gave $\frac{1}{8}$ of a grain of morphia occasionally, as required. On the 24th the ligature had cut in to the depth of half an inch and the sore was suppurating freely. This was dressed twice a day, by washing with a little car-

bolic acid and warm water, and then filling the cut with basilicon ointment, spread on a piece of lint. On the 27th I again-tightened the ligature, which had the desired effect of completely destroying the tumor, so that on the 2nd of February it was shrivelled up to the size of a small bean, and I snipped it off with scissors, which caused neither bleeding nor pain, and in a week the sore was perfectly healed. One great advantage of this treatment was, that the sore healed with the dressing, as fast as the ligature cut in, so that when the ligature came away, the sore was nearly well. During the time the ligature was applied, the child seemed not to suffer a great deal, and since then it has grown well and been quite healthy.

CASE OF PROLONGED PREGNANCY.

BY F. R. LEE STRATHY, M.D., L.R.C.P.E., HARBORNE, STAFFORDSHIRE, ENGLAND.

The following case of prolonged pregnancy may be deemed worthy of record:—Mrs. A., wife of a commercial traveller, lived with her husband up to March 25th, 1875, but owing to his having communicated to her the gonorrhœa (which ran into a gleet) she lived *absque marito* from the above mentioned date till the following August.

She called in September and engaged me to attend her in her confinement, stating that she expected it would occur on December 25th.

At the latter date I saw her, but there were no symptoms of approaching labour, at which she was much astonished, having previously borne six children and always being confined within a day or two of her reckoning. However, labour did not come on till the night of January 16th, and it terminated on the following afternoon. The child (female) when born weighed about 5 lbs.; the umbilical cord was very thin and weak, and looked shrunken, and about 15 or 16 inches in length; the placenta was normal in size but darker in colour, and more easily broken down than usual, and a considerable amount of flooding occurred.

Reckoning from March 25th (the date of the last connection) to January 17th, the period which elapsed is just 298 days. On referring to Churchill's System of Midwifery, I observe cases of prolonged pregnancy mentioned as having occurred in the patients of the following gentlemen, viz:—

Dr. Beatty's case 291 days.
 Dr. King's " 293 "
 Dr. Ashwell's " 300 "
 Dr. McIlvain's " 293 "
 Dr. Jas. Reid's " 287 and 293 days.

My case would therefore appear to be the second longest yet recorded.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.—EXAMINATIONS, 1876.

Reported by W. SCOTT WASHINGTON, M.B.

ANATOMY, DESCRIPTIVE AND SURGICAL— DR. BETHUNE.

- (1). Describe the patella, especially that part in relation with the joint and the share it takes in the mechanism of the joint.
- (2). Describe the popliteus and psoas magnus muscles, and give their actions.
- (3). Describe the arch of the aorta and give its relations.
- (4). Give the origin, course, and distribution of the phrenic nerve.
- (5). Describe the duodenum.

- (1). Name the parts divided in the operation for tracheotomy.
- (2). Name the parts divided in the operation for the relief of strangulated inguinal hernia at the internal ring.
- (3). Name parts divided in the lateral operation for stone in the bladder.
- (4). State the anatomical elements concerned in applying a ligature to the external carotid artery.

PHYSIOLOGY—DR. CAMPBELL.

- (1). Describe the varieties of muscular tissue, and give examples.
- (2). Enumerate the muscles by which the erect posture is maintained, grouping them according to their antagonisms.
- (3). By what muscles is ordinary inspiration effected, and what additional muscles are called into play in forced inspiration?
- (4). Give the origin, branches, relations, and function of the trigeminal nerve.
- (5). Describe in the same manner the Pneumogastric nerve.
- (6). Describe osmosis, and give examples.
- (7). Describe the absorbent system.
- (8). Describe the development and situation of the testicles from the fetal to the adult state—structure, coverings, circulation, innervation, and course of the excretory duct.
- (9). Describe the mechanism and innervation of the organs of hearing.
- (10). Classify the causes of death under the smallest number that will comprehend all.

CHEMISTRY—THEORETICAL AND PRACTICAL.—

DR. D. CLARK.

- (1.) State the atomic theory, and show its value in chemical research.
- (2.) When hypo-, hyper-, per-, sub-, and sesqui- are prefixed to names of chemical substances, what do they each indicate?
- (3.) The density and elastic force of gases are directly as the pressure and inversely as the volume. Explain, by example, what this law means.
- (4.) Write in full the names of the substances which are represented by the following symbols—Cn. Hg. HgS. Sb. Sb₂O₃. P. Pcl₅. Na. NaIO₃. and 2 OH₇.
- (5.) Give the oxides of carbon and show by diagrams or equations how each is formed, noting what relationship oxalic acid bears to each.
- (6.) When starch is converted into sugar, alcohol and acetic acid, show how these different products are formed from one another, and give the formula for each.
- (7.) Describe the solar spectrum, and explain what is meant by Fraunhofer's lines.

- (1.) Give methods for the qualitative analysis of three liquids containing respectively (1.) Silver and mercurous salts; (2.) Iron and copper; (3.) Antimony and arsenic.
- (2.) What are the principal re-agents used in testing for the inorganic acids? State the tests for H₂SO₄ and CO₂.
- (3.) Give the blowpipe tests for potassium and its salts, also compounds containing antimony. Describe how the experiments are performed.
- (4.) If three quantities of urine are given for analysis, in one of which is contained in excess grape sugar, in another albumen, and in a third blood, what reliable methods may be adopted for the detection of each?
- (5.) If H₂O were alone given for examination in order to deceive the chemist, how might the fact be suspected and how definitely ascertained?

MATERIA-MEDICA.—DR. U. OGDEN.

- (1.) Name the various anthelmintics and give the uses and doses of each.
- (2.) Give the therapeutical properties of quinine, and state its effects when administered in large, and in moderate doses.
- (3.) Give the therapeutical properties of colchicum, name its officinal preparations and the dose of each.
- (4.) Name the compounds of tartaric acid, used in medicine; give the therapeutical properties, uses, and doses of each.
- (5.) Give the medicinal properties, uses, and doses of ergot, or any of its preparations.
- (6.) Give the name and dose of a purgative that acts specifically on each portion of the alimentary canal, and describe the character of the action in each case.

(7.) What medicines are mostly relied on as antipyretics, and how given?

PRACTICE OF MEDICINE.—DR. LAVELL.

- (1.) Give the causes and pathology of typhoid fever.
- (2.) Give the diagnosis and sequelæ of scarlet fever.
- (3.) Give the essential difference between acute rheumatism and acute gout.
- (4.) Give the diagnosis and pathology of tubercular meningitis.
- (5.) Give the general and physical signs of acute bronchitis and the treatment.
- (6.) Give the treatment of spasmodic colic, acute gastritis, cholera morbus, and acute enteritis.

MEDICAL JURISPRUDENCE.—DR. WM. CLARK.

- (1.) Give the post-mortem signs and appearances of a recent delivery, and state at what period they will be likely to disappear.
- (2.) Give the signs and symptoms of pregnancy in the 5th month.
- (3.) Give the probable length, weight, and characteristic appearances of a foetus at 7 months.
- (4.) Give the objections to the hydrostatic test as a proof that a child was born alive.
- (5.) Give the definition of moral insanity, its medico-legal responsibilities, and how it is to be distinguished from dementia or other forms of insanity.
- (6.) State the difference between mania and simple delirium from fever, with the characteristic symptoms of each.
- (7.) State the difference and mode of action between an irritant and a neurotic poison, with the distinctive symptoms and *post mortem* appearances in poisoning by both.

MIDWIFERY AND OPERATIVE MIDWIFERY.—DR. EDWARDS.

- (1.) State the cases in which you would use ergot of rye, and give the contra-indications to its use.
 - (2.) Mention the principal abnormal conditions of the passages—exclusive of pelvic deformity—which may retard labour, and give the treatment of rigidity of the os uteri.
 - (3.) Give causes, diagnosis, and treatment of puerperal peritonitis.
 - (4.) Give your opinion of the use of blisters in the treatment of diseases of infancy and early childhood. State the doses of morphia, laudanum, Dover's powder, tartar emetic, tincture catechu, potass brom. and ammonia brom. which you would give a child one year old, to be repeated every four hours.
- (1.) Give the causes and management of retained placenta.
 - (2.) Define accidental hemorrhage. Give its

principal causes and diagnostic symptoms, and state the measures you would adopt in its management.

(3). What conditions favor prolapse of the umbilical cord? what danger attends it? and how would you manage a case in which it has occurred?

(4). Mention the principal cases in which podalic version is indicated. State the conditions favorable to its performance, and describe carefully the steps of the operation.

(5). What conditions justify craniotomy? Describe the operation, and state briefly the several methods of delivery subsequent to it.

SURGERY AND OPERATIVE SURGERY.—DR. DEWAR.

(1). Give the pathology, causes and treatment of perineal effusion.

(2). A fracture takes place one and a half inches above the external malleolus; describe the appearance of the lower extremity, the cause of the deformity, and give the treatment.

(3). Give the pathology and treatment of the various bursal tendinous tumors, with the probable consequences to the patient in case of malapraxis.

(4). Give the pathology and treatment of carbuncle.

(5). Give the physical symptoms which would lead you to suspect fracture at the base of the skull.

(6). Give the structure of hemorrhoids.

(7). State the difference between Hunterian and soft chancre and give the treatment of each.

(1). Give the dislocation of the shoulder joint with the various methods of reducing each dislocation.

(2). In removal of the parotid gland, detail the operation, the dangers during and subsequent to its removal and the duties of the assistant.

(3). Give the method of operating in fistula lachrymalis.

(4). What are the different injuries that might occur from a fall on the palm of the hand? Give the treatment of each.

(5). State the duties of an assistant in amputation of the hip-joint.

SANITARY SCIENCE, TOXICOLOGY AND BOTANY—DR. BERRYMAN.

(1). What is the duty of a citizen, to preserve the lives of his family, and of the general community by sanitary measures?

(2). What is the theory with regard to the disinfectant properties of earth closets? Give your ideas concerning the same.

(3). From whence in public institutions for the sick may endemic diseases arise? Describe them and give the remedial measures that should be used. Would you isolate your patient?

(4). In a ward of a hospital 24 x 24 feet, 12 ft. in height and containing 12 patients in the beds,

how would you calculate the amount of air consumed in twenty-four hours.

(5). What suggestions would you offer with regard to the immediate or remote contagion in typhoid fever? Give your theory for the same, and the remedial measures to be resorted to?

Describe the symptoms, pathology, and ordinary post-mortem appearances of the intestinal canal after poisoning by arsenic. Give the principal tests.

(2). From what part of the economy is arsenic eliminated?—Give some historical data.

(3). Give antidotes for poisoning by excess of carbolic acid.

(4). State the probable dose that would destroy life by the following agents—hydrocyanic acid (Scheele's)—muriate of strychnia, tincture of aconite (Fleming's), and corrosive sublimate.

(5). What are the peculiar symptoms of poisoning by noxious gases from drains or other sources? Give the treatment under the circumstances.

(6). If a person is in a state of stupor from an over-dose of opium, what would you do in the premises?

(1). What constitutes a flower and what are the general characteristic parts? give illustrations.

(2). Describe the difference in the internal surface and mode of growth of stems, which characterize the great divisions.

(3). Aloes, give its genus and many species and describe the plant.

(4). Explain how the different kinds of buds may modify the arrangement of branches.

(5). Give the principal botanical varieties of cinchona, describe the peculiarities of the leaves of the different species.

Correspondence.

DR. KERR'S "REMEDY" FOR DYSENTERY, &c.

[To the Editor of the *Canada Lancet*.]

SIR,—Having used Dr Kerr's "Combinations" for nearly three years in my practice I am now prepared to give an intelligent opinion of its virtue as a remedy in diarrhoea and dysentery. I use, almost exclusively the "squill combination" in the diarrhoeas and dysenteries of children, and find it so efficacious that almost invariably a few powders check the discharges and cure the patient. In similar diseases of adults I use with equal effect the "digitalis combination," combined with opium. My experience with this remedy extends from the

simplest form of diarrhoea to the most violent, and in dysentery from unimportant cases to severe bloody flux, and I cannot call to my recollection one single case in which this remedy failed to control the disease within a reasonable time. The following case will illustrate the power of this remedy:—

I was called about eight o'clock one morning to see a young man who was troubled with violent diarrhoea. I gave him a powder consisting of 6 grains of the "digitalis combination" and one grain of powdered opium. I left with him a few similar powders, one to be taken every 4 hours. A few minutes after I was gone the patient vomited, and his friends thinking that the vomiting arose from the action of the medicine gave him no more.

I was again hurriedly called to see him about noon of the same day, and was informed upon my arrival, that the patient had eighteen stools during my absence of four hours. I found upon inquiry, as above stated that the medicine was not given. I immediately administered another dose, and waited with the patient to see if he would retain it. He did retain it. I left positive orders to give the medicine as prescribed; it was given, and for the next 24 hours the patient had but three stools and in a few days was able to be at his work.

A case of chronic diarrhoea came under my notice about two years ago. The patient was a boy of 7 years of age. His father told me that his boy had been troubled more or less for two or three years, and that he had been under treatment from time to time but with little benefit. I gave the boy the "squill combination" and in addition I prescribed a solution of the per-sesquinitrate of iron, and had the satisfaction to learn that these remedies proved effectual, and have a greater satisfaction now of knowing that the disease was perfectly and radically cured by these remedies.

In that distressing form of diarrhoea which frequently occurs in puerperal fever patients, I have found the "digitalis combination" pleasingly effective. It is true, it has failed in my hands to restrain the diarrhoea in some of those cases, but it has never failed where other remedies proved effective; on the other hand, it has proved effective where the ordinary astringent remedies utterly failed.

