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TORONTO, SEPTEMBER, 1881.

Original Communications.

GENERAL PARESIS.

An Extract from the Report on Medicine to the
Canada Medical Association Meeting, held
at Halifax, N. S., August 3rd, 1881.

BY A. P. REID, M.D., L.R.C.S.E., ETC.

Superintendent of Nova Scotia Hospital for Insane.

MR. PRESIDENT AND GENTLEMEN.—* * * * *

Of late there are indications that the sphere of neuro-pathology is being so extended as to include many maladies that were considered beyond its bounds, and there is reason for it, because, either a neurotic tendency prevails much more than formerly, or it has been more carefully worked out. To me it appears that many diseases assume a neurotic character, much in the same way that, in malarial districts, malaria imposes itself on other forms of disease. Owing to more extended educational facilities, the restless energy that pervades all classes of society produces a tax on the nervous or mental part of our organization which our fathers did not experience. In the race for *wealth*, they were content to slowly and surely follow the well-known paths, and in the race for *fame*, they were satisfied if it came after their labors were accomplished. They had more of the *otium cum dignitate*, while performing a vast amount of work and original research; but it may be also said, they had fewer competitors than we of to-day. Bearing these things in mind, it is not to be wondered at if the nervous organization becomes more excitable, and modifies pathological indications by a neurotic tendency, or that we should have a

development of maladies similar to what are termed the neuroses.

There is one form of disease of the brain, first described by Esquirol, and more fully by Bayle, in 1822, which is becoming more and more prevalent, and invariably gravitates to the Hospital for Insane. It is rarely, if ever diagnosed by the ordinary medical attendant, unless as a case of disease classed under that very general term *insanity*; and I trust this will be my excuse for importing a specialty into a general discussion on medicine. I refer to the so-called *Paresis*, or *General Paralysis of the Insane*, names not only indefinite, but in their ordinary acceptance misleading.

This malady is unknown amongst savages, very rare in the colored races, and seldom attacks females. Its most common victims are men in the prime of life, who are engaged in some form of business, and very often the able, intelligent, and energetic. It is not, so far as known, hereditary, in this way differing from insanity in general which has heredity as a most common cause. Thus far a clear case of recovery is questionable, and it runs a rapid course of from one to four years.

If this *opprobrium medicine* is ever to be satisfactorily dealt with, it must be by members of the general profession, because with them alone is the probability of its detection at a stage, which may be so early as to admit of cure before the arachnitis and microscopic organic lesions of the brain and spinal cord have so far developed as to be intractable, a condition always assumed before the symptoms of mania and pronounced insanity present themselves; so far all these patients become insane

before application is made for their admission to the Hospital for Insane.

If it would not trespass too much on your time, I would rapidly run over the more prominent indications at the commencement.

The first symptom likely to be marked is an alteration in the patient's manner and habits, which may be noted by those familiar with him. This is likely to be a precursor in any form of insanity, but in the *paralytic* form it is nearly always shewn by extravagance in acts, expenditure of money, presents, or assertions, and there is a silliness about the acts not seen with ordinary maniacs or melancholics, who can, and often do, reason and argue sharply, although, mayhap delusionally.

The *paretic* or *paralytic* (similar terms) has no shrewd argument in favor of his outrageous acts. He may expose his person, half unconscious of what he is about, or assault women without regard to place, opportunity, or consequences. He is regardless of appointments, of meals, of bedtime, &c. ; comes and goes scarcely noticing those about him ; gives conflicting and absurd orders to servants and others, and rages with passion if they be not executed on the instant. There is a want of plan and method in his madness.

A most important symptom is forgetfulness. He forgets anything and everything—this is observable in many ways ; he is also apathetic and indifferent, or careless about that which formerly interested him. When he takes up new schemes his attention soon flags, and his interest vanishes. There is, in short, in his whole manner weakening of mind, not unlike senile dementia, and this occurring in a vigorous man of, say 35, indicates the mental ruin to follow.

Sometimes in the early stages, he is dull, sulky, less frequently depressed and melancholic, but careless of all, save the idea of the moment. He gets into a violent rage when remonstrated with, or thwarted, he sleeps badly, eats and drinks irregularly, perhaps voraciously from inattention and forgetfulness of what he has taken. He spills his food on his dress, eating in careless haste ; is neglectful of person and appearance, often dressing in incongruous garb. By degrees his condition merges into

excitement, and with necessary opposition, or interference, the mental alteration becomes manifest insanity.

In this first stage which may continue for a few weeks, or, perhaps, a month or two (never longer, as this is a progressive malady), he is rarely seen by a specialist. The family physician may be consulted, and puzzled to explain a sickness with no well-marked functional disorder—the patient meanwhile drifting into the second stage, or that of *mania*.

The mania in the vast majority is accompanied by delusions of importance, riches, strength, or endurance. The delusional ideas are not fixed, and he will not try to defend them.

If the melancholic tendency presents itself, it also differs by its incongruousness from other forms of melancholia, as his grandiose notions are unlike the delusions of other forms of insanity. He is perfectly at home with his surroundings, feels exquisitely happy, and perfectly contented with himself.

The paralytic symptoms gradually begin to show themselves: defective articulation, tremor of the tongue, dropping letters or words in his spelling, or writing, or conversation, inequality of pupils, and defective progression, or shambling unsteady walk are the more prominent indications.

Epileptoid fits, more or less severe, show themselves during the course of the disease, and not unfrequently life is terminated by a series of severe convulsions.

The ordinary sequences, are imbecility and general enervation, the debility lasting for a varying period, before death relieves the sufferer. In the majority of cases, at the latter part of the disease, it is impossible to conceive of a human being more thoroughly fallen from "his high estate." He is without sense or reason, emaciated and unclean in the extreme. He slowly dies a lingering, unconscious death, without a last glimmer of intelligence to cheer his friends.

There are many other distinctive symptoms which show themselves during residence in the hospital, but it would be rather out of place to discuss a subject here that only presents itself to the few who devote attention to the speciality.

My chief object in the introduction of this form of brain disease is, if possible, to call attention to a malady of a most serious character, which is on the increase, and which so far has not received the recognition in general practice, or in works or lectures on the practice of medicine that it is entitled to; partly, no doubt, from the obscurity of the primary symptoms, and, mayhap, partly from the minds of physicians not being particularly directed to its manifestations.

Though this short paper cannot be considered of any scientific value, when reported on by the broadest and most kindly critic, yet it may be of some service, if even in one case, it may arrest the attention of a physician when consulted by friends (never by the patient) about a gentleman who has shown of late an alteration in his manner, from prudence to lavishness, from morality to lasciviousness, and this without the exercise of even ordinary prudence or judgment; who, methodical and careful, becomes careless and prodigal and overbearing in manner, and to this adds forgetfulness of recent sayings or doings while carrying on his ordinary avocations.

A physician, who in a puzzling case, can make out a history similar to the above, would be justified in giving a prognosis of the tenor within indicated, and if he have the confidence of the patient, he could indite a plan of treatment, which few, if any of us have ever had the opportunity to essay. He could trace out a path not attempted by a predecessor, and returning (do what is considered almost impossible), give to us something new in the practice of medicine.

LEPROSY IN CAPE BRETON, NOVA SCOTIA.

BY A. MCPHEDRAN, M.B., TORONTO.

I am indebted to the kindness of Mr. Wm. Fletcher, B.A., undergraduate in medicine, for the following full and interesting history of leprosy in the Island of Cape Breton, N.S., together with the details of a case that came under his observation.

In Victoria County, between the Middle and Margaree Rivers, surrounded by steep

felsitic, limestone, gypsum, and conglomerate hills of about one thousand feet in height, is situate the chain of three small lakes O'Law, weirdly beautiful among the highland scenery, and unsurpassable in romantic charm. Rivulets of clear cold water course down the hillsides every few yards; but here, too, the snow sometimes lies till June, and cold mists hang thickly through the summer and autumn nights. The inhabitants, a vigorous farming community, are of Irish descent with an admixture of Highland Scotch. Their habits are simple, rising and retiring with the daylight; their houses heated with stoves and the old-time hearth; their diet, as in other parts of the island, is of fish, potatoes, oatmeal, flour, beef, mutton, tea, and milk.

Justin McCarthy, of Lake O'Law, farmer, was born in Newfoundland, in 1794, of Irish parentage. When still young he moved to Cape Breton, settling finally in Lake O'Law shortly after his marriage, in 1836, with Betsy Hardy, of Prince Edward Island, a native of Lincolnshire, England. In the year 1852, this Betsy McCarthy became affected with a disease the symptoms of which, as described by the neighbours, in many accounts precisely correspond to those given in the case of James Cameron. Large numbers of the inhabitants of this and other portions of the island saw this case as well as the others about to be mentioned, from time to time; and the local medical men, and parish priest who had been a resident in Tracadie, N.B., where leprosy exists, pronounced the disease to be leprosy. Betsy McCarthy died in 1864, after an illness of twelve years. There is no history of any disease in Justin McCarthy's family, and he himself still enjoys the best of health and has all his faculties unaffected. They had children, five boys and three girls, the course of whose lives were as follows:—

Richard, died from disease, after twenty years' illness: left a family of six, all of whom are well.

John, died after twelve years' illness. Married Peggy Cameron, sister of James Cameron, by whom he had three children, all well. Peggy herself said to be hoarse.

Mike, died after being ill ten or twelve

years. James Cameron used to sleep with him.

William, died at twenty-one. Joseph Brown washed and laid him out.

Henry, living and in good health, as is all his family.

Mary, married John Doyle, died at thirty-eight, after an illness of twenty years. John Doyle died after being ill six years. No relationship. Two daughters died of same disease; five others living and well.

Susannah, married James Cameron. She is perfectly well and vigorous, as are her two children. No blood relationship between her and her husband.

Kitty, married John O'Connor, and has a large family, all well.

There is no well-marked case in the district of Lake O'Law at present, two reported cases proving on investigation spurious. Joseph Brown, late of Lake O'Law, farmer, of Irish parentage, with no blood relationship to the McCarthy family, is said to have attended on William McCarthy during part of his illness, and to have washed and laid him out on death. Shortly after this he was attacked with symptoms similar to those of the other cases, and died after an illness of four or five years. His wife and three children living and well. The people look upon the disease as contagious and are very much afraid of it, so much so that the charitably-disposed have been in the habit of aiding the Cameron family by leaving their offerings in a barrel placed at the roadside.

CASE, 9th May, 1881.—James Cameron, aged forty, farmer, on the French Mountain between the Big Intervale, north-east Margaree and Cheticamp, Inverness County, Cape Breton, born in Grand Mira, C.B. Married, in 1866, Susannah McCarthy, daughter of Justin McCarthy, referred to in above history, by whom he had two children, girls, aged respectively thirteen and twelve, both the picture of health. His father, also a farmer, came from the western isles of Scotland to Judique, C.B., where he died of old age; his mother, a native of the Highlands of Scotland, is still alive and well. There is no history of any disease in either father's or mother's family. He has one

brother and four sisters, all enjoying good health, as the subject of this notice himself did till the appearance of the first symptoms of present illness in June, 1870. In March of that year he cut his foot, losing much blood. During the time the wound was healing he used to sit out on the ground in the sun, when he thinks he caught cold, although he had no symptoms of such at the time that he can remember. He was in the habit of sleeping with Mike McCarthy, of Lake O'Law, who is reported to have died of leprosy, some two or three months before the latter's death.

