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

(Index next page.)

Vol. XV. }  
No. 7. }

TORONTO, MARCH, 1883.

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Blancard's Pills are specially recommended by the medical celebrities of the world for scrofula, (Tumours, King's Evil, etc.), the early stage of consumption, Constitutional Weakness, Fearfulness of Blood, and for provoking and regulating its periodic course. The genuine have a reactive silver seal attached to the lower part of the cork, and a green label on the wrapper, bearing the facsimile of the signature of

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Pharmacia, rue Bonaparte, 46, Paris.  
without which none are genuine.

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THE

Last Saturday of every Month.

# Puttner's Emulsion of Cod Liver Oil,

WITH HYPOPHOSPHITES OF LIME AND SODA, PANCREATINE, &c.,

PREPARED AFTER THE FORMULA OF

C. E. PUTTNER, Ph. M., Instructor of Pharmacy, Halifax College.

**PUTTNER'S EMULSION** was awarded First Diploma at the Provincial Exhibition, held at Halifax, in 1881.

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The leading Physicians throughout the Dominion are prescribing **PUTTNER'S EMULSION**, and speak very highly of its merits as a pharmaceutical preparation. No further proof of this is needed than a perusal of the following testimonials:

Mr. C. E. PUTTNER has shown me the composition of the preparation sold under the name of "**Puttner's Emulsion of Cod Liver Oil and Hypophosphites**." I believe the combination to be good and well suited for persons suffering from some of the diseases of the lungs and digestive organs. I think it will also be found very useful in cases where the nervous system is impaired in tone and debilitated.

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Consulting Physician P. & C. Hospital.  
HALIFAX, N.S.

### MEDICAL STAFF HALIFAX DISPENSARY.

We, the undersigned physicians, attached to the Halifax Dispensary whose names are appended to this certificate, having had frequent occasion to prescribe "**Puttner's Emulsion of Cod Liver Oil, Hypophosphites, &c.**," have much pleasure in stating that we have every reason to be satisfied with the results from its use, having found it not only an efficient and reliable remedy, but also one which could be taken without any of the disagreeable effects which so frequently follow the use of Cod Liver Oil.

THOS. TRENAMAN, M.D., Visiting Surgeon.  
CHAS. D. RIGBY, M.D., Surgeon.  
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H. P. CLAY, M.D., Visiting Surgeon.

The Physicians of Ontario informed your agent, who has lately interviewed them, that one great advantage **Puttner's Emulsion** holds over all others is that it is easily digested, and their delicate patients after rejecting all other Emulsions can retain **Puttner's** with ease.

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Continues to receive cases of Opium Habituation at his residence, 185 Livingston Street, Brooklyn N.Y., to whom he devotes his special professional attention. Number limited—four—and select. None but opium habitues admitted. Advantages: handsomely furnished apartments, desirable privacy, a liberal cuisine, cheerful social surroundings, and personal professional attention based upon several years' experience in the management of this disease. Details on application.

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DEAR SIRS,—I prescribe your "**Emulsion of Cod-Liver Oil with Hypophosphites**" largely in my practice with most gratifying results. You may use my opinion in any way you desire. I cannot speak too highly of your preparation.

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PORT HILL, P.E.I., April 7th, 1882.

interviewed them, that one great advantage **Puttner's Emulsion** holds over all others is that it is easily digested, and their delicate patients after rejecting all other Emulsions can retain **Puttner's** with ease.

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## College of Physicians & Surgeons

OF ONTARIO.

The Professional Examinations will be held in the College Building, Toronto, and in the City Hall, Kingston, on

**TUESDAY, THE 3RD OF APRIL 1883,**

Commencing at 9 o'clock, A.M.

Candidates for Final Examination will present themselves at either place at the time stated.

Candidates will present themselves for the Final Oral Examination at Toronto, on Tuesday, the 10th of April, at 10 o'clock, a.m., or at Kingston, on Thursday, the 12th of April, at 4 o'clock, p.m.

Candidates for Primary Examination will present themselves at Kingston, on Friday, the 4th of April, at 4 p.m., or at Toronto on Monday, the 16th of April, at 2 p.m.

Applications for the Examinations, tickets, etc., together with the Treasurer's receipt, are to be presented to the Registrar not later than the 27th of March, 1883.

All fees to be paid to the Treasurer, W. T. Aikins, M.D. 282 Jarvis Street, Toronto, two weeks prior to the Examinations.

By order,

R. A. PYNE, Registrar.

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VOL. XV.

TORONTO, MARCH 1883.

No. 7.

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INCORPORATED 1866.

A Hospital for the treatment of Alcoholism and the Opium Habit.

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Linnacy and Nervous Diseases, Ailments of Women. This veteran establishment—located in a beautiful town of twelve thousand inhabitants, on the Canada and New York express railway, Connecticut River R.R., with gas, public water from mountain streams, free public library, opera house, paved walks, charming scenery, a protected inland location and climate, choice society, and at a distance from New York permitting a visit and return, either way, the same day—has been of late further equipped and improved. Steam heat has been introduced. The proprietor and founder is confident that it is now better suited than ever before to satisfy the eminent physicians who have honored it with their recommendations, as well as the class of invalids to whom comfort or luxury are indispensable. Progressive, selected studies, in certain mental cases a specialty. Original methods in managing and treating alcohol and narcotic habitués.

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*Dominion Medical Journal*—Vol. II., No. 9.

*Canada Lancet*—Vol. III., Nos. 2 and 4.

*Provincial Medical Journal*, Halifax, 1868.

*Annual Announcement of College of Physicians and Surgeons of Ontario*—1st ('69-'70), 4th ('72-'73), 5th ('73-'74), 7th ('76-'77).

*Annual Announcements*, prior to 1870, of *Toronto School of Medicine* and *Victoria College (Rolph's School)*.

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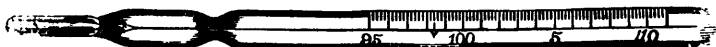
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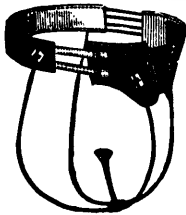
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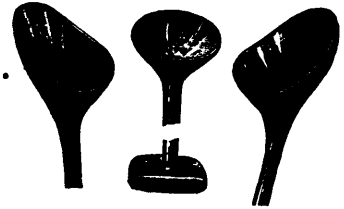
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Known as Reliable nearly 50 years for  
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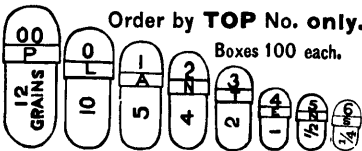
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In chemical composition, Cosmoline [Unguentum Petrolei] is an oleaginous hydrocarbon, corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of formulae  $C_{16}H_{34}$  &  $C_{16}H_{32}$ . It contains but a small percentage of the paraffines and olefines, corresponding to the formulae  $C_7H_{16}$  and  $C_7H_{14}$ , respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification, no acids, alkalis, or other chemicals are employed, and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and an unctuous feel and a slightly tarry taste.

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Physician to the Pennsylvania Free Dispensary for Skin Diseases.

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**Preparation.**—For an infant under three months mix one teaspoonful of the Food with ten of hot or cold water, hold over the gas, lamp, or stove with constant stirring, until it has boiled two or three minutes. Cool to about blood heat, and give in feeding bottle. For a child three to ten months old, mix in proportion of eight of water to one of Food. For a pap in proportion of five of water to one of Food.

**Value.**—Containing only Milk, Wheaten Bread Crust, and Cane Sugar (as stated in No. 1), this Food supplies all the elements necessary for complete alimentation in the most easily assimilable form; the milk furnishing casein, albumen, hydrates of carbon and sugar of milk, while the wheaten bread crust supplies nitrogen, and is especially rich in saline matter, particularly in potash salts, mainly in the form of Phosphates, and carbon is obtained from the cane sugar. It makes pure blood, firm flesh, hard muscle, and tough bone. It is a sure preventive of summer complaint, and by its use the bowels can be kept in just the state desired. The simplicity of its preparation, and the uniformity obtained are two points the value of which cannot be overestimated.

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

We shall shortly address you with reference to this Food as a substitute for woman's milk and cow's milk.

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

**THOMAS LEEMING & CO., Sole Agents,  
MONTREAL, P. Q.**

For a perfectly pure condensed milk, free from starch of any kind, try **Nestle's**.

Fig. No. 8 is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

THE IMPROVED BODY BRACE.  
FIG. 8.



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



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

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Mechanical Support

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

PRACTITIONERS

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

Yield Readily to our System of Support.

AN EXPERIENCED PHYSICIAN IN ATTENDANCE FOR CONSULTATION.

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Send for our Descriptive Pamphlet.

FIG. 19.



HOW TO MEASURE FOR ANY OF THESE APPLIANCES  
1st. Around the body, two inches below the tip of hip bone.  
2nd. Around the chest, close under the arms.

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

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

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**FOR PHYSICIANS' PRESCRIPTIONS.**

Prepared according to the Pharmacopoeias of the United States and Great Britain, and Recipes of eminent medical practitioners. Comprising a list of more than three hundred recipes.

The manufacture of officinal and other pills has been on our part confined to those coated with sugar and round in shape; because, our extended experience covering a period of more than a quarter of a century, convinces us that sugar, when properly applied, is the only correct material with which to coat a pill. As regards shape, a round substance is more easily swallowed than one which is flattened or pointed, there being no art in deglutition which would enable it to pass endwise or on edge.

We also claim that by our process, no sub-coating of insoluble shellac is necessary: that the direct application of heat is entirely avoided and that the preservative properties of sugar, the tendency being to attract rather than to yield moisture, as gelatine does, prevent the drying and hardening of the pills.

These facts are well worthy the attention of the Medical Profession everywhere, especially, in these times of sharp competition when opportunities are afforded for presenting goods that are cheap, apparently, but of their real value little can be said.

The use of such goods is sure to cast disfavor upon the class of Medicines employed, hence the Physician and Druggist are not the only ones affected by the lack of expected results but likewise the patient, and the preparations of reputable manufacturers.

We have to thank the Profession for their very liberal endorsement and patronage and the encouragement given us in the maintenance of the integrity of our laboratory productions, and trust that in the future, as in the past, care will be taken to Specify **WARNER & Co.'s** Manufacture when prescribing or ordering.

*Respectfully,*

**WM. R. WARNER & CO.**

**PHILADELPHIA & NEW YORK.**

MANUFACTURING CHEMISTS,

## **WARNER & CO.'S SOLUBLE QUININE PILLS.**

**CONTAINING 1, 2, 3 and 5 GRAINS.**

"An analysis of seven samples of Quinine Pills, obtained without the knowledge of the manufacturers, was made and published in the American Journal of Pharmacy, by me, and those made by Wm. R. Warner & Co. were found to be correct as to quantity and purity of Quinine."

*Philadelphia, December 22, 1882.*

[Signed,]

**HENRY TRIMBLE.**  
Analytical and Manufacturing Chemist.

**SOLUBLE. RELIABLE. PERMANENT.**

**A SELECTED LIST OF WARNER & CO.'S SOLUBLE SUGAR-COATED PILLS.**

**CLASSIFIED FOR CONVENIENCE IN PRESCRIBING.**

ALTERATIVES.		ANTIPERIODICS, Cont'd.		ASTRINGENTS.		TONICS, Continued.	
	Per 100		Per 100		Per 100		Per 100
<b>ALTERATIVE.</b> .....	50	<b>ANTI-CHILL</b> .....	1 00	<b>ASTRINGENT</b> .....	60	<b>ALOES ET NUC VOM.</b> .....	50
{ Mass. Hydrarg. 1 gr. }		{ Chinoidin, 1 gr. }		{ Ext. Geranii 2 grs. }		{ Pulv. Aloes Soc. 1 1/2 gr. }	
{ Pulv. Opil. 1 gr. }		{ Ferri Ferrocyanid, 1 gr. }		{ P. Opil. 1/2 gr. }		{ Ext. Nuc. Vomice 1/2 gr. }	
{ Pulv. Ipecac. aa 1/2 gr. }		{ Ol. Piper. Nig. 1 gr. }		{ Ol. Menth. Pip. 1-20 grs. }		<b>ASSAFETIDÆ COMP.</b> .....	40
<b>ANTIMONY COMP. U. S. P.</b> .....	40	{ Ac. Arsenious, 1-20 gr. }	1 75	{ Ol. Res. Zing. 1-20 grs. }		{ Assafetide, 2 grs. }	
<b>CALCIUM SULPHIDE, 1-10 gr.</b> .....	40	<b>ANTI-MALARIAL.</b> .....	1 75	<b>OPIL ET PLUMBI ACET.</b> .....	60	{ Ferri Sulph. Exsic. 1 gr. }	
<b>CALCIUM SULPHIDE, 1/2 gr.</b> .....	60	{ Quiniaz Sulph. 1 gr. }		{ Pulv. Opil. 1/2 gr. }		<b>DAMIANA CUM PHOSPH.</b> .....	1 50
<b>CALCIUM SULPHIDE, 1/4 gr.</b> .....	75	{ Cinchoniz Sulph. 1/2 gr. }		{ Plumbi Acet. 1 1/2 gr. }		ET NUC VOM.....	
<b>CALCIUM SULPHIDE, 1 gr.</b> .....	1 00	{ Ferri Sulph. Exs. 1/4 gr. }				{ Ext. Damiana, 2 grs. }	
<b>CALOMEL, 1/2 gr. 1, 2 and 3 grs.</b> .....	40	{ Ac. Arsenious, 1-40 gr. }	1 00	<b>CATHARTICS.</b> .....	50	{ Phosphori, 1-100 gr. }	
<b>COFAIRÆ, U. S. P.</b> .....	50	<b>ANTI-MALARIAL.</b> .....	1 00	<b>CATHARTIC COMP. U. S. P.</b> .....	50	{ Ext. Nuc. Vom. 1/2 gr. }	
<b>COFAIRÆ, U. S. P.</b> .....	80	{ (Phisadelphia.) }		<b>CATHARTIC COMP. IMPROVED.</b> .....	50	<b>FERRI (Quevennes) 2 grs.</b> .....	75
{ Pil. Copalb. }		{ Ferri Sulph. 1 gr. }		{ Ext. Coloc. Comp. }		<b>FERRI CABR. (Vallet's)</b> .....	40
{ Resin Guaiac. }		{ P. Capsicum, 1/2 gr. }		{ Ext. Jalap. }		{ U. S. P. 3 grs. }	50
{ Ferri Citrat. }		{ Cinchonid. Sulp. 2 grs. }		{ Podophyl. Leptandrin, }		<b>FERRI CITRAT. 2 grs.</b> .....	50
{ Oleo-Resin Cubebæ. }		{ Strychnis, 1-30 gr. }	1 75	{ Ext. Hyosciami, }		<b>FERRI IODID. 1 gr.</b> .....	80
<b>DUPUYTREN.</b> .....	50	<b>QUINIAZ CUM CAPSICUM.</b> .....	1 75	{ Ol. Menth. Pip. }		<b>FERRI ET QUAS. ET NUC. VOM.</b> .....	75
{ Pulv. Guaiac. }		{ Quiniaz Sulph. 1 gr. }		<b>CATHART. COMP. CHOLAGOGUE.</b> .....	60	{ Fer. per Hydrag. 1 1/2 gr. }	
{ Hyd. Chlor. Cor. 1-10 gr. }		{ Capsic. 1/2 gr. }	80	{ Res. Podophylli, 1/2 gr. }		{ Ext. Quassia, 1 gr. }	
{ Pulv. Opil. 1/2 gr. }		<b>ANTI-PERIODIC.</b> .....	80	{ Pil. Hydrag, 1/2 gr. }		{ Ext. Nuc. Vom. 1/2 gr. }	
<b>GOROBENEA.</b> .....	60	{ (Cinchoniz Sulph. 1 gr. }		{ Ext. Hyosciami, 1/2 gr. }		<b>FERRI ET STRYCHNIE.</b> .....	75
{ Pulv. Cubebæ, 2 grs. }		{ Res. Podophylli, 1-20 gr. }		{ Ext. Nuc. Vom. 1-16 gr. }		{ Ferri per Hydr. 2 grs. }	
{ Bals. Copalb. Solidi, 1 gr. }		{ Strychnis Sul. 1-33 gr. }		{ Ol. Res. Capsici, 1/2 gr. }		{ Strychnis, 1-6 gr. }	
{ Ferri Sulph. 1/2 gr. }		{ Gelsemin, 1-20 gr. }		<b>GAMBEGIÆ COMP.</b> .....	40	<b>FERRI SULPH. Exs. 2 grs.</b> .....	40
{ Terebinth. Venet. 1 1/2 grs. }		{ Ferri Sulph. Exs. 1/4 gr. }		{ Pulv. Gambogis, }		<b>NEURALGIC.</b> .....	3 00
<b>HYDRARGYR. U. S. P. 3 grs.</b> .....	75	{ Ol. Res. Capsici, 1/2 gr. }	50	{ Pulv. Aloes Socot. }		{ Quiniaz Sulph. 1-20 grs. }	
<b>HYDRARGYR. U. S. P.</b> .....	40	<b>CHINOIDIN, 2 grs.</b> .....	1 00	{ P. Zingib. Jam. }		{ Strychnis, 1-30 gr. }	
{ Mass. Hydrarg. 1 gr. }		<b>CHINOIDIN COMP.</b> .....	1 00	{ P. Saponis, 1/2 gr. }		{ Acid Arsenious, 1-20 gr. }	
{ Pulv. Opil. 1/2 gr. }		{ (Ferri Sulph. Exsic. 1 gr. }		{ P. Saponis, 1/2 gr. }		{ Ext. Acetoni, 1/2 gr. }	
{ Pulv. Ipecac. 1/4 gr. }		{ Piperina, 1/2 gr. }	75	<b>HEPATICÆ.</b> .....	80	<b>NEURALGIC. (Brown Sequ'd)</b> .....	2 00
<b>HYDRARG. IOD. ET OPIL.</b> .....	75	<b>CINCHONIDIA SULPH. 2 grs.</b> .....	75	{ Pil. Hydrag, 3 grs. }		{ Ext. Hyosciami, 1/2 gr. }	
{ (Ricord's.) }		<b>CINCHONIDIA SALIC. 2 1/2 grs.</b> .....	1 75	{ Ext. Coloc. Co. 1 gr. }		{ Ext. Conil. 1/2 gr. }	
{ Hydrag. Iodid. 1 gr. }		<b>CINCHONIDIA SULPH. 1 gr.</b> .....	1 55	{ Ext. Hyosciami, 1 gr. }		{ Ext. Ignat. Amar. 1/2 gr. }	
{ Pulv. Opil. 1/2 gr. }		<b>CINCHONIDIA SULPH. 2 grs.</b> .....	1 85	<b>PODOPHYLLIN, 1 gr.</b> .....	75	{ Ext. Opil. 1/2 gr. }	
<b>IODOFORM ET FERRI.</b> .....	2 00	<b>CINCHONIDIA SULPH. 3 grs.</b> .....	1 95	{ Pulv. Rhel. }		{ Ext. Acetoni, 1/2 gr. }	
{ Iodoform, 1 gr. }		<b>CINCHONIDIA SULPH. 1 gr.</b> .....	90	{ Mass. Hydrag. }	4 grs.	{ Ext. Cannab. Ind. 1/2 gr. }	
{ Ferri Redact. 1 1/2 gr. }		<b>QUINIAZ SULPH. 1 gr.</b> .....	1 40	{ Sodii Carb. Exs. }		{ Ext. Stramon. 1-5 gr. }	
<b>IODOFORM ET FERRI, ET</b> .....	2 00	<b>QUINIAZ SULPH. 2 grs.</b> .....	2 75	<b>HYDRABTIN, 1/2 gr.</b> .....	85	{ Ext. Belladon. 1-6 gr. }	
{ NUC VOM. }		<b>QUINIAZ BI-SULPH. 1 gr.</b> .....	1 40	<b>LEPTANDRIN, 1/2 gr.</b> .....	40	<b>QUINIAZ COMP.</b> .....	1 75
{ Iodoform, 1 gr. }		<b>QUINIAZ BI-SULPH. 2 grs.</b> .....	2 75	<b>PODOPHYLLIN, 1/2 gr.</b> .....	40	{ Quiniaz Sulph. 1 gr. }	
{ Ferri Redact. 1 gr. }		<b>QUINIAZ BI-SULPH. 3 grs.</b> .....	4 00	<b>PODOPHYLLIN, 1 gr.</b> .....	50	{ Fer. Carb. (Vall.) 2 grs. }	
{ Ext. Nuc. Vom. 1/2 gr. }		<b>QUINAMINE, 1 gr.</b> .....	1 35	<b>RHEI COMP. U. S. P.</b> .....	75	{ Acid Arsenious, 1-60 gr. }	
<b>IODOFORM, 1 gr.</b> .....	1 60	<b>QUINAMINE, 2 grs.</b> .....	1 95	{ Pulv. Rhel. 2 grs. }		<b>QUINIAZ ET FERRI.</b> .....	1 75
<b>POLASS. IODID. 2 grs.</b> .....	85	<b>QUINAMINE, 3 grs.</b> .....	1 95	{ Pulv. Aloes Socot. 1 1/2 gr. }		{ Quiniaz Sulph. 1 gr. }	
<b>ACID ARSENIOS, 1-20, 1-30</b> .....	40			{ Myrrh, 1 gr. }		{ Fer. per Hydrag. 1 gr. }	
and 1-50 grs.}	40			<b>DIAPHORETICS.</b> .....	60	<b>QUINIAZ ET FERRI CIT. 2 grs.</b> .....	1 40
<b>MERCURY IODIDE, 1/2 gr.</b> .....	40			{ Ol. Menth. Pip. }		<b>QUINIAZ ET FERRI ET</b> .....	1 75
<b>MERCURY IODIDE, 1/4 gr.</b> .....	50					{ STRYCH. PHOS. 1 gr. }	
<b>MERCURY IODIDE RED. 1-10 gr.</b> .....	50					{ Ferri Phos. 1 gr. }	
						{ Strychnis Phos. 1-60 gr. }	
						<b>QUINIAZ IODOFORM ET FERRI.</b> .....	3 00
						{ Iodoform, 1 gr. }	
						{ Fer. Carb. (Vall's) 2 grs. }	
						{ Quiniaz Sulph. 1 gr. }	
						<b>QUINIAZ ET FERRI, (Valer) 2 grs.</b> .....	3 50
						<b>TONIC.</b> .....	60
						{ Ext. Gentiane, 1 gr. }	
						{ Ext. Humuli 1/2 gr. }	
						{ Ferri Carb. Sacch. 1/2 gr. }	
						<b>EXT. NUC VOM. 1-20 gr.</b> .....	
						{ Res. Podophylli, 1-25 gr. }	
						{ Ol. Res. Zingiber 1/2 gr. }	
						<b>ZINCI PHOSPHIDE AND NUC VOM</b> .....	1 00
						{ Zinci Phos. 1/2 gr. }	
						{ Ext. Nuc. Vom. 1/2 gr. }	
						<b>STRYCHNIE, 1-16, 1-20, 1-30, 1-32,</b> .....	40
						1-4 and 1-60 grs. }	
						<b>STRYCHNIE SULPH. 1-32 gr.</b> .....	40
						<b>ZINC PHOSPHIDE, 1-6 and 1/4 gr.</b> .....	75
						<b>PIL. PHOSPHORI, 1-25, 1-50,</b> .....	1 00
						1-100 grs. }	1 00
						<b>PIL. PHOSPHORI COMP.</b> .....	1 50
						{ Phosphori, 1-100 gr. }	
						{ Ext. Nuc. Vom. 1/2 gr. }	
						<b>PIL. PHOSPHORI CUM NUC VOM</b> .....	1 50
						{ Phosphori, -50 gr. }	
						{ Ext. Nuc. Vom. 1/2 gr. }	
						<b>PIL. PHOSPHORI CUM FERRO</b> .....	1 50
						{ Phosphori, 1-50 gr. }	
						{ Ferri Redact. 1 gr. }	
						<b>PIL. PHOSPHORI CUM FERRO ET</b> .....	1 50
						<b>NUC VOM.</b> .....	
						{ NUC VOM. -100 gr. }	
						{ Ferri Carb. 1 gr. }	
						{ Ext. Nuc. Vom. 1/2 gr. }	
						<b>PIL. PHOSPHORI CUM FERRO</b> .....	2 75
						<b>QUINIAZ ET NUC VOM.</b> .....	
						{ Phosphori, 1-100 gr. }	
						{ Ferri Carb. 1 gr. }	
						{ Quiniaz Sulph. 1/2 gr. }	
						{ Ext. Nuc. Vom. 1/2 gr. }	
						<b>PIL. PHOSPHORI CUM QUINIA</b> .....	2 75
						{ Phosphori, 1-50 gr. }	
						{ Quiniaz Sulph. 1 gr. }	
						<b>PIL. PHOSPHORI CUM QUINIA Co</b> .....	2 00
						{ Phosphori, 1-50 gr. }	
						{ Ferri Redact. 1 gr. }	
						{ Quiniaz Sulph. 1-60 gr. }	
						{ Strychnis, 1/2 gr. }	
						<b>QUINIAZ ET FERRI CABR.</b> .....	1 75
						{ Quiniaz Sulph. 1 gr. }	
						{ Ferri Carb. 2 grs. }	

# A CLASS OF MEDICINES EFFICACIOUS AND EASY OF ADMINISTRATION.

GENTLEMEN:—

Although a practitioner of over forty years, I think I may feel privileged to express my great pleasure and appreciation of the new class of remedies prepared by you, called "Parvules." I regard them the greatest improvement in modern medicine, and I could scarcely practice my profession without them, as they are so handy, so convenient and easily taken by children and adults. Their most important quality is their unvarying and *reliable* strength and efficacy. I can obtain with a grain or less of Calomel, with a grain or less of Aloin, and with a grain or less of Podophyllin, divided respectfully into the tenth, twentieth or fortieth part of a grain, in "Parvules," all that I could desire in most cases, and in a more satisfactory manner than in the usual form. I have used successfully a "Parvule" of one-fiftieth of a grain of Sulph. Morphia repeatedly for two or three hours, and have relieved pain without the least nausea or vomiting in patients that could not bear opiates in any other form; I do not know what to attribute this to, except the peculiar mode of preparing the "Parvules," as they are so readily dissolved and absorbed after being taken, and in indorsing them I must disclaim any favoritism or sympathy with Homœopathy; a "Parvule" given every hour it will be seen is not Homœopathy, in theory or practice. I usually give two "Parvules" of Calomel every hour until six or seven doses are taken, and the result is the same as with ten grains of the same, without the embarrassing effect. I give four or five "Parvules" of Aloin, the effect is the same as four or five Cathartic Pills, also with the Podophyllin "Parvules;" they will relieve habitual constipation, derangement of the liver and digestive organs, if given, one or two, three times a day.