The following is a case in point:—Mrs. A— was confined and was delivered of a fine boy with-

out any untoward event, but unfortunately she was attacked on the third day with puerperal metritis. On the third or fourth day of the disease diarrhoea set in very violently. The discharges were dark, bloody and frequent. I administered the "digitalis combination" in large doses, combined with grain doses of powdered opium. A few doses checked the discharges. I had no more of the remedy on hand, but sent immediately to Galt for a fresh supply. Two days before it arrived the diarrhoea returned. I had recourse now to the ordinary remedies recommended in such cases, such as tannic and gallic acid, alum, bismuth and lead, by the mouth and rectum. All the above remedies with opium were perseveringly used but of no avail. The patient as well as her friends clamored for the "green powders" that checked the diarrhoea at the beginning of the attack. I had to tell them the truth—I had none. Fortunately Dr. Kerr did not delay in sending the medicine by return mail. The medicine was again used, the diarrhoea checked, and the patient cured. Thus I might go on recording case after case as they suggest themselves, showing the virtue of this remedy, but sufficient has been said to prove its beneficial effects in my cases. Some may call it a quack remedy, a non-official preparation, &c., but I care not a straw what it is called so long as experience proves its efficacy.

Yours Truly,

P. MACDONALD, M.D.

Wingham, April 17th, 1876.

THE LIZARS' FUND.

To the Editor of the CANADA LANCET.

SIR,—About twelve months ago I received a circular soliciting aid for the widow and family of the late Dr. Lizars. Although my acquaintance with him was slight, and I was under the impression that his opportunities for making money had been vastly more favourable than those of nine-tenths of his brethren in the country, I responded to the application according to my ability. Since that time I have never received any acknowledgement of my contribution, (which was enclosed in a registered letter), nor any statement of the gross amount collected, nor the mode in which it was expended. It would be satisfactory, and I may add courteous, to the subscribers, to let them know a little on these subjects.

Yours respectfully,

"HOMO SUM," ETC.

To the Editor of the CANADA LANCET.

SIR,—My attention has been called to a communication in your last issue over the signature of "Practitioner," censuring the practice of newspaper puffing, in the impropriety of which few persons will disagree.

The article in the *Free Press*, from which the writer quotes is so supremely ridiculous and betrays so much ignorance, that no one of ordinary intelligence could be credited with its paternity. It is not for me to enquire how the sensational article in question found its way into its columns. It is sufficient to note that the tenor of my early professional career, has always been averse to "the puff direct or oblique," and it is very unlikely at my time of life, that those principles should be changed, even for the bubble "reputation."

Yours, etc.,

HAMNETT HILL,

Consulting Surgeon to the County Carleton

Protestant Hospital.

Ottawa, April 17th, 1876.

Selected Articles.

DIAGNOSIS AND TREATMENT OF PILES.

Piles is the popular name for the second most common disease of the rectum; not the most common, as one would think, by every disease of that region being called piles. It is common, on asking a patient who comes before me for the first time, at a certain special hospital to which I am attached, what he complains of, to receive as answer, "Piles." "Who told you so?" "My doctor." "Did he make any examination of the part?" "No." "What did he give you?" "A brown ointment to use and some brown stuff to take." Gentlemen, I have seen fistula, fissure, mucous tubercles, stricture, cancer, foreign bodies, (such as fish-bones) and pruritus, treated by these two universal remedies—the ointment causing, as you may imagine, generally an increase to the pain from which the patient was already suffering enough. The rectum is almost, if not quite, the most sensitive part of the body, and its diseases cause as much suffering as any other part, and therefore we cannot be too careful in our diagnosis.

To diagnose "piles" is very easy, you would say, but I have seen several cases where mistakes have been made by surgeons attached to our large hospitals, simply from a want of care in their diagnosis. One case, I remember, which I asked my colleague, Mr. Allingham, to see with me, in

which a celebrated hospital surgeon was going to operate for internal piles on a patient who had cancer of the rectum in a very advanced condition. Also another case which occurred lately, in which I was asked to remove some external piles, said to be so by a surgeon of one of our large hospitals, who had made no internal examination, and ordered lead lotion externally. I found a large polypus attached to the front wall of the rectum, but no external piles. To diagnose an external pile is a very easy matter; if you just separate the buttocks and look, you will find, if there be one, a round dark-looking swelling, having a smooth surface, and feeling very tense in its consistence, the patient complaining of great pain when the swelling is touched. An external pile is venous in its character, and consists, as a rule, of a clot of coagulated venous blood held in a small vein, or extravasated into its neighboring tissue, and is generally caused by some stoppage to the return of blood through the liver, and is commonly produced by errors in diet, and sitting in damp places or on wet saddles.

It is common to call pieces of redundant skin in this part external piles, which is quite a mistake, as they more frequently indicate mischief inside the bowel.

To diagnose internal piles. If a patient tells you that, on going to the closet, something always protrudes, you had better give him an enema of warm water; and ask him to go to the closet, and when the water has come away to put a towel on the part and come and lie down on the sofa. Then you can see what it is, and, as a rule, you will find one or more tumors, which your patient will say came down when at the closet, which may bleed or not, and which go up of their own accord after keeping quiet a short time; this is the first stage of internal piles. In the second stage they come down, and have always to be replaced. In the third stage they come down on the least exertion, and it is difficult to keep them up when replaced. In this stage, not unfrequently, they come down and remain down, and nature herself operates on them by strangulating them with her ligature the sphincter, and they slough away.

Internal piles are composed of large dilated blood-vessels, united by connective tissue and covered with mucous membrane, which usually bleeds at the slightest touch; they are sometimes more arterial, sometimes more venous in their character. They are caused, like the external, by some stoppage in the circulation of the blood, and are produced also, like them, by errors of diet and a sedentary life, but, unlike the external piles, they are often hereditary.

Gentlemen, I hope I have shown how very easy it is to diagnose "piles," and I would most strongly suggest that you always make a proper visit, and tactile examination of the rectum before giving an

opinion, and not attempt to diagnose diseases of this part by looking at your patient's tongue, as was the custom of a certain American doctor, who once told me he could usually tell when a patient had rectal disease, or any other, by certain marks on his tongue.

We now come, gentlemen, to the treatment of piles.

We must first try and remove, if possible, the causes, by attending to any errors in diet, or mode of living, and regulating the action of the bowels; the liver, too, should receive our special attention. Our next treatment should be local, cold applications, as a rule, being better than warm, except for external piles, in pregnancy, when warm applications are best. For external piles I prefer astringent lotions to ointments, and never use gall ointment, as I have seldom seen it do any good when ordered by other surgeons, and it is a very dirty application. Ointments are more useful when any abrasion of the skin or ulceration co-exists with an external pile. Should this treatment fail to give relief, I incise the pile and let out the clot, and then use cold applications, and I have never seen any ill consequences follow the treatment.

The treatment of internal piles must also be to try and remove anything causing obstruction to the return of blood by paying particular attention to the regular action of the bowels, by getting them to act before going to rest (a great comfort to patients who have to work during the day), to bathe the piles when they come down with cold or iced water, and always carefully to return them with a little simple ointment. By these means patients may go on for a long time, without sufficient inconvenience to cause an operation to become necessary.

We now come to the question, When ought we to operate to remove internal piles? *Never*, if the patient is a full-blooded person, who has suffered from congestion of the head, which is always relieved by the bleeding from the piles, or in patients who have periodical hemorrhage from their piles, with relief to themselves. I have seen two deaths follow soon after the operation where this rule had not been adhered to; the patients both died from apoplexy. Be careful to examine with the finger to find that no more serious disease exists. The cases for operative interference are those in which the patient has become quite emaciated from loss of blood; also, those cases where they cause great discomfort by the constant irritating discharge from them, and nearly always in the third stage, when they remain down, and prevent a patient moving about.

There are three ways of destroying internal piles; by the ligature, by the clamp and actual cautery, and by nitric acid. I have seen the ligature used by my colleagues, and have used it myself now for eleven years, without a bad case, nor

have we had a case of pyæmia (in over four thousand cases at St. Mark's Hospital) occurring after the operation. The operation we do at St. Mark's Hospital, and which was handed down to us by Mr. Salmon, is to pull down with a fork, or vulsellum, the tumor, and with a pair of scissors divide it from the skin, cutting in the groove you will always find between the skin and mucous membrane, and in a straight line with the bowel. Then your assistant lifts up the pile, and you place your ligature in the cut you have made; your assistant then pulls the pile down over the ligature, and you tie it at its base and return it, or cut it off as you like and remove any external redundant skin you may think necessary, being careful not to remove too much. The ligatures generally come away in four or five days, and the patient is about again in seven or ten days. The old method of transfixing the pile with double ligatures and tying each half, is still practised, I believe, by some of our hospital surgeons; but it is not I think, so good an operation. The clamp I seldom use, as I have not found any of the advantages claimed for it over the ligature. Nitric acid I have left off using, except in slight cases (when it astringes them up very successfully), as I have had two cases of severe hemorrhage following its use when the sloughs came away; and my colleagues have also had severe hemorrhage occurring after the application of nitric acid.

Gentlemen, if this paper will cause any of my professional brethren to be a little more careful in their examination of the rectum, which still seems to be a "terra incognita" in the domain of surgery, it will more than repay the trouble I have taken in putting these few words together.—*Dr. Cooper, London Examiner.*

ASCITES; DIFFERENTIAL DIAGNOSIS.

I have here a woman with an abdominal enlargement, and I bring her into the amphitheatre more for the purpose of diagnosis than for suggestions in regard to treatment. The history that she gives is brief and imperfect. She says that at different times she suffered from attacks of inflammation of the bowels, and if that means anything it is fair to assume that she refers to attacks of peritonitis. In regard to her enlarged abdomen, the only history that can be obtained is that the swelling came on gradually, and was not preceded by swelling of the feet.

Now there are three causes which might give rise to an enlargement of the abdomen—first, air; second, fluid; third, a solid tumor. The first is readily disposed of, for on percussion we get a flat note, which precludes the possibility of tympanites. When we palpate the abdomen, we get fluctuation, and this excludes any solid tumor. We are now

narrowed down to a fluid tumor, and having proceeded thus far we must decide whether the fluid is free in the abdominal cavity or is encapsulated, forming a cyst. If we are dealing with ascites the fluid will have a line of dulness varying with position, and, moreover, the resonance will be above when the patient sits up. The only exception to this rule is in cases of old peritonitis where there are adhesions binding the intestines down. Under these conditions it is obvious the line of dulness counts for nothing, for we cannot tell where the adhesions may be situated. When this patient is examined by percussion, resonance is found low down on the left side, though not at all on the right. This fact settles one of two things: either the intestines are bound down as I have suggested, or the fluid is contained in a cyst. At this stage of the diagnosis we must pause and consider one special variety of abdominal tumor. I mean the pregnant uterus; for, until this is excluded, we cannot proceed to the verification of the diagnosis. We find here a normal uterus both in regard to size and position; but, in order that there be not the shadow of a doubt, it is necessary to carry the sound up to the fundus. Having thus excluded pregnancy we can go on, and it remains for us now to evacuate a part of the whole of the fluid to complete the diagnosis.

In tapping a patient, either with ascites or an ovarian cyst, the operation is the same. The patient having seated herself on a chair, a many-tailed bandage is carried around the body. A slit is then made in the middle of it and a slight incision carried through the skin in the median line, so as to allow of the easy introduction of the trocar. As the fluid passes out, this bandage is tightened by the assistants dragging on the tails at either side.

We will now examine the patient again after the operation. No trace of an ovarian cyst can be obtained; but when we investigate the liver, we find it diminished in size, irregular in outline, and in all probability in a state of cirrhosis. The diagnosis we thus arrive at is, that the patient has a cirrhotic liver, and, as a result of that diseased organ, imperfect circulation through it of the blood contained in the portal system. When the current of blood anywhere is checked, transudation takes place, and when that transudation takes place into the peritoneum it is called ascites.

Before closing my remarks on this case, I wish to say to you that the diagnosis of abdominal tumors presents a great many chances of error. I have seen in this very hospital the best diagnostic fail, and fail too in cases not unlike the present. You need not hope, therefore, to make up your opinion when first you see the case, but it should be your purpose to aim at a diagnosis by exclusion. First, exclude *pregnancy, uterine and extra-uterine*; then consider whether or not there may be an

immense deposit of fat on the abdominal walls. You do this by lifting up the skin between your hands. Next think of tympanites. When you have gone thus far, decide by palpation whether the tumor is fluid or solid. If it is solid it is in all probability either a *fibroid of the uterus, an enlarged liver, or an enlarged spleen*. If it is fluid it is either *ascites, an ovarian cyst, or fibro-cystic tumor of the uterus, a distended bladder, hydatids of some of the viscera, pyonephrosis, or abscess*. The most common forms of abscess are, *abscess in the neighbourhood of the ilio-cæcal valve, abscess the result of pelvic cellulitis, and abscess from disease of the pelvic bones*.

When you reach the point of diagnosis of a fluid-tumor you are then justified in aspirating the case and examining the obtained fluid by the microscope.

I have made these latter suggestions as hints, for the full consideration of them does not properly come within our province.—(*Clinic, by Dr. Loomis, N. Y. Med. Journal.*)

CLINIC ON PLEURITIC EFFUSION.

BY A. T. H. WATERS, M.D., LIVERPOOL ROYAL INFIRMARY.

It may, perhaps, appear to you to be very easy to diagnose the existence of fluid in the pleural cavity—to differentiate between liquid and solid matter within the cavity of the chest; and yet it is in some cases by no means so. I have known physicians of great practical experience mistake a solid lung for pleuritic effusion, and pleuritic effusion for a solid lung, and I have not been myself altogether free from such errors. There is, indeed, no single sign which invariably exists by which pleuritic effusion can in all cases be certainly diagnosed, and it is undoubtedly true that the characteristics of its presence on which we mainly rely may and often do lead us into error.

Let me say a few words in reference to the evidence we derive of the existence of effusion from *percussion*. It is obvious that any solid or liquid in the chest will give rise to dulness on percussion; and it can only be the character of the dulness, or its shifting nature, that we can say that it depends in any case on pleuritic effusion. Undoubtedly there is usually—indeed in the great majority of cases—a profound character about the dulness which can scarcely be mistaken; but there are exceptional cases of extreme dulness without any effusion. You may recollect the case of B—, in No. 10 ward, who came to us with a history of pleurisy, and in whom we found dulness of a very leaden character over the whole of the left side, extending up to the clavicle, and passing to the extreme right of the sternum. The breath-sounds were absent below, and only heard faintly at the upper part of

the chest; moreover there was absence of vocal vibration, and heart-sounds were faint and best heard to the right of the sternum. The presumption that pleuritic effusion existed was very strong, and it was thought desirable to ascertain the fact, so that if fluid were present some of it might be drawn off, and thus the urgency of the symptoms be relieved. A fine canula was accordingly introduced, and the aspirator was used, with the result, however, of drawing off only a few drops of blood. Not satisfied with one exploration, I subsequently repunctured the chest at a different spot, but the result was the same. The progress of the case showed its nature, faint crepitation was heard after a time, and death revealed to us the actual state of the lung. It was more or less solidified throughout, and universally adherent to the chest-walls; the pleuræ were greatly thickened; and there were strumous deposits in the anterior mediastinum. These deposits had caused the dulness, which extended to the right margin of the sternum, producing thus a sign which, taken with the other signs, I had never previously met with in any lung disease except pleuritic effusion and cancer.