The disease from which he suffers commenced with a change in the quality of the voice, which became hoarse and croaking. Then closely followed heaviness, swelling, stiffness, and shooting pains in the face, hands, forearms, and feet and legs. Shortly afterwards blotches of a brown and purple colour, and tumors of sizes varying from a pea to a pigeon's egg, made their appearance, more particularly in the parts above indicated, and not so numerous on the body. The tumors remained much in the same condition for three or four years, some of them spreading in extent and disappearing; others, especially in the feet, breaking and discharging a yellowish green badly-smelling matter. Some of these latter have since healed up, while others again, as at the ends of the fingers and toes, still continue to run.

Six years ago the eyes became weak, congested, and very irritable, with a constant flow of lachrymal secretion over the cheeks. A film formed over the left eye and shortly afterwards over the right, and in the course of a year his sight was completely lost. His nose, first affected in 1875, swelled at the extremity and afterwards ulcerated, the point dropping off, leaving a depression in its place. For nine years his throat has been swollen and sore, although not very troublesome till the last two years, during which, on swallowing, crumbs seem to stop in a hole which he believes to be in it. His bowels are irregular, three days sometimes elapsing between stools; and at such times, though he drinks copiously, the urine is scanty and high-colored. He eats but one meal a day, and that when he is hungry. Sleep is

taken only during a few hours in the morning, and this from habit, not because of any particular disturbance during the night. Sores appeared on the penis and scrotum, but healed up entirely about seven months ago. For the last three weeks he has been complaining of a dull continuous pain in the neighbourhood of two hard, immovable, rounded nodes, on the second and third ribs at their junction with the sternum: they are not tender on pressure. He has been unable to walk during the last two years, most of which time he has spent in bed, although he can easily and does sit up.

Present condition.—When first seen he was lying on his back, with a thick yellowish-white ropy mucous dribbling from his mouth, the mucous membrane of which is thickened and roughened, as is also that of his tongue. The sense of taste is nearly wholly lost. The integument of the face is harsh, tense, glazed, brownish-yellow, with purple spots, and thickened especially over the superciliary ridges, malar bones, and lips, giving the face a very morose expression. The eyelids are wide open and everted; the conjunctiva intensely congested and thickened, with a portion roughly corresponding in shape and position to the cornea, elevated about one-eighth of an inch above the surrounding surface. No remains of either iris or pupil are to be seen. The septum nasi is visible for about a quarter of an inch, the point and alae of the nose being destroyed to that extent. The sense of smell is wholly lost. Scales of dark-brown colour, surrounded by a purple deeper zone and superficial zone of white flakes, some of which are as large as herring scales, fleck the face, on which are also small hard immovable tumors and purple puckered cicatrices. Only a few thin straggling hairs are to be seen beneath the chin,—his eyebrows, eyelashes, whiskers, and the hair above the forehead having all fallen out.

The integument of all the extremities presents similar appearance to that of the face, like nodes and cicatrices being noticeable. On the right ulnar styloid process is a punched-out ulcer one inch in diameter, with raised purple

edges, discharging a small amount of greenish ichorous pus, with a foul gangrenous odor. Similar ulcers occur on the back of the hands. The fingers have lost the nails and portions of the terminal phalanges, the stumps being intensely congested, with the bone projecting in the case of one or two. The toes are in a similar state. Owing to this condition of the hands, and to the fact that general sensibility is greatly diminished, he is unable to use his hands for anything save large objects. All the movements are awkward. The chest is somewhat emphysematous; breathing slow and laboured. The intelligence is clear, temper irritable and desponding, sleep disturbed. Speaks in a hoarse croaking voice, and that only after a deep inspiration. Pulse very fair.

The foregoing are the notes almost in full. There is no doubt but that the disease is the tubercular form of elephantiasis Græcorum. It was with no little difficulty that Mr. Fletcher obtained the information. The people in some cases being able to speak only Gaelic, he had to pursue his investigations by the aid of an interpreter. The chief point of interest in these is their etiology. It is to be regretted that a more full account of the early history of Betsy McCarthy could not be obtained, as to whether she was in any way exposed to the leprous contagion, if such there be, prior to her removal to Cape Breton. Mr. Fletcher may perhaps be able to obtain further information on this and other matters connected with the cases at some future time.

Tilbury Fox, in discussing the manner in which leprosy is propagated, quotes from the Leprosy Reports of 1867, of the College of Physicians, that "all but unanimous conviction of the most experienced observers in different parts of the world is quite opposed to the belief that leprosy is communicated by proximity or contact." But he himself is a strenuous advocate of the contagion theory, as well as of that of hereditary transmission, and in support of his views instances the history of leprosy in Madagascar and in the Sandwich Islands. In the former, while those affected were excluded from society, leprosy was kept within bounds; but the law of exclusion having fallen into dis-

use the disease spread to almost an incredible degree. This was doubtless largely due to the lepers being allowed to marry without hindrance, but the natives were convinced of its contagiousness. In the Sandwich Islands leprosy was unknown before 1848 at earliest, at which time it was supposed to have been brought by the Chinese. A recent census places the number of lepers at 250, or about 2½ per thousand of the natives, and during this time the hygienic state of the people has improved. On the other hand Kaposi, in "Hebra on Diseases of the Skin," as emphatically declines to acknowledge the contagiousness of leprosy, and does not attach much importance to hereditary transmission. He quotes Virchow to the effect that the term hereditary can only be taken in the sense of a predisposition to leprosy, just as a predisposition to tuberculosis is generally considered hereditary, the development of the disease being dependent on certain external causes. He sums up thus: "It would, for the present, seem not unreasonable to suppose that certain physical and geographical peculiarities of particular countries serve as etiological influences in the production of the primary disease, whilst its propagation, when once developed, is more or less aided by hereditary predisposition."

These Cape Breton cases throw no light on the primary cause of leprosy, as there is nothing either in the climate or "physical and geographical peculiarities" of the island, or in the habits of the people, differing materially from many other sections of Canada. Nor does the contagion theory receive much support unless, indeed, the disease found the climate and "physical and geographical peculiarities" of the island very uncongenial soil, and the contagious principle has been sufficiently potent to overcome in some degree these obstacles. But hereditary predisposition seems to have been the most marked factor in the propagation of these cases, seeing that of the whole eleven cases eight were hereditary. Dr. Hyde, of Chicago, gives a case coming under his notice of hereditary transmission in a child, born in the United States; the father, who came from Sweden, was leprosy.

WILTON AVENUE, *Toronto*.

ELEPHANTIASIS.

BY T. T. S. HARRISON, M.D., SELKIRK, ONT.

[Read before the Ontario Medical Association.]

This case which I bring before you with some doubt and hesitation, I have called elephantiasis. It has this characteristic of that disease, that the affected limb is enormously enlarged. It differs, however, from the typical elephantiasis in the absence of the thickened, indurated tuberculated and cracked integument.

Patient, aged 20, Canadian, born of German parents. Parents, and brothers and sisters, healthy; the mother's family consumptive; the maternal grandmother died of cancer.

J. A., at birth was healthy; a very large, fine child. At the age of two and a half his mother noticed that one leg was growing faster than the other. I first saw the boy when about three years of age. I then found the left leg decidedly the longer. The right was normal in contour, while the left was not only longer, but larger and abnormal in shape; the skin hung loosely and it had a soft, doughy feel, was largest at the ankle, and had no bulge or projection at the calf. I gave the opinion that there was arrest of growth in the right leg, but had to say that the left had some peculiar affection of the soft tissues at least. The mother said that other medical men had given the same opinion. The child was merely treated for his general health.

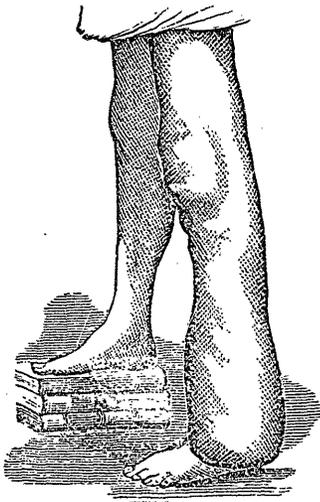
I saw the child occasionally as I attended other members of the family, for several years. The size and length of the limb increased so rapidly, that there was soon no doubt as to the abnormal growth of the tibia and fibula.

Some seven years ago, when about thirteen, I exhibited the boy at the meeting of the County of Haldimand Medical Association. At this time, the disease, which at first was confined to the leg, had invaded the thigh; there was enlargement above the knee, and the femur was some three-quarters of an inch longer than its fellow. The patella was broader, thinner, and flatter than natural.

Then the entire limb was, I think, nearly or quite five inches longer than the right. The weight of opinion was against surgical interference, though amputation, resection of

the bones of the leg, ligation of the femoral artery, division of the nerves, etc., were mentioned. For some years, until he was about eighteen, the deformity increased, but the mother thinks it is now stationary; she, at least, has not had to increase the size of his stockings since that period.

You see the state of the limb to-day. The enlargement has extended up the thigh. The femur is nearly two inches longer than its fellow. The circumference above the knee is four inches greater than that of the right, while the circumference at the ankle is 13 inches greater than that of its fellow (the right leg, $8\frac{1}{2}$, left, $21\frac{1}{2}$ inches.) This size (at the ankle) would be increased, were he to keep



long on his feet, and diminished after his night's rest.

In the cut you will observe the right foot rests on some books. These, though they do not bring it to a level, are $5\frac{7}{8}$ (five and seven-eighths) inches high. The femur is bowed, so as to take nearly, or quite an inch off its length. It is increased in size and altered in shape, the spine at the shin entirely absent. The skin is soft, and with the tissues it covers, has a soft, flabby feel. The hairs on the affected parts are very much elongated, the skin in places dark coloured, and the inguinal glands on both sides greatly enlarged. The eyes are rather prominent, and show a large amount of peculiarly white and glistening sclerotic.

The boy works on a farm, and though he tires rather easily, has never been seriously ill. It has been suggested that it might be of syphilitic origin. His parents are very quiet farmers, who, from extreme youth, have always resided in a rural township, where it would be almost impossible to find a case of syphilis in a generation. They never visit towns or cities, and I should feel safe in saying that if syphilis is a factor in the case it was contracted as far back as the grand parents of the patient.

DISCUSSION.—Dr. A. A. Riddel remarked that he had probably seen as many cases of elephantiasis as any other member of the Society. It was much more prevalent in hot than in cold climates. To him it seemed that the case exhibited by Dr. Harrison lacked some of the principal features—such as the thickened, hard, rugose, and anæsthetic skin—of true elephantiasis. He had never seen or heard of a case in which such increase of the length of some of the long bones as was here present had been observed.

Dr. Hamilton said that it did not at all correspond with the few cases of elephantiasis he had observed. In all of these the limb was of almost wooden hardness, while here there was the feeling of a soft doughy bag. What is elephantiasis? It consists chiefly in hypertrophy of connective tissue, and was of fibrous nature and consistence, the very opposite of that presented here. Besides anything like elephantiasis could not from its nature disappear on simple elevation of the limb as this was stated to do to a considerable extent. This favored the view that the lesion was in the softer parts. If the child must be named something he would have it christened Lymphangioma, or an enlargement consisting mainly in dilatation of the lymph channels—a clinical entity concerning which the literature was scanty, and the only thing written of late was by Dr. Busey, of Washington, who had written* a small work on the congenital forms. He thought its general symptoms, history, and behaviour upon elevation corresponded with this view.