I have no doubt that every practitioner who will use these "Parvules" will find the same results which convinced me of their importance and convenience. I have no other medicine chest in my daily rounds, than my pocket case of "Parvules."

Yours very truly,

GEORGE P. REX, M. D.

Reaville, N. J.,

## PARVULES.

Small doses for frequent and easy administration.

<p>Acidi Arseniosi. .... 1-100 gr.  <small>Medical properties—Alterative, Antiperiodic.</small></p> <p>Acidi Salicylici. .... 1-10 gr.  <small>Med. prop.—Antirheumatic.</small></p> <p>Acidi Tannici. .... 1-20 gr.  <small>Med. prop.—Astringent.</small></p> <p>Aconiti Rad. .... 1-20 gr.  <small>Med. prop.—Narcotic, Sudorific.</small></p> <p>Aloin. .... 1-10 gr.  <small>Med. prop.—A most desirable cathartic.</small></p> <p>Alumini. .... 1-10 gr.  <small>Med. prop.—Astringent.</small></p> <p>Ammonii Chloridi. .... 1-10 gr.  <small>Med. prop.—Diuretic, Stimulant.</small></p> <p>Antimonii et Potass. Tart. .... 1-100 gr.  <small>Med. prop.—Expectorant, Alterative.</small></p> <p>Arnice Flor. .... 1-5 gr.  <small>Med. prop.—Narcotic, Stimulant, Diaphoretic.</small></p> <p>Arsenici Iodidi. .... 1-100 gr.  <small>Med. prop.—Alterative.</small></p> <p>Belladonna Fol. .... 1-20 gr.  <small>Med. prop.—Narcotic, Diaphoretic, Diuretic.</small></p> <p>Calomel. .... 1-20 gr.  <small>Med. prop.—Alterative, Purgative.</small></p> <p>Camphoræ. .... 1-20 gr.  <small>Med. prop.—Diaphoretic, Carminative.</small></p> <p>Cantharidis. .... 1-50 gr.  <small>Med. prop.—Diuretic, Stimulant.</small></p> <p>Capsici. .... 1-20 gr.  <small>Med. prop.—Stimulant and Carminative.</small></p> <p>Cathartic Comp. Official. .... 1-3 gr.  <small>Med. prop.—Cathartic.</small></p> <p>Cathartic Comp. Improved. .... 1-3 gr.  <small>Med. prop.—Cathartic.</small></p> <p>Digitalis Fol. .... 1-20 gr.  <small>Med. prop.—Sedative, Narcotic, Diuretic.</small></p> <p>Dover's Powder. .... 1-3 gr.  <small>Med. prop.—Anodyne, Soporific.</small></p> <p>Ergotina. .... 1-10 gr.  <small>Med. prop.—Emmenagogue, Parturient.</small></p>	<p>Ferri Redacti. .... 1-10 gr.  <small>Med. prop.—Tonic.</small></p> <p>Galisemini Rad. .... 1-50 gr.  <small>Med. prop.—Nervous and Arterial Sedative.</small></p> <p>Hydrarg. Bi-Chlor. .... 1-100 gr.  <small>Med. prop.—Mercurial, Alterative.</small></p> <p>Hydrarg. cum Creta. .... 1-10 gr.  <small>Med. prop.—Alterative.</small></p> <p>Hydrarg. Iodid. .... 1-20 gr.  <small>Med. prop.—Alterative.</small></p> <p>Hydrastin. .... 1-20 gr.  <small>Med. prop.—Tonic, Astringent.</small></p> <p>Iodoformi. .... 1-10 gr.  <small>Med. prop.—Alterative.</small></p> <p>Ipecac. .... 1-50 gr.  <small>Med. prop.—Emetic, Expectorant.</small></p> <p>Morphiæ Sulph. .... 1-50 gr.  <small>Med. prop.—Narcotic, Sedative.</small></p> <p>Nucis Vomice. .... 1-50 gr.  <small>Med. prop.—Tonic, Stimulant.</small></p> <p>Opii. .... 1-40 gr.  <small>Med. prop.—Narcotic, Sedative, Anodyne.</small></p> <p>Phosphores. .... 1-200 gr.  <small>Med. prop.—Nerve Stimulant.</small></p> <p>Piperinæ. .... 1-20 gr.  <small>Med. prop.—Tonic, Antiperiodic, Carminative.</small></p> <p>Podophyllini. .... 1-40 gr.  <small>Med. prop.—Cathartic, Cholagogue.</small></p> <p>Potass. Bromidi. .... 1-5 gr.  <small>Med. prop.—Alterative, Resolvent.</small></p> <p>Potass. Arsenitis. .... 1-100 gr.  <small>Med. prop.—Alterative.</small></p> <p>Potass. Nitratis. .... 1-10 gr.  <small>Med. prop.—Diuretic and Refrigerant.</small></p> <p>Quinæ Sulphatis. .... 1-10 gr.  <small>Med. prop.—Tonic, Antiperiodic.</small></p> <p>Santonini. .... 1-10 gr.  <small>Med. prop.—Anthelmintic.</small></p> <p>Strychnis. .... 1-100 gr.  <small>Med. prop.—Nerve Stimulant, Tonic.</small></p>
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THE DOSE of any of the Parvules will vary from one to four according to age, or the frequency of their administration. For instance, one Parvule every hour, or two every two hours, or three every three hours, and so on for adults. For children, one three times a day is the minimum dose.

Price, 40 cts. per bottle of 100 each. Discount for quantities.

Pocket Cases for the use of Practitioners, with 20 varieties, any selection desired. \$6.00 net  
 " 10 " " " " " " 3.50 "  
 " 40 " " " " " " " 12.00 "

WM. R. WARNER & CO., Chemists, PHILADELPHIA and NEW YORK.



**A NEW REMEDY FOR THE TREATMENT OF**  
**Acne, Scrofula and Cutaneous Diseases.**  
**SUGAR-COATED PILLS OF SULPHIDE OF CALCIUM.**

One-Tenth Grain per 100,	.50	One-Half Grain per 100,	.75
One-Quarter " " "	.60	One " " "	\$1.00

Prepared by **WILLIAM R. WARNER & CO.**

Obtainable from all Druggists or sent by mail on receipt of price.

[EXTRACT FROM DR. HOWARD CRANE'S ARTICLE IN THE LONDON LANCET ]

From the great frequency of occurrence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove as a signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

**CASE 1.—G. R.—**, a young lady, age 19, has been troubled for the last five years with acne of the most severe kind. When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, then rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and saw that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1-10 grain to be taken six times daily, and to see me again in a fortnight. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but a few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared.

**CASE 2.—J. C.—**, a young lady twenty years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fortnight. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

**Specify Pills and Granules of Sulphide Calcium Manufactured by**  
**Wm. R. Warner & Co.**

**AN IMPORTANT NEW REMEDY.**

**A POWDER.—PRESCRIBED IN THE SAME MANNER, DOSES AND COMBINATIONS AS PEPSIN.**

**INGLUVIN.**

Ventriculus Callosus Gallinaceus.

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# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

VOL. XV. TORONTO, MARCH, 1883. No. 7.

## Original Communications.

### A NEW MEDICAL BATTERY.

BY A. M. ROSEBRUGH, M.D., TORONTO, ONT.

About two years ago I read a paper before the Toronto Medical Society on the construction of galvanic and faradic batteries, which paper was subsequently published in the *Canada Lancet*. Since then a new departure has been made in the construction of portable galvanic and portable faradic batteries, as well as in the instruments where the two are combined. But perfection has not yet been attained; the model battery has yet to be produced. Medical batteries, though highly finished—even ornamental—are still too complicated and too difficult to be kept in working order, and withal too expensive, to become popular with the profession. We are not all practical electricians, and we require a battery that is simple in its construction, almost automatic in its action, and easily kept in order. As a contribution to this end, I propose to describe a modification of the portable galvano-faradic battery which I have recently adopted with advantage, and to which I wish to call the attention of the profession.

These improvements are two-fold—

1st. In the method of securing the necessary pressure on the hydrostat plate or plates.

2nd. In the method of putting the battery into action and out of action.

This battery was made for me in Toronto, and is a modification of the battery invented by Dr. McIntosh, of Chicago. In the McIntosh battery the horizontal plate to which the elements are attached is padded on the under side to form a hydrostat plate, one-half of which is used to cover the acid-cells when the battery is not in action, while the elements, attached to the remaining half,

are suspended in a drip-cup by the side of said acid-cells. The end of each hydrostat plate is pressed down upon the cells by means of spring bolts and clamping screws. This latter arrangement is quite effective but very inconvenient, as much time is spent in clamping and unclamping the plates—not merely when the battery is taken to the bedside of the patient, but also of necessity whenever the battery is used. In the new battery the pressure upon the hydrostat plates is made automatic by simply placing bearings upon the lid of the battery case. When the lid is closed the acid-cells are firmly covered, and when the lid is open the bearings are removed and the plates may be moved without loss of time. Again, in the McIntosh battery, when the apparatus is used each hydrostat plate (with the elements attached) is raised from the drip-cup, rotated upon its horizontal axis, and the elements immersed in the acid solution. When the *séance* is ended, each hydrostat plate is lifted from the fluid, and, before it can be replaced in the drip-cup, must again be rotated upon its horizontal axis. This manipulation is not specially inconvenient, but unfortunately the dripping of the acid solution from the zinc and carbon elements commences before the horizontal rotation is completed, and, unless very special care is taken, the metal parts on contiguous plates are liable to become spattered. This is obviated by the expedient illustrated in the accompanying figures.

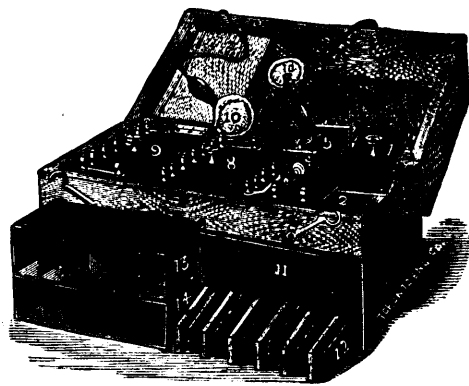


FIG. 1.—The elements at rest. 7, 8, 9. The three hydrostat plates in position. 2. The extra space to the right for overlapping of the first hydrostat plate (containing the induction coil.)

Fig. 1 represents the position of the hydrostat plates of an eighteen-cell combined galvano-faradic battery when the elements are at rest. The elements from 1 to 18 are resting in the drip-cups, six

pairs being attached to each of the four hydrostat plates, and on the left hand side thereof. The overlapping part of each hydrostat plate covers the top of six acid cells, which latter are to the right of each drip cup. In the McIntosh battery the elements of any one series, as from 7 to 12, can be immersed in two ways: first, by lifting and then rotating on the horizontal axis, and second by allowing the projecting hydrostat plate to override the screw-cup, on the adjoining plate to the right (1 to 6). Both methods are objectionable, the latter obviously so, and the former for reasons already named.

In the apparatus as modified by me the battery-case is elongated to the right, to the extent of half the width of a hydrostat plate, so as to provide a space for overlapping to that extent. When the elements of the first series (1 to 6) are immersed, space is left for the overlapping of the hydrostat plate of the second series, which, in turn, makes way for the third, and so on. When the third series of elements are immersed, the end drip-cup to the left is left uncovered. This may be covered by the narrow plate or cover removed from the right, as represented in Fig. 2.

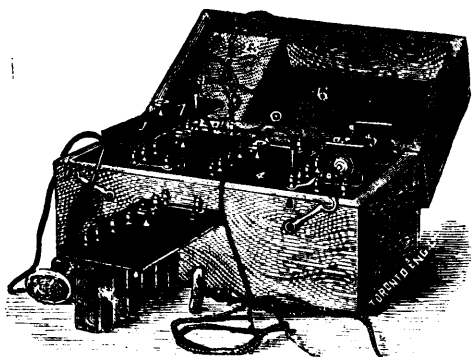


FIG. 2.—The elements immersed. 6. Spring-wire connecting the 1st and 2nd series of elements. 7. Spring-wire connecting 2nd and 3rd series. 1. The cover for the space left to the left of the case when the elements are immersed.

The screw-cups 6 and  $6\frac{1}{2}$  of the first and second series, and 12 and  $12\frac{1}{2}$  of the second and third series, are connected by a spring or wire, this connection being facilitated by the supplemental posts  $6\frac{1}{2}$  and  $12\frac{1}{2}$ . The positive electrode is connected with No. 1, and the negative with No. 18. The cord of the negative electrode is bifurcated, so that, by a step by step arrangement, the number of

elements in circuit may be increased or diminished gradually without breaking the circuit.

By these modifications the battery is ready for use as soon as the lid is open. The elements may be displaced to the right and back again to the left without loss of time and without being rotated: and, moreover, in the original battery, any one of the zinc or carbon plates may be easily removed, repaired, or replaced without the help of an electrician.

To sum up, the advantages claimed for the new battery are as follows: 1, cleanliness; 2, economy of time; 3, simplicity in management; 4, simplicity of construction.

#### BRIEF DIRECTIONS FOR OPERATING THE BATTERY.

*The Acid Solution.* — Bisulphate of mercury  $\zeta$ iv.; bicromate of potash (pulverized)  $\zeta$ iii.; sulphuric acid (pure)  $\zeta$ iv.; water  $\zeta$ xxx. It should stand two or three hours to cool, before using. The cells should be filled a little more than half full. The mercury bi-sulphate keeps the zinc plates amalgamated, and prevents them from corroding. After using the battery, say 12 or 15 times, a little fresh battery solution may be added, but the cells should not be filled more than two-thirds full; it is well to keep a supply of the solution ready prepared. After using the faradic current 8 or 10 times the weakened solution may be withdrawn from No. 1 cell, with a syringe, and a fresh solution substituted.

*The Hydrostat.* — The battery is constructed so that when the case is closed and locked, pressure is exerted upon the soft rubber hydrostat pad (14 Fig. 1), and the acid solution is kept from spilling. The top of the cells should be perfectly even, and nothing should be allowed to accumulate on top or underneath them, or on the bottom of the box. In case of a long journey it is well to make the hydrostat doubly secure by increasing the pressure. This can be done by inserting 1, 2, or more thicknesses of blotting paper under the cells on the bottom of the box. Special care should be taken that the empty or drip cells (14) do not stand higher than the cells containing the acid solution, (13,) they might be a trifle lower. Moist sponges should be kept outside the case and the case should always be kept in an upright position.

*To Test the Strength.* — When the solution is fresh any single cell will cause the spring of the

induction coil to vibrate when it is connected with the primary coil at B and P (below No. 1). Simply connecting B with No. 1 post by the wire coil, will test the strength of No. 1 cell, and connecting B with No. 2 post will give the strength of No. 1 and No. 2 together. To test the strength of No. 2 cell separately, the two covered electrode cords are used; one is inserted in B post and the other in P (below No. 1 post), one of the tips of the free ends is inserted in No. 1 post and the other in No. 2 post. By removing the tip from No. 1 post and inserting in No. 3 post—No. 3 cell is tested, and so on. If the second series of plates (7 to 12) are immersed in the acid solution the individual

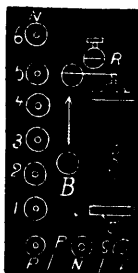


FIG. 3. The faradic coil. B the battery post for one end of spring wire. The other end of wire is inserted in 1 or 2 post. S, the posts for the secondary or induced current.

cells may be tested in the same manner. No. 8 cell is tested by inserting one of the free tips in No. 7 post and the other in No. 8, and so on. To prevent confusion in this test, it is well to have one of the branches of the bifurcated cord eliminated, as for instance, by tying it up in a knot.

After the cells have been used 10 or 12 times for 10 or 15 minutes at a time, the strength will be reduced so that it may require the current from two cells to operate the vibrator. When the strength of the solution is so reduced that two or 3 cells will not affect the induction coil, the battery should be charged with a fresh solution. A weak solution cannot be depended upon. The point of the screw should just touch the platinum projection on the vibrator, and the hammer on the end of the vibrator should stand about  $\frac{1}{8}$  of an inch from the end of the core of the induction coil. It is sometimes necessary to start the vibrator with the finger. The elements should not remain in the solution longer than necessary. After being used they should be rinsed, but they should not remain long in water. The drip cups should be emptied occasionally.

In testing the strength of the faradic current it is sufficient to connect the cords [to N and P (secondary)] and take a moistened electrode in each hand. The strength of the faradic current is increased by withdrawing the tube from the core of the induction coil, (and between the two secondary posts N. and P.)

The strength of the galvanic current (constant current) is roughly tested by applying the two electrodes to the forehead an inch or two apart. Six cells should cause a burning sensation, and a flash of light when one electrode is removed. A galvanometer is more accurate.

The weakest faradic or induced current is derived from P.P.N.,—the strong from N.<sup>S</sup>P.

THE NEW YORK MEDICAL CODE.—The members of the State Medical Society at Albany, by a vote of 105 to 99 have approved the new code of ethics by which allopathic physicians are allowed to consult with any legally qualified practitioner. The closeness of the vote, however, indicates how strong a feeling exists against the change among the conservative members of the profession; but when the new code has been in force longer, its opponents probably will be more reconciled to it.

#### NOTES OF A CASE OF SEVERE RAILWAY INJURY.

BY J. F. MACDONALD, M. D., HOPEWELL, N. S.

(Reported by Mr. I. M. Maclean)

On the ninth of August last, C. B., æt. 58, while employed with his fellow workmen on the Railroad track, was struck down by an approaching engine, the wheels of which passed over his left leg above the ankle, so severely lacerating the soft parts and crushing the bones as to necessitate amputation three inches below the knee. Some projecting part of the engine entered the perineum, severed the sphincter ani, injured the os pubis and, making its way to the bladder, produced a ragged wound in the neck of that viscus, of fully an inch in length, through which the urine constantly found an exit.

The amputation was performed as soon as possible after the accident, and the perineal wound thoroughly cleansed and dressed anti-septically. Owing to the peculiar situation and the severity of the perineal wound, the introduction of a catheter

was found to be impracticable for the first five or six days, and, as a consequence, the continuous dribbling of urine rendered a very frequent renewal of the dressing necessary. Even after the successful passing of the instrument, the flow of urine did not entirely cease, this being sufficiently accounted for, by the size of the laceration in the neck of the bladder and by the frequent plugging of the catheter with mucus, &c., which prevented its being retained for any great length of time. The instrument required to be changed very often. The perineal wound at each dressing, and the bladder (*per cath.*) once or twice daily, were well washed out with carbolic acid lotion.

The great difficulty experienced in keeping the patient dry and clean, the presence of some severe bedsores which the greatest care did not succeed in preventing, and the trying influence of the hot summer weather aggravated in no small degree, the condition of matters for the first few weeks.

Aug. 9th.—11 p. m. (the night after the accident). Pulse 89, temp. normal. Skin moist. Aug. 11th.—Morning—Pulse 80, temp. 100°. Evening—pulse 92, temp. 100.4°. Aug. 12th.—Morning—pulse 75, temp. 100°. Evening—pulse 92, temp. 99°. Aug. 13.—Morning—pulse 76, temp. 100.5°. Evening—pulse 78, temp. 99°.

Aug. 15th.—Catheter passed and temporarily retained. Pulse and temp. normal. Hot weather oppressive and patient manifests considerable uneasiness and distress. Perineal wound painful.

Aug. 19th.—Morning—pulse 65, temp. 99.8°. Evening—pulse 72, temp. 100.8°. General condition good.

Aug. 20th.—Pulse and temp. normal. The painful condition of the perineum, the necessity of frequent dressings, the warm weather and presence of some bed sores, interfere with rest at night, necessitating, occasionally, hypodermic injections of morphia, or sleeping draughts.

Aug. 21st.—A drowsy or semi-comatose condition all afternoon.

Aug. 22nd.—Morning—drowsy condition passed away. Patient doing well. Pulse and temp. normal. In the evening, a good deal of fever. Pulse 90 and temp. 102.5°. No rigors.