Again in reference to the shifting nature of the dulness, you must not; in diagnosing pleuritic effusion, depend too much on the fact, which I have often demonstrated in the wards, that the line of dulness varies according to the position of the patient. If the lung is perfectly free from adhesions, the fluid in the chest will gravitate to its lowest part, and the upper line of dulness will vary according as the patient is sitting or lying; but some of you will recollect the case of the woman in No. 15 ward in whom we had marked dulness, with absence of breath-sounds, in front of the left lung reaching to the level of the second rib, with resonance at the back extending even below the angle of the scapula, and from whom we drew off, at the time these signs were present, a large quantity of pus.

Auscultation often affords valuable aid in the diagnosis of pleuritic effusion. Speaking generally, the breath-sounds are usually either absent or faint over the seat of effusion, but they may be also absent over an intensely solidified lung, or over one which is less solidified but adherent by very dense pleuræ to the chest-walls, just as was the case in B—; to whom I have referred. Again the breath-sounds may be very loud, simulating those of a solidified lung, when there is a large pleuritic effusion. There was a woman under the care of my colleague, Dr. Glynn, some time ago, in whom loud bronchial breathing was heard, both over the front and back of the right lung, where there was marked dulness, and yet, as was subsequently proved, a very large quantity of fluid existed in the pleural cavity. In children, again, the phenomena of bronchial breathing and bronchophony are often present, although the effusion may be great, and I have met with other instances besides the one I have alluded to where

loud breathing has been heard in adults. Moreover, you must not forget that in old-standing cases of effusion the sound lung takes on increased action, the breath-sounds become puerile, and may sometimes be heard on the opposite side of the chest.

But to take another sign to which great importance is very properly attached. In pleuritic effusion it is undoubtedly true that *vocal vibration* is generally absent; that when the hand is placed on the chest whilst the patient speaks, no thrill is communicated to it; and yet I have sometimes felt a well-marked vibration over a chest from which I have immediately afterwards removed a large quantity of fluid. Some of you may recollect the case of A—, in No. 10 ward, who was the subject of empyema. In that case I pointed out to an assembled class that we had most of the signs of pleuritic effusion well marked—viz., leaden dulness, absence of breath-sounds, etc. The man had been previously tapped, and a considerable quantity of fluid had been withdrawn. We had watched the gradual accumulation of the fluid, and the time had come when I resolved to re-tap. Over the affected side—over the seat of leaden dulness, and where the breath-sounds could not be heard—there was distinct, well-marked vocal fremitus. An aspirator-tube was introduced, and we drew off ninety ounces of pus.

I removed, some time ago, two pints of serous fluid from the chest of a man in whom vocal vibration was distinctly perceptible, except at the extreme base of the lung—perceptible where there was marked dulness from the presence of the fluid.

Again, there was the case of the woman Mc—, in No 15 ward, who was admitted with pleuritic effusion, and was tapped several times. Before the first tapping you may recollect that there was distinct vocal vibration at the lower and back part of the affected side of the chest. I removed twenty-five ounces of fluid. Strange to say, we never had any return of the vibration throughout the progress of the case. The fluid collected, and re-collected, and we removed it on three or four occasions.

I think that possibly we may account for the persistence of vocal fremitus in some of these cases of pleuritic effusion by the existence of the adhesions of the lung to some parts of the chest-wall.

Whenever pleuritic effusion is great there is *displacement of viscera*. The heart is often found beating to the right of the sternum when the effusion is on the left side, and this displacement is great where the effusion has been rapid. There are also displacements from the diaphragm being pushed down. But, independently of the fact that displacements may be due to the presence of solid matter in the chest, it frequently happens that although there is a good deal of fluid in the pleura, there is but little visceral displacement. In the first place the heart may be so connected with the chest-walls by adhesion that it cannot be displaced except to

a slight extent; and, further, in the more chronic cases, the lung yields to the pressure of the fluid, collapses, and thus leaves a large space for the fluid. The displacement of viscera may therefore be much less than you would expect from the quantity of fluid which, after operation, you find has existed.

Again, you must not expect to meet with any decided increase in the *size of the affected side*, or a *bulging of the intercostal spaces*. Setting aside the fact that measurements are not always trustworthy, it is undoubtedly true that in adults effusion may be very great and yet there may be no increase, as shown by the tape, in the size of the affected side, as compared with the opposite one. In the more yielding chests of children it is otherwise, and a notable increase is more frequently met with. Doubtless in most cases, if you watch them from the beginning, having taken the measurement before effusion, you will find an increase in the size of the affected side. But what I wish to impress on you is this, that in the more chronic cases the side of the effusion often measures less than the opposite side. As an instance, there is the case which you have seen in No. 10 ward. In this man, who was the subject of extensive empyema of the left side, the measurements before tapping were as follows: Right side, 1 ft. 5¾ in.; left side, 1 ft. 5 in. We drew off 58 oz. of pus from the left pleural cavity.

Now it is very probable that the measurements of the left side were greater than in health, before the effusion took place; but the left lung being crippled, the right hand taken on increased action, and had distended that side of the chest beyond the normal.

Further, although the intercostal spaces are at times altered in their appearance, becoming more or less convex, yet extensive effusion may exist in adults without any such change taking place.

It is scarcely necessary for me to allude to *ægo-phony* as a sign of pleuritic effusion. I look upon it as a mere fancy sign, being generally absent when there is any difficulty of diagnosis.

I have thus endeavoured to deal with some of the difficulties which you may meet with in the diagnosis of pleuritic effusion, and whilst I admit that in the majority of cases the diagnosis is easy, I venture to say that in others it is very difficult; indeed, I think in some instances it is impossible to say positively whether fluid is present without making an exploratory puncture, and in all cases of doubt, where the propriety of tapping the chest is in question, no decided opinion should be pronounced until a fine aspirator-tube has been introduced. But I must say a few words about this preliminary exploration. Simple as it may appear, easily as it is accomplished, and usually attended in hospital practice with but little trouble, it is far less simple amongst private patients. It becomes in fact, magnified into an "operation," and should no fluid be withdrawn the confidence of the patient is not

increased in the physician. Therefore it is well to weigh carefully every feature of a case before introducing even the finest canula. I believe, however, that no harm is done by the use of these tubes, even if a solid lung, or solid tumour, or even a healthy vicus is punctured. You need not therefore be under any apprehension on that score.

But I must tell you that when there is a good deal of fluid in the pluera, one or even two punctures may fail to withdraw any of it. You may possibly puncture at a spot where there are adhesions; and again, you may find that even when there is a pure serous effusion, such as you would think ought to flow through a fine canula, nothing will follow the introduction of the tube unless the exhausting syringe is used. I had under my care a man who, having had empyema of the right side, had symptoms of pleurisy on the left. On examination I diagnosed the existence of effusion. I introduced a fine aspirator-canula, and I felt that I had passed the instrument into a cavity, but no fluid oozed out. I withdrew the canula to see if it was plugged, but it was free. I reintroduced it but still there was no fluid. The aspirator was applied, and twenty ounces of clear serum were drawn off. Sometimes from the extreme thickness of the thoracic walls it is necessary to pass the canula very deeply before you feel that you have reached the cavity of the pleura. You may recollect the case of the man N—, who was under my care in No. 10 ward. He had been previously tapped for empyema, and he had the signs of a re-collection of the fluid. I introduced a canula into the back of the chest. I felt the instrument entering a soft substance after having passed some distance through the chest-walls. I moved the canula about, but clearly it was not in the pleural cavity. Had I made a mistake? Had I punctured a solid lung? The canula was already buried nearly two inches in the chest-walls. I pushed it further, and had the satisfaction of finding that it entered a cavity. I drew off forty-five ounces of thick pus. When you puncture the chest, if nothing but blood or bloody matter exude, it is well to examine the contents of the canula under the microscope, for such examination may enable you to differentiate between a cancerous and some other tumour. At the same time, it must be borne in mind that a cancerous lung may be punctured half a dozen times without a cancerous portion being reached, and cancer may exist although only blood is drawn off.

What I have said as to the non-passage of fluid through a canula will teach you not to trust to the mere introduction of a grooved needle as a means of diagnosis. Some physicians use the small syringe employed for hypodermic injections.

I must now pass on to say a few words about the *treatment* of pleuritic effusions, and my remarks will be confined chiefly to those effusions which are more or less chronic. As a matter of fact, acute

primary pleurisy is a rare disease. Pleuritic inflammation is usually connected with some constitutional state, some constitutional vice, and is more or less secondary. In reference to the more chronic cases, the treatment I have found most useful for promoting absorption of the fluid is the internal administration of iodide of potassium with tonics, bark, etc. Iodide of iron or the tincture of the perchloride of iron may sometimes be given advantageously, and counter-irritation should be used. I prefer for this the application of iodine rather than blistering, but blistering is often useful. I recommend you, however, not to blister severely. I have seen very extensive effusions which had lasted for many weeks—even months—removed by this kind of treatment, and it is well, unless certain urgent symptoms are present, to give constitutional measures a fair trial before resorting to tapping. I must tell you that I have no faith in the powers of mercury to produce absorption of these effusions, and I am not in the habit of prescribing it. I think it is important to keep up the strength of patients, for there is a far greater probability of the fluid being absorbed when they are strong than when they are weak, and therefore good diet should be given with tonics, and even wine, whilst the special remedies are administered.

The last points I wish to refer to are the propriety of tapping in these affections, and the period when the operation should be resorted to.

There can be no doubt that many cases of extensive pleuritic effusion have been lost from the operation of tapping having been either too long delayed or not performed. When the effusion is great there is danger of fatal syncope or fatal dyspnoea, and one or other of these may occur, although there does not appear to be any serious interference with the breathing, especially if the patient is somewhat advanced in years or debilitated. The danger of delay is well illustrated by many cases recorded by Trousseau and others. Let me refer to one. A patient was under my care some years ago in the Northern Hospital, with pleuritic effusion. I was trying general measures, intending to tap in a day or two if there was no improvement. One morning the man was seized with a sudden attack of syncope and died. A large quantity of fluid was found in the chest.

Now as to the time at which you should tap in pleuritic effusions. I think you should tap in all cases, of whatever duration, whether acute or chronic where the accumulation of fluid seriously compromises respiration, and especially if there have been any sudden attacks of dyspnoea. Again, wherever an extensive effusion has lasted some weeks, and shows no signs of diminution from general treatment, tapping should be resorted to whether dyspnoea, is present or not. It is not necessary to remove the whole of the fluid, indeed it is better not to do so if the effusion is large, for reasons which I

will mention presently. The removal of a portion of the fluid usually has the desired effect, and seems to stimulate the process of absorption of the remainder, and to cause the general measures to act with greater success. There is one rule you should always observe. You will find that patients, after a certain amount of fluid has been withdrawn, will often complain of a sensation of constriction across the chest or epigastrium or of pain. Under either of these circumstances the operation should be at once stopped.

As regards the site for tapping I prefer, under ordinary circumstances, that recommended by Bowditch. The rule is to find the inferior limit of the sound lung behind, and to tap two inches higher than this on the pleuritic side, in a line perpendicular from the inferior angle of the scapula.

With ordinary care, and especially by using the aspirator, no air need enter the chest in the operation.

I have never in my own practice, and I have now tapped many times, seen any bad results from the operation, and this is the general experience; but still some instances are recorded where death has followed very soon after tapping, probably either from syncope or from the presence of clots in the pulmonary vessels. One such case occurred in this hospital. A considerable quantity of serous fluid had been drawn off from a man, and he was left apparently well. In the course of half an hour, however, he was dead. Whilst therefore I consider the operation essentially safe, it is well to bear in mind that it is not always unattended with danger: and in order to avoid as much as possible, all risks, I advise you to draw off the fluid, especially when it is serous, by a small canula, and not to take away too much at once; rather, in fact, to repeat the operation, if necessary, than disturb too much the existing relations of the lung.

In the treatment of empyema there are two methods which you may adopt. First, the treatment by constant drainage through a tube introduced into the chest; and secondly, the treatment by repeated tapings. I have seen both these methods succeed, but I must defer the consideration on this subject to another lecture.—*Lancet*, Feb. 5, 1876.

In some parts of China the custom prevails to pay a physician a regular monthly or weekly salary, which he receives as long as the members of the family, for or from whom he receives it, are in health. During their sickness the salary is stopped, until recovery has taken place. A truly Chinese bargain!

Sir Duncan Gibb, so widely known by his works on diseases of the throat, died of phthisis, on the 16th ult., aged 55 years.

GESTATION EXTENDING THREE HUNDRED AND SIX DAYS.

Miss E., seventeen years old, was married to Mr. H., the mate of a vessel, June 16, 1874; she lived with her husband until he sailed, April 8, 1875. Three days before he left home his wife ceased menstruating, and had intercourse each of the two nights following.

About two or three weeks after he left, I was called, as she felt indisposed, and complained of nausea. Judging her to be pregnant, I gave oxalate of cerium, and, as I learned afterwards, with good effect.

I did not hear from her again until about the expiration of nine months, when her sister called, and said that Mrs. H. was having some pain and wanted me to be in readiness to attend her that night, if necessary.