* Dr. Busey's case lxxxvii, was strikingly like the one presented. See cut in *American Journal of Obstetrics* for January 1878, p. 99.

Dr. Oldright remarked that there was an elongation of the bone, and that the most prominent feature was not a hyperplasia of the areolar tissue such as we have in elephantiasis.

Dr. Teskey looked upon the case as one of elephantiasis. Although it lacked many of the conditions generally found in that disease, yet those which were absent were chiefly the accessory rather than the essential ones, as, for example, the warty growths of the skin; while those conditions which are essential to that disease, *e. g.* the progressive hypertrophy of the cellular tissue, were present to a marked degree.

Dr. Temple had considerable experience of elephantiasis in India, but could not reconcile the peculiar conditions presented by this case with what he had before observed. The rapid emptying of the limb by elevation was not characteristic of elephantiasis. The sensation impressed upon the fingers by these tissues was also entirely different.

Dr. Graham did not think that the case was one of elephantiasis. He considered the condition of the bones to be one of hypertrophy, perhaps caused by some trophic nerve lesion and the same might be said of the connective tissue. There was also present a peculiar condition of the lymphatics which he could not explain. He had observed the same condition present in a patient under his care in the Toronto General Hospital, in whom the thigh had the same feeling resembling a bag of worms. This might be caused by enlarged lymphatic ducts.

Dr. Sheard said that he regarded the case as one of elephantiasis, admitting that there was not so much hardness as is *usually* found in elephantiasis. He remembered three cases where the softening was as marked as in this one, and yet hardening occurred subsequently. As to the pathology of elephantiasis it was known to be mainly modified nutrition and he could easily understand how that, where there was a change in nutrition producing hyperplasia of the fibrous connective tissue elements, there could also be produced at the same time an increase in the bony tissue leading to lengthening

of the limb. He would suggest that the elastic bandage be tried, believing that the artificial pressure supplied by the elastic band would, in a measure, supply the lost vascular tone, diminish the amount of blood sent to the parts and hence arrest the hypertrophy. He had seen a somewhat similar case in an (East) Indian lad treated in this way with most satisfactory results.

Dr. Cameron would hesitate to call the condition elephantiasis, although at a distance it resembled it very closely. Upon manipulation, however, a very different impression was conveyed. He pointed out the greatly enlarged inguinal glands, and admitted a condition of lymphangiectasis but could not regard this as the cause of the elongation of the limb since the lymph channels on the opposite side and especially the glands were almost equally enlarged and had not produced a similar condition of the corresponding limb. He was rather inclined to regard it as a result of trophic nerve lesion analogous to the unilateral hypertrophy of the face, so well described by Jonathan Hutchinson, and others, the counterpart of the more common unilateral atrophy. This view he thought received corroboration from the presence of certain pigmentary patches on that buttock and on the inside of the leg of the affected side. With reference to palliative treatment, he thought the suggestion of the rubber bandage to be certainly a good one. But with regard to more radical relief of the condition, he thought the time had gone by for anything short of a serious operation. Had the sciatic nerve been stretched or divided in the early history of the case it might have proved of service, as had been shown by Morton, of Philadelphia. As it was, two operations only suggested themselves as applicable, *viz.*:—Osteotomy, such as MacEwan, of Glasgow, would probably practise, or amputation.

Dr. Osler said, that notwithstanding the somewhat unusual flabbiness and softness of the tissues to the touch he would incline to regard it as elephantiasis. This consisted, undoubtedly, in hyperplasia of the skin and subcutaneous connective tissue, and he could conceive of an hypertrophy of the bone resulting from the same causes.

LIVING EXAMPLE OF LYMPHATIC DISEASE.

We select the following as companion with Dr. Hamilton's case.
—Ed.]

Mr. Walter Whitehead, at Manchester Medical Society, (reported in *British Medical Journal*), showed a female patient, aged 15, suffering from lymphatic œdema and giant-growth of her left leg. The symmetry of her two legs had been maintained up to the age of twelve, when she commenced working in a factory as a "half-timer." She then noticed for the first time that the left leg gradually became larger. The swelling increased during the day, but subsided very considerably during the night. The development became more marked, when she extended the hours of attendance at the mill. No accident nor injury could be remembered, and there was an entire absence of pain from the commencement. There had never been any inflammation nor hyperplastic changes in the integuments, nor any impairment of sensibility or muscular power in the limb. At the age of fourteen, a lymphatic fistula opened above the inner condyle, and periodically discharged about half a pint of fluid in the twenty-four hours. The leg ultimately acquired an increase of about three inches more than the right, measuring from ankle to hip; from patella to malleolus, it exceeded the right by one inch; and the foot was three-quarters of an inch longer than its fellow. Elevation of the leg and continued elastic pressure caused all the swelling to disappear; to return, however, when these measures were relaxed. The skin of the leg was uniformly pale, firm, and elastic, with the exception of a small area just above the outer malleolus, where there was a slight hardness of skin, superficial œdema, and pitting. There was no manifest impediment to the venous circulation, or apparent glandular induration. From the foregoing, he regarded the case as one of those where probably some congenital structural defects in the lymphatic trunks remain indefinitely passive in the absence of any immoderate influence, but which, when overtaxed mechanically, break down. He believed that it was one of a class recognized under the generic term of elephantiasis, but characterized by the deep rather than the superficial lymphatics being at fault, and where the lymphatic

trunks were in a condition of dilatation, and with incompetent valves; and where, probably, there was also a consecutive dilated condition of the lymph-spaces.

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ANEURISM OF SUBCLAVIAN COMPRESSED BY ADHESIVE STRAPS AND ELASTIC BANDAGE.

BY DR. COBURN, OSHAWA.

[Reported before the Ontario Medical Association.]

MR. PRESIDENT,—Since entering the hall this evening I have learned that my name appears upon the Programme for a paper upon the subject of "Aneurisms." Evidently there has been some misunderstanding upon the matter, as it was not my intention to submit a paper, but to present a patient, and I had hoped, in accordance with the arrangements I had made, to have been able to bring the patient before the Association at this session, but for some reason, which I cannot at present explain, the patient did not meet me at the station this afternoon, on my way here, as I expected he would. I hope, however, to see him arrive by the early morning train to-morrow. While making this explanation I may as well, perhaps, give a brief history of the case, and, at the same time make some allusion to the plan of treatment.

The wife of the patient referred to called at my office on the 25th of March last, and stated that her husband had not been feeling very well for some time, that he experienced more or less pain in the right shoulder and in the upper part of the right arm, that he did not eat nor rest as well as he usually had done, that a few days before her visit he had accidentally observed a "lump," as large as a hen's egg, near the side of the neck, in the hollow below the shirt-band, that the lump was not to say painful or very hard, that it was not discolored, and for the reasons mentioned did not appear like a gathering. As the patient's work was urgent, and he was engaged every day, and thinking I might decide to prescribe without making a visit, the history of the case was detailed somewhat minutely, more particularly the points first mentioned. The kind of work her husband was engaged at, the location of the lump and its physical peculiarities, suggested

that, in order to a proper comprehension of the case, a visit was necessary. I accordingly saw the patient that evening, and heard from him a recapitulation of the history given by his wife. The "lump" I found to be situated over the second part of the right subclavian, in the angle or fossa at the side and lower part of the neck. It was nearly oval—the base pointed downwards, forwards, and outwards. Its greatest measure, from base to apex, over its convexity, I found to be two and a half inches, its oblique measure two and a quarter inches, and its shortest one and three-quarter inches. Its pulsations and murmurs were synchronous with the cardiac systole, and the reflex pulse-wave was toward the mesial line and upwards. Not having a hypodermic syringe with me at this visit, I was unable to determine the nature of the contents of the lump, which had been so very well described to me, consequently I decided to make a second visit at an early date. I accordingly saw the patient again two days later, and after going over the case once more, I made the hypodermic test, and found that the lump contained arterial blood. I then decided to make an effort towards reduction by compression. The mode adopted has been by adhesive straps drawn tightly over a firm, closely-fitting compress. Finding these did not accomplish all that was desired, graduated pressure has been affected recently, by an elastic band applied over the straps. What degree of success has been secured you will be better able to determine upon personal examination of the patient.

When first examined the pulsations of the sac were somewhat diffused, and difficult to trace, but after a time, as it became smaller, they were more easily detected, and the *bruit* much more distinctly heard. The diagnosis was aneurism of the thyroid axis, at or about the origin of the transversalis colli and supra-scapular arteries, involving, as nearly as could be determined, both these branches. The aneurism was caused doubtless by prolonged severe muscular exertion in the use of a heavy hammer. The adhesive straps were removed at intervals of from two to three weeks, and fresh ones applied. Improvement was specially noticeable after the application of the elastic band, and at present (August 6th) I am glad to be able to report almost complete obliteration of the sac.

Selections: Medicine.

THE USE OF LOCAL REMEDIES IN THE TREATMENT OF DIPHTHERIA.

WE recently asked a certain number of physicians, whose experience on the subject seemed especially to entitle them to speak, to favour us with their opinion on the advisability of using local remedies in diphtheria, and to state what drug they preferred to use. The subject is one which is to be discussed at the approaching meeting of the International Medical Congress; and we trust that the paragraphs which here follow may stimulate the interest of our readers in what will, no doubt, be a most interesting debate. There are many difficulties surrounding the subject, and one of these has been forcibly put by Dr. OCTAVIUS STURGES, who writes thus:

"I have never been able to convince myself of the value of local remedies in diphtheria. In cases that have been occurring lately, there has been so large a proportion of recoveries, especially after tracheotomy, that the question of treatment, local or otherwise, or any comparison between the results now and two years ago, or, still more, eighteen years ago, is hedged about with difficulty. My personal belief is, that the great safety in diphtheria is early tracheotomy; and the important question, awaiting authoritative statement, in reference to the disease, the precise clinical signs which give the proper signal for the operation."

Sir William Jenner, who published (now many years ago) a small monograph on the disease, advised the use of local remedies, preferring nitrate of silver for this purpose. There are still many who adhere to this plan, and for these Dr. EDWARD WOAKES may be allowed to speak. He says:

"During an experience of diphtheria in one locality, where the disease was rife, dating from 1860 to 1876, and which included some four or five distinct outbreaks of the disease, I invariably used topical remedies. I do not recall a single fatal case in which the following plan was adopted, providing the larynx and air-passages proper escaped—though nearly every instance in which those organs were implicated

ended fatally. The disease presented itself in two forms: the catarrhal and the membranous, though a tendency was observed for the former to pass into the latter, especially in the late stages of the disease. In the catarrhal type, I contented myself with syringing the nasal passages, and swabbing the fauces with a strong solution of chlorinated soda, repeated very frequently, every hour or two. In the membranous phase, I adopted the local application of nitrate of silver, almost invariably in the solid form. This I use very freely, stirring it into, and, if possible, under the exuded mass, completely breaking up the latter, so as to reach the diseased surface beneath. In very bad cases, I have made this application as often as three times in one day, so as to keep pace with the renewal and extension of the patches. In addition, I give repeated mouth and nose washes of chlorine or permanganate, in order at once to disinfect and get rid of *débris*. The form of query does not embrace internal treatment; but, as I always push perchloride of iron to the limit of toleration, the passage of it over the diseased mucous tract must, in some degree, be regarded as a topical application. Up to the present time, I have met with no treatment that offers greater advantages than the above, and its severity may be mitigated by the concomitant local application of morphia in powder, by means of the insufflator; and I confess, at the risk of appearing obsolete, to a preference for that method which has so often stood me in good stead."