Aug. 23rd.—Morning—Fever gone. Pulse and temp. normal. Evening—slightly febrile. Pulse 84 and temp. 100°. Stump doing so far well. It and the perineal wound are being regularly dressed with carbolized oil.

Aug. 24th.—Morning—pulse 82, temp. 100.4°; scrotum, &c., considerably œdematous. A quantity of fluid evacuated by incision. Evening—pulse and temp. normal. Aug. 25th.—General condition good.

Aug. 26th.—Seventen days after the accident, the stump having firmly healed, except where the ligatures protruded, secondary hemorrhage occurred, which was controlled by compression and cold applications.

Aug. 27th.—Evening—pulse 82, temp. 100.4°. Stump discharging a large quantity of purulent matter mixed with blood clot, odor offensive. Daily syringing of the stump with carbolic lotion. Urine flowing *per cath.* Very little through wound.

Aug. 29th.—Patient doing well. Considerable discharge from stump and perineum. Ligatures have all come away.

Aug. 31st.—Stump has healed firmly with the exception of one opening to admit of drainage. A few drops of urine *per viâ nat.* without aid of catheter.

Sept. 1st.—Some fever last night. Slight delirium. Sleepy and semi-comatose all afternoon. Evening—pulse 82, temp. 100.4°. Very restless.

Sept. 3rd.—Small quantity of urine *per viâ nat.* Patient now able to sit on a chair for a short time daily.

Sept. 5th.—Urine again coming through the wound. In the evening severe chills followed by slight fever.

Sept. 6th.—Morning—pulse 93, temp. 102.8°. Evening—condition improved. Pulse 79, temp. 99.8°. No symptoms of pyæmia. No recurrence of last evening's chill. Passed two or three cupfuls of urine *per viâ nat.* None from the wound.

Sept. 8th.—Sleepy and drowsy. Stump still discharging. On examination, the end of the tibia was found slightly necrosed.

Sept. 9th.—Urine flowing through the wound. Purulent discharge from stump continuing. Stimulating injections applied two or three times daily to the end of the bone. Patient still in a drowsy condition.

Sept. 10th.—Chilliness complained of. No definite rigor. Drowsiness passing off.

Sept. 11th.—Some urine still dribbling from wound. Pulse and temp. normal.

Sept. 17th.—Urine has ceased coming through the wound. Stump doing well. No trouble from the bone.

Sept 19th.—Stump completely healed. The perineal wound progressing favorably but slowly.

Sept. 29th.—Catheter permanently removed. No more urine coming through the wound.

Oct. 9th.—An abscess, which formed behind the scrotum, was opened.

Oct. 25th.—Perineal wound re-opened, and, on examination, the os pubis was found necrosed at the part where it had been injured. This portion of the bone was found completely divested of periosteum. There was a considerable discharge of thin watery pus, and several pieces of bone came away, one of which, although thin, was as large as the nail of the little finger. The abscess in the groin was found to be in connection with the necrosed piece of bone. The fluid injected through the opening in the abscess made its way out by the perineal wound and *vice versa*.

Jan'y. 23rd.—The patient has been slowly but steadily improving; the abscess in the groin has healed; the perineal wound and the part of the os pubis which had necrosed give no further trouble and he is now almost well.

### ON CONTAGIOUS PNEUMONIA.

BY G. E. COULTHARD, M. D., FREDERICTON, N. B.

I have been much interested in reading in *Braithwaite's Retrospect*, Vol. 84, p. 229, and Vol. 85, p. 84, of several cases of contagious pneumonia, so-called, and would like to give my experience with what seems to be the same disease, in the hope that the attention of your many readers may be called to cases that may have occurred to them:—

On Sunday, January 7th, at noon, I saw for the first time E. O. L., a stout, fleshy, well-developed woman, æt 73, the wife of a farmer in comfortable circumstances. On Wednesday, January 3rd, at 6 p. m., after doing a "moderate washing," she was seized with severe pains in the right side, attended with frequent annoying cough and chills. She went to bed, and kept getting worse, the cough being associated with a rusty viscid expectoration, the heat of the body increased, and the respiration hurried and at times difficult and painful. She kept constantly getting weaker. On Sunday, the 7th, the clergyman of the parish saw her, and advised her husband to secure medical aid at once.

When I arrived I found her propped up in bed, face dusky, features pinched, anxious, and wearing an expression of pain. Resp. rapid, about 40; temp. 103°, pulse 136, rapid, weak, intermittent, and shuffling. On physical examination, whole back of right chest was dull on percussion and respiration bronchial. Ordered stimulants freely, and beef essence, cataplasms over affected lung. Saw her again the following morning and found her in a state of collapse, and death took place at 4:40 p. m.

On the following day (Tuesday), early in the afternoon, her husband, æt 73, a rugged old man, whose life had been a continuously healthy one, was taken with sharp pains beneath lowermost part of sternum—cough and sense of chilliness. I saw him at 7 p. m., and found him sitting up in an easy chair, face flushed, and skin of forehead and neck and conjunctivæ of yellowish hue, breathing hurried, about 36 per minute, pulse 120—not very strong. He complained of the sub-sternal pain and excessive weakness. The cough was slight, with no expectoration. On physical examination, found slight crepitation in the lower part of the right lung posteriorly—no other physical signs. I ordered him to bed, and prescribed diaphoretics, cough mixture, quinine, stimulants with concentrated nourishment, and a mustard cataplasm to be applied. Saw him the following evening, when he reported himself better. The improvement, however, was imaginary and arose from the excitement attending the removal of his wife's remains. The crepitation in the right lung had extended. Resp. was broncho-vesicular, 40; temp., 104°; pulse, 130; fuller and stronger than the day previous. The jaundiced hue was deeper; the face more dusky; the countenance more anxious. The cough was worse, and the expectoration rusty and viscid. Saw him on Thursday, and on Friday, the disease still keeping on unchecked, the pulse growing weaker, and the lung continuing a course toward complete consolidation. On Saturday morning he was in a state of collapse, and realized that the end was fast approaching. He died the following morning.

Here, we have the history of two cases of lung inflammation in the same house, pursuing a very similar course, and each terminating fatally—the one within six days of the other. Both persons were rugged and healthy; and though 73 years of

age, time did not bear heavily upon them. There was nothing in the location or surroundings to suggest a septic influence at work. A granddaughter, 8 years old, was the only other occupant in the house. I cannot conceive that the sickness and death of the husband was a mere coincidence. Following so closely upon that of the wife there must have been some contagious or infectious agent in the case, and no other solution appears clearer to me than this: That from the breath or expectoration of the wife, as she was tenderly cared for by the husband alone during the first three days of her illness some noxious principle gained entrance to his system, setting up the train of symptoms described.

#### SYMPATHETIC DISEASE OF THE EYE.\*

BY W. F. COLEMAN, M.D., M.R.C.S.E., ST. JOHN, N.B.

*Mr. President and Gentlemen.*—He who does not think his subject of paramount importance is not in a fit frame of mind to address his hearers. So possibly, to claim their attention, he not seldom assumes the virtue of believing the subject under consideration of the greatest consequence for weal or woe that ever occupied the mind of man. Without announcement you shall be the judges whether sympathetic inflammation of the eye (which so often implies total blindness and all it entails) be of consequence—yet it would be neither advantageous nor becoming to occupy much of your time. While so many granaries of individual experience are collected under one roof, I shall be very sadly disappointed if many are not unlocked to contribute some of their seed-grain for the crop of universal knowledge. Let me say plainly, if in spite of an opportunity to contribute to our necessity, all the grain is mistakingly withheld for your own bread, or delusively held to raise the price of corn, you deserve the misery of the miser, and with an apology to the brokers for the comparison you are as bad as they.

The causes, nature, symptoms and treatment of sympathetic inflammation of the eye receiving a meagre place in the text books on general surgery, may be sufficient excuse for citing the views of some special writers; while some brief statement

\*Read before the New Brunswick Medical Society, July 18th, 1882.

of my own experience and opinions seems to me in keeping with the object of this meeting.—Unfortunately the nomenclature of diseases of the eye, in common with other diseases, is often confusing, e. g., sympathetic ophthalmia, ophthalmitis and inflammation are generally used synonymously, while others divide sympathetic ophthalmia into two forms, i. e., sympathetic irritation and sympathetic inflammation. So excellent and usually accurate a writer as Mr. Lawson, at first confuses sympathetic irritation with inflammation, and then by his own defining shows how they differ in kind. He says: "Symp. ophthalmia is a peculiar *inflammation* (sympathetic) of one eye, excited by some special irritation in the other." Again: "there are two forms of symp. ophthalmia, 1st. symp. irritation; 2nd. symp. inflammation: which is equal to saying: symp. inflammation has two forms, 1st. symp. irritation; 2nd. symp. inflammation. Now the objection that irritation is not a form of inflammation is a vital one by Mr. Lawson's own showing when he so well defines how irritation lacks the conditions of inflammation, and refers to the curability of the former thus: "Although the eye may be subjected to frequent attacks (of irritation) yet no fibrinous effusion nor disorganizing changes take place and the excision of the lost eye at once arrests the disease. All sympathetic irritation ceases when the cause which gave rise to it is removed." In fact some writers maintain that this form of irritation (sympathetic) is a neurosis which never passes over to inflammation. Admitting (with most authorities) sympathetic irritation to be a premonitory stage of sympathetic inflammation is not a concession of their identity or similarity. It might be best to limit the word ophthalmia to inflammation which it usually implies, and to include under sympathetic affection, sympathetic irritation and sympathetic inflammation. The latter usually appears as a plastic inflammation of the iris and ciliary body—the early stage of the irido-cyclitis is marked by increased tension of the eye, and later in severe cases the pupil is blocked with lymph, cataract forms and the eye atrophies.

The usual causes of sympathetic disease are wounds of the eye, particularly in the region of the ciliary body, that is within a belt of the sclera  $\frac{1}{8}$  in. in width surrounding the cornea; the irritation of foreign bodies in the globe; and of degenera-

tive changes which occur in lost eyes. Although the path by which the disease travels from the injured or exciting eye to the sound one, and the character of the traveller are not accurately determined, the way is most probably from the injured iris and ciliary body through the ciliary nerves to the iris and ciliary body of the sound eye; the enemy appearing in some cases in the guise of inflammation of the ciliary nerves, in others in the form of a nervous irritation reflected through the nervous centres upon the vaso-motor nerves of the iris and ciliary body.

The most characteristic symptom of sympathetic irritation is weakened accommodation, so that the patient holds the book far away, and reading near is painful or impossible. The eye avoids light and waters if exposed to it or much used. Sympathetic inflammation very rarely begins in less than three weeks after injury of the exciting eye, generally in two or three months, and may occur at any time after during the whole life. Wells records a case so late as twenty-six years after injury, in which a piece of metal was found lodged in the detached retina. The attack of inflammation usually begins with symptoms of irritation, or, as some believe, may set in without any warning. The latter mode I have never seen. In advanced stages there are usually symptoms of plastic iritis, cyclitis and chorooiditis, viz.: pericorneal injection, discolored iris, a pupil irregularly dilated by atropine, pain, impaired vision, and tenderness upon pressure at the margin of the cornea. Mild cases may do well but in the majority blindness is the result. The condition of the injured eye which from first to last is a standing menace to the sound one, is cyclitis, the pathognomonic symptom of which is tenderness upon pressure at the margin of the cornea and especially above.

If in any case it is right to formulate a universal rule as to treatment, this I think is applicable to injured eyes: Advise the removal at once of every eye in which the sight is lost from injury in the ciliary region, and every eye lost, from any cause in which the ciliary region is tender, in order to avoid the risk of a disease so fatal to vision as sympathetic inflammation. Whether it is useful to remove the offending lost eye after a sympathetic inflammation has been set up in its fellow, authorities do not agree. Carter says: "I have never seen any evidence of benefit from enucleation if

sympathetic ophthalmia is once set up. My own experience has been, in nearly all cases, the very opposite, and speaking from memory, out of fifteen to twenty cases of sympathetic disease I do not remember a case (with two or three exceptions) that was not benefited more or less, and some very much by enucleation. Dr. Wecker, than whom I know not a better authority on "Ocular Therapeutics," writes: "In all cases where an eye has been the cause of sympathetic ophthalmia and is itself hopelessly lost, it must be removed at once in order to allow of any hope of success in the treatment of its fellow. Any halting between two opinions as to whether some other mode of treatment would not be as well, or as to whether some operation might not be substituted for enucleation, or any misgiving that enucleation, if practiced during the active period of an inflammation, may aggravate the symptoms is in such a case disastrous beyond measure. Enucleation followed up by energetic treatment, such as hyd. perchlor, potass. iod. and pilocarpine may still yield most satisfactory results." If a patient presents himself in whom a wound of one eye has induced sympathetic disease, and the wounded eye preserves the better vision of the two or even less than its fellow, the question of treatment is often a very puzzling one. Considering a traumatic inflammation much less malignant than a sympathetic, and therefore much more likely to yield to treatment, my own practice has been not to enucleate, and it has not been regretted, for the injured eyes have made fair recoveries. It may be urged that the sympathetic eye would have improved more with enucleation, but that being sometimes doubtful, it seems to me better to give the patient the benefit of the double chance of two eyes by not enucleating. Having drawn your attention to some of the salient points of the subject, others may be mentioned while relating a few illustrative cases.

CASE I.—Ann R. æt. 49, colored, consulted me at the St. John General Hospital in July '81, and reported that twelve years ago the right eye was struck by a bone; for three months after the injury the eye pained severely and then became quite blind. There has not been pain since, except occasionally during the past four weeks. The left eye for the past three months has been sensitive to light, waters, and does not see so well either near or at



a distance; vision left eye is 1-5. There is pericorneal injection.

Present state of right eye: ball atrophied to  $\frac{2}{3}$ ; ciliary tenderness above cornea; bony degeneration of choroid. Treatment—Right eye enucleated; vitreous is found to be replaced by bone.

Aug. 1st.—Left eye; no peri-corneal injection or photophobia; lachrymation less; vision the same = 1-5.

CASE II.—June 26th, '81; H.P. æt. 42, farmer; says his left eye was lost six years ago by the blow of a hammer. It pained more or less for three years after the injury, but not any for the past three years. The right eye gave him no trouble till three months ago, when it got red and painful; the sight began to fail and has gradually grown worse.

Present state of left eye: shrunk to half size, and somewhat tender over upper ciliary region. Right eye—general epi-scleral lilac-colored injection, cornea hazy, iris discolored, pupil very irregular. After atropine, upper ciliary region tender; vision =  $\frac{1}{8}$ .

Diagnosis—Keratitis and Uveitis.

Treatment—Enucleation of the left eye, and atropiæ grs. iv. ad.  $\mathfrak{z}$ j. in right eye four times daily, R. pil. hyd. grs. ijss.

June 28th—Can see better; vision =  $\frac{1}{8}$ ; cups applied to right temple.

June 30th—Four days after enucleation, vision increased to  $\frac{1}{4}$  and cornea clearing.

July 8th—Vision increased to  $\frac{1}{2}$ ; no pain, and cornea much clearer.

CASE III.—J. H. D., æt. 34, barrister, consulted me July 2nd, '81. The left eye was lost in infancy and is now  $\frac{2}{3}$  the size of normal ball; the cornea is replaced by opaque fibrous tissue excepting a central calcareous spot; there is moderate tenderness of the upper ciliary region, but the shrunken eye has never been painful. The right eye was healthy till fifteen years ago, when for a week it was red and the sight impaired. Four years ago it had a similar, but much severer attack, the eye was very painful and bloodshot. Twenty months ago had a third similar attack which lasted a week. For a long time there have been frequently days when he could not read with any comfort, and for the past year the eye has watered very much when exposed to the wind.

Present state of right eye—Vision =  $\frac{1}{4}$  = reading

No. 4 Jaeger, Hus. =  $\frac{1}{8}$ . Dots of uveal pigment on lens-capsule (the sequelæ of old iritis). A few floating bodies in the vitreous; the disc is so blurred as scarcely to be distinguished from the surrounding retina (the result of optic neuritis). Enucleation was advised and was performed four days after. A bony mass half the size of a marble occupied the vitreous space.

July 11th—Five days after the operation the right eye feels much stronger than before the operation; vision the same.

August 31st—Patient writes, "the eye is much stronger, vision is better, and there has been no relapse of weakness of eye since the operation." He has gained six pounds in flesh.

Query—Was the optic neuritis in this case, transmitted from an optic neuritis in the exciting eye, or was it secondary to sympathetic iritis?

REMARKS—In cases I. and III. bony degeneration of the choroid was the probable exciting cause of the sympathetic disease. In cases I. II. III. sympathetic disease set in, twelve, six and fifteen years after injury in first two, and loss of eye in case III. respectively. In case I. the eye improved after enucleation but vision remained the same. In case II. an enucleation during sympathetic irido-cyclitis, arrested the disease of the eye, and vision was much improved while the patient remained under observation. He has not since been heard from. In case III. vision and the condition of the sympathetic eye improved after enucleation.

Optico-ciliary neurotomy, (an operation performed by division of the optic nerve and denuding the posterior surface of the eye-ball) has not been so fortunate in its results, as to take the place of enucleation in sympathetic disease. The optic nerve has been known to re-unite after division, and frequently the ciliary nerves have re-united and sensibility of cornea returned with sympathetic disease of fellow eye. I will conclude with the indications for enucleation:

1. An eye lost from injury or otherwise may be removed to prevent sympathetic disease, or may not be according to the intelligence of the patient. May not be if the patient will observe and report himself upon approach of sympathetic irritation.

2. The lost or seriously injured eye must be removed when sympathetic irritation (only) is excited in fellow eye.

3. When sympathetic irido-cyclitis has occurred

it is an open question whether enucleation is beneficial. If the offending eye is lost I would enucleate, if it has vision most men object to operation.

4. In sympathetic serous iritis experience has pretty well established (Mathews) that enucleation converts a curable disease into a malignant iridocyclitis.

### Correspondence.

#### INTEGRITY MEDICAL AID FUND.

To the Editor of THE CANADA LANCET.

SIR,—Your attention and that of your medical confrères is respectfully drawn to a circular which has been recently issued by a "medical syndicate" in this city. The circular referred to is not the work of novices. All are not young and inexperienced fledglings, and time alone will prove the fatuity of their efforts to obtain popularity and wealth in the path they have chosen. I will give a few cases as an illustration. A member of the "medical syndicate" had been attending a family and receiving his regular fee as his visits were made. Unknown to the doctor the head of the family had joined the "institution." The doctor's services were called on again and after due attendance he presented his bill. Judge of his disgust when his patient retaliated with his little card showing that he was entitled to the doctor's services and medicine at the rate of *one cent per day*. Medico No. 1 "left," and No. 2 had to attend as per circular. To show the Company's politeness and courtesy to outsiders, I may mention a case in which one of our prominent medical men was brought in contact with one of them. Dr. A. was called in and prescribed for a child taken suddenly ill, and went his way to other urgent cases. A few hours afterwards he called again and found a Company man in attendance and in the act of prescribing. The Company man was asked what he was doing there. He replied that he was not aware that any other doctor had the case in hand, although there were some of the doctor's bottles before him on the table at which he was writing his prescription. On being challenged he backed out in a very clumsy and half inarticulate way. In the meantime he had prophesied the immediate death of the child, who is yet alive and well. If this is

the way the noble "twelve apostles" are going to work, what about our code of medical ethics? These so-called medical experts, like Drs. K. & K., are trying to cut up the field of honorable, gentlemanly and intelligent practitioners, but fortunately the common sense of a discerning public will in the end oppose them. We have too many of these "Institutions" in our midst. All are arrant humbugs. It is deeply to be deplored that these "excrescences" are growing in our midst, and that the practice of medicine, to a certain extent, is being dragged down gradually from its high and noble position. They require a vigorous roasting and will eventually become annihilated. The "Integrity Medical Aid Fund Company" are advertising for agents. I can recommend one whom I know will suit the organization perfectly. I allude to a detective of the "Society for the Prevention of Cruelty to Animals," well known as the "little man with frogs all over his coat." He will make a capital collector for the *one-cent-a-day-dodge* business. He can also stand between the "Integrity Medical Aid Fund Society" and their victims, in his official capacity as detective of the "Society for the Prevention of Cruelty to Animals."

With reference to the above let me quote the following excerpt on "The duties of the Physician," from the issue of your valuable journal for January last:—"Art is long, time is short, opportunity fleeting, experience deceptive and judgment difficult," such were the serious reflections of the Father of Medicine after he had labored with the problems many years and accomplished more than perhaps any man who has practiced the healing art. In those days when so many doctors may be found who are little better than professional loafers, so many who discourage the reading of medical works, who express their contempt for original research and scoff at medical journals; regarding the accumulation of money as the only test of professional success, and who depend on their own personal shrewdness and gullibility of the people at large to excuse the title under which they thrive the following relative to the life of Dr. Geo. B. Winston, from the *St. Louis Courier of Medicine* is refreshing—"A friend once remarked to him, 'Doctor, what necessity is there for ceaseless labor and study at your time of life?' With a look of astonishment, never to be forgotten, he replied, 'my dear sir, I am under bonds to do it. When

I offered my services to this community there was an implied covenant on my part that, so far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which the human flesh is heir; and if I should lose a patient because of my ignorance of the latest and best experience of others in the treatment of a given case, a just God would hold me responsible for the loss, through inexcusable ignorance, of a precious human life, and punish me accordingly; and whenever I get my consent to be content with present professional attainments, and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations, which, with my best endeavors to meet them honestly and conscientiously, are still sometimes almost heavier than I can bear."

Yours, &c.,

PRACTITIONER.

### Reports of Societies.

#### HURON MEDICAL ASSOCIATION.

A meeting of the above association was held in Clinton on Tuesday, the 9th of January, 1883, when the following officers were elected for the present year. Dr. Hurlburt, of Brucefield, President; Dr. Williams, of Clinton, Vice-President; Dr. Graham of Brussels, Secretary-Treasurer.

Dr. Sloan, of Blyth, read a report of 11 cases of "Diphtheria," occurring during the recent epidemic in this district. His internal treatment consisted mainly in the old combination of tr. ferri mur. and potassæ chlor. He applied generally twice a day to the membrane, tincture ferri mur. sulphurous acid, carbolic acid and glycerine, and also very frequently salicylic acid and alum in solution. He also lays great stress on pencilling the membrane very thoroughly with the latter solution by means of a brush, so as to remove as much of it as possible, leaving less for absorption, which he claims is an important factor in increasing the virulence of the disease.

The paper brought out lively criticism and discussion, in which Drs. Worthington, Holmes, Williams, Sloan, and Graham took part.

Dr. Worthington, of Clinton, read an interesting report of gangrene in the roof of the mouth, resulting fatally in a child eight months old.

Dr. Graham, of Brussels, showed some instructive microscopical specimens, amongst which were the "Bacillus Anthracis," from a case of "splenic fever," spurious melanosis of the lung, and a section of epithelioma of the clitoris obtained from a patient shown at last meeting.

#### TORONTO MEDICAL SOCIETY.

Nov. 2nd, 1882.

The President, Dr. George Wright, in the Chair. Dr. H. C. Burritt was elected a member.

Dr. Graham showed the case of tinea kerion reported by him at last meeting. Much improvement had taken place under treatment by sulphurous acid bathing, followed by applications of iodide of sulphur ointment. Syr. ferri iodidi was given internally.

Dr. Cameron said that he had found, in a case of tinea capitis, the application of sulphurous acid, followed by glycerine and carbolic acid fail to destroy the parasite, while the sulphurous acid alone succeeded perfectly.