Three weeks after this the sister called again, and to my surprise said that Mrs. H. had not been confined. I visited her that day; she said that at the expiration of the nine months she had slight pains, and expected to be confined, but she went to sleep, and nothing more occurred. It was then (at the time of my visit) just three hundred days since her husband sailed. I made a careful examination, and established the fact that the woman was pregnant. The os was lying very high, and near the sacrum, but not in the least dilated. The abdomen was very large, but there was no inconvenience therefrom, and indeed Mrs. H. seemed in perfect health. I advised waiting patiently, and visited her daily. In the night of the three hundred and sixth day of pregnancy, she sent for me, and after four hours of pretty severe labor she gave birth to a healthy male child weighing ten and a half pounds. The labor was what might be termed a rather dry labor; otherwise nothing unusual occurred. The child was very fat, with long finger nails, and plenty of hair; it was very vigorous from its birth.

This case seems to be valuable because the length of the pregnancy is so well authenticated by the date of the patient's last catamenial period and of her last sexual intercourse with her husband, as well as by the fact she was treated for nausea, and was supposed to be pregnant, within two or three weeks after he left. It is interesting to remark that at the expiration of nine months there were some premonitory symptoms of labor.

Under the Code Napoleon three hundred days are all that is allowed by the French law as the extreme length of gestation, and if this lady had been so unfortunate as to be amenable to that law, a divorce might be procured, which would most certainly be unjust; and if unjust in this case, why not in others of a similar character, should they occur?—*Dr. Graves, Boston Medical and Surgical Journal, March 30th, 1876.*

AGAINST THE PENDULUM MOVEMENT IN FORCEPS DELIVERY.

In a paper published in the *Edinburgh Medical Journal* for February, 1876, Dr. J. Matthews Duncan protests against the pendulum movement in working the midwifery forceps. Reference is made only to the pendulum movement from side to side, the only one, so far as Dr. Duncan knows, recommended in recent times. The pendulum movement in a sagittal direction, as recommended by the early describers of the forceps operation, is still more open to objection than the former. In describing or defending the pendulum movement two great points are made: first, that it is analagous to, or identical with, that of a lever and double rack; and, second, that by resorting to it there is an economy of force. Regarding the first hypothesis, it may be said that there is no toothed rack on the wall of the pelvis, nor any roughness to take the place of such a rack. Further, there are no teeth or roughness on the foetal head to fit into the teeth of the supposed rack. Pulling the head down at one side, and then at the other, and so advancing, is merely an injurious complicated way of producing simple progress. The second hypothesis, that there is any saving of force so far as pressure on the mother's and child's parts is concerned, by resort to the pendulum movement involves an absurdity. A certain amount of work has to be done; the head has to be advanced against resistance that must be overpowered if the effort is successful. Direct, uncomplicated traction does the work in the simplest way, and complication of it by pendulum or other movement can diminish the amount of work expended below that required by simple traction. The pendulum movement necessarily involves an injurious amount of pressure, and consequent friction between the parts of the head to which the blades of the forceps are applied and the adjacent maternal structures. Usually this friction is so slight as to be of little moment. But in some cases when the resistance to progress arises from tight and undilatable soft parts, it may be very injurious. In the most important forceps cases, where the obstacle to progress arises from hard parts, the head has to be slowly dragged and perhaps molded between the promontory of the sacrum and the pubic bones. In such cases the pendulum movement involves special evils and dangers; for by it there is necessarily produced, besides the trivial friction which is most extensive at the points where the blades are applied, a violent and powerful squeezing of the soft parts between the head and the opposing pelvic bones on which the head works. If, for the carrying out of the pendulum movement, is given, will exert a powerful and undesirable amount of pressure on the parts of the child's head or face which they touch. If, on the other hand, the blades do not press the head so tightly as to

obviate a to-and-fro motion of them on the head, then the scalp will be liable to be much injured, and its surface abraded. There is in the mechanism of delivery, whether natural or morbid, nothing analagous to this artificially produced oscillating or pendulum movement. The use of the forceps is to contribute by artificial pulling the strength of the natural expulsive efforts, with push. To this traction, judiciously applied, the practitioner should confine himself. The oscillatory movement will contribute nothing to the forward traction, and it is the forward traction which alone is desirable.—*Boston Med. & Surg. Journal.*

THEORY AND PRACTICE.

Treatment of Constipation and diarrhœa with Water and Tincture of Camphor.—Every one knows how difficult defecation sometimes is for those persons who are afflicted with habitual constipation. In such cases relief is often sought from injections of cold water, with the occasional additions of oil or soap. The following clyster is recommended as infallible in such cases:—

Take a tumbler and fill it half-full of water at the temperature of the room, pour in a few drops of tincture of camphor, just enough to give the water a slight sapidity, then fill the glass with water. Inject this slowly into the rectum till about sixty or eighty grammes have been introduced. At first no effect is perceived, but in about ten minutes the desire to defecate becomes irresistible. The effect becomes energetic in proportion to the quantity of tincture of camphor added. After the defecation it is well to repeat the injection of a small quantity of the same mixture and retain it in the rectum, which can readily be done, so as to prevent constipation on the following day.

Although at first sight it may seem rather improbable, the same remedy is also useful in checking diarrhœa, even though it may have been persistent. The injection should be extremely slow; after the dejection it should be repeated two or three times. The quantity of tincture of camphor should also be increased.—*N. Y. Med. Journal.*

DISEASE OF THE BLADDER RESEMBLING STONE.

A man, aged fifty, came under the observation of Dr. Post, upon whom the diagnosis of stone in the bladder had been made. When the patient was examined with a steel sound, a sensation of roughness was communicated to the instrument, but no click could be discovered. A lithotrite was then introduced and a small calcareous frag-

ment removed. It was then decided to introduce the hand into the rectum, and, although it was carried up as far as the wrist, no satisfactory aid to the diagnosis was obtained. Under the supposition that the case was one of encysted calculus, cystotomy was performed by means of the bilateral operation, but the mass could not be secured by the forceps. The finger could not be introduced to make an examination, from the depth of the perinæum. For a week after the operation the patient did well and was very much relieved, but eventually sank and died.

At the autopsy it was found that there was malignant disease of the bladder. The surface of the cancerous mass was covered over with calcareous matter, and in this way the difficulty of making a diagnosis was accounted for.—*N. Y. Med. Journal.*

DIAGNOSTIC VALUE OF DR. BRYANT'S TEST LINE IN CASES OF INJURY ON THE HIP-JOINT.

The interest that is attached to the subject of injuries of the hip-joint, the difficulty that occasionally attends their diagnosis, and the injury that is too often inflicted upon a patient in the attempt to make out a difficult case, are some of the reasons that have induced me to bring before your notice on the present occasion a means of diagnosis in these cases that I have long employed and taught, although I may not have formulated it before the present year.

I have described the means in this paper as the ilio-femoral triangle, and I have done so because the triangle is formed between the ilium and the femur. The lines which form it are readily made out, and any shortening of the one which I am about to draw your especial attention, can be easily detected.

The triangle is formed as follows, and is a right-angled triangle. One side of the triangle is represented by a line A. B, drawn from the anterior superior spinous process of the ilium, to the top of the trochanter major. The second, A. C, is drawn from the anterior superior spinous process of the ilium directly downwards to the horizontal plane of the recumbent body. And the third, C B—which is the base of the triangle—is drawn at right angles to A C, and falls upon the line A B, where it touches the great trochanter. It is to this line my observations refer.

The line A B, it will be seen, corresponds in part to Nélaton's well-known line, which is drawn from the anterior superior spinous process of the ilium to the most prominent part of the tuberosity of the ischium. This line, in the normal position of the head of the femur, touches the upper border of the major trochanter in every position of the limb, and

I believe that if this line is to be considered to be the test-line for dislocation of the head of the femur backwards—which I take it to be—I must claim the base of the triangle I have described (C B) to be the test-line for fracture or shortening of the neck.

At any rate I can confidently assert, after repeated proofs, that whilst in a healthy subject these ilio-femoral triangles are exactly similar upon the two sides of the body, with equal sides and equal angles, I can with equal confidence assure you that in all cases of injury to the hip in which shortening of the neck of the thigh-bone exists, the amount of shortening can readily and accurately be made out on comparing the bases (C B) of the triangles of the two sides. That in impacted fractures of the neck of the thigh-bone, where on the sound side the base of the triangle will, in the adult, measure its average normal length of two and a half inches, on the affected or injured side it will measure from half an inch to more than one inch less. These measurements being taken with the patient in the horizontal position, the pelvis straight, and the two femora parallel.

By means of this line Dr. Bryant maintains the diagnosis of an impacted fracture of the neck of the thigh-bone can, as a rule, be made out with facility and certainty; and that in a large number of cases of injury to the hip the doubts and difficulties that were formerly experienced may be exchanged for the confidence of accurate knowledge.

The injured patient is simply placed on a firm bed with his pelvis brought to a right angle with the spine, and his lower extremities slightly extended; a tape is then allowed to fall from the anterior superior spinous process of the ilium of one side to the horizontal plans of the body, A C, and a second tape employed to measure the distance between this verticle tape and the upper border of the great trochanter on the same side, C B. (This horizontal line forming the test-line.) Similar measurements being taken on the opposite side.

The two lines on the respective sides are then compared, and when no difference was found between them, it is generally assumed that no fracture of the neck of the femur existed; but when the test-line, C B, on the injured side of the body is found to be shorter than the other, and this shortening has taken place after a direct injury to the hip, the inference is drawn that there is some shortening of the neck of the thigh-bone, and that this shortening is probably due to a fracture; the amount of shortening in the neck of the bone being fairly represented by the amount of shortening in the test-line of the affected side. In many cases, however, no tapes must be used, the index finger of one hand being employed to represent the verticle line, with its tip placed upon the anterior superior spinous process of the ilium, and the index finger of the opposite hand as the

horizontal test-line, the thumb marking off upon the index finger the distance between the verticle line and the top of the trochanter.—*Lancet*.

THE LIABILITY OF PHYSICIANS.

The editor of the *Philadelphia Medical and Surgical Reporter*, makes the following remarks in reference to the liability of physicians:—

“The general obligation of a physician is in each case to apply such diligence as good physicians, called under similar circumstances, are accustomed to apply. But if the physician has a specialty, and is employed as an expert in it, as when an obstetrician is summoned on account of his especial skill in that branch, then he is bound to show the skill and diligence of an expert; more therefore, than those of the general practitioner.

The inquiry has been made of us whether in every case a physician has a legal right to refuse to take charge of a patient. There is no question but he can, no matter what the circumstances of the case are; but if he once accepts the charge, he is liable for any negligence, and this liability is *not in the least diminished by the gratuitous character of his service*. He is bound as much to do his best in a “charity job” as toward a “pay patient.”

The test of proper diligence in any particular case is *not* that of average capacity, but that of an honest, intelligent, and responsible physician in the position in which the defendant was placed. All the circumstances are to be taken into account. Thus, due diligence in the country is to be held at a less high mark than in the city; for in the latter, opportunities for culture are greater, instruments and books more accessible, and the honest and intelligent physician will use them. In the country, whatever of these means of obtaining useful information are accessible should be used. The physician who “has no time to read,” and “don’t want a medical journal,” neglects an opportunity for doing justice to his patients, and the fact tells against him in his defence.

SIGMUND’S GLAND.—The gland which is called “Sigmund’s gland,” and spoken of as being considered a pathognomonic evidence of syphilis (constitutional), is the epitrochlear gland, first pointed out by Sigmund as being sometimes enlarged in this affection, and not known to be so from any other constitutional disease. It is found just above and internal to the internal condyle of the humerus, and cannot be felt when not enlarged. It hugs closely the ulnar nerve. See Fournier *American Journal of Syphilography* for 1873, pp. 146-156.—*Med. & Surg. Reporter*.

Dr. Parkes, the author of a work on Hygiene, died of chronic pneumonia, March 15, 1876.

LIQUOR BISMUTHI FOR HEMORRHOIDS AND PROLAPUS ANI.—Dr. John Cleland freely admits, that in many instances hemorrhoids cannot be treated successfully without surgical operation, yet in a large number of cases operative interference is unsuitable. His attention was first called to the use of the liquor bismuthi, given as an enema, in a peculiar case of prolapse of the bowels. A middle-aged woman came for consultation, in such a condition that she could with difficulty walk, inasmuch as whenever she parted the thighs, at least one-half a yard of intestine was extruded. The whole surface of the mucous membrane exposed was of a deep raspberry red, in that chronic condition which some practitioners delight to treat with nitric acid. External supports and astringents had been tried, but had failed. The patient was then directed to mix a dessert-spoonful of liquor bismuthi with half a wine glass of starch, and after getting into bed, and returning the bowel to its place, to introduce this enema and retain it. A few weeks after the patient returned, stating she was well. The treatment was ordered to be continued, and there was every reason to believe there was no return of the malady. In ordinary prolapsus in children, the same remedy has been used with invariable success. In hemorrhoids, where the mucous membrane is considerably involved, no application can compare with the injection of liquor bismuthi, it being painless: and as in the case of prolapsus, the improvement of the mucous membrane has a wonderful influence on both the veins and integument. In instances in which surgical interference seemed indubitable, by this treatment the patient recovered without the necessity of an operation.—*The Practitioner*, January, 1876, *Med. Record*.

MAMMARY ABSCESS. — ITS TREATMENT.—At Bellevue Hospital (*Medical Record*, August 7, 1875) compression with a sponge is regarded as the most satisfactory method of treating a mammary abscess after the pus has been thoroughly evacuated. The details of the plan are essentially as follows: A coarse sponge is selected large enough to cover the breast and about four inches thick. It is made a trifle concave on one side—is thoroughly cleansed in boiling water—the particles of sand being carefully removed, and while wet is placed between two pieces of board, and subjected to at least fifty pounds pressure. At the end of twenty-four hours it will be dry and ready for use. To use, first cover the breast with a moderately thick layer of oakum. Before applying the sponge the breast is raised and supported while the sponge is retained by the appropriate bandage. The upper end of the sponge is left uncovered so that it can be easily wet. The dressing need not be removed for two or three days, and then another should be immediately applied; so that the dressing be continued for ten days.—*Detroit Review*.