Professor MCCALL ANDERSON, on the other hand writes to us, that "he is entirely opposed to the use of caustics and other strong applications in cases of diphtheria, as being injurious as well as increasing the distress of the patient." But, he adds, that "he has great faith in the local application of carbolic acid, of the strength of two or three grains to the ounce of water, and to which one drachm of glycerine has been added. This may be used in the shape of spray; or a large mouthful may be taken frequently, and allowed to lie for a short time at the back of the throat without gargling."

Dr. ROBERT CORY also expresses a similar opinion. "I believe," he says, "the use of topical applications is advantageous in diphtheria, so

long as they are of such a character that they do not cause destruction or inflammation of tissue; that the best applications to use are either sulphurous acid of *P. B.* strength, or carbolic acid, one part of acid to sixty parts of water; or permanganate of potass, one grain to an ounce of water; or peroxide of hydrogen (ten volumes strength); and that the best method of applying one or other of these solutions is in spray."

Dr. ALDER SMITH (of Christ's Hospital) also writes thus: "I most certainly believe in the use of topical remedies in diphtheria. I consider carbolic acid to be the best application, and would advise its use in the form of a dilute steam-spray. If the patient were old enough, I would also use to the *patches* the following solution:—℞. Glycer. acid. carbol., acidi sulphurosi, liq. ferri perchlor. fort., āā, partes æquales. But I think the repeated use of a dilute carbolic acid spray to be most important.

Dr. THOMAS BARLOW coincides very much with these opinions, and suggests a mode of dealing with the disease when it attacks the nasal passages—a complication usually regarded as very serious. "There is," he says, "one group of cases of pharyngeal diphtheria where a very simple topical remedy is, I am sure, advantageous; those, namely, where there is an acrid discharge from the nostrils, and a presumption that there are shreds of tenacious mucus and half-membranous stuff on the posterior nares and the back of the palate. In these cases, so simple a measure as twice a day flushing round the posterior nares with plain water through the nostrils—the mouth being kept open—gives sometimes great comfort in breathing and swallowing, and, as I believe, lessens the risks of septicæmia. The quantity of membranous plugs which can be removed in this way, without any risk of leaving a bleeding surface, is sometimes considerable. In regard to applications to the tonsils and soft palate, glycerine of carbolic acid has seemed to me the best thing to use. It does not make a superficial white slough like hydrochloric acid and nitrate of silver; and it is not so painful, and it can be applied daily. Occasionally, it is true, membrane re-forms over the area where the carbolic has been applied; but I have seen the same thing occur with the caustics above

referred to. I suppose all are agreed that to remove membrane and leave a raw bleeding surface is not wise; and that it is only over parts where the membrane can be stripped without violence, and also around spots where the membrane is closely adherent, that one ought to apply anything. Siegle's inhaler, used with simple steam or with weak carbolic lotion, I am sure, is a comfort; and creasote inhalations (about twenty drops to the pint) I have seen, in one case at least, followed by the most satisfactory result."

Another remedy which has found considerable favour is lactic acid. Dr. PROSSER JAMES tells us that he has "considerable confidence in topical remedies, though he holds that general treatment should never be neglected. He finds local applications hasten the separation of false membrane, favourably influence the mucous surface, and may serve as antiseptics and disinfectants. To meet the first two indications, he still relies on the use of steam, as originally recommended in the first edition of his *Sore-Throat* twenty years ago, and as lately adopted by several German authorities."

"At an early stage, the frequent inhalation of hot vapour should be employed; and, if the membrane increase in quantity, the steam should be used more frequently, until it is almost constantly breathed. For this purpose, it may be necessary to place the patient in a croup-tent: but in such cases it is most necessary to see that fresh air, as well as vapour, finds free access. If the vapour be produced by the moistening of quicklime, it is thought that particles of the lime may be carried up with the steam and produce a favourable effect, for it is found that lime-water will dissolve many false membranes. As a solvent, however, Dr. Prosser James has most confidence in lactic acid, which, both in the form of spray and freely applied with the brush, he has seen rapidly followed by excellent results. The spray of lactic acid, he thinks, sometimes fails because the solution used is too weak, or is not applied often enough. In severe diphtheria, with much false membrane, it is idle to expect great effects from very weak applications. If the lactic acid is to act as a solvent, it must be used freely; and this treatment may well displace the use of mineral acids

and caustics, which were once so largely used. The steam may be made antiseptic by carbolic acid being diffused through it. Other antiseptics and disinfectants may be used conjointly with the steam; but they are usually more serviceable a little later, when the membrane has more or less separated. Then, too, those remedies which tend to restore the mucous membrane come into play, and should be diligently employed.

"When the nasal passages are involved, they should be carefully washed out with a weak antiseptic solution. A lotion of carbolic acid, or a sulphocarbonate, salicylic acid, or a salicylate, may be used with a douche or a syringe every hour, or even oftener, if the discharge be considerable. This treatment should be commenced as soon as ever the nose becomes affected, and diligently persevered in. If the lotion be weak, it can scarcely be used too often. If the passages become clogged, it will be necessary to clear them with a weak alkaline douche, and then to return to the antiseptic lotion. At a late stage, it may be desirable to employ an astringent lotion. If so, it should be weak. As an alternative lotion for the nose, Dr. Prosser James recommends a solution of bisulphate of quinine—a very soluble salt—which he has used as a local application where the addition of acid to the ordinary sulphate, to effect solution, was undesirable."

Dr. Richard Neale also says: "I find lactic acid, applied with a brush, unfailling in its speedy action, removing the false membrane, and preventing its re-formation—a result to which I attach very great importance in the treatment of such cases."

From time to time, evidence has been brought forward which tends to show that diphtheria has some connection with fungoid organisms. The pages of this journal contained, on March 5th of this year (p. 356), a short abstract of the interesting experiments of Mr. Talamon in Paris; and again, only a fortnight ago, an interesting paper by Dr. Michael Taylor of Penrith. Dr. Burney Yeo refers to this point in the etiology of the disease. He says:

"I am disposed to set much store by the local application of antiseptic or mild caustic

substances to the seat of the diphtheritic exudations, when this is practicable. The probable fungoid origin of the contagium gives a rational foundation for such treatment, while the results of actual experience alike commend it.

"If the disease is seen quite at its onset, or when only a few circumscribed patches of the characteristic exudation can be seen on the tonsils, uvula, soft palate, or their neighbourhood, a good application consists of equal parts of solutions of perchloride of iron and glycerine, which should be applied by means of a small piece of cotton-wool tied firmly to a piece of stick, the whole of which can be burnt after using it. Equal parts of carbolic acid and glycerine is also a good local application, used in precisely the same manner. These applications should be made twice or three times in the day, and in the interval the patient, if able to use a gargle, should wash out the throat and mouth frequently with a solution of permanganate of potash, or one of chlorate of potash (10 grains to the ounce), to which a few drops of hydrochloric acid have been added.

"But it often happens that we do not see these cases until the diphtheritic exudation has become too diffused to render these means effectual in arresting the process of continuous self-infection, which is one of their great objects. These agents obviously cannot be applied in this manner when the larynx and trachea are invaded. In such cases, I am in the habit of prescribing the use of a warm spray, containing half an ounce of glycerine of carbolic acid, and 80 grains of borax to 8 ounces of warm water. This should be freely and almost constantly used, by means of a large Siegle's spray-producer; and, in the case of children, this spray should be so directed as to be continuously playing over the mouth and nose of the patient, and diffused through the atmosphere which he breathes. A strong solution of tartaric acid is said to have remarkably solvent action on the diphtheritic membranes, and has been used with advantage in France; but I have no personal experience of its use."

Dr. Frederick Roberts sums up for us the objects to be held in view in the use of local remedies, and the mode by which these objects may be attained; his words form a fitting con-

clusion to this report. "Local applications are," he says, "in my opinion, of more or less value in most cases of diphtheria, but they require to be used with judgment, and with a definite idea as to the purpose or purposes for which they are employed. Taking these purposes in order, the first is to prevent the spread of diphtheritic deposit at an early period of the disease, by the direct application of some strong agent upon and around the deposit. It is doubtful how far such an object can be attained, but in some cases, perhaps, it may be. The applications which can be used for this purpose are either the solid stick, or a strong solution of nitrate of silver (\mathfrak{z} i to \mathfrak{z} ii); equal proportions of hydrochloric acid and water; or tincture or solution of sesquichloride of iron, strong, or mixed with an equal quantity of water or glycerine. The liquids must be applied efficiently once for all, by means of a suitable throatbrush. The repeated application of strong agents is to be decidedly deprecated.

"The second object is to dissolve or remove the diphtheritic material, or to alter its characters, so as to render it innocuous. The frequent inhalation of steam is probably of service in some of these ways. What agents are capable of dissolving diphtheritic membrane, is a matter to which more attention might well be directed; but it seems that lactic acid, phosphate of soda, and other agents have this power. Chlorate of potash, diluted tincture of iron, and other applications are also useful for some of these purposes.

"The third, and certainly in many cases the most important purpose, is to prevent putrefactive and gangrenous changes, or to remove or act upon the products of these changes, so as to prevent their absorption into the system, and consequent septicæmia, the infective properties of the materials being probably at the same time destroyed. Here various applications may be used, such as chlorate of potash with dilute hydrochloric acid, chlorinated soda and carbolic acid, Condy's fluid, sulphurous acid, borax, tincture of iron, etc. All these, of course, must be properly diluted. As a subsidiary object, the relief of throat-symptoms must be kept in view, and this is more or less effected by the use of some of the agents already

mentioned. The inhalation of steam, and the frequent sucking of pieces of ice, need to be specially noticed here, as they often give great relief.

“With regard to the method of application, I certainly am strongly in favour of the spray, either by means of the ball-apparatus or of Siegle's spray-inhaler. Many patients cannot gargle effectually, especially children, and the movements involved in the act are liable to be injurious. The frequent use of the throat-brush is also open to objections, and I cannot see the advantage of blowing in powders, as some have recommended. It must be remarked that, in the case of children who resist strenuously all kinds of application, it may do more harm than good to persevere with them; but this must be left to the individual judgment of the practitioner. If used at all, they ought always to be employed efficiently, and under the personal superintendence of the practitioner, with the aid of a competent nurse.”

We have also received replies from several physicians, who hesitate to speak in favour of the use of local remedies, only because they regard their experience in the matter as too limited to warrant the expression of a decided opinion. Among this number is Dr. Sydney Ringer, who, however, informs us that he places great reliance on local remedies. He has seen good results follow the use of carbolic acid and glycerine to the diseased parts, and advises, in combination with this, the internal administration of a mixture containing perchloride of iron.—*British Medical Journal*.

LEPROSY.—At the Société Médicale des Hôpitaux, M. Cornil made a communication on the subject of the pathological anatomy of leprosy, and stated that he had found a number of bacteria in portions of hypertrophied skin, which would become a source of contagion in the ulcerative stage of this disease. M. Labbé said that he heard the statement with pleasure, as he had been treating a young leper with hypodermic injections of carbolic acid, on the hypothesis of the parasitic nature of the complaint. The improvement had been so great that he did not despair of curing him.