Dr. Canniff reported a case of placenta prævia with hemorrhage which occurred suddenly on rising from tea. Digital examination discovered the placenta to the right of the os uteri. Labor pains came on at midnight, and delivery followed in due course, without a recurrence of the hemorrhage.

Dr. Cameron said he lately had a case under his care which simulated placenta prævia. The woman rose at night to urinate, and half a chamberful of blood was passed. Examination failed to discover any evidence of placental presentation. Delivery took place next morning without any untoward symptoms. Dr. Cameron then read a very practical and exhaustive paper upon fractures of the os innominatum.

Dr. A. H. Wright said that most of the cases he had seen were the result of railway and other injuries of a severe character, and usually terminated fatally. He believed that fracture of this bone often passed unrecognized. In his own case, lately reported, though the bone was broken into many pieces, only fracture of the ramus was discovered with certainty, and yet if the spine had not been injured the girl would probably have recovered. He thought the treatment should be rest in the most comfortable position.

Dr. Nevitt asked if any further evidence existed to support the statement of Dr. Neill, of Philadel-

phia, that callus is deposited only on the outer surface of this bone during union after fracture.

Dr. Cameron said the statement was based on the condition found in Neill's Cabinet specimens, and he knew of no corroborative evidence save that furnished by analogy, that in other flat bones callus is often found only on the external surface.

Dr. McFarlane reported a case of fracture extending across the face, caused by impaction between the floor and a descending elevator in a warehouse in this city. The alveolar processes and hard palate were moveable *en masse*. Favourable progress has been made in the case, the parts being simply maintained in position by a bandage passed under the chin, as is done in fracture of the lower jaw.

On motion, a committee consisting of Drs. Workman, Nevitt and McPhedran was appointed to report on the expediency of establishing, under the auspices of this society, a directory for nurses.

Nov. 16th, 1882.

The President, Dr. George Wright, in the Chair.

Dr. Cameron showed a part of the ileum from a woman who died from bowel obstruction, symptoms of which existed for a week prior to death. She had a small femoral hernia, which was soft, dull and reducible within the saphenous opening, but not within the abdominal cavity. It was evidently omental and had no bearing on the symptoms present. There was severe pain in the epigastric region; vomiting was persistent, becoming stercoraceous 12 hours before death. The symptoms not improving, the hernia was explored and found to be omental as anticipated. It was adherent, but there was no inflammatory trouble present.

P. M.—Pyloric orifice of the stomach contracted from a deposit, possibly syphilitic. The last few inches of the ileum were much contracted, so much so that water could scarcely be forced through it. The caput coli was much distended with fluid fæces. There was another constriction at the sigmoid flexure.

Dr. Cameron also showed the larynx and trachea from a woman, between 30 and 40 years of age, who died in the General Hospital. She was syphilitic. For about ten weeks she suffered from laryngeal trouble, expectorating pus and blood. Dyspnoea was severe at times, but in the intervals the breathing was easy. Anti-syphilitic and seda-

tive treatment mitigated the symptoms, but in one of the attacks of dyspnoea she died suddenly from suffocation. Tracheotomy had been decided on the day before death, but was postponed in order that the students might be present to witness the operation.

P. M.—A carious cavity full of pus was found in the posterior part of the larynx, the cricoid cartilage being the seat of the disease. There were also a few ulcerated patches in the trachea.

Dr. Nevitt showed a ruptured stomach from a man injured by a piece of wood thrown back from a saw against which he was holding it. The accident occurred shortly after dinner. He was able to walk from the conveyance in which he was taken home to the house. The pain was severe; no vomiting; could take a full inspiration. There was retention of urine. During the night the pain became diffuse and evidence of general peritonitis developed. At 8 o'clock next morning he asked for a drink of water, sat up to drink, and then fell back dead.

P. M.—Much gas in the peritoneal cavity, slight exudation on peritoneum. A rent one inch long in anterior wall of stomach near the pyloric end; this was under the seat of injury. The posterior wall was absorbed. Some extravasation behind peritoneum.

Dr. Geo. Wright showed part of the spine from a man who was injured on the railway. There was a good deal of shock. The lower extremities were partially paralyzed; the paralysis became complete a few hours after the injury. The bladder was also paralyzed, and consequently there was retention of urine. Death took place suddenly next morning.

P. M.—There was great infiltration of the soft tissues about the seat of injury and of the *psœ* muscles. The spinous processes of the 10th, 11th and 12th dorsal vertebræ were fractured, as well as the laminæ, and the spinal cord was lacerated.

The report of the committee appointed at last meeting was read and adopted, recommending the establishment of a directory for nurses, and suggesting a plan for giving effect to the report.

January 11th, 1883.

Dr. W. J. Wilson, 2nd Vice-President in the chair.

After routine business Dr. Graham showed part of the ileum from a patient who died of enteric

fever at the end of the third week. Symptoms of perforation occurred 48 hours before death. The *post mortem* showed a large quantity of the contents of the bowels in the peritoneal cavity. There were several large perforations in the lower part of the ileum, one near the ileo-cæcal valve was about  $1\frac{1}{2}$  inches long, and occupied nearly half the circumference of the bowel. Several small perforations existed higher up. Attention was drawn to the great length of time the patient survived the symptoms of perforation. Dr. Graham also showed a heart with greatly dilated right ventricle from a man who died in the Toronto General Hospital the day following his admission. The right side of heart was greatly dilated and probably caused tricuspid incompetence. An ante-mortem clot extended into the pulmonary artery. Left ventricle greatly hypertrophied. There was no pigmentation of the liver, a rare condition with dilated right ventricle, and probably accounted for on the supposition that the dilatation was of recent development, being due to the fatty degeneration of the walls of the ventricle, which was very marked. According to Balfour the bruits heard in anæmia are due to temporary dilatation. There was fatty degeneration of the liver and kidneys also.

Dr. Cassidy reported a case of death with symptoms of perforation in enteric fever, but had not the specimen to present. The symptoms showed themselves on the 21st day, and death occurred on the fourth day following. The *post mortem* showed a localized peritonitis of about the size of the hand, confined to the bowel. The effusion was scanty. The last ten inches of the ileum was dark, but no perforation could be found until the bowel was opened, when a small one was discovered. It was completely glued over by the exudation.

Dr. McPhedran referred to a new physical sign of perforation, recently brought to the notice of the profession by Dr. Flint, of New York, namely, that with the escape of gas into the abdominal cavity hepatic flatness is always replaced by tympanitic resonance, owing to the fact that gas in the peritoneal cavity (the patient lying on the back) will separate the anterior surface of the liver from the thoracic wall. This sign has been verified by Dr. Flint in the *cadaver*, by injecting air into the peritoneal cavity; and he also relates some cases affording clinical evidence of a negative character in support of the same. While assuming that

hepatic flatness is proof against perforation of the alimentary canal, it cannot be assumed that tympanitic resonance over the hepatic region is always due to perforation. Hepatic tympanitic resonance may also arise from each of the two following conditions, namely: *First*, by separation of the liver from the anterior thoracic wall by the colon having been forced up between them, and *secondly*, by the conduction upwards to the pulmonary region of the tympanitic resonance of the transverse colon when it is greatly distended by gas. If the sign is found upon further investigation to be reliable, these two *possible* conditions giving rise to hepatic tympanitic resonance will have little if any effect on the value of the sign. Dr. Flint submits his views to the profession, with the desire that others may test the value of his physical sign.

Dr. Canniff thought that in certain conditions of the system gas might be produced in the peritoneal cavity.

Dr. Nevitt reported three cases of enteric fever in which there was prolonged illness. One was marked by fluctuations of temperature ranging from normal to  $104^{\circ}$ . They all made good recoveries. The President thought there had been a marked tendency to prolonged attacks of enteric fever during the last season.

Dr. Graham thought the nomenclature required alteration. At present all fevers characterized by continued high temperature were classed as enteric. He would make two divisions of them, namely: (1) Enteric to include all cases with typical symptoms. (2) Continued fever to include the ill-defined cases.

Dr. Canniff reported a case of traumatic inflammation of the knee, met with in Muskoka last summer during a holiday trip. The man was injured in the knee by an axe, the patella being almost completely divided, the femur cut into, and the cavity of the joint evidently opened. Severe arthritis followed. A good recovery has resulted under treatment by extension, cleanliness and plenty of fresh air. He is unable to bend the knee, and passive motion was advised, with the hope of overcoming the ankylosis.

Dr. Macdonald reported a case of hydrarthrosis of the knee, which he is treating by injections of solution of tincture of iodine (3ij. *ad* ʒj.) after removing most of the fluid in the joint by aspiration. The patient had taste of iodine in the mouth

a few minutes after the injection. The immediate effect of the treatment was to cause much swelling of the knee, but this began to abate in a few days, and the joint returned to its normal size. The ultimate results remain yet to be seen.

Dr. Graham said he had a similar case about a year ago with Dr. Armstrong, of this city. One drachm of tincture of iodine was injected. Both knees were treated and are now well. Other joints became affected subsequently. The iodine taste was present in this case also.

Dr. McPhedran reported a case of trouble in Scarpa's triangle, characterized by excessive pain and tenderness, slight swelling, but no other evidence of inflammation. The limb was extended, and flexion gave great pain. There was no history of injury nor evidence of any rupture of any of the soft tissues. If the bursa beneath the psoas were the seat of trouble there would have been flexion of the limb. Complete recovery resulted in about three weeks.

Dr. Rosebrugh then exhibited his modification of the McIntosh battery, galvanic and faradic combined, and gave a detailed description of it, which will be found in another column.

January 25, 1883.

The President, Dr. George Wright, in the chair. Dr. Mackenzie, Riverside, was elected a member.

Dr. Graham exhibited a placenta containing two cysts filled with dark brownish fluid. The case was premature.

Dr. Cameron showed for Dr. Harrison of Cambridge, an acephalous monster. There was *no neck*, and the spine was bifid throughout the dorsal and cervical regions. Birth was given to a similar monster in pregnancy previous to this one.

Dr. McPhedran showed a diffuent spleen taken from an old man who died in the House of Providence. There was marked chronic gastritis, and all the organs, especially the heart, were very friable.

Dr. Cassidy then read a paper on "Ruptured Perineum." He dealt with the subject exhaustively, relating cases in his own practice in illustration. He advocated very strongly, immediate operation in all cases. He preferred keeping the bowels loose, and urged the necessity of keeping the parts scrupulously clean by the vaginal douche. A prolonged discussion followed, in which nearly all the members present took part.

#### MEDICO-CHIRURGICAL SOCIETY OF WINNIPEG.

A meeting of the medical profession, of Winnipeg, was held on the 10th ult., in response to a circular issued by Dr. Whiteford, for the purpose of forming a medical society in that city. The following gentlemen were present:—Drs. Codd, Thibodo, Patterson, Munroe, McAdam, Blanchard, Minaker, Sutherland, Jackes, Brett, Seymour, Covernton, Turnbull, Jones, Kerr, Gray, Jamieson, McEachran, Mewburn, Phillips, A. H. Ferguson, McDiarmid and Whiteford. Dr. Codd occupied the chair, and Dr. Mewburn acted as Secretary.

The following officers were elected:—President, Dr. Lynch; First *Vice-do*, Dr. Whiteford; Second *Vice-do*, Dr. Codd; Sec'y-Treas., Dr. Covernton; Members of Council, Drs. O'Donnell, Patterson, Jackes, Brett, Phillips and Kerr.

In the absence of Dr. Lynch, the 1st Vice-President, Dr. Whiteford, took the chair. He thanked the members present for the honor they had done him in electing him First Vice-President, and was glad to see such a large number present at the first meeting, which augured well for the future of the society. He was glad to feel that his efforts in getting the medical men together had met with such a hearty response, and he hoped that in 1884 the Canada Medical Association, sending delegates from all parts of the Dominion, would meet in Winnipeg. He had been informed that it was the intention to do so, and it was pleasing to think that there would be a medical society to receive them. He suggested that the rules and regulations of other similar societies be obtained and submitted to the Committee, and that a meeting be called at an early date to discuss them.

Dr. Jackes suggested that the meetings be called twice a month, but the majority present seemed in favor of meeting once a month for the present. The association then adjourned.

#### MICHIGAN STATE BOARD OF HEALTH.

(Reported for the Canada Lancet.)

The regular quarterly meeting of the Michigan State Board of Health was held in Lansing, Mich., on the 9th of January, 1883.

The subject of oil inspection was brought up, as it was alleged that much oil is being sold without being inspected. Dr. Hazlewood and Dr. Baker

were appointed a committee to take such action as was considered necessary on the subject.

The secretary made his report of work during the last quarter, mentioning the efforts to prevent the introduction of contagious disease by immigrants; the distribution of blanks and circulars to officers of local boards of health; the general distribution of the Annual Report of the Board for 1881; the issuing of a circular with a view to collecting facts respecting the cause and spread of diphtheria; the preparations for a sanitary convention at Pontiac, &c., &c. The following resolutions were passed:—

Resolved,—That the State Board of Health urgently requests our members of Congress to endeavor to secure the passage of a bill to appropriate \$25,000 for the remainder of this fiscal year and thereafter at about the same rate, to enable the National Board of Health to co-operate with State and local boards of health and quarantines in efforts to prevent the introduction of contagious diseases into the United States, and their spread from one State to another.

The invitation to hold a sanitary convention at Reed City some time in the spring was accepted.

Analyses of apple-butter and of the tinned-copper such as is used to make wash-boilers, were presented. The apple-butter is often made in such "copper" boilers when they are new. The acid of the fruit attacks the tin which often contains lead in dangerous quantities, and it is said that the tin lining is eaten off in one or two times using for making apple butter. The analysis of the apple butter showed distinct traces of lead and tin and a faint trace of copper. The ordinary clothes-boiler such as used in our kitchens, if made of this tinned-copper would have  $2\frac{1}{2}$  ounces of metallic lead on its surface, an amount that must have a serious influence on persons who eat acid fruits and juices boiled in such vessels.

The subject of requiring burial permits, and thus securing mortuary statistics, before removal of the body of deceased persons, was referred to the committee on legislation, with the request to prepare a bill and submit it to the legislature.

The American Public Health Association has recommended making it a penal offense to communicate a contagious disease. The committee on legislation was requested to modify the bill so as to name diphtheria, scarlet fever, and small-pox, and get the subject before the legislature.

At a meeting of the Board, held at Pontiac, Mich., Feb. 1st, 1883, the following resolution, relative to the National Board of Health, was adopted:—

Resolved,—That we consider it of the highest national importance, as also of great importance to this State, that the National Board of Health shall receive annually an appropriation sufficient to enable it to carry on the important work of protecting the country from the introduction of contagious diseases; of collecting and distributing for the guidance of State and local boards of health, information relative to the prevalence of diseases, and particularly of contagious diseases; of investigating by specially qualified experts the obscure causes of diseases, and of publishing to the world the results of its studies and investigations, more especially concerning diseases, which, like diphtheria and small-pox, spread generally throughout the country.

### Selected Articles.

#### THE "COAT SLEEVE" METHOD OF AMPUTATION.

BY R. DAVY, M.B., F.R.C.S., WESTMINSTER HOSPITAL.

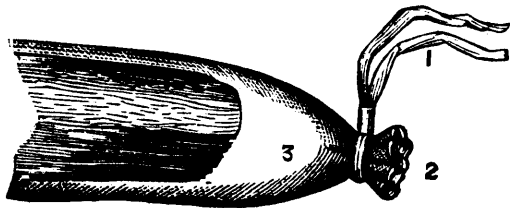
In practice, there are accidents and diseases which yet call for the necessity of amputations; and I wish to-day to bring before your notice a method of performing these operations which I have already carried out on three occasions—viz., one amputation of the thigh and two of the leg. For brevity's sake, I will style this method *the coat-sleeve*; and this name has been chosen because my left coat-sleeve has illustrated this procedure to my class, and gives a good idea of the operation. Cheselden (1720), of the Westminster Hospital, originally advocated the circular plan of amputation, which, according to Syme, was modified by Mr. Mynors of Birmingham; and this circular method has held its ground as a standard procedure; but I think good reason may be given for advocating still further modifications in this amputation.

Let me first describe the details of the *coat-sleeve* operation, and next point out the advantages that, in my opinion, result from it.

Carry in your minds the essentials of a circular amputation (a very good account of this circular method is given in William Hey's *Surgery* (1814, page 526); and you will see that the coat-sleeve method is but a modification of a very old operation. Let me insist on the formation of a long integumentary sleeve, from three or four to six inches; and that your dissection should be directed so as to separate the superficial from the deep

fascia; and very much of this dissection is accomplished by firm traction of the skin towards the trunk of the patient, assisted by slight drawings of the knife on attachments. I have frequently, on the dead body, invaginated skin on skin, as the cut end of the finger of a glove may be turned over the kid on the finger; and on the living patient this is necessary, so as to gain sufficient length of skin-cylinder from its end to the point at which division of the bone takes place. I would impress on you not only the importance of making a far greater allowance for retraction of skin in planning an amputation, but also the comparative uselessness of any other structure than skin for making an efficient and lasting pad for the end of the bone. It is the skin, fat, and hypertrophied sub-structure that give a good cushion; and with stumps, as well as ordinary seats, when once the leather has given way, the so-called stuffing soon wears, and bare boards and bare bone shortly show themselves. The tuber ischii, knee, elbow, and heel are good illustrations of these points.

Having dissected your skin-sleeve accurately, and divided all the structures down to the periosteum, carefully peel this membrane upwards to the point at which the saw is to be applied, and shelter the soft structures from the stroke of the saw by means of a slit bandage, retracted by an assistant; and, within reasonable limits, the smaller the saw is, the easier is the division of bone effected. Next, trim your stump (*i. e.*, cut off with scissors any projecting tendon or nerve), and tie or twist the bleeding vessels. Then tie up the skin-sleeve (3) with a piece of tape (1) passed through a cylinder, as shown in the diagram allowing the ligatures (if



any) to hang through the crucial slit at the face of the stump. Treat your wound either with or without dressings—I much prefer none; and carefully watch that no undue strangulation of the "off-end" (2) of the skin-sleeve occurs. Should the stump become œdematous, or any necessity for drainage arise, insert a drainage-tube into the centre of the face of the stump, of sufficient firmness to prevent a too ready collapse of its walls (*e.g.*, a piece of gum-elastic catheter), and allow the excretion to flow into a pledget of marine tow or some absorbent material. As yet I have not had occasion to resort to any artificial drainage. The wound cicatrizes up to one-half or one-fourth of an inch; and a central button of depressed scar-tis-

sue results, surrounded by soft, fatty skin-cushions, plaited in a radiating manner from the centre to the circumference of the face of the stump. This method of amputation is applicable to any part of the extremities, in those cases where the surgeon has the opportunity of selecting the precise point of removal, and where the adjoining skin is sound. In my own experience, the middle of the leg, where the muscles of the calf swell, is about as difficult a situation as any for carrying out the dissection of a long sleeve.

CASE I.—J. C., aged 6, was admitted on many occasions into Mark Ward, suffering from recurrent acute attacks of synovitis of the right knee-joint. He was admitted on the last occasion on December 2nd, 1880. On March 8th, 1881, finding the boy was steadily becoming worse, and sinuses multiplying, I amputated his right thigh (junction of middle and lower third) by the plan now under discussion. His convalescence was excellent. The stump was good; a circular small cicatrix formed in the centre of its face; and linear creases of skin and fat radiated from the centre to the circumference, suggesting the button sewn into an ordinary sofa-cushion. He has been rusticated for the last few months at Hurst, near Twyford, or he would have been shown to-day.

CASE II.—T. D., aged 13, was admitted into Mark Ward on June 1st, 1881, for strumous disease of the left ankle-joint and periostitis of the lower end of the tibia, with much skin-ulceration. He was operated upon on August 16th, 1881, by the coat-sleeve method (middle of leg); was discharged on September 28th, 1881; and has walked well with a bucket-leg since.

CASE III.—J. S., aged 42, was admitted into Henry Hoare Ward in August, 1880, drunk, and with a compound comminuted fracture of the right tibia and fibula, which resulted, after six months' treatment, in an ununited fracture. Many fragments of bone were removed on and subsequently to his admission. On October 8th, 1881, he was re-admitted; and on October 11th, 1881, the coat-sleeve method of amputating was resorted to, through the ununited fracture. He was discharged well on January 13th, 1882; and has been walking about with an artificial foot until within the last ten days, when he fell and broke his opposite femur (left). He promised otherwise to have shown himself to-day. The instruments used at this amputation were few—Esmarch's bandage, scalpel, artery and torsion forceps. His stump (when I last saw it, in March 1882), was the perfection of what a stump should be: central depressed cicatrix, and good fatty skin-creases around, making, by involution of the scar, a soft circular cushion, on which his weight (and he is a very heavy man) was carried painlessly.

Lastly, let me point out what are the probable advantages of this method of amputating.



1. The conservation of an abundance of skin, subcutaneous fat, and areolar tissue, which, by mechanical arrangements, are utilised, so that the scar is reduced to a minimum, and the cushions to a maximum.

2. The total abolition of sutures, which, however necessary, are invariably painful on removal; and the sutures, as previously employed, necessitated a linear cicatrix on the face of the stump.

3. The facility granted to the house-surgeon for restraining, and to the patient for escaping, secondary hæmorrhage.

4. Freedom from pain, exclusion of air, and adaptability for perfect drainage.

5. The symmetrical appearance and utility of the stump.—*Brit. Med. Journal.*

#### CAFFEIN IN HEART DISEASE.

The use of caffein has not become general in this country as yet. In England it has attracted some attention as a diuretic, and it has been used to some extent as a nerve tonic, Dr. Shapter having especially commended it in the treatment of nervous diseases dependent upon the abuse of alcohol.

Professor Lepine, in a recent paper in the *Lyon Medical*, urges the use of caffein in the treatment of heart disease, in the same class of cases in which digitalis is usually found valuable. He thinks that caffein possesses distinct advantages over digitalis, which he considers in detail.

He has been using caffein in these cases for four years and has administered it to more than sixty patients. He maintains that the dose, to be effective in action upon the heart, must be considerably larger than that which has ever been generally administered heretofore. He gives from 60 centigrams (9.25 grains) to one gm. 50 (23 grains), and sometimes 2 grams (30 grains), or even 2 gms. 50 (30 grains). Such doses as are directed in the books he finds utterly inefficacious.

He found that this drug is equally effective with digitalis in retarding the rate of cardiac action and in increasing its force. In comparing the relative merits of the two drugs, he asserts that caffein acts much more rapidly than digitalis, which fact, though it may be of little importance in a chronic disease, may be of real importance where asystolia occurs as an acute condition. Secondly, he says that caffein is much better tolerated than digitalis, and if taken in divided doses during the day very seldom causes any symptoms of intolerance at all, such as are not at all infrequent in the administration of digitalis. This he attributes to the facility with which caffein is eliminated. Of course, where the kidneys fail to eliminate the drug it would be retained in the system, and would occasion dis-

turbance, but he claims that the danger from this source is far less than that from the use of digitalis. Finally, he has found that by the majority of patients the caffein is preferred to the digitalis. He has repeatedly found this to be so in cases where he has used both drugs alternately upon the same patient.

On the other hand, there is a certain proportion of patients (he has found this true in about one out of twenty) in whom caffein produces insomnia and other nervous symptoms. While these cases are rare, they do occur, and this condition is an absolute contra-indication to the use of this drug.

The only other inconvenience in the use of caffein is the expense of the drug, which places it beyond the reach of patients in straightened circumstances.