MEDICAL JOURNALISM.—The editor of the *Boston Medical and Surgical Journal* says:

"A glance at the list of our present periodical publications will show a peculiarity which is in marked contrast to those of other countries. Each separate medical community, however diminutive in proportions, is usually provided with a journal of its own. Most medical schools, particularly those whose qualifications for their work are of an uncertain character, consider an 'organ' a necessity. The result is a series of journals of purely local character, whose very names, in the majority of cases, are unknown beyond the moderate limits of their circulation. Our basis of classification may be considered rather geographical than scientific or literary. Indeed, the latter qualifications appear to be quite secondary to local interests. No sooner is the 'organ' fairly established than rival interests feel the need of protection, and an opposition journal springs into existence. The small stock of material which a busy community can muster can be divided between the two, and the gaps are filled with a large amount of borrowed plumage, while editorial space is devoted to a petty warfare, from which the cause of medicine receives but little benefit."

PROPRIETY OF BLEEDING IN ACUTE DISEASE.—Mr. J. T. Mitchell, of London, Eng., who has for more than thirty years filled the office of medical director in a very large insurance company and whose duty it has been to record the cases of death and their causes, has been struck with the frequent instances in which death has occurred from acute pleuro-pneumonia, peritonitis, and other inflammatory attacks of vital organs, in subjects, many of whom were young, and before their illness enjoyed robust health, and has been led to the conclusion that this great mortality has arisen from the neglect of general and free bleeding in the early stages of such affections. He willingly admits there was a time when bleeding was carried to an injurious extent, and that it is only at a very early period that this remedy can be so advantageously employed, but he declares his conviction that nothing which he has observed in the extensive field of public and private practice, now protracted as student and practitioner beyond sixty years, has ever shown him that the abstraction of blood under the circumstances described has ever done harm, or has not been the most ready and efficient means of cure.—*Med. Times and Gazette*, *Monthly Abstract*.

TREATMENT OF PLACENTA PRÆVIA.—Dr. T. Gaillard Thomas, after narrating to the New York Obstetrical Society, (*American Journal of Obstetrics* Feb. 1876) the notes of a case of placenta prævia, made the following remarks. Is it better to allow a pregnancy, during which the woman has become

exsanguinated and dangerously reduced by repeated hemorrhage from placenta prævia, to go on to term, or should premature labor be induced? He chooses the latter alternative, and has lost but one case of placenta prævia in which he brought on labor prematurely; this case died of post partum hemorrhage. The children, of course, usually succumb. In the case just mentioned he detached the placenta (which was centrally inserted), cut the cord and removed it, leaving the child in the uterus; no hemorrhage occurred; twenty-four hours later the child was safely expelled. The uterus contracted well apparently, but three hours afterwards the family physician was hurriedly called and found the lady dying of hemorrhage. In his opinion the induction of premature labor offers greater safety, both to the mother and child, than the plan of allowing the pregnancy to go on to term. The hemorrhage from this malposition of the placenta generally occurs suddenly, often at night, and before the physician can reach the patient she is beyond medical aid, or at least at the point of death. These repeated depletions also debilitate the child, and the question arises whether a child born prematurely at the eighth month is not fully as likely to live or more so, than one weakened by repeated hemorrhages. If the labor is induced by rubber bags, the hemorrhage will be slight and the danger to the mother not great, for these rubber dilators compress so thoroughly as to arrest the bleeding from the placenta during the dilatation of the os; of course the diagnosis should be correct, and a granular endocervicitis producing occasional discharge of blood should not be mistaken for placenta prævia. This method of treatment is not mentioned in the obstetrical text-books.—*Abstract of Medical Science.*

HOW TO RATE AN OPERATION.—Paget says, "when you have decided on an operation never make light of it; never talk to the patient flippantly about its being what is called 'nothing,' a mere snip, a mere cut, a mere this or that. It never is so to the patient's feelings; to patients an operation is always an important matter, and they are rather aggrieved than pleased on being told that it is 'nothing.' You need not alarm a patient; you may say that the risk of an operation is not greater than that which he would incur for much less sufficient motives. Most people for pleasure's sake incur larger risks than they would in a minor operation. They travel by express trains and they climb Alps; they hunt and shoot; and for no adequate motive they run across the crowded London streets; and for mere pleasure they expose themselves to danger of fatigue and cold and indigestion and other risks of illness. So you may fairly guard yourselves and give your patients a just measure of warning, by saying that the risk of a proposed operation is not greater than the risk of this or that thing which they willingly do for amusement. But unless you are pre-

pared to say that the risk is not greater than ought to be incurred for the good which may be expected to follow, you ought not to do the operation at all."—*Paget, Lectures, and Essays.—Clinic.*

BROMIDE OF IRON IN CHOREA.—Professor Da-Costa, of Philadelphia, in a recent clinical lecture on this subject (*Medical and Surgical Reporter*) says: "Having now used it for three or four years, my experience from the treatment of a large number of cases, giving abundant opportunity to witness its good effects, induces me to like it better than any other one article in the treatment of chorea. It should be given in increasing doses, never commencing with less than five grains for a child, and rapidly increasing the dose to twenty. It may be given in plain syrup and water, in the form of a pill, or better, in an effervescent powder. It not only affects the chorea, but also impresses the nervous system as a sedative, quieting it, and giving the patient rest. It is also a valuable agent in treating the incontinence of urine in children. It was in a case of this kind, complicating chorea, that I first observed its value; being surprised and pleased to see that, as the symptom which led to its administration improved, the chorea also diminished and soon disappeared. Since then I have used it almost continuously. Local chorea, or clonic muscular spasm, such as twitching the eyelids, &c., in hysterical women, are sometimes cured by this drug after the failure of other remedies. In answer to the question whether it is the bromide or the iron that benefits, I think it is the combination; that neither *alone* accomplishes the result; for you will find it to benefit cases that have previously taken iron without improvement; and as regards the other bromides, we certainly cannot claim for them any especial value in chorea, as they frequently disappoint us. The remedy occasionally fails, as all remedies sometimes do in this obstinate affection, but it certainly is one of the most valuable agents we possess for the treatment of chorea."—*New Remedies, July, 1875.*

TREATMENT OF GONORRHEA IN THE FEMALE.—Dr. Palmer recommends that the patient be placed in the knee-elbow position, air to be allowed to distend the vaginal canal, the vagina be thoroughly cleansed, and after the water has been allowed to escape, refilled with a solution of sulphate of zinc of the strength of a table-spoonful to the half-pint of water, repeated daily, and a complete cure might be expected within a week or ten days.

Attention was called to the fact that vaginal syringes should never have a central opening, for, with a hole in the centre of the tube, there was liability of exciting unpleasant, and, it may be, serious symptoms, especially in cases of wide cervix, ruptured cervix, or a cervix left open by operation, because of the injection of water into the uterine cavity. For that reason the fountain syringe was preferred.—*Dr. Munde, Med. Record.*

Reports of Societies.

The Annual Regular Meeting of the Michigan State Board of Health was held at Lansing, April 11th, 1876. There were present Drs. Hitchcock, Kedzie, and Baker, Rev. Mr. Brigham and Rev. Mr. Goodman. The President delivered the annual address, treating of some of the achievements of hygiene, its economic relations to the state, and the means for future achievements. He showed the increase in the length of human life since the commencement of the Christian era, which he claimed was due to progress in hygiene. The average longevity in Geneva, Switzerland, was in the 16th century, 21.21; 17th century, 25.67; 18th century, 32.62; 1801 to 1833, 39.69; 1814 to 1833, 40.68.

In the 16th century 25.92 per cent of the children died in their first year; in the 19th century the deaths at this age were reduced to 15.12 per cent. In the 16th century 61.11 per cent, and in the present century only 33 per cent perished before they reached 20 years. In the first period 3.08 per cent passed three score and ten years, and in the latter 17.94 per cent had that length of life. As large a proportion now live to 70, as lived to 43, three hundred years ago. Statistics taken from the reports of the Registrar General of England, show the saving of life in London caused by the progress of civilization and of hygiene. The yearly death-rate was: 1660 to 1679, 80 per 1000 inhabitants; 1681 to 1690, 42.1; 1746 to 1755, 35.5; 1846 to 1855, 24.9; 1871, 22.6.

Taking the number of deaths in Michigan during 1871 as 18,094, as shown by the vital statistics of this State, he concludes that 5,332 of these were from miasmatic causes, and one-half of them might have been prevented. By these deaths from miasmatic causes, he claimed a money loss to the State as follows. For the last sickness of these persons, including loss of time, \$50 each, funeral expenses on an average \$25 each, making a loss to the people of \$399,000. He believed that these persons died sooner than they should, by an average of ten years, and that half of those years might be said to be years of effective life. The State then lost 26,660 years of effective life, which cannot be estimated at less than \$150 per year, giving a loss of \$3,999,000. English statisticians have esti-

ated that for every death two persons are constantly sick. Thus for every death for the causes under consideration it is probable there are two years of sickness from the same causes, or 10,664 years of sickness. Counting one-half of these years as in the effective period of life, the money at \$150 per year is \$799,800. The cost of this sickness in nursing, medical attendance, and loss of time will amount to \$2,132,800. All the items make a grand total of \$7,331,500, and one-half of this sum he considers might have been saved to the people of Michigan in the year 1871.

He claimed that the deaths from small-pox should be reduced in the future, by more thorough vaccination. He believed it the solemn and imperative duty of every physician and hygienist and of every local board of health, to give the idea that scarlet fever is a dangerous, contagious, and almost wholly preventable disease. He mentioned a long list of diseases, and the means to be used for their prevention.

He mentioned the influence of certain growing trees in preventing miasmatic diseases, especially the eucalyptus globulus of Australia, which is cultivated in Europe, California, and the Southern States, and suggested that in this centennial year it be tried in Michigan.

The most available and successful means for the accomplishment of the work of the hygienist, is the careful collection and compilation of facts. Reliable vital statistics must of necessity be the basis of the work. He quoted from Buckle, who says, "Statistics, as a branch of knowledge, have already thrown more light upon the study of human nature than all the sciences put together." He urged upon the board, most persistent efforts to secure more complete vital statistics from the people of Michigan.

He urged the election or appointment of an efficient health officer in every city, village, and township in the State. He also suggested the appointment of a commission to collect facts relative to the injury to public health through the use of intoxicating liquors.

So much of the President's address as related to the influence of vegetation upon health, was referred to Rev. C. H. Brigham, committee on that subject; so much as related to vital statistics to Dr. Baker, Supt. of Vital Statistics, and so much as related to the appointment of a commission to investigate

the influence of alcoholic drinks, was referred to the committee on legislation.

There was a lengthy discussion on illuminating oils, and their thorough inspection for the public safety.

Dr. Hitchcock made a report on criminal abortion, which called forth considerable discussion. He urged some changes in the present law, to do away with the term "quickenened," and to call all abortions deaths to be investigated by a coroner, as suggested by Drs. Beech and Stoddard of our State.

The Secretary read an annual report which gave in detail, the amount and kind of property on hand, of that which had been received, issued, and used by the Board during the year, and also gave a classified financial statement. The secretary also read a report relative to a portion of the work done in the office since the last meeting, which showed, among other things, that about 55,000 documents on "Treatment of the Drowned" had been distributed to the school population of Michigan, and that blanks for a special report for the quarter ending Dec. 31st, 1875, had been sent to the 1,185 clerks of local boards of health in the State, many of whom have filled out and returned the same.

A communication from Lyman P. Alden, Supt. of the State Public School at Coldwater, relative to the occurrence of over 100 cases of sickness at that institution, out of about 230 inmates, including 80 cases of measles and 30 of pneumonia, was read. After some discussion the subject was referred to Dr. Arthur Hazlewood, with a request to investigate the cause of the unusual sickness, and report to the Board at its next annual meeting. The Secretary offered the following which were adopted:—

Whereas, The Signal Service Bureau of the United States has demonstrated its great usefulness in securing benefits to public safety of life in this State, particularly to the large number of persons employed upon or journeying over the great lakes, and in promoting health through better protection of cereal and other food crops because of its warnings, and also through the valuable data for the study of the relations of health and of diseases to the climatic conditions, knowledge of which is essential to an avoidance of causes now statistically shown to be of great influence on the death rate; therefore,

Resolved, That the hope be expressed by this

Board that the means of usefulness of the U. S. Signal Service Bureau be in no way abridged, but rather increased; that it be permanently organized, and that its sphere of labor be enlarged, especially in the direction of obtaining and recording meteorological data bearing still more closely upon important questions relating to the public health.

Resolved, That, although not essential in connection with its work for the prediction of storms, it is desirable for purposes of progress in public health that we have at least monthly statements of the absolute humidity of the atmosphere, and of the exact atmospheric pressure at different stations (not calculated to sea level as required for other purposes), and that it is also desirable that observations on Ozone be recorded.

Dr. Baker introduced a resolution, which passed, for a circular to correspondents of the Board, asking reports of cases and definite information bearing on that dangerous disease, scarlet fever. He also introduced another resolution, which was adopted, aiming to do for the prevention of scarlet fever what the Board has done for the prevention of drowning; that is, to place before the people in a condensed form the best preventive methods.

Communications were read, and referred to appropriate committees, relating to typhoid fever, also to school recesses, to water supposed to cause disease, to the establishment of meteorological stations, etc.

Replies to correspondents relative to diseases prevailing in this State during the year 1875, were referred to the Secretary with authority to have the same published in the next annual report.

The Secretary, in mentioning that the "Rules and Regulations" recommended by this Board had been commented upon in the *London Sanitary Record*, said that they had been favorably noticed except as regards two points. One was an objection to the rule recommending vaccination before two years of age, the editor preferring the three months limit adopted in England; the other related to the frequency of re-vaccination.

The Board requested Dr. Kedzie to attend the meeting of the public health section of the American medical association in June next.

DELEGATES TO THE MEDICAL CONGRESS, PHILADELPHIA.—In accordance with the invitation given by the Committee of Arrangements, at a recent meeting of the Medico-Chirurgical Society of Montreal, a rather numerous delegation was appointed to represent that city at the forthcoming Congress.

After considerable discussion in which it was decidedly the general expression that the delegation should be chosen from the "best men" the city could afford, and after evoking considerable feeling and the manifestation on the part of some of a determination to be appointed delegates at all hazards, the following names were selected:—The President and Secretary of the Society for the year—Drs. Godfrey and Bell;—also Drs. Hingston, Howard, Fenwick, Ross, and Trenholme.

Several members expressed their intention of being present if possible, and a resolution was passed unanimously empowering the President or Secretary to give credentials to any member of the Society wishing it.