RELATIONS OF SYPHILIS TO RENAL DISEASE.—E. Wagner (*Deutsches Arch. f. Klin. Med.* xxviii. s. 94) says that out of sixty-three cases which might with great probability be attributed to syphilis, he found acute Bright's Disease, eight times; chronic parenchymatous nephritis, four times; granular kidney, seven times; atrophy of one kidney, six times with compensative hypertrophy or amyloid degeneration of the other; amyloid degeneration thirty-five times, and renal syphilis, three times.—*British Medical Journal*.

FUMING INHALATIONS IN ASTHMA.

There can be no question as to the value of fuming inhalations in the treatment of asthma. The ordinary nitre-paper often fails, because it is not strong enough. For some time past, I have been in the habit of using very thick and strong nitre-papers, which may be called “nitre-tablets.” They contain both chlorate and nitrate of potash. Each consists of six pieces of white blotting paper, about six inches square, and they are made by dipping them into a hot saturated solution of nitre and chlorate of potash. Before the pieces are quite dry, they may be sprinkled with Friar's balsam, spirit of camphor, tincture of sumbul, or some aromatic. The nitre-paper so prepared is as thick as cardboard, each piece consisting of six pieces of blotting-paper, closely adherent, and covered all over with crystals of saltpetre and chlorate of potash. The door and windows having been closed, the tablet is placed on a fire-shovel or piece of metal of some kind, and folded down the middle, so as to make it like a tent or the cover of a book. When lighted at each end, it burns very quickly, throwing out a flame often four or five inches long, and giving rise to dense volumes of smoke. The asthmatic patient almost immediately obtains relief, and drops off into a quiet slumber, from which he awakes refreshed. These tablets often succeed when the ordinary nitre-papers do no good. They nearly always induce sleep, and I have used them with success in cases of insomnia, when most of the ordinary remedies have failed. Large pastilles composed of equal parts of nitre and lycopodium are also useful in asthma.—WILLIAM MURRELL, M.D., Lecturer on Materia Medica and Therapeutics, Westminster Hospital, in *British Medical Journal*.

Surgery.

EXCISION OF THE HIP-JOINT.

The committee, appointed last session by the Clinical Society to inquire into the value of excision as a means of treating disease of hip-joint in childhood, has presented its report, which was read by Mr. Howard Marsh at the last meeting of the Society. The report is signed by Messrs. Bryant, Croft, Holmes, Hulke, MacCormac, Marsh, and Lyell. As was suggested by the President, it deals especially with the following points. 1. The indications for resorting to the operation; 2. The results obtained from the operation as to (a) mortality, (b) the after condition of the limb; 3. The method of operating, as to (a) the amount of bone removed, (b) the use of antiseptics; 4. The nature of the disease, whether scrofulous or not. The report is founded on the two papers on Excision of the Hip-joint read by Mr. Croft before the Society, and published in the thirteenth volume of the *Transactions*, the second paper containing the history of 45 cases; on an analysis of all the cases—401 in number—admitted into the Hospital for Hip-disease in Childhood down to the end of 1879, 384 of these cases being treated by prolonged rest and weight-extension, without operative interference, and 17 being treated by excision or amputation, after removal elsewhere; on the examination of 37 specimens derived from Mr. Croft's cases, and of 19 collected from other sources; and on the results of excision, where traceable, in 158 cases from the Evelina, Guy's, the Middlesex, and the University College hospitals.

The information thus obtained is summarized under various headings: 1. The proportion of recoveries to cases that ended fatally (a) after excision, (b) where rest and weight-extension only were employed; 2. The causes of death; 3. The period occupied by treatment; 4. The subsequent condition of the limb. The 45 cases in Mr. Croft's tables include 19 cases, or 42 per cent. of recoveries; 18 cases, or 40 per cent., of deaths; 8 cases, or 18 per cent., still incomplete. The mortality of 40 per cent. on the total of 45 cases is thus made up: 15.6 resulting from the operation, 13.4 from some

form of tubercular disease, 6.6 from albuminoid disease, 4.4 from causes unconnected with the joint-disease; so that, if the deaths unconnected with the disease are excluded, the mortality amounts to 35.6 per cent. The average period of treatment in cases of recovery was one year and three-quarters, while the average total duration in 14 cases was three years. In thirteen of these cases, the average shortening of the limb was two inches and three-quarters; while the proportion of cases in which the movement was free, limited, or *nil*, was as 11, 6, and 3. (b) Of 260 cases of suppuration treated at the Hospital for Hip-disease by rest and extension only, 42.3 per cent. were cured or convalescent on discharge, 33.5 per cent. died, 24.2 per cent. were incomplete cases. The mortality of 33.5 per cent. is made up of 20.4 resulting from the disease, 9.2 from some form of tubercular disease, 3.9 from causes unconnected with the disease. If the deaths from causes unconnected with the disease be excluded, the mortality amounts to 30.4 per cent. The average period of treatment was found to be two years and a half in cases of recovery, and one year and a half in cases that died. The average total duration of the disease in cases of recovery amounted to rather more than four years. In 32 cases, the average shortening of the limb was, in 24 good cures, one inch and a quarter; while in two cases there was no shortening. The cases in which the movement was free, limited, or *nil*, were proportioned to one another as 5, 4½, and 3. Of 35 cases, 30 walked with slight or no limp, 5 with considerable limp.

The remaining cases in the table (124 in number) were instances of non-suppurating, and are composed of cures or convalescents, 69.3 per cent., as compared with 42.3 of suppurating cases; incomplete cases, 20.2 per cent., as compared with 24.2 of suppurating cases; deaths, 10.5 per cent., as compared with 33.5 of suppurating cases.

The deaths from tubercular disease amount to 7 per cent. in a total mortality of 10.5 per cent. The average total duration in cases of recovery was rather less than three years. While the proportion of cases in which the

movement was free, limited, or *nil*, was as 5.3 and 3. In a total of 17 cases, the average shortening in 12 good cures was one inch; in 3 moderate cures, three inches and a quarter; in one there was no shortening; and in one there was three quarters of an inch of apparent lengthening. Of 22 cases, 19 walked well; 3 had a considerable limp.

In 56 specimens examined by the committee, more or less necrosis had occurred in 33—*i. e.*, in 59 per cent. In some of these, firm sequestra of considerable size were present; while, in others, the sequestra consisted merely of small fragments of softened cancellous bone. Of a total of 203 cases of excision, 29, or 13.7 per cent., proved fatal directly from the operation.

The conclusions arrived at by the committee as to the indications for resorting to the operation of excision are: that it should be adopted in cases—1. Of (1) necrosis of the entire head of the femur, and its conversion into a loose sequestrum; (2) the presence of firm sequestra either in the head or neck of the femur, or in the acetabulum; (3) extensive caries either of the femur or the pelvis, leading to prolonged suppuration and the formation of sinuses; (4) intrapelvic abscess following disease of the acetabulum; (5) extensive and old standing synovial disease and ulceration of the articular cartilages, with persistent suppuration; (6) displacement of the head of the femur on the dorsum ilii, with chronic sinuses and deformity. It is pointed out that one of these conditions is probably present when suppuration occurs early in the course of hip-joint disease, and is accompanied by severe local and constitutional symptoms. In such cases, loose sequestra may sometimes be found and removed without sacrificing the articulation. II. Excision should also be performed when, in cases of suppuration, enlargement of the liver, or albuminuria, indicating the presence of degeneration of the viscera, is detected. III. When suppuration continues free, fresh sinuses are formed, or extensive burrowing is in progress, and the patient is losing ground in spite of careful treatment by rest and free drainage. IV. In disease of the pelvis, to provide an efficient drainage for suppuration, which may

be sometimes detected near the floor of the acetabulum by the finger passed into the bowel; though pelvic disease renders the prospect of recovery, under whatever treatment is adopted, more than usually doubtful. The committee consider that complete rest and extension, and the withdrawal of matter, should always be first patiently tried, and operative interference only resorted to when these other means have failed to secure the favourable progress of the case.

The results obtained by excision show a mortality of 40 per cent., as compared with a mortality of 33.5 in cases of suppuration treated by rest and extension; or, excluding deaths from accidental causes unconnected with the disease, 37.7, as against 31.6. This slight difference does not certainly tell for much in favor of the opinion either of those who countenance or oppose operative interference, as at present conducted.

On comparing the condition of the limb in cases treated by excision with that resulting from treatment by rest and extension, the committee is of opinion that movement is more frequently present, and also more extensive in the former class; but that patients often walk insecurely, and with considerable limp; whilst the limb, after treatment by rest and extension, though frequently more or less fixed, is firmer, and more useful for the purposes of progression. Only as much bone should be removed as is actually diseased; and the femur should not be divided below the great trochanter; nor, except in the rare cases in which it is extensively involved in the disease, should the great trochanter be removed, and the attachments of the glutei muscles thereto should be preserved. These muscles, if cut, should be divided in a direction parallel with their fibres, and then retracted, as recommended by Mr. Croft. But if the pelvis be diseased, the trochanter may be removed, since, if left, it is apt to be drawn up into the acetabulum, interfering with the free escape of pus through the cavity of the joint. The committee had no evidence before it upon which to form any definite opinion as to the use of antiseptic dressings in the operation of excision of the joint; nor does the committee offer any decided opinion as to the connection

of hip-disease in children with scrofula, as the questions relating to scrofula and tubercle are still *sub judice*. But, of 429 cases of hip-disease coming under the notice of the committee, 39, or 9 per cent., died of some form of tuberculous disease.

Lastly, in nearly 60 per cent. of the pathological specimens examined by the committee more or less necrosis had occurred, in some of which the dead bone formed firm large sequestra, whilst in others it consisted of small fragments of softened cancellous bone, which might probably have been disintegrated and thrown off unobserved in the discharge. That this had occurred in several of the cases examined, seemed to be proved by the severity of the suppuration that had taken place, as evidenced by the large number of cicatrices that remained.

This report, upon which the committee has spent much time and trouble, contrasting two sets of similar cases, one treated by rest and the other by excision, and for which the committee has otherwise very carefully investigated the evidence before it, certainly does not seem to bear out the view entertained in some quarters that the operation of excision is calculated to secure results materially superior to those obtained by the well-tried methods of rest and extension by weights and other means. We may regret that no royal road to recovery is opened to us by a more frequent resort to operation; but for the present, at any rate, it would appear that we must still be content to depend, in the majority of cases, for our treatment, on the expectant method.—*Brit. Med. Jnl.*

THE TRANSPLANTATION OF BONE. — The greatest discovery in surgery, thus far in the year 1881, is that of Dr. William MacEwen. He has successfully transplanted bone—fragments of wedges of bone taken from patients for curved tibiae—into the arm of a child whose limb was useless by reason of extensive necrosis: two-thirds of the humerus had been destroyed and no repair of bone had taken place.

A good new humerus was the result, less than an inch shorter than its fellow.—*Canada Med. and Surg. Jour.*

QUIET VERTEBRAL CARIÆ.

BY EDMUND OWEN, F.R.C.S.