M. Lepine does not claim that caffein will cure all cases of asystolia, but does assert that it has all the merits of digitalis, and some advantages over that drug. He promises to give reports more in detail of his own observations, and of cases that have been reported to him by some of his colleagues.—*St. Louis Courier of Medicine.*

#### IMPROVED METHOD OF TREATING UTERINE DISPLACEMENTS.

BY ROBERT BELL M.D.

The peculiar poisoning of the uterus in the body, the elasticity, or rather yielding nature of its supports, and its dependence upon the health of the neighboring viscera for this support being uniformly maintained, renders it peculiarly liable to displacement. Anything which interferes with circulation in the pelvis will naturally interfere with the health of the womb, and will thus render it more susceptible of disease, and will predispose to malposition. If constipation exists, then the weight of the fæces in the sigmoid flexure and the higher reaches of the colon will not only interfere with the free circulation in the pelvis, but will also by mechanical pressure on the organ crowd it out of position. If we have an irritable bladder, and in consequence the viscus being unable to retain more than a few drachms of urine, the straining which accompanies micturition will force the uterus forwards. Another pregnant cause of displacement is dyspepsia, which causing distention of the intestinal canal, brings undue pressure to bear from above upon the fundus. One more powerful factor has recently been pointed out, viz., the endeavor to obtain greater compass and volume in singing by powerful action of the abdominal muscles, and so forcing downwards all the viscera. It is obvious that any causes such as those enumerated must be removed before local remedies can have the desired effect

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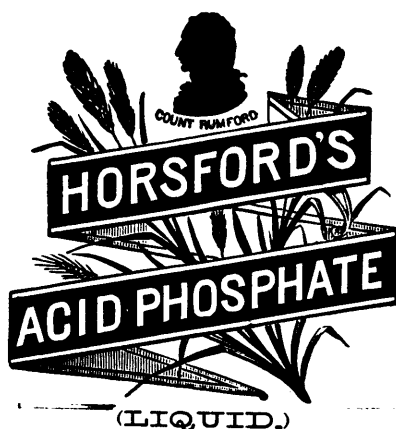
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It will also be necessary to attend to the health of the canal of the neck and body of the organ at the time the displacement is being tackled, or we will be most certainly disappointed.

I have had this remedy as it now stands in use about two years, and have treated over 200 cases by means of it alone. I have not used a pessary during the past 18 months. Every form and gradation of displacement has come under observation, and in every case great relief was obtained, and in the majority of cases a complete cure was the result. The patient requires to be under careful and patient observation for weeks in every case, and in many instances for months at a time; but surely these are trifling objections. I had used, for years previously, the ordinary glycerine of tannin of the pharmacopœia; but though I found it a most efficacious astringent, yet its expense and the disadvantage of staining the underclothing told very much against it. Had recourse to the following:—Glycerine, 80 oz.; alum, 10 oz.; carbolic acid,  $1\frac{1}{4}$  oz. If a displacement continues for any length of time, hypertrophy of some portion or of the whole organ is the result. We have thus a greater strain thrown upon the uterine supports, so that what at one time was a result becomes a factor in aggravating the disease. Our first duty, then, is to endeavor to reduce the overgrowth, and at the same time prevent its recurrence by rectifying the position of the organ and retaining it *in situ*. When we have a hypertrophied condition of the walls of the uterus, in the majority of instances there is softening of the texture, so that a flabby condition results. It these cases it is a matter of little difficulty to restore the position of the organ, but as soon as the support is removed it falls back into its abnormal position. Moreover if there exists, (which frequently does), any amount of inflammatory action, the presence of a pessary is a most serious source of danger; and besides, supposing there is no danger of an attack of acute metritis, there yet remains the disadvantage that the relief is entirely due to the fact that a mechanical support being retained in the vagina, and which every little while requires to be removed to make way for one of larger size, till in the course of a short time the walls of the vagina become as capacious as the pelvis will admit of; moreover the woman always retains the disagreeable consciousness that she is wearing an instrument, and there is ever present the danger of the hard pessary injuring the soft parts upon which it is constantly resting. A pessary to be of service must fit accurately, and only long experience and patient care will ensure this result. If it does not apply itself with precision to the parts, it certainly will result in serious mischief. One advantage of my treatment is, that it is rarely necessary to employ either probe or elevator when there is a flexion. This is another prolific source of danger removed.

Prolapse of the uterus: This may vary from a slight lowering of the position of the womb to complete procidentia. It is due either to (1) an increase in weight of the organ; (2) to faulty action of the supports; (3) it may arise from pressure from above, or from all these factors combined.

A lacerated perinæum must of course be rectified before treatment. From whatever cause prolapse occurs, there is always, as a result, hypertrophy of the organ and relaxation of the vaginal walls and uterine ligaments. If the uterus, then, is elevated to its normal position, and retained there by a suitable appliance, the hypertrophy will disappear, and if at the same time we can stimulate the capillary circulation of the parts, and also cause a steady drain to take place of the watery constituents of the blood in the uterus and its neighborhood, we will do much to remove the tendency to the displacement by reducing the size of the organ and simultaneously strengthening its supports. This end is attained most satisfactorily by replacing the prolapsed uterus in its normal position, and retaining it there by a tampon of cotton saturated with the glycerine of alum and carbolic acid, and allowing this to remain in the vagina from 3 to 4 days. The tampon excites an abundant watery discharge from the vagina, necessitating the patient constantly to wear a napkin. Glycerine excites this discharge, but when combined with an astringent, the effect is an even more profuse drainage of the watery components of the blood; the effect on the capillary circulation is also intensified, and the astringent effect on the vaginal wall is most beneficial. By this means alone I have completely cured procidentia which existed 3 to 8 years, after above treatment had been persevered in for from 2 to 7 months, and in a few cases where the disease existed for a much greater time very great relief has been experienced after more protracted treatment. If the tampon is merely saturated with glycerine it becomes very offensive after a few hours; when, however, the carbolic acid is added, there is no fetor at the end of four days when the tampon may be replaced. We can keep the organ *in situ* for months, and likewise act on it and the neighboring tissues to restore them to a healthy condition, the woman's general condition indicating a marked improvement. I claim for this method of treatment equal advantages with any plastic operation that may be performed upon the vaginal wall; and there is this, that the uterus itself also probably partakes of benefits which an operation on the vaginal walls cannot confer.

Versions and flexions of the uterus: I have treated quite a number of cases which had been subjected to the general routine of pessaries and stems without deriving any benefit whatever, and which have, after a few applications of the tampon, expressed themselves as feeling great relief. It may perhaps be interesting to give one case.

This lady had been suffering from retroflexion of the uterus for six years, which was aggravated very much by obstinate constipation, but this symptom had been quite overlooked. She was a most miserable looking object, with an ashy complexion, which, however, was partly attributable to the absorption of fetid matter from fæcal accumulations in the rectum and colon, as when these masses were removed and kept from accumulating, her complexion improved, and she felt somewhat relieved in every way. Yet the least exertion completely prostrated her, and the dysmenorrhœa was most intense. For six years she had been under treatment by means of pessaries and stems of all descriptions, from solid silver stems down to pessaries made of gutta-percha covering copper wire, and with no benefit; in fact, she was daily getting worse. In this case I used *two* tampons saturated with the solution, one much smaller than the other, so that it would occupy a position supporting the fundus, well up in Douglas' pouch, while the other and larger tampon was placed behind the cervix, and acted as a support to the smaller. After three months she was able to endure considerable fatigue, and eat and digest satisfactorily, and sleep well, feats she could not perform before; and at this moment I know she enjoys life thoroughly.

I think it often a good plan to employ two tampons in retroflexion and also in ante flexion, but, as a rule, one answers all the purpose. It is gratifying to observe the speedy effect of this treatment on the bladder symptoms in anteversion and ante flexion. I think I need hardly enter into further details as to the method of treating other varieties of displacements.—*Edinburgh Med. Four.*

#### ADVICE TO DOCTORS—BY DR. CATHILL.

Do not let your wife or any one else know your professional secrets, nor the private details of your cases, even though they are not secrets; nothing is more mortifying or hurtful to the feelings of patients than to hear that the details of their cases are being whispered about as coming from the doctor or those he has told. If you allow yourself to fall into the habit of speaking too freely of ordinary affections, or submit to be indiscriminately interviewed concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of its individual members will sometimes be at stake, and unless you shut your eyes and do not see too much, also your mouth, and do not say too much, it may ruin them and involve you. You will be allowed to see people in a very different light from that by which other people view them. The community see one another with a veil over their moral and

physical afflictions, over their blasted hopes and the sorrows that flow from love and hatred, their poverty and their crimes, their vexations and their solitudes; *you* will see the deformities, debilities and deficiencies with the veil lifted, and will become the repository of all kinds of moral and physical secrets. Observe reticence at your visits, and do not mention the private affairs of anybody from house to house. Seal your lips to the fact that patients have or ever had venereal diseases, hemorrhoids, fistula, ruptures, leucorrhœa, constipation, or that abortions, private operations, etc., have taken place, or that any one takes anodynes or liquor, or has this, that or the other bad habit. No matter how remote the time, if patients wish their secrets told, let them do the telling. You have no right to tell the affairs of patients to any one without their consent. But while silence should be your motto, it is your duty to society and to the laws to expose and bring abortionists and unprincipled quacks and heartless vampires, whether acting under cover of a diploma or not, to justice, whenever you meet proof of their wicked work.

In prescribing medicines for the sick it is better to confine yourself to a limited number of remedies with whose uses and powers you are fully acquainted, than to employ a larger number of ill understood ones. When you order unusually heavy doses of opiates, etc., instead of using the common signs, take care either to write the quantity out in full or to underscore both name and quantity. It is safer also to put the names of heavy-dose patients on their prescriptions. When you order morphia, etc., in unusually large doses, it is well to have it made into pills or granules, and direct the druggist to "put them into a bottle." It is so unusual to dispense pills in a bottle that it informs the compounder that the quantity is not a mistake but is as intended, and guards patients and attendants against taking or giving them in mistake. When you prescribe pills, powders, etc., for sailors and persons whose business exposes them to get their medicines wet or wasted, it is better to direct them to be put into bottles or tin boxes instead of paper boxes.

A placebo or tentative remedy should, as a rule, be small and easy to take. A very good form is prepared thus: Purchase a pound box of No. 35 unmedicated homœopathic globules, which cost but 35 cents, and immerse one half of them in fluid ext. of belladonna, and the other half in compound tinct. of iodine, for twenty minutes, then roll them about on a newspaper till all surplus fluid is absorbed, and let them dry; after which they can be put into bottles, with a small quantity of powdered cinnamon in one bottle and powdered liquorice root in the other to prevent agglutination. These can either be given as globules, or put between paper, crushed, and given as powders; they make cleanly,

convenient placebos for office use, and cost so near nothing, and a pound will last so long, that you can afford to give them away and charge such patients for advice only. They will suit almost any case requiring a placebo. Be careful to keep a straight face and to give minute directions concerning the manner and time of using inert remedies given simply to amuse people who are morbid on the subject of health, and you will do them double good. You will not only find that your placebos amuse and satisfy people, but you will often be surprised to hear that some full-of-faith placebo-takers are chanting your praise and are actually willing to swear that they are cured of one or another awful thing by them; cheated into a feeling of health by globules, or teaspoonful doses of flavored water, or liquorice powder, as by a charm; some who seem to be magically benefited by a teaspoonful of—nothing—will actually thank you for saving their lives. What a sad comment on the discerning power of the nineteenth century! What a sad fact for legitimate medicine! What a gold mine for quackery! Just here let me impress a caution: Take care that seeing cases get well thus does not create in your own mind unconscious deception, and lessen your belief in the necessity for medicine in real sickness, and modify or destroy your usefulness when medicines are required. Never send a patient to the drug store with a prescription for bread pills. It is not right to make any one pay for bogus medicines; besides, if, from among all the articles in pharmacopœia you cannot devise some trifling placebo that is more plausible than bread pills, you must have an unusual paucity of resources. Moreover, were a patient to discover that he had been paying for such a thoroughly insipid cheat, he would naturally feel victimized and indignant.

Never solicit people, either by word or manner, to employ you; for such a course would surely either repel them or prevent your enjoying the necessary esteem. Many people are naturally capricious and fickle, and, no matter how earnestly any one tries to serve and satisfy them, they will change about from one to another. Others are more true, and will adhere to you through everything, good or bad, with surprising tenacity. You should, however, always found your hope of being retained upon deserving it. Do not set your heart or faith upon the continuance of the patronage of any one, for you will many a time be replaced by those you know to be far below you in everything that unites to make a good physician. Sometimes you will be unexpectedly and unjustly dropped out of a family, and the most ignorant or shallow fellow in the whole section, or an old lady, or a homœopath, will supersede you, and you may have to bear the reflection and the wrong without showing the slightest chagrin. Ability to promptly detect loss

of confidence or dissatisfaction with either yourself or your remedies is one of the acquirements that you must seek to attain, if you do not already possess it.

A patient has a legal right to dismiss you from a case, and you have also a perfect right to relinquish attendance on him at any time. Indeed, you may sometimes find yourself so hampered or harassed, or maltreated in a case, that to retire from it is your only alternative. Whenever dismissed from a case, consider attentively the combination of circumstances that conspired to produce the dismissal, and how you might have averted it, that you may gain additional familiarity with the art of satisfying and retaining patients. Some people, indeed whole families, who will almost idolize you as long as you are lucky and have neither unfortunate cases nor deaths in their families, will turn as rudely and maliciously against you as soon as either occurs—as if you kept the book of life and controlled the hand of God. When you are unjustifiably dismissed from a case, especially if it is to make room for an irregular doctor, do not tamely consent to be thrown aside in such a manner. Express your perfect willingness and your determination to retire, but make it known in a gentlemanly way that treating you thus wounds your sensibilities, and that such action necessarily casts undeserved reflection on you and does your reputation a very great injury. Such a protest will secure for you greater respect, and will counteract the injury following your dismissal better than if you meekly submit without protesting.

THE following story of Sir James Paget is going the round of the newspapers. The well-known surgeon has a country house in Kent. A few days ago, as he was out walking, he witnessed a serious accident. Two men were driving in a cart, when one of them fell out, and, the wheel passing over him, broke his leg. Sir James, with a kindness which belongs to his profession, had the man lifted into the cart, and proceeded to do what was required to be done. In the meantime the poor sufferer's companion hurried off to the local medico, whom he addressed in this fashion: Please, sir, Bill has been and fallen out of the cart and got his leg broke; there's an old cove a-pulling of him about, but I can see he ain't up to much, so I wants you to come at once, sir, 'cos Bill's wery bad." The doctor hastened to the scene, and discovered at once, to his surprise, that the "old cove" was Sir James Paget, who in the interim had improvised some splints and bound up the leg with a copy of the *Times* newspaper.

Thomas Keith, of Edinburgh, has recently removed the uterus for prolapsus. The result was good, as most of his results are.]—*Am. Med. Digest.*



MULLEIN PLANT IN THE TREATMENT OF PULMONARY CONSUMPTION.—F. J. B. Quinlan, M.D., M.R.I.A., F.K.Q.C.P., Physician to St. Vincent's Hospital Dublin, observes that "from time immemorial the *Verbascum Thapsus*, or Great Mulllein has been a trusted popular remedy in Ireland, for the phthisis." After relating seven cases where it proved of benefit, he concludes, "I have set down the above cases simply in the order in which they occurred, and with no view of supporting any preconceived idea. These cases, although too few to justify any general conclusion, appear to establish some useful facts. The mullein plant boiled in milk is liked by the patients; in watery infusion it is disagreeable, and the succus is more so. The hot milk decoction causes a comfortable (what our Gallic neighbors call *pectorale*) sensation, and when once patients take it they experience a physiological want, and when the supply was once or twice interrupted, complained much in consequence. That it eases phthisical cough, there can be no doubt; in fact some of the patients scarcely took their cough mixtures at all—an unmixed boon to phthisical sufferers with delicate stomachs. Its power of checking phthisical looseness of the bowels was very marked, and experiment proved that this was not merely due to the well known astringent properties of boiled milk. It also gave great relief to the dyspnoea. For phthisical night-sweats it is utterly useless; but these can be completely checked by the hypodermic use of, from the one-eightieth to one-fiftieth of a grain of the atrophia sulphate; the smaller dose, if it will answer, being preferable, as the larger causes dryness in the pharynx, and interferes with ocular accommodation. In advanced cases, it does not prevent loss of weight, nor am I aware of anything that will, except koumiss. Dr. Carrick, in his interesting work on the koumiss treatment of South Russia (page 213) says: 'I have seen a consumptive invalid gain largely in weight, while the disease was making rapid progress in her lungs, and the evening temperature rarely fell below 101° Fahr. Until then, I considered that an increase of weight in phthisis pulmonalis was a proof of the arrest of the malady.' If koumiss possessed this power, mullein clearly does not; but unfortunately, as real koumiss can be made from the milk of the mare only, and as it does not bear travelling, the consumptive invalid must go at least to Samara or Southern Russia. In pretubercular and early cases of pulmonary consumption, mullein appears to have a distinct weight-increasing power; and I have observed this in several private cases also. Having no weighings of these latter, however, makes this statement merely an expression of opinion. In early cases, the mullein milk appears to act very much in the same manner as cod-liver oil; and when we consider that it is at once cheap and palatable, it is certainly worth a trial. I will continue the research

by careful weighings of early cases; and will further endeavor to ascertain whether the addition of mullein to the cultivating solution prevents the propagation of the phthisical bacillus."—*British Medical Journal*.

TREATMENT OF DYSENTERY.—Mr. F. Rawle, M.R.C.S., observes that, at the present time, when dysentery is very prevalent, especially amongst those who have returned from the Egyptian war, any suggestion that may mitigate the suffering of so fatal a malady will be hailed with gratitude. The plan he has used with most success is the following. First, having placed the patient between warm blankets, a pint and a half of warm water, at a temperature of 90° Fahr. is injected. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any *effete* matter, two ounces, by measure, of the following enema is administered with a gum-elastic bottle. R Quinine sulphate ten grains; compound tincture of camphor four drachms; decoctum amyli to two ounces. Mix, and when about milk-warm, inject, which is generally retained; but, if ejected, it may be repeated after an hour or two. This has been found of great service, and very grateful to the patient, the effect is like magic. If gripping pains be felt over the region of the epigastrium, half-drachm doses of chlorodyne, in some aromatic water, mint, caraway, or aniseed should be given. The diet, of course, should be of the most soothing kind; jellies, isinglass, linseed, toast and barley *ad libitum*. Ipecacuhana appears of little service, and Mr. Rawle has discarded it from his treatment. Warm turpentine stupes on warm flannels, over the hypogastrium prove very beneficial.—*British Medical Journal*.

TUBERCLE BACILLUS AND PHTHISIS.—Dr. T. Henry Green (Physician to Charing Cross Hospital, and Senior Assistant-Physician to the Hospital for Consumption and the Diseases of the Chest, Brompton), in concluding a lecture on the relation of this micro-organism to phthisis, observes, with regard to treatment: "What is the practical teaching of Koch's discovery with reference to the prevention and cure of phthisis? If our pathological conclusions be even only partially true, they clearly indicate, I think, the necessity of carefully distinguishing between the bacillus and the conditions which favour its influence, and of directing our treatment to both. We must endeavor to prevent the access of the organism, and, if possible, to destroy it after it has effected an entrance; and we must also strive to maintain a healthy condition of the pulmonary tissues, and thus prevent the occurrence of that tendency to apical stagnation which appears to be such an important, if not essential,

factor in the disease. The latter of these indications is, I believe, as important as the former; and it is, perhaps, rather in danger of being lost sight of in the very natural eagerness with which attention is now being directed towards the bacillus.

"Firstly, then, with regard to the condition of the lung which favors the influence of the bacillus. Here it is only necessary to remark that, whatever promotes a vigorous state of health will, by improving the condition of the blood, the nutrition of the vessels, and activity of the circulation, and the exercise of the respiratory function, tend to prevent that stagnation and transudation in the highest portions of the lungs, the etiological importance of which we have so especially insisted upon. The value of treatment which has for its object the fulfilment of these indications in the prevention of phthisis it is, I believe, difficult to over-estimate; and its usefulness is almost equally valuable when the disease is established. I cannot but think that, in the meantime, such treatment promises better results than any attempts to attack the specific organisms. Secondly: the tubercle bacillus. The consideration of this naturally divides itself under two heads: (a) the prevention of its access, and (b) attempts to destroy it when the disease is developed. (a) The prevention of the access of the bacillus. The present position of our knowledge appears to point to the desirability of adopting measures for the disinfection and destruction of the sputa of patients suffering from phthisis; and perhaps, also, of the alvine secretions, when there is any evidence of tuberculous disease of the bowel. It also raises the question as to how far it is desirable to allow individuals who are not consumptive, but who inherit a phthisical tendency, and especially when such individuals are out of health, to intimately associate with those who are suffering from the disease. If our pathology continues to move on the same lines, this subject may become one requiring the consideration of those who manage our hospitals. (a) The destruction of the bacillus after the disease is established. Attempts to do this are made principally by means of antiseptic inhalations. This is the fashionable, though perhaps somewhat misdirected, therapeutics of the day. A respirator charged with some antiseptic, such as creasote or carbolic acid, is now being largely used in the treatment of phthisis. Although I should be very sorry to unfairly criticise such treatment, I cannot but think that the evidence that its usefulness is in any way dependent upon its destruction of the bacilli, or of any infective substance which they may originate, is wanting. It seems to me much more probable that such inhalations, when beneficial, are so mainly through the favourable influence which they exercise upon the mucous membrane and secretion; and when, as is so often the case, they are combined with chloroform, they will also act as direct sedatives.

What we want are cases of early and progressive phthisis in which antiseptic treatment alone, without adjuncts, is followed by marked improvement. When it can be shown *e. g.*, that the pyrexia of early phthisis is reduced by such treatment, we shall have evidence pointing to the influence of the germicides upon the bacillus of considerable value. We are now making some observations in this direction, but, at present, with negative results. Whilst, therefore, I do not wish to be understood to discourage the treatment of phthisis by antiseptic inhalations, I think we must be careful as to the interpretation we put on their results. The treatment of phthisis and of other pulmonary diseases by means of medicated atmosphere has been greatly stimulated by Koch's discovery. Such treatment has undoubtedly been two much neglected in the past, and its prosecution promises the best results. But, in the meantime, I think we have no evidence that we are able by such means to influence the tubercle bacillus; although, if Koch's investigations be true, the discovery of some agent which, by destroying it, will arrest its injurious influence, is obviously the greatest desideratum."—*British Medical Journal*.

**DIALYZED IRON.**—Dr. Prosser James has lately said, in a summary of the position which dialyzed iron is entitled to hold in medicine, that the salts of iron are frequently employed solely on account of their astringency, while the protosalts are occasionally considered as being destitute of this quality. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state, so that preference is given to reduced iron. The scale preparations of iron are held in repute, both from the extreme facility of their use, and their agreeable taste. When these three forms of iron are inadmissible, dialyzed iron may be resorted to with admirable effect. It is a milder chalybeate than the three preceding, and does not produce the slightest irritation.