This Congress promises to be a very interesting affair. It is to convene on Sept. 4th 1876, and continue until the 9th. A public dinner will be given the delegates on the 7th.

THE CANADA LANCET.

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

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TORONTO, MAY 1, 1876.

RESULTS OF INATTENTION TO HYGIENIC RULES.

In our last issue we stated that the prevention of disease depended on a knowledge of remote causes. In order to bring detached facts into a general view, we would divide the inhabitants of cities and towns into the following classes, and give a concise history of each, so far as it may be necessary to shew how business, customs, and habits, influence health. (1). Literary men; (2). Men of business; (3) Idle and dissipated; (4). Manufacturers and artizans; (5). Labourers; (6). Returned residents of hot climates; (7). Female sex.

Literary men who devote most of their time to study, must lead more or less a sedentary life—

oblivious too often of the sage remark of Pascal, "We must not forget ourselves; we are body as well as mind," they immure themselves in their office or library and take insufficient exercise in the fresh air; the muscular powers in consequence are diminished, and general debility in time results. Comparatively few men attached to literary pursuits are active, strong and athletic, as if study was incompatible with bodily exertion; the gesture of a thoughtful man is apt to be solemn, and his pace and motions measured when he walks. The posture of the body at the desk is unfavourable to health. The lungs are seldom expanded by free inspirations, and the bronchial capillaries not duly stimulated by a sufficient influx of an oxygenated atmosphere, the pulmonary organs lose their vigour, and the blood, that floridity which is necessary for vital energy and a glowing complexion. All the secretions and their excretories fall into inaction from want of requisite muscular motion, and the nervous system sinks into listlessness and inactivity. The mind itself by pursuing one train of thought, and poring too long over the same subject, becomes torpid to external agents, and an undue mental exertion seems to subtract from the body much of that stimulation which is required for many operations in the animal economy. The powers of digestion, with all the viscera subservient to them, partake in a particular manner of this derangement, and grow unequal to their office. The debility and inactivity which take place in the chylopoietic organs, re-act on the nervous parts of the frame, and the faculties of the intellect, as sympathising in a great degree with the highly sensible bowels, are influenced by a general disorder. Hence the numerous instances of dyspepsia, hypochondriasis, and melancholia, in the literary character. All men who possess genius, and those mental qualifications which prompt them to literary attainments and pursuits, are endowed by nature with more than usual sensibility of nervous system. And there are moral causes to which they are exposed beyond others, that may have a large share in the production of their diseases. The man who studies and writes for his bread often depends on a precarious subsistence, sometimes the cold charity of a publisher; a mind of fine feeling, under the pressure of these circumstances, must frequently undergo the most poignant sufferings. M. Reveillé Parise, in an essay on Moral Therapeutics, or the

influence which the mind and passions exercise in the production and cure of various diseases, remarks that psychological causes of disease are too apt to be overlooked. "Many physicians of extensive experience are destitute of the ability of searching out and understanding the moral causes of disease; they cannot read the book of the heart, and yet it is in this book that are inscribed, day by day and hour by hour, all the griefs, and all the miseries, and all the vanities, and all the fears, and all the joys, and all the hopes of man, and in which will be found the most active and incessant principle of that frightful series of organic changes which constitute pathology." Many a disease is the *contre coup*, so to speak, of a strong moral emotion; the mischief may not be apparent at the time, but its germ will be inevitably laid. The organ which is most apt to be affected by mental and moral causes, is assuredly the brain. We cannot, says Dr. Johnson, point out the connection between the mind and the body, nor explain how they should act and re-act on each other, yet the fact is obvious every hour that we live. It may puzzle indeed the philosopher to understand how it happens that an idea, an entity that is altogether metaphysical, invisible, intangible, without extension, or form, or weight, should nevertheless act with such force on the body, as to prostrate and destroy the stoutest frame, yet so it is. Take the case of a man who learns that 2000 miles off, a vessel which holds all his fortune is wrecked, or that an only child has died; nothing touches him, nothing directly affects his body, but the iron has entered his soul, and soon, nay almost immediately, are the effects of the mental anguish visible in his outward constitution, and if nothing is done to relieve him, inflammation of the membranes of the brain, or apoplexy, or palsy, or softening, or some other fatal mischief is, more or less quickly induced. *A capite fluit omne malum*, says Fernel, and the organ most exposed to reflex action from the brain is the stomach. Debility of the digestive system seems in a manner peculiar to illustrious men. Some have even gone to the ridiculous extent of estimating a man's genius by the state of his stomach. We must, however, acknowledge the truth of Tissot's assertion, that, "the man who thinks most, digests worst, *cæteris paribus*, and that he who thinks least is the man who digests best." To the class of literary men properly belong the

learned professions, and those who cultivate the fine arts, either for a livelihood or amusement.

2nd. Men of business. This class includes all engaged in trade. Many of them, no doubt, have much active bodily exercise, but those confined to the office and shop cannot be said to enjoy the advantages of air and activity. Standing for twelve or fourteen hours a day behind the counter, or leaning for that time at the desk, are both subversive of health. Persons so engaged become pale and sallow, soft-fibred, and prone to diseases of the nervous kind. But the man of business, in this commercial age, is not always to be estimated a correct liver; luxury follows hard upon gain. However punctually the ledger may be kept in the day, the club or saloon has too often its share of attention in the evening. The commercial traveller with his samples, receives intending purchasers in the commercial room of the hotel in close proximity to the bar-room; too frequently he is of the opinion that his eloquence will be enlivened by something to drink, and that if he can persuade the customer to drink also, he will be more likely to insure an order. The daily repetition of this is followed by nervous and bilious derangement, and unless warned in time the downward career to intemperance is rapid. Even if fortunate enough to have escaped that gulf, he is almost certain to suffer from intestinal diseases, intimately connected with distress of mind, *i. e.* various affections of the liver, congestion of the spleen, constipation or irregular action of the bowels, and piles. One of the physical signs of prolonged distress of mind, is a predominance of the venous over the arterial system. The French proverb *qui voit ses veines, voit ses peines*—is therefore strictly true.

3rd. The idle and dissipated. This is also a numerous class in every large city. These persons are the subject of diseases, which originate chiefly from excess and debauch; and are not unfrequently, spectacles of misery, the most humiliating to human nature. Such disorders appear especially in the prime of life; often, in early youth, and if they are not fatal before forty, they introduce premature senility, decrepitude and fatuity. A large city may be called truly, a hot bed for the passions; all the vices that more particularly enervate the constitution and injure health, can be there practised long without suspicion or restraint, and indulged to the utmost. Thus the young and inexperienced are quickly

initiated into every fashionable folly, and a vortex of dissipation. The sexual appetite is prematurely excited, by the pedestrian Paphians on the streets, or in the theatres. The powers of procreation are thus weakened beyond recovery, before the body has acquired its full vigour and stability, and the constitution as well as the faculties of the mind are shaken to the very centre. When such debilitated beings have progeny, the sins of the father are visited on the children, and they appear a race of invalids from their birth. As there is a disease the peculiar scourge of illicit connection, so its effects on health are equally disgusting and dangerous. The inconsiderate young man who contracts this complaint, from delicacy often conceals his misfortune till it has gained a degree of virulence beyond the powers of art to overcome the hideous deformity. All full livers and drunkards come within the third class. Frequent surfeits from highly seasoned food, and frequent intoxication commit dreadful ravages on the human body and mind. It is a misfortune in polished society, that many indulge in these excesses without thinking they are doing wrong, and often sink into the grave by diseases of their own creating, without being warned of their misconduct. The disgusting propensity to luxurious eating, fortunately is seldom the case with the fair sex, but where it happens, from their greater nervous irritability, a train of nervous and bilious complaints are most certainly the consequence. To devour a large quantity of food is a bad habit; most persons could be nourished with half what they feed on, so that not only temperance as to quality, but abstemiousness as to quantity is one of the golden rules of health.

. PROPYLAMINE IN RHEUMATISM.

This substance has attracted great attention of late, in Europe. Its efficacy in rheumatism was first thoroughly tested by Dr. Amenarius, a Russian physician and medical attendant to some of the hospitals of St. Petersburg, where he administered it to 250 patients, from March, 1854, to June, 1856. In acute cases, the pain and fever always disappeared the day following. From his observation of its effects, he pronounced it "a true specific for the various affections of rheumatic origin." European authorities state, that where the article used was impure or diluted, the results were not so fav-

orable; but they claim that, when pure, it invariably accomplishes all that is claimed for it. Its use is not recent, some having used it from eight to twenty years. Articles have appeared from time to time, relating the experience of different observers with the use of this article; but Dr. Amenarius, of St. Petersburg, seems to have the best claim to priority in the use of it, in rheumatism.

Dr. Gaston writes in an American medical journal (the *Indiana Journal of Medicine*), to the effect that his experience in the use of this remedy has been most satisfactory. He states that he had often supposed he had discovered the "true remedy for rheumatism," but in every case he was doomed to be "disappointed and deceived." But speaking of this remedy, he says, "the time has been so long, and the success so uniform and good, that it must be more than a simple coincidence." His manner of giving it has been in very much larger doses than those recommended by European authorities; but he asserts he is quite within the bounds of safety. The following is his formula:

R.—Propylamine, . . . gtt. 50 to 100
 Aquæ destillatæ, . . . ℥viij.—M.

SIG.—A tablespoonful every two hours.

To quote his own words as to its efficacy, he says, "In no single instance have the pain and the soreness of the parts failed to yield completely in twenty-four or forty-eight hours; the cure progressing from that time on, without interruption, except in two cases, occurring in individuals affected with gonorrhœa; and even in these two cases, it afforded decided relief, but failed further to arrest the disease, and so did everything else that I could do, and I finally lost sight of both cases. It will be remembered here, that of all forms of rheumatism, the gonorrhœal is the most inveterate and unamenable to treatment."

Thus it will be seen, that it is not lauded as a "cure all," or specific remedy in gonorrhœa; this is best treated by curing the gonorrhœa first, and then, if rheumatism remains, treating that subsequently. With the exception of some able articles upon this subject, in the French medical journals, perhaps that of Dr. Lee, in the London *Lancet*, is the most lucid and definite, from which the following passage is selected:

"Twenty-eight cases of acute rheumatism were treated with a solution of one part (gramme) of propylamine and ten parts (grammes) of sugar, in

one hundred and twenty parts (grammes) of peppermint water, of which a tablespoonful was given every two hours; in all, from three to five grammes were so taken by each patient, whose limbs were bandaged with cotton wool and cardboard.*

"All these twenty-eight cases suffered from multiple joint-affections; in fourteen cases the disease disappeared after the first time; in the other fourteen it was recurrent once or repeatedly. Five cases were complicated with slight, and five with severe affection of the heart, one with acute œdema of the lungs, and one with diphtheria. All were restored to perfect health and military duty, except one. The average duration of the illness in these cases was 17.7 days per head; none were discharged before full recovery was proved by increased weight of body and gymnastic exercises." He sums up its effects as follows:—(1) The disease becomes very soon sub-acute, and remains so to the last. (2) The sedative effect on the nervous system is shown by the decreased tension in the circulation; pulse and respiration become slower, and high fever decreases within thirty-six hours. (3) With at first profuse, then more gentle respiration, pain diminishes very markedly. (4) The color of the skin acquires a peculiar greyish tint. (5) Sleep quickly returns, and is not interrupted by pain. (6) With a cleaner tongue, appetite returns speedily. (7) The quantity of urine is not much increased; it is mostly clear and transparent, only slightly acid, and with little sediment. (8) All patients took the drug without dislike; it was never applied externally.

In Toronto, Montreal, and other places, it has been in use by some few physicians for the last two years, but not to a sufficient extent to be able to judge fully of its effects. We confidently believe, however, that it will be found a most valuable remedy in all cases of uncomplicated rheumatism.

RADICAL CURE OF HERNIA.

Prof. S. C. Nott, of Alabama, writing from London to the *New Orleans Medical and Surgical Journal*, in 1860, and speaking of this operation, says: "In Paris, I talked with Velpeau, the Nestor of French surgeons, with Nelaton, and others, and

* One gramme represents about 15½ grains, which would represent about 46½ to 77½ grains taken by each patient.

they all say that Wutzer's operations or any other on similar principles, cannot be relied on, the disease returning in the great majority of instances. In fact, the operation is scarcely performed at all now in Paris." Opposed to these views, we may instance the following, as the most recent. One of the editors of the *New Orleans Med. News and Hospital Gazette*, in the February issue 1860, says: "The fact that the radical cure of hernia, can be nearly always accomplished by the method under consideration is no longer to be disputed, and he who sneers at it is only furnishing a stick with which to have his own head broken."

Dr. Choppin, of Paris, is an earnest advocate of the Wutzer plan of operating for the radical cure of hernia. He has operated many times with success, and has demonstrated by post-mortem examinations of subjects operated upon years before, that positive occlusion of the canal had taken place; thereby rendering the recurrence of the hernia impossible. The editors of the *Medical News and Hospital Gazette*, referring to Dr. Choppin's operations, and his lecture upon this subject in the Charity Hospital, say, "We have several times before called attention to this most valuable operation, and offer no apology for repeating our opinion, that it is one of the most important surgical innovations of the age, if not absolutely the most important." Several eminent surgeons have ridiculed this operation; but, really, we hope the views and experiences of Prof. Choppin may be proved to be correct by subsequent clinical observation.

In the *Medical Press*, for February 11th, 1860, Dr. J. W. Rosebrugh of Hamilton, reports a case of hernia apparently cured, by two operations after the plan of Wutzer. He says: "The inguinal canal was so large that three good-sized fingers could be introduced into it." Hopes of success were entertained after the first operation, but after a month the patient felt something give way, and a fold of intestine descended into the scrotum. On reducing the hernia again, "the canal was found to be so small that the point of one finger could scarcely be insinuated into it." Encouraged by a partial success, the operation was repeated, and three months after there is every prospect of a radical cure.

In a note from Dr. J. W. Rosebrugh, he informs us, that it is now sixteen years since he performed the operation above referred to, and that the

result since the second operation remains a perfect success. He also operated on a large muscular young man in May, 1870, for *inguinal hernia*, on the right side, by Wutzer's method, the result in this case also, being a perfect success.