A sickly-looking boy, aged 10½ years, with old rachitic curvatures of the legs, was brought to the out-patient department, Hospital for Sick Children, Great Ormond St., on May 7th, by his mother, who said that he was suffering from "lumbago," though the pains were not sufficient to affect his appetite, or to disturb his sleep. Although he was still attending school, and running about much as usual, he was, the mother thought, losing flesh. On asking her how he came downstairs, she said that he now came down very slowly; that he would place each foot on every stair, and that he would always ease himself down by the balusters.

On stripping him, and placing him on his back on the couch, the crease of the right groin was found almost obliterated, and deep-seated fluctuation was detected in the iliac fossa, and in the upper part of Scarpa's triangle. By alternate pressure over these two regions, it became evident that the fluid (purulent) collections communicated beneath Poupert's ligament. The mother had noticed the fulness, for the first time, a fortnight previously.

The movements of the hip-joint were free. On turning the boy over, and examining the back, there was no tenderness discoverable along the spine; nor was there any abnormal projection to be detected. On telling him to stand down on the floor, he slid gently and cautiously off the couch, as if afraid of jarring himself; but as he walked naked once or twice across the room he stepped out boldly and held himself erect—unnaturally erect. On being asked to pick up a pin from the floor, he lowered himself at the knees, and a little at the hips, but kept his loins as stiff as a board. It was evident that the stiffness and the lumbago were due to disease of the bodies of the lumbar vertebræ, and consequent irritation of the roots of the neighbouring spinal nerves. The treatment was to consist in absolute and prolonged rest in bed.

REMARKS.—This is the kind of case which is very apt to be overlooked by either of those gentlemen for whom so many text-books are now being compiled—the busy practitioner and the student; the former from want of the time necessary for

an exact examination, the latter from want of knowledge and method. For the thorough inspection of a child, it should be stripped stark naked, so that every movement, and the behaviour of every joint may be viewed at the same moment. In the young and supple patient, when one joint is by disease or injury thrown out of working order, the deficiency is so cleverly made up by neighbourly and relative articulations, that the real pathological condition may possibly be unappreciated, or entirely escape detection. Thus, for example, the joints of the knee, and the spine, and the pelvis may supply the deficiencies of the inflamed or ankylosed hip. And, in its turn, the hip, with the knee, apologises for the affected spine; and when the function of the shoulder-joint is temporarily or permanently impaired by inflammation or adhesions, the scapula plays so freely over the back and side of the chest that, unless the parts are quite uncovered, so that the movements of the two shoulder-blades may be watched and compared from the front and the back, there may be a failure of diagnosis. More than this, a physical examination carried out as suggested by these remarks, may be performed with equal satisfaction to the child and to the surgeon, for the latter may have been enabled to make up his mind as to the nature of the affection without touching his little patient; and as some irritated and apprehensive children cry as soon as they are touched, and assure one that the least handling of the soundest part causes pain, this preparatory inspection, even if it have not been all-sufficient, will probably have been the means of establishing a good understanding between those most concerned in the interview.

But to return to the subject of these clinical remarks. Caries in the lumber region of the spine may advance much further, without recognition, than it could have done in the districts of the neck or chest. In the last-named region, a slight falling together of the bodies of the vertebræ would be accompanied by so obvious a projection of the spinous processes which are already prominent, that the mother herself notices the back "growing out," and applies for help; and, in the cervical region, the stiffness, the distressing pains in the head, neck, or chest, the chin propped upon the table, or supported

by the hands, will be sure to obtain early attention. But when the lumbar vertebræ are diseased, and the child is suffering from that constant irritation of the lumbar nerves which he designates as "belly-ache," the mother believes herself to be quite competent to deal with the case; and if the pains be in the back, or along the thighs, so that the mother may call them rheumatism, lumbago, or sciatica, she is still equal to the occasion, for as yet there may be no apparent projection of spinous processes, although probably that part of the column is rigid and straight. After a further time the projection of a process may be detected, increasing between the masses of the erector spinæ.

When pains about the trunk or limbs are persistent, though of obscure origin, the question may well be asked, whilst the child is being undressed, "How does he come down stairs?" If the answer be, "Much as usual," or one hears that he sometimes comes securely down the middle of the course or by the wall, and that he jumps down from the bottom stair, the child is in little likelihood the subject of spinal disease; but if we are told that he asks to be carried down, or refuses to be led down, preferring the leisurely and cautious descent which he may make by himself with the aid of the balusters, and if, at the same time, he complain of pain in bilaterally symmetrical areas, by the lineæ alba, the groins, or the thighs, examination will probably reveal the existence of central (spinal) disease.—*British Med. Journal.*

THE ATTENDING SURGEONS AND THEIR CRITICS.

The *Louisville Medical News*, in a recent article, entitled "The President's Surgeons and their Critics," expresses the general sense of the community and of professional men, who are imbued with an elevated tone in their relations to the public and to their fellow medical men. It says:—

The President's medical attendants labour under peculiarly embarrassing circumstances in this, that they are compelled to treat their case, so to speak, under the eye of the whole world. The high official position of the patient, the fiendish attempt upon his life, and the great issues depending upon his recovery or death, have carried the witnesses far beyond that

state of sober conservatism which should characterize all comments upon the management of such a case; and the surgeons in attendance have been submitted to much unfavorable criticism by the secular press, while in too many instances the medical press has put in a word of censure.

It should not be forgotten that several eminent surgeons are employed in the case. And the unprofessional critics should remember that while these gentlemen do not know everything, they probably do not stand in need of advice from those who know nothing of medicine or surgery; and the professional critics might, on reflection, see that it is neither graceful nor ethical to condemn at a distance and upon theoretical grounds the movements of professional brethren (most of them of acknowledged ability) who are upon the ground, and noting the symptoms from day to day, are doing all that their judgment warrants in the case.—*College and Clinical Record*.

MR. LISTER'S DRESSINGS.

As he announced recently to the Clinical Society, Mr. Lister has lately been making extensive use of eucalyptol in place of carbolic acid. Eucalyptus oil itself, which is the active ingredient in all these new preparations, is a colourless, limpid, watery fluid, the essential oil of the *Eucalyptus globulus*. This is used undiluted, as a dressing in the same class of cases as carbolic oil is commonly used. It is also made into an ointment, of which the following is the formula: Vaseline, $2\frac{3}{4}$ parts; paraffin wax, $1\frac{1}{2}$ parts; eucalyptus oil, 1 part. The formula for the eucalyptus and iodoform emulsion referred to in the report of one of Mr. Lister's cases of ununited fracture of the patella, is as follows: Eucalyptus oil and powdered gum acacia, of each, 96 grains; iodoform, 8 grains; water, to 2 fluid ounces. In operations about the genital organs, or other parts where the presence of numerous hairs and their follicles makes it difficult to render the skin thoroughly antiseptic by the ordinary methods, Mr. Lister has latterly, after shaving and cleansing the parts, applied to them a "salicylic cream," which is thus prepared. Six parts of carbolic acid and glycerine (1 in 20)

are rubbed up in a mortar with one part, or one part and a half, of salicylic acid, until the mixture is of the consistency of a thick smooth cream. The mode of preparation of the eucalyptus gauze, Mr. Lister intends, we believe, to make public before long; meanwhile we may say that it may be obtained from Milne, of Eagle House, Ladywell, Kent. As eucalyptol is very volatile, it is well to place in the tin box in which the gauze is kept, an open phial of eucalyptus oil, to prevent the deterioration of the dressing.—*British Medical Journal*.

INTRA-PERITONEAL TRANSFUSION.

The grave results which often follow the escape of blood into the peritoneal cavity would scarcely lead to the anticipation that it would be found a suitable site for the transfusion of blood. Nevertheless, it has been shown to be such by Ponfick, and several cases in which intra-peritoneal transfusion has been employed have been recently published by Kaczorowski. The injection of the blood is by a trocar introduced through the linea alba, the blood being poured through a glass funnel furnished with a flexible looped tube. The operation is performed under strict antiseptic precautions, and the admission of a little pure air into the peritoneal cavity appears to be harmless. The method is recommended especially in prolonged febrile diseases, in which the heart's action fails, and also in chronic anæmic diseases. The reaction of the serous membrane is said to be slight, and often *nil*. Of the cases recorded, one was a female, twenty-one years of age, suffering from puerperal septicæmia; two transfusions were made, each of 500 grammes of defibrinated blood; the patient was suffering from anæmia, hysteria, and spinal irritation, and recovered after a single transfusion. The third case was one of phthisis, and the patient was improved by the operation, but died three months later. The fourth was that of a woman fifty years of age, very anæmic and depressed, with fungous ulcers in the neck; after the latter had healed there was no improvement in the general condition, but convalescence rapidly set in after the transfusion of 600 grammes of blood. The last patient was a drunkard, forty-years of age, suffering from a severe attack of exanthematic typhus, with bed-sores. After the transfusion of 400 grammes of blood the fever lessened, the other symptoms improved, and the patient recovered.—*London Lancet*.

Midwifery.

PREGNANCY VOMITING.

BY HENRY GIBBONS, JR., M. D.,

Dr. J. Marion Sims contributes a paper on pregnancy vomiting to the *Archives of Medicine* (June, 1880), in which 'after referring to the causes as suggested by Graily Hewitt—flexure and malposition of the uterus; by Dr. M. O. Jones, of Chicago—granular erosion of the cervix; and by Dr. Copeman, of England—induration and contraction of cervix; he states that he also has resorted with success to the treatment proposed by these writers, viz.: Support for the flexed uterus, and nitrate of silver applications for the erosion and dilatation of the cervix when contracted. Copeman's method consists in gradually forcing the finger into the os and carrying it along till the first joint of the finger enters the cervical canal, taking care not to push it so far as to impinge against the os internum. Dr. Sims reports a case, the only one on record, in which the latter plan being fully adopted, a miscarriage resulted, showing that it was not devoid of danger. He attributes this result partly to the pushing of the fundus backward by the hand on the abdomen, to prevent excession, while the finger of the other hand was forced into the cervix, and partly to a tendency to miscarry.

In discussing this subject of morning sickness before the Berlin Medical Society, Dr. L. Rosenthal recognises three varieties: (1) the ordinary sickness; (2) the sickness following every meal, and lasting even after quickening, but not destroying appetite; (3) the rare form often accompanied with diarrhoea and salivation and failure of nutrition, and sometimes followed by death. Of the third variety, Paul Dubois saw 20 fatal cases, and of 118 cases given by Guèniot, 46 proved fatal. "The condition is doubtless dependent upon some abnormality of the uterus, and generally of the cervix; but since such abnormalities are so very common, why is this effect so rare? Because a neurotic tendency must be present also as a predisposing cause. There are many analogies between hyperemesis gravidarum and

nervous or hysterical vomiting." Dr. Rosenthal states that ice, ipecac, calumba, and oxalate of cerium have enjoyed the most repute in the treatment. He has resorted to Copeman's procedure in two instances with success, and recommends it even in moderate cases; while Dr. Sims holds that it should be reserved for those which are urgent and rebellious.

The application of a ten per cent solution of nitrate of silver to the cervix every two or three days is strongly advocated by Dr. Welponer (*Wien. Med. Woch.*, May 22, 1880), who has thus cured three obstinate cases that resisted all other means. Dr. J. W. Hickman (*Med. & Surg. Reporter*, December 13, 1879), urges larger doses of the oxalate of cerium—ten grains as often as necessary, taking care to give the first dose half an hour before the patient rises from bed. He believes that arsenic is indicated when the vomiting is followed by painful retching, and that ingluvin stands first among the agents reviewed.