A recent analysis by Professor Tichborne of Wyeth's preparation agrees almost exactly with Graham's statement, that dialyzed iron contains 98.5 parts of the oxide and 1.5 parts of hydrochloric acid. The liquid thus obtained differs altogether from an ordinary solution of salts of iron, by its not giving rise to the blood-red color on the addition of alkaline sulphocyanide, nor to the blue precipitate with ferrocyanide of potassium. It does not become cloudy on boiling, nor when agitated with two parts of ether and one part of alcohol is the ether layer colored yellow. It is so sensitive that ordinary spring water will cause a precipitate, yet no precipitate is produced by nitric, acetic, or muriatic acid. Graham's solution gelatinized in about twenty days, and he regarded it as a solution of colloid ferric hydrate which, he considered, existed in both a soluble and insoluble form. It is,

however, never free from chlorine. Theoretically, therefore, the liquid is a solution of a basic oxychloride, but it can never be imitated by dissolving saturated solutions of the hydrate. All these artificially-made liquors are astringent, with ferruginous taste and acid reaction. Respecting the therapeutic value of dialyzed iron, of which there has lately been some inclination to doubt. Dr. James says there is no question. By the method now followed of counting blood-corpuscles, it is found that the taking of dialyzed iron both increases their number and improves their condition. Dr. James gives, as an average dose, twenty to fifty drops, daily, in three doses. Dr. Weir Mitchell, of Philadelphia, gives as much as a drachm at a time. Specimens have appeared in the market which are not only innocent of any acquaintance with a dialyzing membrane, but seem little else than diluted solution of perchloride of iron.—*Chem. and Drug.*

**EXTIRPATION OF THE UTERUS FOR PROLAPSE.**—Dr. Duvelius (*Centralb. f. Gynakol*) reports the case of a woman operated upon by Dr. A Martin in Berlin. She was forty-six years of age, and had first menstruated at the age of seventeen. At twenty-two years of age she gave birth to a large child, the labor being normal. Thirteen days after delivery prolapsus began to be noticeable to her, and after a time it became excessive. The cervix was amputated afterward, and anterior kolporrhaphy was performed at one sitting, and posterior kolporrhaphy and perinæorrhaphy at another. The operations were complete failures; the parts projected to an exaggerated degree, and had undergone extensive erosion and ulceration. In this condition she presented herself at Dr. Martin's polyclinic. Another anterior and another posterior kolporrhaphy were determined upon; but, when the patient was anæsthetized, an entirely retroflexed uterus was found to be so completely surrounded by the remains of a perimetric inflammation that total extirpation alone seemed practicable. After disinfection of the field of operation, incision was made around the remnant of the *portio vaginalis*, which was followed by free hemorrhage. The uterus was then drawn well downward, and an elastic ligature was placed around it. Douglas' pouch was next opened, as the uterus was detached at that aspect with scissors, knife, and fingers. In a similar manner the separation was made anteriorly. The uterus being now dragged forcibly downward, three ligatures were passed upon either side to secure the vessels, after which they were cut away. The stumps of the ligaments were brought down through the wound, and a series of both and superficial sutures was passed, securing the cut edges of the peritoneum and of the vagina. The operation was followed by peritonitis, but the patient evidently recovered. Anterior and posterior kolporrhaphy were subsequently performed,

and the patient was believed to be entirely cured.—*N. Y. Med. Journal.*

**URETHROTOMY IN CYSTITIS.** Chronic Cystitis with enlarged prostate in advanced life, requiring the regular use of the catheter for the evacuation of the urine, not unfrequently becomes aggravated by the very process of catheterization, and an irritable condition of the bladder is produced, whereby the more frequent use of the instrument is necessitated, being sometimes required as often as every hour or even oftener.

It was proposed years ago to perform the same operation as that required for stone for the relief of this trouble, with the idea of giving rest to the bladder, by preventing the accumulation of urine, but the success attained was not such as to place it beyond question as a proper procedure.

Sir Henry Thompson has now devised an operation by which he accomplishes the end desired, that of rest to the bladder and urethra, and which he describes as follows:—The patient, under ether, is placed in the lithotomy position, and a grooved median staff introduced into the bladder. A small vertical incision is then made in the raphè, just above the anus, only large enough to admit the index finger, and ending in the staff at the membranous portion of the urethra, which should be divided for half an inch at most. The staff is then withdrawn, and a large vulcanized catheter or tube about No. 20 (English scale), is inserted, with the end just within the bladder, and securely tied by means of a tape or a bandage around the waist. This is allowed to remain in for several days. The relief obtained, he says, is immediate and remarkable. The urine which had contained mucus and blood, and was alkaline and offensive, changed in a few hours and became natural in color, acid and almost clear. The catheter was removed on the eighth day, and healing of the perineal wound was rapid. Six months afterwards there had not been a return of the troublesome symptoms. This operation, which he says is only a very limited urethrotomy, he regards as a very safe and simple proceeding. Of course it has no effect in diminishing the size of the prostate, so that with the healing of the external wound, resort must be had to the catheter as formerly.—*Medical Review.*

**LIGATURES AND SUTURES.**—The following is an extract from a recent communication by Dr. E. J. Kempf to the *Medical Herald*:—Professor S. Gross gave it as his experience that the surgeon's silk is the best material for ligatures and sutures. It answers all the purposes of a suture except, perhaps, in a few particular instances, as in operations on the perineum. He uses the surgeon's silk suture altogether; in this differing from Drs. Agnew and Ashhurst, who use the silver-wire suture in

preference to all others. As a ligature, says Dr. Gross, the surgeon's silk has no superior. It should be good silk and should be waxed before using. Cat-gut and other animal ligatures will be found useful in exceptional cases, as in operations in the abdominal cavity, etc. For such cases, Dr. Gross prepares his own cat-gut ligature in the following manner: Buy violin strings E No. 7, put them for two weeks in a mixture of chromic acid solution and carbolized glycerine in the strength of one part of the acid to five of the solvent. The adhesive plaster that Dr. Gross uses exclusively in connection with the sutures, and for all other purposes, is Mead's as manufactured by Seabury & Johnson, of New York.

The following points are culled from the lectures of Prof. W. Goodell, in the University Hospital:—Dr. Goodell does not operate in laceration of the cervix, if the sides of tear are in apposition—that is, lie parallel and are not turned up. In erosion of the cervix he recommends the local application of collodion in which iodine has been dissolved, or the strong tincture of iodine may be used. In carcinoma of the uterus Dr. Goodell applies locally the tampon soaked in a glycerole, and gives constitutionally ten drops of Fowler's solution before meals for the cancerous cachexia and twenty drops of fl. ext. ergot several times a day to prevent too much bleeding. After every operation on the uterus Dr. Goodell applies a tampon, cup-shaped, in which glycerine is poured. He also instructs the patient how to do this. Dr. Goodell's favorite local applications for endometritis and other similar affections of the uterus are: 1. A mixture of one ounce each of iodine, chloral, and carbolic acid. 2. One drachm of pure carbolic acid to one ounce of glycerine. 3. A saturated compound tincture of iodine. 4. A solution of nitrate of silver of one drachm to the ounce.

HOW LONG SHOULD THE SUBJECTS OF CONTAGIOUS DISEASES BE ISOLATED?—The Academy of Medicine of Paris, after a careful study and report of a special commission, has given the following answer to the above enquiry. (*Gaz. Med. de Paris*.)

1. Pupils affected with chicken-pox, small-pox, scarlet fever, measles, mumps, or diphtheria, should be strictly isolated from their comrades.

2. For small-pox, scarlet fever, measles, and diphtheria, isolation should not be shorter than forty days; for chicken-pox and mumps, twenty-five days is enough.

3. Isolation should last until after the patient has been bathed.

4. The clothing worn by the patient at the time he was taken sick, should be subjected to a temperature of 90° C. (194° Fahr.), and to sulphur vapor and then well scoured.

5. The bedding, curtains, and furniture of the sick-room should be thoroughly disinfected, washed, and aired.

6. The pupil of a school, after recovery from one of the above contagious diseases, should not be readmitted to the school unless furnished with the certificate of a physician that the above precautions have been observed.

CHLORAL HYDRATE IN DIPHTHERIA.—The *New York Medical Times* in a report of a meeting of the medical society of Northern New York says that an extract from a letter written by Dr. Allen, of Lawyersville, was read by the secretary, showing that a solution of *hydrate of chloral*, from fifteen to thirty grains to the drachm of water, the strongest solution being employed in adult cases, would speedily remove diphtheritic deposits from the throat. It is applied by means of a brush, at intervals of two or four hours. The doctor states that the densest coating of membrane seldom resists the second or third application. We commenced the use of chloral hydrate in severe cases of diphtheria about five years ago and have used it in quite a number of very severe cases with the most satisfactory results. Will some of our readers try it and report results?—*Med. Summary*.

TREATMENT OF EPILEPSY.—Dr. Saundby read a paper on the treatment of Epilepsy, before the Midland Medical Society, in which the following points were insisted on: (1) The value of combining the bromides of potassium, sodium and ammonium, as recommended by Professor Brown-Sequard; (2) The advantage of adding digitalis, and sometimes theine, to the mixture to counteract the depressing influence of the bromides; (3) The utility of zinc as an adjuvant in the treatment; (4) The successful use of borax in some cases of obstinate epilepsy; (5) The value of theine, caffeine and nitro-glycerine in the treatment of epileptic vertigo.—*British Medical Journal*.

RADICAL CURE OF RUPTURE.—The secret methods of cure practiced by Dr. George Heaton successfully in one hundred and forty cases is now, after his death, published by Dr. J. H. Devonport. He injected extract of quercus alba into the hernial canal outside the peritoneal sac, to excite a mild degree of irritation in the tendons and fasciæ, so as to lead to contraction. No fatal results followed nor any serious complication. It often cured, and when it failed great relief was obtained, so that a light truss sufficed to support the protrusion.—*Lou Medical News*.

TREATMENT OF RINGWORM OF THE SCALP.—Dr. Adler Smith recommends oleate of mercury with ung. petrolei (ten per cent) in chronic cases of tinea of the hairy scalp. This causes less irritation than the ordinary preparation, and children bear it well, although if the cases are under seven years of age it may be found necessary to dilute it further.—*British Medical Journal*.

**A PIECE OF STEEL REMOVED FROM THE EYE BY THE ELECTRO-MAGNET.**—On July 20th, while at work, a young carpenter came to the hospital with a chip of his chisel in the left eye. On examination by focal illumination, the piece of steel could be seen in the anterior chamber, touching the iris in the lower outer quarter. After an ineffectual attempt to remove it, the patient was again put under ether, and an incision made through the cornea, near the sclerotic junction. The pointed pole of the magnet (described below) was made to touch the lips of the incision, and the battery connected; the foreign body flew up, attached itself at once, and was extracted with the greatest ease. Very slight iritis followed, and the eye was perfectly well in seven days. The magnet used was the ordinary bar (with a coil round it), shaped like a small horseshoe, by the ingenuity of Mr. Gordon, of the Cambridge Physical Laboratory. The poles were prolonged into sharp iron points, something like a crab's claw, fixed about half an inch apart, one longer and sharper than the other. These points were movable, being screwed into the magnet-poles, and in no way spoiled the magnet. The whole apparatus was adapted in about an hour's time. The battery used was a five-celled Groves. I send an account of this case, to show how an ordinary electro-magnet may be adapted for such cases, with little expense or trouble.—G. Wherry.—*British Med. Jour.*

**TREATMENT OF INTERNAL HEMORRHOIDS.**—The following case coming under the above heading aptly proves the use of its subsequent treatment: J. F., aged sixty. I found him suffering from internal piles with prolapsus ani and severe hemorrhage on defecation, or even on walking. He had given up all work. I prescribed the ordinary remedies for three weeks; but as it was quite useless, and the man became so weak from the pain and loss of blood, and the prolapsed bowel, with its congested mucous tissue, so difficult to return, I determined upon the following: I applied a ligature steeped in carbolyzed oil to the base of a large hemorrhoid, and touched the surrounding vascular membrane with nitric acid, anointed the parts with simple lard, and then with firm pressure replaced the bowel. I kept him on fluid nourishment, with opiates occasionally for a time, and in a month he was about again in good health.—*Mr. T. Wells Hubbard in British Medical Journal*

**ASTHMA MIXTURE.**—

R Tinct. lobeliæ, 3 v,  
Ammonii iodidi, 3 ij,  
Ammonii bromidi, 3 iij,  
Syr. tolutani, 3 iij, M.

Sig.—Teaspoonful every one, two, three or four hours. This gives relief in a few minutes, and sometimes the relief is permanent.—*Fothergill.*

**TRENDELENBURGH'S METHOD OF AMPUTATION AT THE HIP JOINT.**—In the American *Medical Journal* Dr. VARICK of Jersey City Hospital describes an amputation at the hip joint, which was successful mainly through the saving of blood by using Prof. Trendelenburgh's method of preventing hemorrhage. This method requires a flat steel rod a foot long and 1-4 inch wide, with a movable lance-shaped point, the rod to be bi-convex on section, one-fourth of an inch thick in the middle, with blunt but smooth edges. This rod is thrust obliquely through the soft parts in front of the joint, in the same way as the two-edged knife in the well known method of Lisfranc, but nearly an inch higher. The rod enters 1½ in. below the anterior superior spinous process of the ilium, passes between the femoral artery and the bone and emerges at the fold of the scrotum. The point being removed, an elastic band is firmly wound figure-of-8 fashion around the projecting ends of the rod, compressing effectually the great vessels. Lisfranc's knife is then introduced a little below the rod and by cutting from within outwards in the usual way the anterior flap is formed. The vessels being tied, the band and rod are removed and the joint disarticulated and the posterior flap formed. The patient made a good discovery.—*Pacific Med. and Surg. Journal.*

**INCONTINENCE OF URINE.**—For incontinence of urine in children, Dr. Janeway (*Medical Record*) recommends a combination of ergot, belladonna and iodide of iron.

R Tinct. ergot, 3 ij,  
Tinct. belladonna, 3 j,  
Syr. iodide iron, 3 j,  
Simple elixir, 3 j. M.

Sig.—One teaspoonful morning, noon and bedtime to a child ten years old.

*The College and Clinical Record* publishes the following anecdote of Jenner: The celebrated Dr. Jenner, who introduced vaccination, was a man of genial wit, and the following lines addressed to a lady upon the recovery of her daughter, and sent with a pair of ducks, affords a specimen of his facetious vein:

"I've despatched, my dear madam, this scrap of a letter, To say that Miss——— is very much better, A regular doctor no longer she lacks, And therefore, I've sent her a couple of quacks."

A case of cirrhosis of the liver in a child aged three and a fourth years was shown by Dr. H. R. Hutton at a late meeting of the Manchester Medical Society, England.

**UNWISE.**—The decree by virtue of which the retirement of college professors in France has been enforced on their attaining the age of sixty-five has been abrogated.

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

TORONTO, MARCH, 1883.

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

## ALCOHOL AS A THERAPEUTIC AGENT.

In the halcyon days when "ignorance was bliss," and it was "folly to be wise," no one ever doubted the curative properties of alcohol. Whether for better or for worse, we of to-day, live in a time remarkable for its spirit of eager inquisitiveness. No theory however hoary with age, or no practice however honored by usage, is safe from its daring intrusion, or can, by any means elude its still hunt, every theory is placed in the crucible, and every practice submitted to searching inquiry. Formerly, alcohol was thought the royal thing, a sort of cure-all, and no serious illness was passed through without invoking its aid. But science is abroad in the world, and clinical observation is wide awake, so that even with alcohol things are not as they used to be. Now, the prudent physician hesitates, and ponders well, before he prescribes alcoholic stimulants. Hundreds of the best men in the profession, scattered over different countries, have discarded its use altogether. And, worse still—for the good old times, this change is led by the very men whom the profession specially delight to honor, and whose utterances as touching other matters, are regarded as almost oracular. Amongst such may be named, Dr. W. B. Carpenter, the great physiologist and author, Dr. Benj. Richardson, the thoughtful physician, and painstaking investigator, and others equally illustrious, whose names are familiar to every reader. Every observer must have noticed the setting in of a counter current to the more extravagant claims set up for alcohol as an alleged therapeutic agent. Time

has only served to increase the force and volume of that current. The question has steadily pressed on to the front, until now it forces itself upon us in such a way as to make escape no longer possible. The revelations of clinical experience no less than of science admonish us to call a halt, to take, at least, a hasty survey of the ground on which we stand. Considering the potency of this agent, it may be within certain limits, for good, but most certainly for evil; and considering also the enormous quantity consumed under the guise of medicine, it is safe to say, that this problem to-day overshadows all others combined, in the domain of therapeutics. Neither preconceived opinions nor confirmed prejudices, should, for one moment, be permitted to become barriers to a free and frank discussion, from all sides. We are rapidly reconstructing our *materia medica*, partly it is true on well ascertained results of clinical experience, but chiefly on the basis of the twin sisters, physiology and chemistry. Most of what is exact in treatment we have derived from these branches, and if medicine is ever to extricate itself from the labyrinths of uncertainties and guessings, to take a more conspicuous place as one of the exact sciences, it will be through the unerring revelations of these branches, aided of course by clinical study, and not by the whims of boasted "success," or "long experience" of any set of men however gifted by nature or honored by their fellow men. Mere dogmatic statement no matter how well supported by numbers, must ultimately yield to scientific truth.

In its royal march, science has swept aside many an ancient cobweb. Many articles once prized as medicines of extraordinary power now have no place in *materia medica*, and are only spoken of as monuments of the folly of our forefathers. In the light of the past history of therapeutics, who is bold enough to assert that alcohol shall not have a similar fate. We cannot close our eyes to the fact that leading scientists and foremost investigators, keep affirming and re-affirming, that alcohol is a poison under all circumstances and never remedial. Other than these we have no sure guides. The decrees of science are imperial, and when proclaimed with clearness must be obeyed, and above all, by medical men, who themselves are the devoted disciples of science, bees in the hive of research, and ever in the vanguard of progress. The proposal to abolish alcohol from our

therapeutics is revolutionary it is true, but what cares science for that. Science is a truth-seeker and never frets about consequences. Besides, the proposal is, perhaps, no more revolutionary than was the proposal at the time to abolish venesection, as a universal cure. At all events, we are in duty bound to examine closely what science and critical observation have to say on this important question.

All will admit that it is too late in the day to discuss alcohol as an article of daily regimen. No man of standing will risk his reputation by advocating such a practice. However deep-rooted as a social custom, it no longer rests on a belief in the life-giving properties of alcoholic stimulants of whatever form. The causes of the evil are to be sought in other directions. That paradoxical position, namely, the beneficial effects of alcohol under opposite conditions of heat and cold, has also been abandoned; the one by arctic explorers, and the other chiefly by army experience. Science comes forward and gives the reasons in both cases, and we find such reasons in harmony with known facts. Furthermore, it is conceded on all sides that alcohol has had too wide a range in our therapeutics in the past, and that its scientific application lies within much narrower limits. However grotesquely practice is made to harmonize with theory, there can be no doubt about a unanimity of opinion on the foregoing points amongst medical men generally. This marks a wide departure from old theories, a long stride toward the adoption of more advanced views. Notwithstanding these concessions to advanced science, the majority of medical men hold that alcohol is remedial and restorative within certain limits. The prevailing views may be succinctly formulated under two propositions, as follows: 1. Alcohol may be, and is beneficial, under conditions of temporary exposure, or sudden and unusual strain, calling for the temporary exercise of all the vital energy the system can be made to give forth, in a state of health. 2. Alcohol may be, and is beneficial, in failing vital energy, in a state of disease. In the one, life is endangered from without, and the other from within.

As before stated, many have gone so far as to banish alcohol altogether as a therapeutic agent, but we think the above propositions fairly present the views of an overwhelming majority of the medical men of the day. It is but fair to state, how-

ever, that majorities are not always safe guides. More especially is this true in a case like the present, where the question is one of science, demanding careful investigation, and perhaps, a forsaking of long-cherished convictions and deep-rooted prejudices.

Turn we now to what the scientists have to say about this question. Amongst these none is more prominent than Dr. W. B. Carpenter, who has recently been on a visit to Canada and the States. Previous to his return to England he delivered a lecture on alcohol in Tremont Temple, Boston, Mass. In a report of his utterances he is committed to the following views:

Alcohol diminishes the solvent power of the gastric juice, and any temporary increase in the quantity secreted is followed by subsequent diminution. Alcohol is prejudicial to the normal healthy life current. The introduction of alcohol changes the healthy aspect of the red corpuscles, upon the normal condition of which the system depends for its oxygen and the removal of carbonic acid. Alcohol produces an irregular outline of the corpuscles and causes them to run together in the circulation. This tendency of the corpuscles to aggregate under the influence of alcohol, interferes with the rapidity of oxygenation, and consequently with the whole respiratory process. The action of the heart is reduced from the same cause. The result of many observations discloses that alcoholic poison deranges the system. It interferes with the process of eliminating the waste matter from the system, and hence tends to the accumulation of effete matter in the blood. It checks the healthy action of perspiration. The human body is an automaton, the mechanism of which the brain has the power to set in motion. Alcohol weakens and ultimately destroys the faculty of automatonism, and intensifies the tendency towards any particular abnormal action.

Our present object being to simply pass in review the various phases of this important question, and to present with some degree of definiteness its *status*, we forbear all comment, and would only remark, that as an arraignment of alcohol, anything more sweeping than the above it would be impossible to conceive. In view of so much that is complicating and perplexing, and in view too of the weighty social considerations involved, and while awaiting fresh developments, though not called upon to abandon their use entirely, yet, it is obviously the duty of every physician, to try how long and how well he can succeed without the use of alcoholic stimulants.

## THE CLAIMS OF THE PROFESSION ON THE PUBLIC.

It is an old and trite saying that "charity covers a multitude of sins," and certainly the charity which we, as physicians and surgeons, are called upon to exercise in the daily and nightly performance of our duties does cover an enormous multitude of sins—on the part of the public. It is but lately that the Assembly of France, to their honor be it said, passed an ordinance allowing to the family of a physician dying from contagious disease contracted while on hospital duty, a pension equal to that awarded to the family of a soldier dying in battle. This is a step, though a short one, in the right direction, but why did the government not grant an officer's pension in the case described? The soldier loses his life whilst in the act of destroying that of others—enemies, we grant, of his country; whereas the physician loses his in battling a far more treacherous, masked and destructive one—namely, disease. Which, may we ask, deserves the more handsome recognition at the hands of the State? It is not long since the lamented Dr. Anstie met with his death while seeking to discover the cause of an endemic, in order that he might be instrumental in preventing further loss of life. On this side of the Atlantic, but lately, a young physician received into his system those terrible *bacteria micrococci, etc.*, while saving a patient from impending suffocation by laryngo-tracheal diphtheria, by withdrawing mucus, blood and membrane from the wound left after his operation of tracheotomy. Has any one heard of a pension being granted to the families of either of these victims, or even that that cold and costly reward, a mausoleum had been erected to the memory of the deceased? I trow not!

"It was only a Doctor, who's ever ill-paid,  
Cover him over with pickaxe and spade."

The poor professional cow (the term is an apt one as we are often individually termed "brutes") has, so to speak, continued too long patiently yielding the milk of human kindness and the cream of good works, and receiving therefor kicks and cuffs, instead of kindness and corn. If those who are served by that animal refuse to provide her with provender, is it not time that she began to forage for herself? Let the public be shewn that this much abused "*cow*" *habet fœnum in cornu*, and will make those who have abused her for so long a

time feel the impression of her brass-tipped horns, if her wrongs are not righted. It is about time that the big public ox received a little goring.