NEW PHASE IN UNIVERSITY REFORM.

The graduates of the Toronto University are called upon to elect three members to the Senate of this Institution. The retiring members are Hon. Edw. Blake, Dr. McFarlane, and Mr. T. W. Taylor. It is, therefore, a most opportune moment to enquire into the doings of the Senate of the University. At a late meeting of this body, certain interested members agreed to recommend, in effect, that the students of *no medical school* affiliated with any other University should have the privilege of coming up for examination in the medical faculty of Toronto University. This arrangement, if carried out, would virtually close the doors to all candidates for honors at the Provincial University, except those who are educated in the *Toronto School of Medicine*, thus creating a monopoly in favor of one teaching body, and narrowing, instead of broadening, the basis of the Provincial University. By reference to the list of senators of the University, it will be seen that no less than *five* are members of the faculty of that medical school for which this special privilege is sought, viz., Drs. Aikins, Richardson, Thorburn, Oldright, and McFarlane. These are the gentlemen who would wish to exclude all candidates from other medical schools, from obtaining degrees in medicine and competing for honors in our Provincial University. If the principle is correct, why not make it apply to students in all the faculties. The arguments which have been used by these special pleaders and a few of their friends in the Senate, are that only a few of the picked men of the other medical schools come up to the Toronto University merely for the sake of the prizes, and that some of these men had previously received degrees and honors in their own colleges. In reply, it might be asked, has the Toronto School of Medicine no *picked men* to pit against these interlopers? If it is doing good work, and discharging its duty as a teaching body, cannot its students compete with others from whatever source they come? Some of

the gentlemen, it is true, may have passed the examination in their own college a week or so beforehand, and obtained the prizes or medals awarded (and paid for) by their own teachers, but are they more formidable competitors on that account? Is the Toronto School of Medicine afraid of honorable and fair competition? Shall not young men be allowed to enter for honors which all, without respect to the colleges from which they emanate, have a right to compete for?

The truth is, that as matters stand at present, the Toronto school of medicine in effect, stands in precisely the same relation to Victoria University as other medical schools do towards their respective Universities, as will be seen from the following extract from the calendar of Victoria University, which is printed in large black letters in the announcement of the Toronto school of medicine:—"THE LECTURES IN VICTORIA MEDICAL SCHOOL HAVING BEEN DISCONTINUED, STUDENTS INTENDING TO GRADUATE IN VICTORIA UNIVERSITY ARE RECOMMENDED TO ATTEND LECTURES IN THE TORONTO SCHOOL OF MEDICINE, FROM WHICH SCHOOL, CERTIFICATES WILL BE ACCEPTED BY THIS UNIVERSITY. The members of the faculty of the Toronto school of medicine are also examiners in medicine for Victoria University, and did examine several candidates last spring who took their degrees in Cobourg. We are also informed that instead of a few "picked men" from the affiliated Universities coming up for degrees and honors at the Toronto University as alleged, that no less than *nineteen* candidates presented themselves from Trinity College medical school alone, at the late examination.

If the policy sought to be carried out by interested parties should succeed, these candidates would be excluded. Under these circumstances, it would be well for those who have the welfare of the Toronto University at heart, to be careful for whom they record their votes at the coming election. If we are not misinformed, both Dr. McFarlane and Mr. Taylor were parties to this effort to destroy the character and usefulness of the University to subserve private ends. If this is true, and we have good ground for the statement, we trust that the graduates will replace those gentlemen by men of more liberal ideas.

THE NON-SUPPRESSION OF QUACKERY.

No one can move freely in medical circles, without noting the feeling of dissatisfaction which prevails against the Medical Council, on account of its want of action in suppressing quackery. The failure of the council to prosecute unqualified practitioners

(after the promises that have been held out) is leading to the expression of a want of confidence in its utility, and to a very general feeling of disappointment. We have heard the wish most heartily expressed that the Medical Council, at its next meeting will resolve upon a course of energetic action, that shall have the effect of properly protecting the profession. In Toronto and other cities this feeling is very mildly expressed; but in the country towns (as it has come to our knowledge) the feeling is decidedly strong—so strong in fact that in obedience thereto the Council, it may be supposed, will have to vindicate its reason of existence by dealing with this paramount question.

For ourselves, we too shall be glad to see steps taken for the due protection of professional men; but without exonerating the Council from the consequences of its let-alone policy, we must remind our medical friends that the remedy is in their own hands, and that a little public spirit and energy on the part of individuals will do much to get rid of the evil complained of. The prosecution of offenders is a matter which may well occupy the attention of local societies, the officers of which might properly appear before the magistrates as complainants. The odium which in some measure attaches to medical prosecutions, would no doubt under such an arrangement be transferred to the broader shoulders of the society.

Either by the Medical Council, by local associations, or by individuals, the machinery of prosecution will have to be set in operation. A great point has been gained in obtaining a stringent enactment; but it is useless to allow the law to become a dead letter. A few exemplary prosecutions throughout the province would have a wholesome effect in deterring illegitimate practice. Medical quackery continues to be a great evil, and it ought to be suppressed. We advise medical men to avail themselves of opportunities of collecting evidence, and to summon all offenders against whom evidence can be obtained sufficient to ensure conviction.

THE ONTARIO MEDICAL COUNCIL— EXAMINATIONS.

We presume that most of our readers have already been apprised, through the Toronto daily press, of the disgraceful occurrences which took

place at the late examinations before the Board of the College of Physicians and Surgeons of Ontario. Though not so bad as at first represented, we fear there was too much truth in the statements made, and the conduct of certain members of the board and of certain of the students cannot be too strongly condemned. The winter examinations were commenced on the 4th ult., and were completed on the 7th. The written examinations were announced for Tuesday the 11th at ten o'clock a.m., but from causes best known to those behind the scenes, they did not begin till noon on Thursday, and were kept up with scarcely any intermission until 3 o'clock on Good Friday morning. The students feeling very much aggrieved at this treatment, and feeling also very much annoyed at the harshness and incivility of some of the examiners towards them, watched their opportunity when the examiners were leaving the Hall, to pelt them with "rotten eggs" and other missiles. This most reprehensible conduct on the part of the students, we are informed, however, was engaged in only by a few of the hot-heads, the majority preferring to make known their grievances in a more legitimate way. If the latter course had been adopted the students would have received the sympathy of the profession and the public, and a remedy for their grievances would have been more speedily obtained.

The key note of the whole matter, however, is simply that the students have not the fullest confidence in the majority of the board of examiners. They were well aware that the examiners were members of the Council, and as such, had appointed themselves on the examining board, and that any appeal to the Council simply meant an appeal to those same individuals against whom the complaint would be urged. They felt that even an appeal from "Philip drunk to Philip sober" could avail but little, for it is said that certain of these gentlemen are usually in the same *spirits* at the meeting of the Council as they were alleged to have been at the examining board.

It will be in the remembrance of our readers that last year we made some strictures regarding the doings of this board, and were abused by them without stint, for pointing out the injudiciousness of their appointing themselves as examiners. In the August number of the LANCET for 1875, in reference to this matter, we made use of the fol-

lowing words:—"The childish obstinacy with which they adhere to the position of appointing themselves to the examining board in defiance of public opinion, and of thus setting themselves up as the concentrated wisdom of the profession, no matter how ill-advised it may be, no matter how vicious in principle, no matter how repugnant to the feelings of the profession, will do more to bring them into *contempt* and cause *insubordination* amongst the students, than any criticism, whether just or unjust, that we could possibly make."

Who would have believed that our prophesying should so soon have been verified by the facts?

The remedy for this state of things, however, is easily applied and must be had, or the examinations of the Medical Council of Ontario will dwindle into something worse than a *farce*. What is wanted is an entire change in the mode of appointing the Board of Examiners. Bring the sympathy and influence of the profession into harmony with the Council, by appointing as many members of the examining board as the Act permits—from amongst the registered practitioners of the College—men of ability and attainments, who are competent and willing to discharge the duty.

If this course had been adopted a year ago, it would not have been our painful duty to chronicle an event which every one acknowledges with shame, and which covers the profession in Ontario, for the time being, with disgrace.

We cannot conclude these remarks without alluding to the unprecedented course of a member of the Board in publishing the standing of one of the candidates, (one of those who manfully adopted the only legitimate way of ventilating his grievance, by writing a letter to the *Globe* over his own signature). This is an unheard of proceeding, and is looked upon as a direct and flagrant breach of confidence on the part of the examiner. We regret much, for his own sake, that he allowed himself to be betrayed into such a glaring mistake.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

The following is the list of the successful candidates at the spring examinations of this College.

PRIMARY EXAMINATION.—Armour, John; Ashby, Thomas H.; Barkwell, M. H.; Bell, William D.

M.; Bowen, G. H.; Burton, W. H.; Cameron, Duncan H.; Campbell, Arthur Dalziel; Cannon, Gilbert; Carthew, Charles E.; Clarke, C. K.; Davidson, Alexander; Day, Jonathan; Duggan, Fred. J.; Dunfield, John; Esmond, M.; Fraser, Alexander; Good, J. W.; Griffin, H. S.; Henderson, Kenneth; Honeywell, William; Hourigan, Andrew B.; Howell, James B.; Jamieson, David; Kennedy, George; Marlatt, G. A.; Miller, A. H.; Miller, L. F.; Miller, Thomas M.; Minshall, Henry; McKeough, G. T.; McNichol, Eugene; Oakley, W. D.; Orr, R. B.; Parke, W. T.; Phelan, D.; Parker, W.; Pingle, A. F.; Ross, R. A.; Routledge, V. A. (*homœopathic*); Scovill, S. T.; Sinclair, James A.; Smellie, Thos.; Stark, W. G.; Stephen, R. M.; Stewart, Duncan; Sutton, Marshall; Wilkinson, F. B.; Winskell, W. E.; Wood, — Grant, A.; Grant, W. F. G. (1st year's examination). The foregoing candidates passed without an oral examination. Dumble, T. M.; Faulkner, D. M.; Field, Byron; Glasgow, S. H.; Graham, Peter; Holmes, F. S.; Kitchen, Edward; Munro, W. A.; McKinnon, A. H.

FINAL EXAMINATION.—Bowerman, Albert C.; Burns, Wesley, Jones; Case, G. E.; Douglas, Alexander; Douglas, William, John; Fulton, James; Geikie, Walter W.; Hanover, W.; Lackner, H. G.; Munro, Jas.; Murphy, John B.; Mylius, R.; McArton, Stewart; McCurdy, Archibald; McWilliam, James; Mackie, L. M.; Nichol, William; Phelan, J. B.; Pingle, H. H.; Powell, R. W.; Smith, Jno. W.; Stalker, Malcolm; Stewart, Dugald; Strangways, W. F.; Taylor, Archibald B.; Tyrell, Robert Shaw. The foregoing passed without an oral. Adams, Wm; Birdsall, J. E.; Cluxton, Fred. C.; Gray, J. W.; Heartwell, Oliver Tiffany; Hickey, Benjamin; Jackson, N. M.; Jessop, Elijah; King, J. S.; Kennedy, Alexander; McBean, —; McCrae, Geo.; McLean, John; Potter, Thomas; Secord, Levi; Sivewright, John P.

TRINITY COLLEGE CONVOCATION.

The Convocation of the Medical Faculty of University of Trinity College was held on the 13th ult., for the conferring of degrees and the announcement of the honor list. Provost Whittaker presided. The following members of the Medical Faculty were present:— Profs. Jones, Geikie, Bethune, Temple, Kennedy, Fulton, and Robertson.

GRADUATES.

The following is a list of the degree men :

M.D.—Healy, L. D., Ryerson, G. A. S.

M.B.—Adams, Wm. A., Burns, W. J., Cosford, T. B., Douglass, Alex., Douglass, Wm. J., Fulton, James, Freeman, W. C., Geikie, W. W., McKinnon, R. J., McArton, S., McWilliam, James, McCurdy, Archibald, Pingle, A. R., Sivewright, J. P., Strangways, W. F., Stalker, John, Smith, J. W., Taylor, A. B., Washington, W. S.

PRIMARY LIST:—Ashby, Thos. H. Bonnar, H. A., Barkwell, R. H., Dunfield, J., Davidson, A., Graham, P. L., Honeywell, W., Macklin, M., Miller, T. M., Miller, A. H., McKeough, G. T., Minshall, H., Marlatt, G. A., O'Connor, G., Parker, Wm., Pringle, H. H., Ross, R. A., B.A., Stark, W. G., Stephen, R. M., Sutton, M., Stewart, D. A., Sinclair, J. A., Tisdale, W., Winskell, W. E.

HONOR LIST:—University Gold Medallist—Fulton, James; University Silver do.—McWilliam, James; Medical Faculty Gold Medallist—Douglass, W. J.; Medical Faculty Silver do.—Stalker, John.

CERTIFICATES OF HONOR, (Final):—Burns, W. J., Douglass, A., Smith, J. W., Washington W. S.

SECOND YEAR'S SCHOLARSHIP:—Bonnar, H. A., and McKeough, G. T., equal.

CERTIFICATES OF HONOR, (Primary):—Davidson, A., Dunfield, J., Honeywell, W., Miller, T. M., Miller, A. H., Ross, R. A., B.A., Stewart, D. A., Stephen, R. M., Stark, W. G., Sinclair, J. A., Sutton, M., Tisdale, W.

FIRST YEAR'S SCHOLARSHIP:—Bonnar, J. D., and Meek, Harry, equal.

MCGILL COLLEGE MEDICAL SCHOOL, MONTREAL.

The following gentlemen have passed their Primary Examination in this University:—Armstrong, G. E., Bell, Jas., Boyle, A., Brodie, J., Burland, S. C., Cannon, G., Cameron, D. H., Collson, R., Cotton, C. L., Faulkner, D.W., Fortier, A., Fraser, A. C., Gillies, A. F., Greaves, H. C., Jamieson, A. B.A., Lane, J. A., Law, Wm. K., Miner, F. L., Oakley, W. D., Park, G. A., Smellie, T. S. D., M.A.