Dr. J. S. Forwood (*Med. & Surg. Reporter*, July 10th, 1880), during twelve years' practice has treated two hundred or more cases of morning sickness with an infusion of calumba, ginger and senna, and asserts that this combination is as much a specific in pregnancy vomiting as quinine is in intermittent fever. His formula is:—

℞ Rad. Calumbæ Contus: Rad. Zingiberis aa ʒss.
Fol. Sennæ ʒi.
Aq. Bullient..... oj.
M. Ft. Infus.

Sig. Wineglassful before each meal.

Dr. Pinard (*Annales de Gynecologie*, May, 1880), has used in an obstinate case the inhalation of oxygen. After seven weeks of vomiting, ten litres of oxygen were inhaled in one day, twelve on the second day, and fifteen on the third, when the patient was cured. D. Hertzberg (Berlin), uses three granis of chloral in solution every two hours until vomiting stops; and, finally, Dr. W. W. Potter (*Am. Jour. Obstet.*, Jan., 1880), advocates absolute rest for the stomach, no food or drink being allowed by mouth; all aliments and medicines to be given per rectum.

No mention is made in any of the references to the use of strychnis, which I have found of

signal service in a large proportion of cases ; while in others it has failed completely. Nor of the viburnum prunifolium, which in many cases has proven an efficient uterine sedative. In a recent case of distressing pregnancy vomiting under my care, immediate, though temporary, relief followed upon placing the patient in Sims' position, and distending the vulva. The uterus was thus permitted to rise from the hollow of the sacrum into which it was pressed. The symptoms returning in a modified degree were treated with the viburnum, which appeared to exert a decidedly favorable influence.

The variety of methods above mentioned clearly indicates the wisdom of studying the causation of morning sickness in any given case before attempting its treatment. If it be due to a fallen or flexed uterus, we cannot expect general treatment to have any immediate effect ; and if there be simply a hysteroneurosis, local medication may aggravate rather than benefit.—*Pacific Medical and Surgical Journal.*

POSITION IN LABOR.

BY HENRY GIBBONS, JR., M. D.

An exhaustive paper on "The instinctive (or natural) and physiological position of women in labor," was read by Dr. Geo. J. Engelmann, at the late session of the American Gynecological Association. To one accustomed to look upon the dorsal or lateral positions as the only ones the woman should assume while in labor or at birth, the tabular statement presented showing the many positions that are adopted by the different races of the world must appear strange indeed. The recumbent position, in bed, is by no means general, and the side position is almost peculiar to England. The semi-recumbent position is assumed in Italy, Germany, Syria, and Japan, by the native races and tribes in various parts of the United States, in Mexico, Chili, etc. The sitting position upon a chair, rocking chair or stool, on the lap of the husband or other person, or in a hammock, is adopted in parts of England, Scotland, Wales, Germany, Russia, Italy, Greece, China, Palestine, Syria, India, Turkey, Arabia, in several countries of Africa, by Negroes in portions of the United States, and by some of

the Indian tribes ; in Venezuela, Australia, and Sandwich Islands. In many localities, in Italy, Germany, Russia, Scotland, Japan, and North Australia, and among some Indians and Negroes of the United States, the patient is suspended, or partly suspended, or hangs upon the neck of an attendant. The kneeling position is quite common, and is found to be practised in Spain, Italy, Russia, Greece, Scotland, England, Wales, Kamschatka, Mongolia, Persia, Ethiopia, Abyssinia, Indian Territory, and various parts of the United States, Mexico, Nicaragua, and New Zealand. The squatting attitude is taken in Russia, Arabia, Persia, Indian Territory, Mexico, Guatemala, Polynesia, and West Micronesia ; and patients even stand while delivered in France, Germany, India, Ethiopia, East Africa, Indian Territory, Mexico, and Philippine Islands. Finally, the knee-chest and knee-elbow positions are taken by some Indian tribes of the United States. The author concludes that the instinct of the patient generally inclines her to assume the semi-recumbent position, and that this is the one which should generally be adopted. As between this and the English lateral position, there has never appeared to me any doubt of the superiority of the former.

Matthews Duncan has shown that gravity alone is sufficient to effect delivery in some cases, and that in no position of the body—either dorsal, semi-recumbent, sitting, standing, kneeling, squatting, etc.—save upon the side, is the axis of the parturient canal horizontal. The semi-recumbent position places the axis of the brim of the pelvis more nearly perpendicular, and hence in this position the greatest assistance is gained from gravitation. At the same time it must be remembered that Schroeder has demonstrated that in semi-recumbency the larger portion of ruptures of perineum take place.—*Pacific Medical and Surgical Journal.*

The Fifth International Pharmaceutical Congress met in London, Eng., on the 1st of Aug., under the presidency of Mr. Greenish. The Congress strongly supported its predecessors in the advocacy of a Universal Pharmacopœia. The next meeting is to be held in Brussels three years hence.

Correspondence.

THE MEDICAL COUNCIL AND THE LAW.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—In the July number of your JOURNAL appeared an editorial headed, "The Case of Dr. John B. Hall." After giving the resolution moved by Dr. Bray, and supported by a majority of the Medical Council, as follows: "That Dr. Hall be examined by the Homœopathic members of the Council, as an inexpensive method of testing his attainments, as this is a special case, and if found qualified, that his name be put on the register," you give your reasons for disapproving of the conduct of the Council.

In the August number of the JOURNAL a correspondent demurs to this "inexpensive method" of licensing homœopaths.

It seems to me that the main—the legal points—attending this case, have not attracted either your attention or that of your correspondent. Really, I cannot understand how it comes that educated gentlemen, as the members of the Medical Council may be assumed to be, having the Ontario Medical Act—not by any means a very complex law—before them, can allow the plain provisions of that Act to be violated, in the many instances it has been, by the Council. By the 28th section of the Act it is enacted that the Council shall elect a Board of Examiners, "whose duty it shall be, at least once in each year, to examine ALL candidates for registration, in accordance with the By-laws, Rules, and Regulations of the Council."

It will thus be seen that the Council, having elected the Board of Examiners, must leave the examination of ALL candidates with them, and have no power to take the matter out of their hands and transfer it to homœopathic members of the Council, or any other parties. If this opinion be correct, the license to practise, obtained in an illegal manner by Dr. J. B. Hall, can be set aside on application to the Equity Division of our Courts by any interested party.

Again, the Council decided last year the fee to be paid by each candidate presenting him-

self for examination. Did Dr. Hall pay that fee previous to his so-called examination? If not, how can he have legally acquired the right of registration?

The latter part of Section 29 says: "Such examinations to be held in Toronto or Kingston, at such times and in such manner as the Council may, by by-law, direct." Taken in conjunction with the following, in Section 31: "The Council may . . . prescribe the subject and modes of the examinations, the time and place of holding the same, and generally," &c., it would appear that there is no authority for holding the same examination in both Toronto and Kingston, at or about the same time, year after year.

Should the views above expressed prove correct, the *private* examinations granted by the Council, the "inexpensive" or homœopathic examinations, and the unpaid-for, do not confer a legal right to registration. If they are erroneous, will those, who understand the law better than the writer, be good enough to set him right.

A. A. R.

Toronto, 25th August, 1881.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—In seeking an answer to your conundrum, "Why did only four members of the Ontario Medical Council vote against Dr. Bray's inexpensive method of licensing a Homœopath?" &c., it is but fair to remember, that a motion proposed by a prominent official is likely to carry more weight than if it came from a humbler source. Hence, probably, some of the weaker brethren were satisfied to follow their leader. For them it is an unpleasant record. The conundrum is—Will he, if President next year, see that all Homœopaths be licensed by the "inexpensive method?"

Yours, &c.,

INTERESTED 4TH YEAR.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—In the Toronto *Daily Globe* of the 5th ult., I notice that it has been decided in the Ontario College of Pharmacy, to amalgamate the offices of Treasurer and Registrar.

Would it not be in good taste, considering the amount of feeling there has been expressed in time past by the general profession, for the Ontario Medical Council to adopt the same system of amalgamation at its next meeting?

If for no other reason, that of economy ought to make such a course desirable.

Yours,

M. D.

It will be remembered that when Dr. Aikins was elected Treasurer, it was with the view of securing a stable and reliable man, who could give large security for the moneys entrusted to his care. The duties of the office have been so satisfactorily performed that the Council has wisely seen fit to make no change to pacify the *ad captandum* and hysterical querulousness of a clique. The economical argument falls to the ground, when we reflect that it would be out of the question to expect the present Registrar to discharge the duties and assume the responsibility of the Treasurership for a less (nay, rather a much greater) remuneration than has been annually accorded to Dr. Aikins. It is now a well known fact that Dr. Aikins does not come into personal contact with the Registering Students.—Ed.

ANSWER TO "G. W.," MEDICAL STUDENT.—

To make cow's milk more digestible add one half teaspoonful dilute muriatic acid to one pint of water. Then add one quart of raw cold milk, mix thoroughly and boil ten or fifteen minutes. *Jacobi, American Journal Obstetrics, July, 1879.*

Also, see article on Prophylaxis of Hemiplegia, by W. Thompson, M.D., in January number of CANADIAN JOURNAL MEDICAL SCIENCE, 1879.

ANSWER TO L. W. B., (Hinton, W. Va.—

As most druggists know, or ought to know, Fowler's Solution is incompatible with the ordinary Tincture of Iron, and the two should not be prescribed in the same mixture.—*Druggists' Circular, page 181.*

(Pharmaceutically or medically, if mixed with glycerine, they are not incompatible.—Ed.)

THE CANADIAN
Journal of Medical Science,

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

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, SEPTEMBER, 1881.

INTERNATIONAL MEDICAL
CONGRESS.

At the meeting of the International Medical Congress, held at St. James' great Hall, Regent Street, on August the 3rd, some 3,000 medical men from all parts of the world were present.

The Congress has met altogether six times— at Paris, in 1867; at Florence, in 1869; at Vienna, in 1873; at Brussels, in 1875; at Geneva, in 1877; and at Amsterdam, in 1879.