What one of us has not felt his angry passions rise, while listening to the speeches of candidates for the Legislature, or reading the articles of some writer whose brain was as heavily leaded as the type in which his effusions appeared, when these parties would impudently class ours with non-productive callings—such as lawyers, preachers, middlemen, and salaried officials. Now, as each farmer, mechanic or labourer gives a certain value to the State, owing to the services performed by him, is not the over-worked Doctor, who is often instrumental in raising from a sick bed and prolonging the life of one of the former class, worthy of being recognized as productive, indirectly though it be, to the State? "Providence helps those that help themselves." We, as a class have hitherto displayed too little of that *esprit de corps* so necessary to the advancement of any body of workers. Let us turn over a new leaf, or rather take one from the koran of our sister professions—Law and Divinity. Yes! even Divinity, for our reverend friends are not above looking sharply after the "loaves and fishes" while we have put up too long with barely the fishes, small and bad at that sometimes.

We have numerous able representatives in the legislative halls, why not harness them, saddle them and if necessary spur them? Our forbearance has been tried too long already. The public have come to look upon us as their slaves, not as their servants. Is not the laborer worthy of his hire? and what labourer is more worthy than he who braves wind and storm, turns night into day, and risks life and limb in seeking to prolong the lives of others? To this end we claim that an Act should be passed compelling each municipality to be responsible and to pay for all necessary medical and surgical attendance rendered to indigent persons while residing in such municipality. In order to secure this just right let us continue to agitate this question. The memorable signal run up by Lord Nelson called upon every man—not every sailor, not every soldier, not every officer alone—but every *man*, to do his duty. The medical profession has done its duty in the past, and is still continuing to do that duty towards the country; has the latter done its duty to the former? We say, emphatically, No! Then, as is the custom of the day, let us strike, as we should have struck long ago.



## THE HOUNSLOW TRAGEDY.

In the early part of the month of January, W. Edwardes, of Hounslow, England, committed suicide under most painful circumstances. About fourteen months ago Dr. Edwardes purchased a half interest in the business of Dr. Whitemarsh, of Hounslow, for £1,800. He soon found, however, that the pecuniary returns which had been promised him were not forthcoming, and besides, Dr. Whitemarsh seemed anxious to make things unpleasant for his new partner, in the hope that he would leave in disgust, or accept a small sum to retire. Things went on in this way until about two months ago, when a married woman named Bignell, laid a charge of indecent assault against Dr. Edwardes. He met the charge with a prompt and emphatic denial, and the woman herself gave a written retraction of the charges, but Dr. Whitemarsh seized upon the opportunity to force a dissolution of business relations, and endeavored to force his partner to accept £500, and to give up the partnership, and threatened to go into the witness-box against him if he did not consent to the arrangement. Dr. Edwardes losing all hope of establishing his innocence under such circumstances, committed suicide by taking a dose of prussic acid. He left a letter strongly asserting his innocence of the charge brought against him by "the morbid imagination of a licentious-minded hysterical woman, and praying for a blessing on his wife, his little boys, and his mother, and ending with the words, "May God curse Michael Whitemarsh." When the particulars reached the ears of the public a mob stoned the house of Whitemarsh and levelled his surgery to the ground, and would have lynched him but for the protection of a *posse* of forty constables. The coroner's inquest resulted in a verdict, that "Dr. Edwardes came to his death from prussic acid administered by his own hand during temporary insanity," to which the jury added the following rider: That he had been driven to this act "by the pressure brought to bear by his partner, Dr. Whitemarsh using the false charge of Mrs. Bignell as a means to drive him to a dishonorable dissolution of partnership."

The investigation brought out the fact that the woman had brought a similar charge against another man two years before, and her previous history bore unfavorably on her moral character, and

also that she was instigated by Dr. Whitemarsh. That gentleman also appeared in the unenviable light of having received a large sum of money for which he did not give an equivalent, but endeavored to get rid of his dupe in order to have an opportunity of repeating the swindle with another victim.

## APPOINTMENT OF HEALTH OFFICERS.

It will greatly be regretted if in appointments to the position of health officer in our towns and cities, political considerations be allowed to outweigh personal and professional qualifications. The position is one demanding special knowledge on the part of the incumbent which is not possessed by the majority of general practitioners. The rapid advance in sanitary knowledge and the varied and responsible duties of a medical health officer, are of such a character as to demand the most careful consideration on the part of those who have the appointing power. To successfully and satisfactorily discharge the duties of the office he requires a special knowledge of the subject, good executive ability and rare tact and judgment. These qualities are almost indispensable to success, and yet in how few instances are they taken into consideration in the selection of the candidates. Personal and political considerations are, it is to be feared, the main grounds upon which many of the appointments will be made. The position of health officer will in many cases be one of extreme delicacy, and if he is hampered in the discharge of his duties by consideration of friendship which may have gained him the position, his usefulness to the public will be greatly diminished. Again, he should be adequately remunerated, so as to enable him to devote his whole time to the public service; and he should also be retained in the office so long as he properly and efficiently discharged the duties, for no eligible person would be found willing to sacrifice his present prospects in practice by the acceptance of such an office, with an uncertainty as to its tenure. We trust that wise counsels will prevail, and that the best and most experienced sanitarians available will in all cases be appointed irrespective of private, personal, or political considerations.

Wohler, of Gottingen the well-known chemist is dead.

## THE DANGERS OF THE PROFESSION.

The dangers of the medical practitioner being made the victim of a conspiracy has been fully demonstrated by the case reported in our last issue, which has had a further illustration in the Hounslow tragedy, and also in a still more recent case against Dr. Sparrow, of Kells, England. A young woman called upon Dr. Sparrow, complaining of morning sickness, headache and total suppression of the menses for five months. The Dr. suspected that she was pregnant, and refused to give her any emmanagogue medicine until he was satisfied that she was not in that condition. With her entire consent he made an examination which confirmed his suspicion. A few days afterwards he was summoned to answer to a charge of indecent assault. Providentially he was able to produce evidence from three visitors and three servants who were within hearing at the time, that no such outrage could have been committed. The charge was at once dismissed by the magistrates, who were convinced the whole affair was a "plot." It is gratifying to learn that Dr. Sparrow's medical brethren who were satisfied of his innocence, stood faithfully by him in his adversity.

Physicians from the very nature of their calling are unfortunately liable to such "trumped up" charges as these, and cannot be too careful to protect themselves against the whims of the hysterical and the machinations of the vicious among female patients. The only real safeguard is the presence of a third reliable person, especially when any physical examination is to be made. It is a well-known fact that the administration of chloroform or ether develops erotic feelings, which leave such a profound impression on the patient, that she is ready to swear to the occurrence of an outrage during anaesthesia; but it is probably not so well known that hysteria not unfrequently causes such a condition of the mental faculties that the patient can hardly be considered responsible for the correctness of her conclusion or the truthfulness of her utterances.

## FALSE AND MALICIOUS LIBEL.

In the January number of the LANCET, we gave a correct statement of the position of Trinity Medical College in the unfortunate Kingstonian Medical School difficulty. We regret to observe

that certain indiscreet journalists are not content with a true statement of the facts, but, overcome with jealousy and envy at the great success of Trinity Medical College, and eager to defame her character, continue to repeat a malicious falsehood which first saw the light in a Kingston newspaper, to the effect that Trinity Medical College had encouraged the Kingston students in their revolt, by offering to take them for half fees, &c. As a matter of fact, neither in the telegram which was sent in reply to the students, nor in the letter of congratulation on the settlement of the difficulties sent by the authorities of Trinity Medical College, was a single word said, nor a hint given, about half fees, nor were any inducements held out to the students to leave Kingston. Any statement to the contrary is utterly and absolutely false, and without the slightest foundation in fact. Such false statements were manufactured out of whole cloth, and for a purpose which it is not difficult to surmise. They were no doubt used by the enemies of co-education as a lever to coerce the Kingston Faculty into harmony with their views. Language is not strong enough to express the mean and contemptible nature of those who originated, and also those who continue to repeat such malicious falsehoods. The publication of such statements constitutes a libel in law, and their repetition is an aggravation of the charge.

THE INTEGRITY MEDICAL AID FUND.—In another column will be found a letter calling attention to the "new departure" in medical practice in this city. We have received one of the company's circulars, and were somewhat surprised to find the names of some of the medical gentlemen who figure so conspicuously as consulting physicians in this connection. The members of the profession in this city have hitherto borne a good reputation for professional uprightness and integrity of character, and we very much regret to see such a prostitution of their high calling as the terms of this circular implies. Members who join the society are entitled, on payment of 20 cents a month for an adult, or 10 cents a month for a child, to the professional services of any one of the *eleven* medical gentlemen named; or the payment of 30 cents a month entitles to both attendance and medicine, or half that amount for a child. Thus has been inaugurated in this city, by some professional

genius who merits the highest niche in the temple of fame, a system of cheap doctoring such as probably the world has never before witnessed. *Only one cent a day for attendance and medicine.* We were in possession of some of the facts regarding the "Medical Aid Fund," a month ago, but refrained from commenting upon it at the time, believing it to have been a hoax concocted by some wag as a take-off on certain members of the profession.

**LIQUOR BROM-ARSEN IN DIABETES.**—Dr. Theo. Clemens of Frankfort-on-the-Main, advocates the following treatment of Diabetes Mellitus. It consists in the administration of a preparation called liquor brom-arsen, the application of electricity to the liver and other parts of the body and attention to the dietary. Liquor brom-arsen is a solution of arsenite of bromine in glycerine and water; two drops of the solution contains the 24th of a grain of the arsenite. The dose is one to four drops in some water, after meals. The dose is gradually increased until the urine shows a diminution in the quantity of sugar. It is not claimed that it will cure all cases, but great benefit may be derived even in the worst cases.

**ELECTRICITY IN EXTRA-UTERINE PREGNANCY.**—In the *N. Y. Med. Record*, Feb. 17, 1883, Dr. A. D. Rockwell records seven cases of extra-uterine pregnancy that were successfully treated by destroying the life of the foetus at an early period, with electricity. The cases occurred in the practice of Drs. Thomas, Emmet, Marion Sims, and others, of New York. The constant current was used with one pole introduced to the mass through the vagina, the other over the tumor, externally. The maximum current strength employed was 18 cells, or a power of 24 volts. In all of the cases recorded, the foetus was effectually destroyed, the tumor diminished in size, and the patient made a good recovery.

**IRON AS A PROPHYLACTIC.**—In the *St. Louis Courier of Medicine* for February, 1883, Dr. W. D. Green, of Mt. Vernon, Ill., gives his experience with tincture of iron as a prophylactic in scarlet fever, measles, etc. His observations extend over a period of five or six years, and his conclusions are, that when iron is used as a prophylactic the disease either will not appear at all, or if it

does it will be very slight as compared with patients similarly exposed, who have not used the remedy. He has great faith in the efficacy of iron in preventing or modifying the attacks of infectious diseases upon those who have been exposed to them.

**BRITISH DIPOMAS.**—Dr. James A. Grant, son of Dr. Grant, of Ottawa, has successfully passed the necessary examination, and was admitted a Licentiate of the Royal College of Physicians, London. R. Logan, M.D., (McGill College) of Iona, Mich., and W. A. D. Montgomery, M.D., Toronto, have successfully passed the required examination for the diploma, and were admitted members of the Royal College of Surgeons, England; and Drs. P. J. Strathy and G. S. Beck of Trinity Medical College, and J. M. Cotton of Toronto, have successfully passed the primary examination.

**MENINGITES IN CHILDREN.**—Dr. Vovard (*Four. de Médecine Bordeaux*, Nov. 1882) claims good results both in tubercular and non-tubercular meningitis of children from potassium iodide internally and the application of olcum tiglii to the scalp. The head is shaved, croton oil applied, and after the pustules have appeared they are smeared with an irritating cerate. Hebra and others have had similar results from the application of antimony ointment.

**THE DUFFERIN MEDAL.**—It will be remembered by our readers that Dr. W. T. Harris, of Brantford, Surgeon of the Dufferin Rifles, won the above-named medal. The Dr. has since received the following letter from Lord Dufferin:

Constantinople, Oct. 10th, '82.

My Dear Dr. Harris.—I am much obliged to you for sending me the *Canada LANCET* and *Expositor*, announcing that you had won the Dufferin Medal. I congratulate you on your success, and am,

Yours sincerely,

DUFFERIN.

**A NOVEL USE OF PEPSIN.**—Dr. Hollmann (*Nederland Weekblatt*), *Med. Record*, has used an aqueous solution of sixteen grains of pepsin as an injection into the bladder of a patient who had hæmaturia, and in whom a catheter failed to empty the bladder. A few hours later a dark, viscid, fetid fluid readily escaped through the catheter.

**PROFESSIONAL EXAMINATIONS.**—We beg to call attention to the announcement of the Professional Examinations of the College of Physicians and Surgeons of Ontario, to be found among our advertising pages. The examinations commence in this city and in Kingston, simultaneously, on the 3rd of April, at 9 o'clock a.m.

**NEPHRECTOMY.**—Two cases of nephrectomy are recorded in the *New York Med. Journal*, Feb. 17, 1883; one by Dr. W. M. Polk, for the removal of a floating kidney, and the other by Dr. J. W. Wright, for chronic pyelitis. In the former case the patient died; in the latter recovery took place after a protracted illness.

**LARGE VESICAL CALCULUS.**—Dr. Howe of the Bellevue Hospital Medical College recently removed by the supra-pubic operation after failure by the median, a calculus weighing over eight ounces, from a lad 16 years of age. The stone measured 3 inches in its lowest diameter, and  $2\frac{1}{4}$  inches in its transverse.

**THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.**—The committee having in hand the arrangements for establishing an Association Journal, has decided to set it on foot at once. It is to be a weekly, published in Chicago, and Dr. N. S. Davis has been appointed editor.

**PHYSICIAN-IN-ORDINARY TO THE QUEEN.**—Dr. Wilson Fox has been appointed Physician-in-Ordinary to the Queen, *vice* Sir Thos. Wilson, deceased; and Dr. Owen Rees has been appointed Physician-Extraordinary in succession to Dr. Fox.

**INTERNATIONAL MEDICAL CONGRESS.**—The eighth session of the International Medical Congress will be held in Copenhagen, commencing on the 10th of August, 1884.

**APPOINTMENTS.**—Dr. A. Worthington, has been appointed a License Commission under the License Act of 1876, for the County of Huron, (W.R.)

**CORONER.**—Dr. D. C. Leitch, of Duart, Ont. has been appointed coroner for the County of Kent.

Prof. Von Bischoff, of Munich, died on the 3rd of Dec. 1882, at the age of 75 years.

### Books and Pamphlets.

**RHEUMATISM, GOUT, AND SOME ALLIED DISEASES;**  
By Morris Longstreth, M. D., Philadelphia;  
New York: Wm. Wood & Co.

This was the October issue of Wood's Library of Standard Medical Authors. We regretted our inability to acknowledge its reception promptly, and now that we have read it we dare hardly say that we do not regret the time expended over the perusal; not indeed that a portion of the contents is not both instructive and interesting, but that the author might, with economy, to himself, of both time and labor, and to his readers of much patience, have put into much smaller bulk all that is original or practically useful. We presume, from his name, that he is a person of foreign nationality, —probably German,—therefore to write otherwise than expansively must be an inherited impossibility. If we are right in our supposition, it must be a matter of international politeness that we abstain from criticism of the numerous violations of English grammar with which even a third-book common school boy would not fail to see that it abounds. As, however, on this continent, we seem to be pretty speedily approaching an era in which grammar will be regarded as a mere literary embarrassment, we are inclined to regard this author as a meritorious contributor to the desirable consummation of release from all such scriptorial impediments; and had Dr. L. constructed his sentences with rather less parenthetical jumblement and foreign involvement, we should have been better pleased with him. Perhaps, however, in treating of a disease so imperfectly understood as he believes rheumatism hitherto to have been, it was well that he should impart his knowledge in such a style as might give best promise of irritating and worrying his non-asthmatic readers. But let this calamity, and all similar misfortunes pass; for if those who are willing to part lovingly with Dr. L., will defer the reading of his first fifteen chapters, and precedently take up the last four, on the *Treatment of Rheumatism and Gout*, we venture to hope that they will fall back on the former with a much better relish, and will even feel resolved to avoid quarreling with him over his redundancy of padding. Indeed, the very surplusage of his display of medical erudition

must, to practitioners of advanced years, or to younger men of feeble memories, prove refreshingly instructive; for they will find in his discussion of the varieties, causes, Pathology, complications, morbid anatomy, diagnosis, etc., a very useful summary of their student days exertions: though, after disposing of all this, they may feel inclined to complain that the critical author has left them rather perplexed as to his own decided views. Truly "much study is a weariness of the flesh," and of many books the end is often the best.

LEGAL MEDICINE; By Charles M. Tidy, M. B., F. C. S., London. New York: Wm. Wood & Co.

The above work makes the November and December issues of W. Wood & Co., and it certainly does great honor to that enterprising establishment. The author has treated his various difficult subjects in a masterly manner. The style is clear and appropriate, and the structure gives evidence of cultivated scholarship and a competent knowledge of the various branches of medical science with which it was incumbent on him to be well acquainted. We presume the legal points coming under recognition have been treated of with no less accuracy and care. The first volume treats of the following very important subjects, with which every medical practitioner should be adequately acquainted.

Chap. 1st—*The process of law*; embracing Coroner's Inquest: Duties of Coroner's Jury, Post-mortem, Magistrate's enquiry, the Grand Jury, the petty Jury. 2nd—*Evidence*; embracing many sorts. Excellent advice to medical witnesses will here be found. This whole chapter is truly valuable. Chap. 2nd is an exhaustive discussion of the *Signs of Death*, and the appearances produced by it. Chap. 3rd treats of personal identity, under four important heads, comprising fifteen sections, all of which merit careful study. Chap. 4th—*The Causes of Death*. This chapter is one of capital importance. No medical expert should be unacquainted with the valuable instruction conveyed in it. Chap. 5th—*The Post-mortem*. It is our decided conviction that too many medical men are but imperfectly informed on the legal requirements of this important process, and it is easy to understand that very serious evils may result from defects in the mode of carrying it out, and the limited extent to which it is often pushed. Chap. 6th—*On Monstrosities and Hermaphrodites*. This chapter will be more interesting to the curious, than practically instructive to the medical expert.

VOLUME II.—The author here treats of a different order of cases, some of which,—as Expectation of Life, Presumption of Death, and Survivorship, are more interesting to the actuary and the legist than to the physician, though the latter may derive not a little amusing edification from contemplating some of the ridiculous, if not purely nonsensical, tenets of law, and the zigzag rulings of judges. In truth the whole code of Survivorship seems to be a scandalous caricature of natural justice, and an insult to humanity and sound reason.

The remaining subjects of this volume are *Heat and Cold*; *Burns and Scalds*; *Lightning*; *Explosives and Combustibles*; and *Starvation*, all of which are ably handled, and will be read with profit.

The whole work is enriched with an immense array of cases, drawn from the records of Courts, the reports of medical journals and other reliable sources. Among the cases quoted from medical journals it is rather gratifying to us to find one, on page 223, vol. 2, taken from the *Canada Lancet*;—"a case of enforced fasting," resulting from œsophageal stricture produced by swallowing a weak lye. The patient's weight, in ten months, decreased from 120 lbs to 60 lbs., and at death he weighed only 40 lbs. During the last seven months of life enemata of milk and eggs were all that could be given. (Vide *C. Lancet*, of Nov., 1880).

The illustrative cases adduced by Dr. Tidy in this most valuable work, will be found a truly instructive repertory of medico-legal instruction. If all the publications of Messrs. Wood were of equal merit with this one, we should regard them as bountiful benefactors to the medical profession; but infallibility in selection would be a requirement beyond the command of the most sagacious of modern publishers. It has been our rule to award praise where it is merited, and not to withhold censure where it is called for. Every other sort of criticism is but a fraud perpetrated on the subscribers to medical journals.

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### Births, Marriages and Deaths.

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By the Rev. J. Scanlon, assisted by the Rev. R. V. McKibbin, David Wallace, M.D., of Medcalf, to Esther Angelina Eastman, of North Gower, Ont.

At West Malvern, Eng., on the 19th of January, Joseph Clarke, M.D., of Oshawa.

At Sherbrook, N. S., on the 3rd ult., James McG. Campbell, M.D., aged 40 years.

On the 16th ult. Joshua Chamberlin, M.D. of Frelighsburg, Que., aged 84 years.

At Parkhill on the 22nd ult. J. S. Balmar, M.D. aged 33 years.

# Hydroleine and Maltopepsyn.

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Having demonstrated conclusively during the past three years the superiority of Maltopepsyn formula over all other digestive remedies, as attested by the signatures of nearly all our leading physicians, I desire to keep it up to its present high standard, and I cannot do so and give one and one-half ounces for fifty cents, as I find upon figuring up my expenses of introduction to the profession and of doing business, and the high cost of the ingredients of Maltopepsyn, that I am at present, after three years of hard work, actually out money. Naturally desiring some profit, I am obliged to raise the price to 75 cents per 1½ ounce bottle, as I will not lower the standard of the article under any consideration.

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

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

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

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Notwithstanding the fact that I put four labels on each bottle, and large label on each ½ dozen package to call druggists' attention to the necessity of keeping the preparation in a cool place and to avoid freezing, and that I have further mailed each one a circular letter to the effect and asking them to purchase not over a four weeks' supply, so as to have it as fresh as possible, I find over one half pay no attention, but buy even a six months' stock, and keep it often in their show windows, subject to excessive heat.

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

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

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

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

Yours very truly,

**HAZEN MORSE,**

57 Front St. East. Toronto.

P. S.—Present prices are as follows:

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

Maltopepsyn, 75c. per 1½ oz. Bottle, \$7.50 per Doz.

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

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

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

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

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

**FROM LEADING CHEMISTS AND DRUGGISTS.**

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

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

HENRY R. GRAY, Chemist.

TORONTO, AUG. 15, 1881.

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

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

H. J. ROSE, Pharmacist.

TORONTO, JULY 20, 1881.

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

E. HOOPER & CO., Chemists and Druggists.

MONTREAL, AUG. 15, 1881.

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

LAVIOLETTE & NELSON, Pharmacists.

MONTREAL, AUG. 15 1881.

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

J. A. HARTE, Chemist and Druggist.

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

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

HARRY SHERRIS.

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

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

JOSEPH DAVIDS & Co.

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

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

JOSIAH GREEN.

243 YONGE STREET, TORONTO, 1882.

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

CHAS. W. HOWARTH.

BELLEVILLE, FEBRUARY, 1882.

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

We can safely recommend them to parties needing such remedies.

L. W. YEOMANS & CO.

BELLEVILLE, ONT., FEBRUARY, 1882.

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

JAS. CLARK & CO.

BELLEVILLE, FEBRUARY, 1882.

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

A. L. GEEN.

BELLEVILLE, ONT., FEBRUARY 7, 1882.

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

R. TEMPLETON.

BELLEVILLE, FEBRUARY 8, 1882.

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

W. R. CARMICHAEL.

BROCKVILLE, ONT., FEB. 13, 1882.

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

ALLAN, TURNER & CO.

LONDON, ONT., NOV. 24, 1881.

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

W. T. STRONG.

OWEN SOUND, JAN. 6, 1882.

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

ROBERT WIGHTMAN.

WINGHAM, ONT., JAN. 11, 1882.

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

W. T. BRAY.



# New Remedy for Teething Infants.

—MORSE'S—

## GLYCEROLE OF CELERY COMPOUND

### EACH FLUID DRACHM CONTAINS

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

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

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

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

MORSE'S

## Fluid Extract of Celery Seed

(APIUM CRAVOLENS.)