The following gentlemen have fulfilled all the requirements to entitle them to the degree of M.D., C.M.:—Baynes, D., M.A., L.R.C.P., Campbell, J., Clarke, F., G.B., Colquhoun, G., Cook, G. R.,

B.A., Cooke, Wm. H., Coyle, H. W., Craig, T., Cream, T. N., Cruthers, Wm., Eberle, H. A., Gray, J. S., Greer, T. A., Hunt, H., Johnson, J. B., Lang, C. McL., Levi, R., McIlmoyle, H. A., Metcalf, H. J., Munro, A., Murray, C. H., B.A., Powell, R. W., Reddy, H. L., B.A., Ritchie, A, F. B.A., Robinson, S. J., Secord, L., Smith, Wm., Snider, F. S., Stevenson, C. N., Storrs, A., Stroud, C. S., Young, P.R.

PRIZE MEN:—The Holmes Gold Medal was awarded to Robert W. Powell. The prize for the final examination was awarded to Charles H. Murray, B.A. A special prize was awarded to R. L. MacDonnell, B.A., for general proficiency. The prize for the primary examination was awarded to A. C. Fraser.

Honourable Mention:—In the final examination Messrs. MacDonnell, Ritchie, Young, Hunt, Smith, Secord and Lang. In the primary examination Messrs. Bell, Cotton, Oakley, Smellie, Jamieson, Miner and Armstrong.

CHLORIDE OF ARSENIC IN ECZEMA.—Dr. Bulkley, of New York, recommends the chloride of arsenic as preferable to Fowler's solution in the treatment of many cases of eczema. In a recent contribution, he says:—"During the past few months I have been using a preparation of arsenic but little known or used in this country, but which I think to be far more useful than the well known Fowler's solution. This is the solution of the chloride of arsenic, the liquor arsenici chloridi of our dispensatory—the old DeValangin's solution. Its advantages are that it is better tolerated by the stomach, and that it can be administered in large quantities, and thus far, in public and private practice it has yielded results which have failed to obtain from the more commonly employed forms of arsenic." The writer of this annotation has for some time employed the liquor arsenici hydrochloricus of the British pharmacopœia with manifest advantages in the treatment of eczema, and other skin diseases. The British solution of the chlorine, is of the same strength as Fowler's solution, but it is less irritating to the stomach, and more decidedly stimulates the nutrition of the skin. One consideration which entitles the liquor arsenici hydrochloricus to more general employment, is that it is a very eligible preparation, and readily admits of combination with all the acid preparations of the standard nerve tonics, iron, quinine, strychnia, phosphoric acid, etc.

**BISHOP'S COLLEGE MEDICAL SCHOOL,
MONTREAL.**

The following gentlemen have passed their Primary Examination in this University:—A. Wood, E. A. Gravelly, H. A. Meagher, and C. R. Belle, Montreal. Mr. T. G. Sheridan, passed his Final Examination for the degree of C.M., M.D.

PRIZE MEN :—The special prize of \$25 for the first year student who shall attain to the greatest proficiency in anatomy and dissection, was awarded to J. J. Cauley. The Senior Prize in Practical Anatomy was awarded to H. A. Meagher. The Junior Prize to H. E. Mitchell. The prize for the best Primary Examination was awarded to C. A. Wood.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.—The Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, for the purpose of examination and other general business, will be held in the City of Montreal, on Wednesday, the 10th of May next, at 10 o'clock a.m., in the Hall of the Mechanics' Institute, No. 204 St. James Street. Candidates for license or examination, preliminary or professional, must deposit their credentials with all the necessary fees, with either of the Secretaries, HECTOR PELTIER, M.D., Edin., Montreal, or A. G. BELLEAU, M.D., Quebec, ten days before the said meeting.

MEDICAL CONFERENCE.—In consequence of representations from several members of Conference who desire and intend to go to Philadelphia for the International Medical Congress, in Sept. but who cannot afford the time to go there twice in the same year, it has been decided after correspondence with the President, Dr. Gross, to change the time of meeting of Conference, from June to Sept. 2nd. This change in the programme will meet with the hearty concurrence of all the members of the Conference and others who may desire to attend both meetings.

APPOINTMENTS.—Dr. Sewell has been unanimously re-elected Dean of the Medical Faculty of Laval University, Quebec.

Guilbert Tweedie, M.D., of Oakwood, to be an Associate Coroner, for the County of Victoria.

— Irwin, M.D., of Wolfe Island, to be an Associate Coroner, for the County of Frontenac.

R. C. Butler, M.D., of Kirkfield, to be an Associate Coroner for the County of Victoria.

New Instruments.

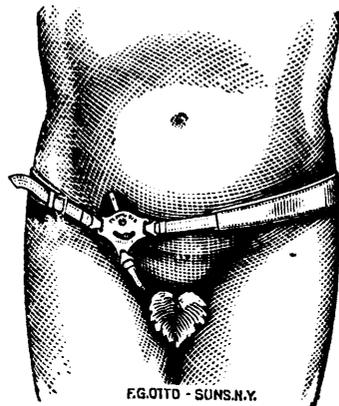
NEW TRUSS-PAD.

MR. OTTO, of New York, has devised a very simple and efficient truss-pad.



It is a combination with a truss-pad of a plate to which the pad is attached, whereby may be adjusted towards one side or the other, or at different angles with relation to a vertical line, to accommodate it to the position and direction of the hernia. It consists, further, in a novel combination with the plate above described of a curved spring, whereby the pad is enabled to yield to the motions of the wearer.

The truss is thus rendered far more comfortable, and one of the disagreeable circumstances of its use is in a great measure removed.



F. G. OTTO - SONS, N.Y.

The pad itself is made of hard rubber, and is very easily cleaned, while its adjustability in different directions entirely obviates any of the ordinary effects of a continued and dead pressure upon the parts to which it may be applied. Fig. 2 shows the appliance in position.

OBITUARY RECORD.—M. Gabriel Andral, of Paris on the 13th of Feb. 1876, in the 78th year of his age. Dr. Warburton Begbie, of Edinburgh, on the 28th of Feb. 1876, in the 40th year of his age.

MATRICULATION.—The following gentlemen successfully passed the matriculation of the College of Physicians and Surgeons, Ont., on the 5th ult. M. H. Ellis, G. G. Bingham, W. G. McDonald, T. C. Spence. C. Van Norman, Encody, W. F. Freeman, G. H. Clement, T. B. Cosford, J. G. Hyde, J. J. McFadden, G. A. Machell, and P. May.

In reference to this matriculation examination, we desire to call the attention of the Council to the perfunctory manner in which it is conducted. The examination of candidates does not extend over two days, as would be inferred from the announcement, but is pushed through in a few hours, the time allowed each subject being so short as to do neither justice to the subjects examined upon, nor to the candidates who are being examined. At the late examination we are informed that the examination commenced on the first day at ten minutes to four p.m. and between this time and 6 o'clock papers on the following subjects were given and answers expected, viz., dictation, grammar, four questions in algebra, four questions in arithmetic, and three propositions in Euclid!!! Next morning one hour, and another in the afternoon, concluded the examination. The candidates complain most bitterly of the want of time allowed them in their examinations.

TARIFF OF FEES.—The profession in Toronto some time ago, arranged a tariff of fees for the city, but it has never been ratified by the Council. Would it not be well to go over it again carefully, and after revision, have it approved, signed and sealed by the Council, as a "scale of reasonable charges" within the meaning of the Act.

Book Notices.

A TREATISE ON THE DISEASES OF CHILDREN, by J. Lewis Smith, M.D. Clin. Lecturer on Diseases of Children in Bellevue Hospital, Med. College, etc. Third Edition, enlarged and Revised, with Illustrations. Philadelphia: Henry C. Lea. Toronto: Hart and Rawlinson.

It is not a little gratifying to the author that his work has already ran through two editions, and a third has been called for. Many additions and improvements have been made in the present edition, and several diseases not treated of in former

editions have been introduced, such as Rotheln, cerebro-spinal fever, &c. The author being connected with several institutions for the treatment of children in New York, is enabled to bring his extensive experience to bear on the subject in the most practical way. The modes of treatment recommended by him, have in every instance been fully tested by experience. His remarks on the pathology and treatment of diphtheria, will be read with interest by many practitioners. We have no hesitation in recommending the work to our readers.

A TREATISE ON THERAPEUTICS, MATERIA-MEDICA, AND TOXICOLOGY, by H. C. Wood, M.D., of the University of Pennsylvania. Second Edition revised and enlarged. Philadelphia: J. B. Lippincott, & Co. Toronto: Willing and Williamson.

It is only about a year ago since this work was first published, and now a second edition has been called for. The work was favorably received from the first, and we have no doubt the present volume will be equally popular. Many additions have been made, and some portions rewritten. We find among the additions a description of several new remedies and their uses, such as eucalyptus, picric acid, gelseminum, jaborandi, salicylic acid, &c., &c.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF PHILADELPHIA, by James Tyson, M.D. J. B. Lippincott and Co.

A TREATISE ON DISEASES OF THE NERVOUS SYSTEM, by Wm. A. Hammond, M.D. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

COMMON SENSE IN THE HOUSEHOLD, by Marion Harland. Toronto: Belford Bros.

Births, Marriages, and Deaths.

In Kingston, on April 7th, Francis M. Wafer, M.D., aged 45 years.

At Granby, Quebec, on the 27th of July, 1875, Dr. Bergeron, aged 47 years.

At Jacksonville, Florida, March 29th, Dr. William Fry, in the 36th year of his age.

At his residence, in Belleville, Ont., 30th March, Rufus Holden, M.D., aged 67 years.

At her residence, in Tilsonburg, April 12th, the beloved wife of Dr. A. J. Masecar, aged 33 years.

PURE COD-LIVER OIL,

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

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

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



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

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

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

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

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

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

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

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

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

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BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

SESSIONS OF 1875-76.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1875-76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 29, 1875, and end about the 1st of March, 1876.

Faculty :

ISAAC E. TAYLOR, M.D., Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College.
 JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery.
 FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
 W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.
 LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.
 ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.
 WILLIAM T. LUSK, M.D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
 EDMUND R. PEASLEE, M.D., LL.D., Prof. of Gynecology.
 EDWARD G. JANEWAY, M.D., Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.
 AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
 ALPHEUS B. CROSBY, M.D., Prof. of Descriptive and Surgical Anatomy.
 R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otolaryngology.
 JOHN P. GRAY, M.D., Professor of Psychological Medicine and Medical Jurisprudence.
 EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery, etc.
 EDWARD G. JANEWAY, M.D., Professor of Pathological and Practical Anatomy. (Demonstrator of Anatomy.)

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital.

The Summer Session will consist chiefly of Recitations from Text-books. This term continues from the middle of March to the end of June. During this Session there will be daily recitations in all the Departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

Fees for the Regular Session.

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

Fees for the Summer Session.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	50 00
Dissecting (Ticket valid for the following Winter).....	10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College.

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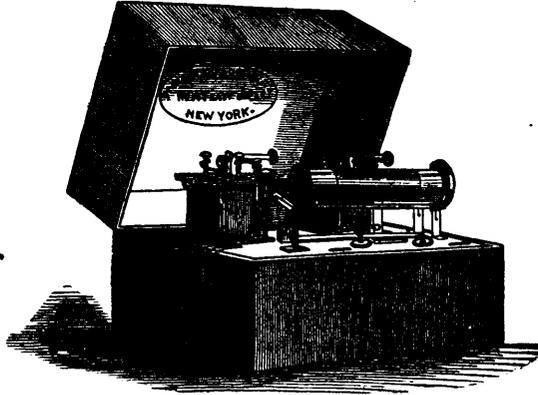
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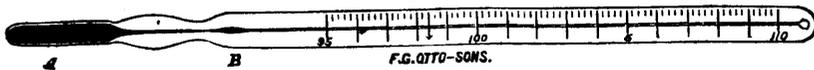
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" Co.	0 23	"		" Donovan	0 28		Syr. Aurant.	"	0 20
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Chloroform	1 40	lb.		" Olivæ Opt.	0 30	"	Tinct. Aconit.	"	0 24
Cinchon, Sul.	0 60	oz.		Opium.	0 70	oz.	" Arnica	"	0 24
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Ferrum Reduct.	0 15	"		" Co.	2 40	"	" Zincl.	"	0 40
Hydrarg., Chlor.	0 15	"		" Jalapa.	2 00	"	Vin. Ipecac.	8 oz. bot.	0 30
" C Creta	0 12	"		Quinæ Sul.	2 60	oz.	" Antim.	"	0 20

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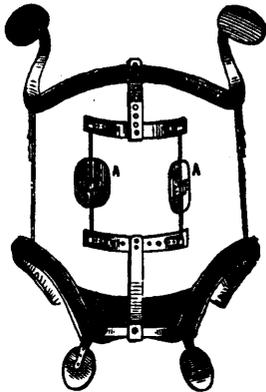
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Fig. No. 14.

Improved Centripetal SPINAL LEVER,



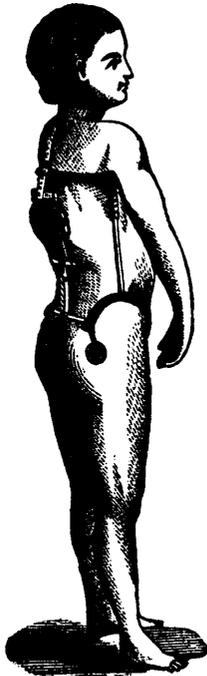
Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

Fig. No. 12.

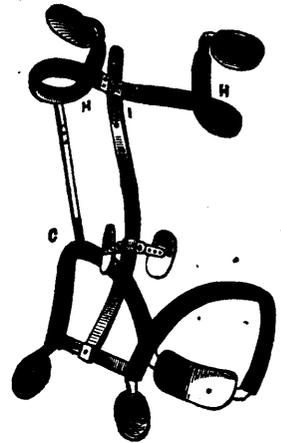


The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

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

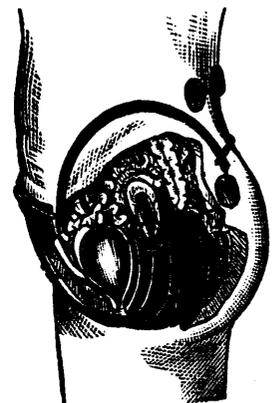


3d From each armpit to corresponding tip of hip bone.
4th Height of person. All measures to be in inches.
Measure over the linen, drawing tape measure moderately tight.



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

Fig. No. 7.



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

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