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

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

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

HAZEN MORSE,

57 Front Street East, Toronto.

# SCOTT'S EMULSION

## PURE COD LIVER OIL,

### With HYPOPHOSPHITES of LIME and SODA,

#### PERFECT, PERMANENT, PALATABLE.

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

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

#### SEE TESTIMONIALS OF PHYSICIANS.

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

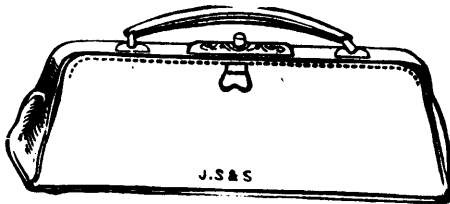
**Messrs. SCOTT & BOWNE:**  
Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market.  
Truro, N.S., Nov. 15, 1880.  
W. S. MUIR, M.D., L.R.C.P. & S., Ed.

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

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

SCOTT & BOWNE, Manufacturing Chemists, New York.

### The Practitioners' Obstetric Bag.



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

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

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



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

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

Manufactured by

**J. STEVENS & SON,**  
Surgical Instrument Makers.

GOWER STREET, | 40 Wellington St. E.  
London, Eng. | Toronto, Ont.

### John Reynders & Co.,

(Late of Otto & Reynders,)

No. 309 Fourth Avenue, New York,

UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,

Manufacturers and Importers of

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AND

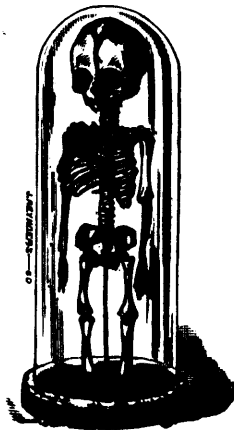
Orthopaedical Instruments,

SKELETONS,

AND

ANATOMICAL

PREPARATIONS.



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

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

# Dr. J. Collis Browne's

ORIGINAL AND ONLY GENUINE

## CHLORODYNE.

**C**OUGHs,  
**C**OLDS,  
**A**STHMA,  
**B**RONCHITIS.

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

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

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

**D**R. J. COLLIS BROWNE'S CHLORODYNE is the  
**G**REAT SPECIFIC for  
**C**HOLERA, DYSENTERY  
**D**IARRHŒA.

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

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

**D**R. J. COLLIS BROWNE'S CHLORODYNE rapidly cuts short all attacks of  
**E**PILEPSY, SPASMS, COLIC,  
**P**ALPITATION, HYSTERIA

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

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

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

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

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

**D**R. J. COLLIS BROWNE'S CHLORODYNE is the  
**P**ure Palliative in  
**N**EURALGIA, GOUT,  
**C**ANCER,  
**T**OOTHACHE,  
**R**HEUMATISM.

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

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

### IMPORTANT CAUTION.

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

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

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

SOLD IN BOTTLES, 1s. 1/11d., 2/9. 4/6, by all Chemists.

SOLE MANUFACTURER:

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

# BELLEVUE HOSPITAL MEDICAL COLLEGE. CITY OF NEW YORK.

## SESSIONS OF 1882-83.

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

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

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

### Faculty.

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

### PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otolaryngology.  
 J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.  
 EDWARD L. KEYES, M.D., Professor of Cutaneous and Genito-Urinary Diseases.  
 JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.  
 FREDERIC S. DENNIS, M.D., M.R.C.S., Professor Adjunct to the Chair of Principles and Practice of Surgery.  
 WILLIAM H. WELCH, M.D., Professor of Pathological Anatomy and General Pathology.  
 JOSEPH W. HOWE, M.D., Clinical Professor of Surgery.  
 LEROY MILTON YALE, M.D., Lecturer Adjunct on Orthopedic Surgery.  
 BEVERLY ROBINSON, M.D., Lecturer on Clinical Medicine.  
 FRANK H. BOSWORTH, M.D., Lecturer on Diseases of the Throat.  
 CHARLES A. DOREMUS, M.D., Ph. D., Professor Adjunct to the Chair of Chemistry and Toxicology.  
 FREDERICK S. DENNIS, M.D., M.R.C.S., } Demonstrators of Anatomy.  
 WILLIAM H. WELCH, M.D., }

### FACULTY FOR THE SPRING SESSION.

FREDERICK A. CASTLE, M.D., Lecturer on Pharmacology.  
 WILLIAM H. WELCH, M.D., Lecturer on Pathological Histology.  
 CHARLES A. DOREMUS, M.D., Ph.D., Lecturer on Animal Chemistry.  
 T. HERRING BURCHARD, M.D., Lecturer on Surgical Emergencies.  
 CHARLES S. BULL, M.D., Lecturer on Ophthalmology and Otolaryngology.

### FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures, Clinical and Didactic.....	\$140 00
Fees for Students who have attended two full courses at other Medical Colleges, } and for Graduates of less than three years' standing of other Medical Colleges }	70 00
Matriculation Fee .....	5 00
Dissection Fee (including material for dissection).....	10 00
Graduation Fee .....	30 00
No fees for Lectures are required of Graduates of three years' standing, or of third-course Students who have attended their second course at the Bellevue Hospital Medical College.	

### FEES FOR THE SPRING SESSION.

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

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address

PROF. AUSTIN FLINT, JR.,  
SECRETARY BELLEVUE HOSPITAL MEDICAL COLLEGE



**BUY THE BEST.**

*Highly recommended by the Medical Faculty of both America and Europe, and adopted by the United States Government. More of them Sold than any other Battery in the World.*



**McINTOSH COMBINED Galvanic and Faradic Battery.**

The first and only Portable Battery ever invented which gives both the Galvanic and Faradic Current; thus combining two distinct batteries in one case.

**No Physician can afford to be without one.**

This Celebrated Battery is constructed on an improved plan. The zincs and carbons are fastened to hard rubber plates in sections of six each, this manner of connecting brings the plates nearer together than in any other battery, thus giving less internal resistance. The rubber plate or cover will not warp or break, and is not affected by the fluid.

The cells are composed of one piece of hard rubber and are made in sections of six each with a drip-cup, thus one section can be handled emptied and cleaned as easily and quickly as one cell.

The fluid cannot spill or run between the cells, and there is no danger of breaking as with glass cells. The drip-cup is to receive the elements when the battery is not in use. The Faradic coil is fastened to the hard rubber plate or cover. The rubber plate to which the zincs and carbons are attached is securely fastened over the cells when not in use, making it impossible for fluid to be spilled in carrying.

An extra large cell (with a zinc and carbon element) is added to the combined batteries for the purpose of producing the Faradic current. This cell gives as much power as is ever needed, and avoids exhausting the current from the galvanic cells.

Our Batteries weigh less, occupy less space, give a current of greater intensity and quantity than any other Battery manufactured. For simplicity of construction they cannot be surpassed, and any person reading our directions will have no trouble in operating them.

This is the only Battery in which the zinc and carbon plates can be kept clean and always in order by simply rinsing them.

The metal work is finely nickel plated and highly polished, and every part so put together as to be easily replaced by the operator. We have the most complete line of electrodes yet offered to the profession. We also manufacture various styles of Table and Office Batteries, Bath Apparatus, etc., etc. Our manufacturing facilities are the largest of the kind in America, and we employ none but skilled mechanics, and men of scientific experience.

Our Illustrated Catalogue, giving full description of all our goods, and other valuable information, sent free on application.

**McIntosh Galvanic and Faradic Battery Company.**

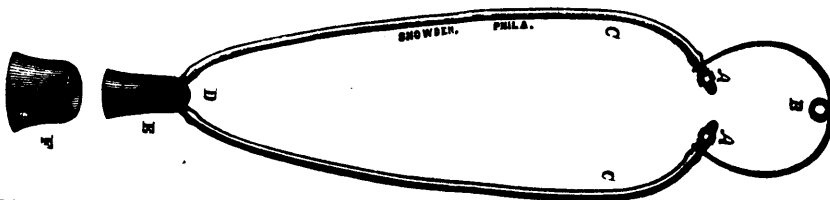
192 & 194 JACKSON STREET, CHICAGO, ILL.

Or, F. GROSS, Chemist, 682 to 690 Craig St., Montreal, And, ELLIOTT & CO., Chemists, 3 Front St., Toronto.

**WILLIAM SNOWDEN.**

Manufacturer and Importer of

**SURGICAL INSTRUMENTS, TRUSSES, OBSTETRICAL FORCEPS ETC.**



**SNOWDEN'S PERFECTED BINAURAL STETHOSCOPE.—PRICE \$3.00.**

All genuine ones have "WM. SNOWDEN, PHILADELPHIA," stamped on the Soft Rubber Cup of Bell (F).

The Rubber Tubes are free from all woollen or silk coverings, thus avoiding all friction sounds arising from this source.

Established 1821.

No. 7 South Eleventh St., PHILADELPHIA.

**MEDICAL ELECTRICITY!**

**Flemming's Electro-Medical BATTERIES**

Are considered

**The BEST in the Market.**

Faradic Batteries of 10, 20, 30 or 40 cells.  
Galvanic " "  
Far. and Galv. Batteries combined.  
Cautery Batteries.  
Stationary Batteries, and all forms of Electrodes on hand. Send for Illustrated Catalogue to

**OTTO FLEMING,**  
729 Arch Street, Philadelphia, Pa.



**W. F. COLEMAN, M. D., M.B.C.S., Eng.**

Formerly Surgeon to Toronto Eye and Ear Infirmary

**OCULIST and AURIST**

to St. John General Public Hospital. Practice limited to

**EYE AND EAR.**

Office 40 Cobourg Street, St. John, N.E.

# Syr. Hypophos. Co., Fellows.

—CONTAINS—

**The Essential Elements** to the Animal Organization—Potash and Lime;

**The Oxidizing Agents**—Iron and Manganese;

**The Tonics**—Quinine and Strychnine;

AND

**The Vitalizing Constituent**—Phosphorus,

Combined in the form of Syrup, with SLIGHT ALKALINE REACTION.

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LETTER FROM ROBERT W. PARKER, M.R.C.S., ENG., Med. Chir. and Obs. S.: Assist.-Surg.  
E. Lond. Children's Hospital; Author of "Tracheotomy in Laryngeal Diphtheria."

8 OLD CAVENDISH STREET,  
CAVENDISH SQUARE, LONDON, W.

DEAR SIR—

I have used your Syrup of Hypophosphites in the Children's Hospital. I find that it is well taken, and consider it an important addition to our Pharmacopœial remedies. Combined either with Glycerine or Cod Liver Oil, it has proved itself an efficacious remedy in Scrofulous Diseases affecting bones or joints.

In the debility which often follows on the exanthemata, and especially in that which follows diphtheria, I have found it a very useful tonic.

I must thank you for the present of the Syrup to the Hospital.

Yours faithfully,

MR. FELLOWS.

ROBERT WM. PARKER.

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*Each Bottle of FELLOW'S HYPHOSPHITES contains over 100 doses.*

**Prepared by JAMES I. FELLOWS, Chemist.**

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In the various forms of Dyspepsia, resulting in impoverished blood and depraved nutrition, in convalescing from the Zymotic Fevers, Typhus, Typhoid, Diphtheria, Small-pox, Scarletina, Measles, in nervous prostration from mental and physical exertion, dissipation and vicious habits, in chlorotic anæmic women, in the strumous diathesis in adults and children, in malarial diseases, after a course of quinia, to restore nutrition, in spermatorrhœa, impotence and loss of sexual orgasm, it is a combination of great efficacy and reliability, and being very acceptable to the most fastidious, it may be taken for an indefinite period without becoming repugnant to the patient. When Strychnine is indicated the Liquor Strychnine of the U. S. Dispensary may be added, each fluid drachm of the solution, to a pound bottle, making the 64th of a grain to a half fluid ounce of the Elixir, a combination of a wide range of usefulness.

The chemical working of the formula is peculiar to the originator, and the various imitations and substitutes offered by druggists will not fill its place.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age one dessertspoonful: from two to seven, one teaspoonful.

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As devised by Dr. G. Hunter McKenzie, Edinburgh,  
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These Peptones, prepared with great care, contain only Beef digested and rendered assimilable by a *pepsin* always titrated and regular, extracted from the stomach of the sheep, digesting 700 to 800 times its weight of fibrine, and which cannot be found in commerce. They possess a great alimentary power and give to the digestive organs an intense nutritive action. They must not be confounded with other Peptones prepared either with rennet of sheep or with pancreas of Pork, and containing a product coming more from the digestion of the mucous glands than from the meat.

These Preparations are sold in three forms:

### 1st. CHAPOTEAUT'S PEPSICAL PEPTONE POWDER.

This has only the taste of Meat and offers the advantage of being able to be taken with the first spoon of soup. It is soluble in water, bouillon, or wine. Each teaspoonful represents about 4 grammes of Peptone, or 21 to 22 grammes of Beef, **entirely digested and assimilable**. Each bottle contains 30 grammes of **Peptone**, representing 160 to 165 grammes of Beef, and sufficient for the nourishment of an adult.

### 2nd. CHAPOTEAUT'S PEPSICAL PEPTONE CONSERVE.

This article is a neutral, aromatic liquid, and keeps well. Each teaspoonful represents double of its weight of Beef, and is taken either pure or in soup, wine, jellies, or syrup, and also under the form of alimentary injections.

### 3rd. CHAPOTEAUT'S PEPSICAL PEPTONE WINE.

Each small wine-glass contains the Pepsical Peptone of 10 grammes of Beef. It has a very agreeable taste, and constitutes an excellent aliment, which the patient and children accept with pleasure. It is taken at the beginning of meals, in doses of one or two small wine-glasses.

## IODIZED SYRUP OF HORSE RADISH'

Being an intimate combination of Iodine with the juice of the antiscorbutic plants *Lepidium Communis*, *Cochleria Armorica* and *Cochleria Officinalis*, so well combined according to Claude Bernard's process that it is insensible to the reaction of starch.

Our Syrup has replaced in the practice of a great many leading physicians Cod-Liver Oil, and most of the iodized preparations. It has been employed mostly in diseases of the *Lymphatics*, *Scrofula*, *Obstruction of the Glands*, *Rickets*, eruptions, diseases of the skin, and in fact all ailments caused by a defect or acridness of the blood. It is depurative, and at the same time a strengthener and a tonic.

Drs. Bazin, Cazenave, Devergie, of the Hospital St. Louis, prescribe it in all diseases of the skin, with or without syphilitic origin. Drs. Favrot, Ricord, and other syphilographers, consider it the most powerful depurative, as well as the surest, in old *syphilitic affections*, and never impairing the constitution already weakened by disease or by the effects of mercury.

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This substance is the resinous powder of the fruit of the "Paulinia Sorbilis," gathered by Guarana Indians in Uruguay. Taken to the dose of thirty grains (dose of each of our packages) in a glass of water with sugar, it is a sovereign remedy for *Hemicrania* (megrin), *Headaches* and *Neuralgia*.

The balsamic and astringent properties of this plant have caused it to be extensively used in general practice, and with great success, as a remedy for *diarrhoea* and *dysentery*—the dose then being two or three powders a day, that is to say, from sixty to ninety grains daily.

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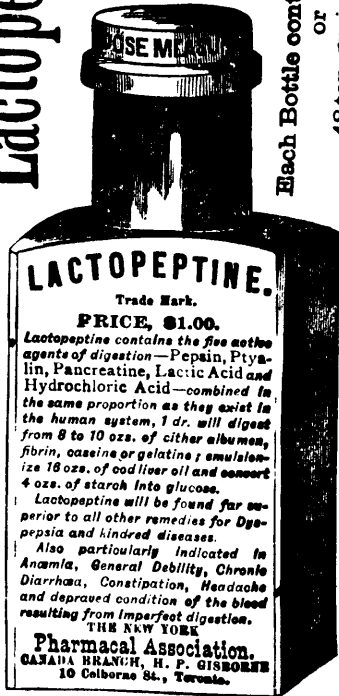
The essence of **Santal** is employed with success in the place of *copaiba* and *cubebs*. It is inoffensive even in the largest dose. At the end of 48 hours its use causes complete relief, and the discharge is reduced to a serous oozing whatever may be the color or abundance of the secretion. Its use occasions neither indigestion, eructations, nor *diarrhoea*, and the urine does not exhibit any odor.

**Midy's Santal** is chemically pure. It is put up in the form of small round capsules, and taken in the dose of 10 to 12 capsules per day, and gradually diminished according as the discharge is lessened.

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Lactopeptine.



Each Bottle contains 1 ounce  
or  
48 ten-grain Doses.

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# LACTOPEPTINE

AS A DIGESTIVE AGENT.

Certificate of Composition and Properties of Lactopeptine by Professor ATTFIELD, Ph.D., F.R.S., F.I.O., F.C.S., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain.

London, May 3, 1893.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general character, have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on the large scale, to take samples of its ingredients from large bulks, and examine them and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, doing all this with the object of certifying that Lactopeptine is what its maker professes it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a skillfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation: the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the pancreatin, (or fat-digesting ingredient, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine overtakes and outstrips that of pepsin alone, due, no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the Lactopeptine. My conclusion is that Lactopeptine is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a Healthy Digestion.

One of its chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive juices of the stomach, pancreas and salivary glands, and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

## FORMULA OF LACTOPEPTINE :

Sugar of Milk.....	40 ounces.	Veg. Ptyalin or Diastase.....	4 drachms.
Pepsin.....	8 ounces.	Lactic Acid.....	5 fl. drachms.
Pancreatine.....	6 ounces.	Hydrochloric Acid.....	5 fl. drachms.

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adoption by physicians is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE recommend it to the profession.

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*Prof. of Obstetrics, University of Vermont.*

D. W. YANDELL, M.D., *Prof. of the Science and Art of Surg. and Clinical Surg., University of Louisville, Ky.*

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PROF. JOHN ATTFIELD, Ph.D., F.R.S., F.C.S., London, Eng.

For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 32-page Pamphlet, which will be sent on application.

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The attention of physicians, druggists and hospitals, is called to this article, and to the fact that it is favourably regarded and extensively used in the United States, on the continent and in England, by the profession and pharmacists as a base for

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As a dressing for **WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES or ERUPTIVE DISEASES,** and all contused and inflamed surfaces, it is not equalled by any known substance.

In the treatment of **COUGHS, COLDS, CROUP, DIPHTHERIA,** and of **THROAT and CHEST** complaints, the best results are obtained.

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"Vaseline is the best pharmaceutical preparation in the making of Ointments, as it is completely neutral and unchangeable. I saw it used for the first time in London by Dr. Lauson. I then procured the 'Vaseline' myself, and have experimented with it for four months on over one thousand patients, and I must declare that the knowledge acquired by practice has surpassed my expectations by far. \* \* \* I have also prepared large quantities of eye ointments with 'Vaseline,' and have employed them on numerous maladies with very great success, and I can affirm that 'Vaseline' is very precious in ocular therapeutics, and must replace all the ointments in use at the present time."  
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**DR. REUSCHE, of Hamburg (translation) says:**

"In six cases of small-pox I have used Vaseline with eminent success—one a severe case of variola vera—a boy sixteen years old, not vaccinated.

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"While the application of Vaseline was regularly renewed, all inflammation and fever were kept off, and none of the patients, at any time, suffered any pain or great inconvenience, whereas, if neglected, the patient would become irritable and feverish.

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"A few scars remained in only one case, but the patient will outgrow these, as they are very slight."

From the **LONDON LANCET, Jan'y 5th, 1878:**

"We have before noticed this preparation of petroleum in terms of warm praise. It is of the consistency of butter, is perfectly free from odor, and does not become rancid. We have now before us several new preparations made from it, which are so useful as to call for remark. They are a pomade, a cold cream, and a camphor ice, all of excellent quality. We have tried all of them with most satisfactory results, having found them greatly superior to the preparations in common use."

**Silver Medal and Diploma Awarded by the American Institute for 1875.**  
 "This article is one of great merit as a base for Cerates, Ointments, etc., and for Medicinal and Toilet uses, and is superior to the present bases used for Cerates, etc. It deserves the patronage of the profession, and shows manufactured superiority." A Silver Medal awarded.

Signed by { NEWTON SQUIRES, Chemist.  
 { F. W. HUNT, M.D.  
 { S. R. PENNY, M.D.

Signed by { P. W. REDFORD, } Chemist.  
 { ISADOR WALZ, }

**Bronze Medal and Diploma Awarded by the American Institute for 1874.**

"Vaseline is an admirable preparation for many of the uses mentioned. As a base for ointments, it has given very great satisfaction, whilst its freedom from rancidity or liability to become rancid gives it great advantage over many animal and fatty bodies. We deem it an article of great value, and deserving of special mention for the above purposes." Bronze Medal awarded

We manufacture the following Standard Ointments, according to the United States Pharmacopoeia, using Vaseline as a base instead of lard.

**Ung.: Hydrargyri (½ Mercury) ..... Ung.: Zinci Oxidi.**  
**Ung.: Hydrargyri: Nitratis (Citrine Ointment) ..... Cerat.: Resinæ.**  
**Cerat.: Plumbi Sub-acetatis (Goulards Cerate) ..... Cerat.: Simplex.**

We recommend them as vastly superior to anything in use. **PRICE 75 CTS. PER POUND. NO CHARGE FOR JARS. Send for Pamphlet.**

**Chesebrough Manufacturing Company, New York,**

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**Pomade Vaseline, Vaseline Cold Cream, Vaseline Camphor Ice, and Vaseline Toilet Soap,** are all exquisite toilet articles made from pure Vaseline, and excel all similar ones.

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Our list of Sugar Coated Pills of the United States and British Pharmacopœias, comprises most of the official and popular formulae known to the profession, to which we have added several new and valuable combinations. Our pills are made entirely by hand, from the purest materials, and are sugar and gelatine coated by the latest and most approved processes. For solubility, regularity of shape, and beauty of finish, they are excelled by none.

IMPORTANT.—Our pills being coated while the mass is yet soft, will remain so for years. To be convinced of their extraordinary solubility, it is only necessary to open a few of them—for instance, quinine, chinchonidia, or blue pills, all of which are usually found in the market hard and insoluble. Note also the rapidity with which the coating is dissolved in the saliva.

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One of the greatest improvements of modern pharmacy is the use of Gelatine in various forms to render medicines more sightly, and to disguise their nauseous taste. This has given origin to the Gelatine Coated Pill—a full line of which, of similar formulae to our sugar-coated pills, will be found on our list—and also to the Hard, and the Soft Gelatine Capsules. We are dispensing Hard Capsules, empty and filled. The Soft Elastic Capsules, however, are, from the nature of their formation, always filled before leaving our laboratory. These Capsules are so soft and elastic that their walls may be brought into juxtaposition, and yet they will regain their original shape and size when the pressure is removed. This property renders them very easy of deglutition, and they will slip down like an oyster or the yolk of an egg, though the largest of them have a capacity of half a fluid ounce.

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 Soluble Elastic Capsules. ••

Liquor Ergotæ Purificatus.  
 Chlor-Anodyne.  
 Tonga.  
 Hoang-Nan.  
 Menthol.  
 Chaulmoogra Oil.  
 Gurjun Balsam.

Goa Powder.  
 Crude Petroleum Mass.  
 Chian Turpentine.  
 Concentrated Ext. Witch Hazel.  
 Morure or Mercurio Vegetal.  
 Sugar Test Flasks.  
 Empty Gelatine Capsules.

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