On these occasions the number of members has ranged from 400 to 700, so that this Congress was by far the most important of the series. The foreign members numbered 1,000. Of these Germany and France each contributed 300, other European countries and America, each, 200. Of the English members, 1,000 were from London, and 500 from the provinces. Amongst the distinguished foreigners who attended the Congress were the following:—Dr. Fordyce Barker, of New York; Dr. Billings, of Washington; Dr. Bigelow, of Boston. Profs. Brown-Sequard, Paris; Busch, Bonn; Charcot, Paris; Chauveau, Lyons; Cornil, Paris; Donders, Utrecht; Esmarch, Kiel; Dr. Austin Flint, New York; Profs. Foville, Paris; Frerichs, Berlin; Goltz, Strasbourg; Gerhardt, Wurzburg; Jules Guerin, Paris; Holm-Gren, Upsala; Hannover, Copenhagen; His, Leipsic; Hardy, Paris; Horner, Zurich; Kolliker, Wurzburg; Klebs, Prague; Von Langenbeck, Berlin; Le Fort, Paris; Loven, Stockholm; Dr. Henri Guenean de Mussy, Paris; Profs. Van Overbeck de Meyer, Utrecht; Ollivier, Lyons; Panum, Copenhagen, and many more; together

with delegates from the Governments of France, Germany, Belgium, Italy, the Netherlands, Austria, Hungary, Roumania, Russia, Spain, Sweden and Norway, Switzerland, the United States, Brazil, and the Argentine Republic. The business of the Congress ranged over the whole field of Medicine and Surgery. The work was divided into fifteen sections, viz.,

- Anatomy—President, Prof. Flower, LL.D., F.R.S.
 Physiology—President, Dr. Michael Foster, F.R.S.
 Pathology and Morbid Anatomy—President, Dr. Samuel Wilkes, F.R.S.
 Medicine—President, Sir William Gull, Bart., M.D., D.C.L., &c.
 Diseases of the Throat—President, Dr. George Johnson, F.R.S.
 Surgery—President, John Eric Erichsen, F.R.C.S., F.R.S.
 Obstetrics—President, Dr. A. H. McClintock, LL.D.
 Diseases of Children—President, Dr. West.
 Mental Diseases—President, Dr. Lockhart Robertson.
 Ophthalmology—President, W. Bowman, LL.D., F.R.S.
 Diseases of the Ear—President, W. B. Dalby, F.R.C.S.
 Diseases of the Skin—President, Erasmus Wilson, F.R.S.
 Diseases of the Teeth—President, Edwin Saunders.
 State Medicine—President, John Simon, C.B., D.C.L., &c.
 Military Surgery and Medicine—President, Surg. Gen. Prof. T. Longmore, C.B.
 Materia Medica and Pharmacy—President, Prof. T. R. Fraser, M.D., F.R.S., &c.

A most elaborate programme was issued to all members for the eight days, during which the Congress lasted, embracing not only sectional work but visits to the London Hospitals, museums, &c., excursions, garden parties, conversazioni, and general addresses by Sir James Paget, President of the Congress, and others.

Women holding medical qualifications were not admitted on a professional footing, and although a memorial, signed by forty-three women holding medical degrees, was sent to the executive, asking that their decision in this particular should be reconsidered, it was of no avail.

After the first general meeting, at which Sir Wm. Jenner, Sir James Paget, His Royal Highness the Prince of Wales, Professor Donders, and a number of others, delivered long addresses, the members of the Congress were chiefly occupied in the meetings held in the

rooms in the different parts of Burlington House and the London University. The Sections all sat at the same time, and printed notices were issued for the special direction of strangers. That every one might the more easily enter into the discussions, an abstract of all the communications to be made in the various sections was issued to each registered member. Each of these papers is published in three languages, English, French, and German. The reader of the paper spoke in his mother tongue, and the discussions had to be carried on in the same language. Besides this book of general abstract, smaller books of abstracts of papers in each section were distributed in the room of that section, so that one might with ease go into any room and at once find out all the information possible by looking over one of the sectional books of abstracts. That the subjects discussed should be all put in print, and the ideas of every separate speaker be known hereafter, a printed form was given to each member on entering any room, on which was the following in all languages: "To ensure accuracy, and facilitate the publication of the proceedings, speakers are requested before the conclusion of each meeting to hand to the secretaries of the section in writing, the substance of their speeches." This was printed on the head of a sheet of foolscap. A temporary museum was arranged at the Geological Society's rooms, Burlington House, for the use of members of the Congress. The specimens exhibited were from the private collections of a number of the leading English physicians and surgeons. It comprised 788 sections, and contained most rare and unique specimens. There was also a museum of instruments supplied by private contributors, and a section devoted to the illustrations of diseases in the living subject. The arrangement of this last most novel exhibition was very perfect. The subject, with the day and hour at which it might be seen was published, as also the name of the gentleman who was to be present to give a sort of clinical memorandum of the case, and take part in any discussion thereon which might arise.

Microscopical demonstrations were held in a room adjoining the museum on Thursday and

Friday afternoons, when a very large number of subjects were discussed, and specimens exhibited, not only demonstrating many rare forms of disease, but showing the effect of the various modes of preparing such tissues.

Before the Congress opened, and during its sitting, a most interesting exhibition took place at South Kensington. This consisted of a display of modern instruments by all the best makers, as well as of sanitary arrangements, and many other new inventions. The display of instruments was very fine, and the different hospitals had very kindly provided specimens of their peculiar methods of treating fractures, &c. A number of long halls being filled with beds to represent the ward of a hospital. Each ward was arranged exactly after the pattern of a certain hospital which it represented. The beds were occupied by dummy figures which were supposed to be suffering from the affection set forth on the bed ticket which hung at the head of the bed, splints, &c., being applied, as was most approved in that particular hospital.

A curious feature in these ward exhibits was the presence every here and there of a wax dummy figure, representing a nurse dressed in the distinctive dress pertaining to the hospital to which she belonged. These were so admirably executed that Madame Tussaud could not have put them up in better form. So much was this the case that they were being continually mistaken for nurses, and spoken to. Of the larger apparatus, such as ambulance waggons, &c., which from their size could not be admitted, very neat and perfect models were supplied. Amongst the instruments most worthy of notice may be mentioned a general endoscope, a coil for applying heat or cold to any part, and a pocket sphygmograph. The difficulty of illuminating the inner surface of the bladder, uterus, &c., has hitherto chiefly arisen from the fact that heat has been communicated with the light introduced—whereas by this instrument the light, being produced by electricity, can be made sufficiently strong, with ease, to get a perfect view of the whole interior of the bladder or uterus, or in fact any other part of the body into which it is possible to pass a probe. The chief difficulty about this instrument is its cost, as it is accompanied by so many at-

tachments that the value becomes very great. The coil for applying heat or cold is constructed of narrow leaden tubes bent in coils to fit any part of the body. One of these may be applied and India rubber tubes attached for entrance and exit of the fluid. The makers claim for this that it is much more easily applied, and the effect is much more lasting, than is gained by the use of the old rubber coils.

The pocket sphygmograph is of particular value, as with it the difficulty of application is to a great extent overcome. It can be applied immediately, and need only be held on the wrist by the patient himself. It is in a very small case and can be easily carried in the pocket, the whole box not being much larger than the usual hypodermic case. The tracings when taken are immediately made permanent by washing their surface with a solution provided with every instrument. This little instrument has met with such general favour, that it is almost impossible to obtain one, the orders being sent in in such numbers. One will, however, be exhibited at an early meeting of the Toronto Medical Society.

As to the practical value of the congress, it is a little difficult to advance an opinion. That its ultimate result will be of the greatest possible value to the profession all over the world, no one can doubt; but from its great magnitude, one is almost inclined to feel sorry that so much of interest had to be of necessity overlooked. The publication, however, of the papers, all the points of discussion being fully brought out in them, will to a great extent overcome this loss.

The Profession at large must all feel the debt they owe to Mr. MacCormac, and others, who so generously gave up their time and attention to produce the largest and most successful meeting of the International Medical Congress, that the world has ever known. [We are indebted for the above interesting account to Dr. Arthur Jukes Johnson, of Yorkville, who has just returned from attending the Congress. We are glad to inform our readers that Dudgeon's Sphygmograph, above described, may be obtained very cheaply from Messrs. Stevens & Son, 276 Yonge St., in this city. Leiter's improved endoscope may be had from Messrs. Krohne & Sesemann, London, England.

CANADA MEDICAL ASSOCIATION.

Meeting at Halifax, 3rd Aug., 1881.

In our last issue we gave our readers the Presidential Address. Of the meeting itself we now wish to speak. One thousand one hundred and ninety-one miles, the distance from Toronto to Halifax, is a long distance to travel; yet the interest held in the Association led four of our fraternity from Toronto, and four others from Ontario, to attend the meeting.

According to the statements of the fathers of the Association present at the meeting, some of whom have always attended (at least we are sure that Dr. Botsford has always been present), the recent meeting at Halifax was fully equal in interest and general success to any since the organization of the Association.

Our object, however, is more particularly to speak of the hospitality exhibited by the profession of Halifax. Too much cannot be said of their kind and courteous behaviour, not alone in the more public entertainments, but in the quiet and social way by which the visitors were made very comfortable and to feel at home. Whether it was being carried to a secluded spot along the shore of the magnificent harbour, where one could take a delicious header into the blue inviting salt water, or out in the offing in the broad Atlantic swells to catch the toothsome cod-fish, or behind a fast horse traversing the numerous and delightful roads through the splendid park, and along the beautiful north-west arm of the harbour, with elegant villas on either hand, or in the club, or the family circle, the Haligonian doctors displayed the soul of friendship and good cheer.

As to the journey to Halifax, a variety of routes were followed by the visitors. A good number went by the Gulf route, and found ample enjoyment. Some went or returned by way of St. John and Boston, and were well pleased. The President, Dr. Canniff, who travelled altogether by rail, tells us that he does not regret the taking of this route. But to make the journey enjoyable, one should not travel continuously. He should stop twice or thrice on the way to rest and enjoy the scenery. He may select, after passing Montreal, Quebec, Cacouna, Rimouski, Metapedia, Campbellton, Moncton, or

many other places on the way. The valley of the Metapedia, and along the Restigouche and the Bai de Chaleur, presents to the eye some of the most beautiful displays of Nature's grandeur.

The meeting next year will take place in Toronto, and we trust there will be no falling off in the attendance and interest hitherto manifested.

THE PROFESSIONAL SCANDAL ARISING OUT OF THE PRESIDENT'S CASE.

It is very much to be regretted that in a case destined to become historical the profession should be so unfortunate as to be involved in a miserable scandal such as that of which the American medical periodicals have recently been full. In order that our readers may arrive at a just understanding of the merits we reprint from a Washington Journal—*Walsh's Retrospect*—Dr. Baxter's statement of his connection with the case:—

"I have been President Garfield's family physician for the past five or six years, and since his advent to the White House have continued to treat him professionally. Mrs. Garfield prefers homœopathic treatment, and in her recent illness I had no professional connection with her case.

"At the time the President was shot I was absent, having left the city twelve hours previous to spend a few days with a friend near Williamsport, Pa.; but on receipt of the news of his being shot, I returned by first express train, reaching Washington, Sunday, July 3rd, at 9 a.m.

"I went directly from the depot to the White House, and finding Dr. Bliss, said to him: 'Doctor, I have come to ask you to take me to see the President.' He replied: 'Well, I don't see the necessity of your seeing the President; I wish to keep him quiet.' Somewhat astonished at his reply, I said: 'I make the request as the President's physician. I have for years been his physician.' 'Yes,' replied Dr. Bliss, 'I know your game; you wish to sneak up here and take this case out of my hands.' I said: 'I wish nothing, Dr. Bliss, except what I am entitled to. If the President

prefers that you should take charge of the case I haven't a word to say.' 'Well,' said Dr. Bliss, 'you just try it on. I tell you that you can't do it. I know how you are sneaking around to prescribe for those who have influence and will lobby for you.' 'That is a lie!' I replied, whereupon he sprang to his feet, and his son coming across the room, placed his hand on his shoulder and said: 'I think I have something to say about this.'

"The impropriety of having any disturbance in a room next to that in which the President lay so grievously wounded at once came to my mind, and taking my hat I left the room, and have not since attempted to visit the President. I believe, as do other members of the profession in this city, that the treatment I received was discourteous in the extreme, and that in making the request I was fully justified by the code of medical ethics of the American Medical Association.

"I had no desire or intention to dispense with the medical services of Dr. Bliss in the case, but thought, as I was the physician of the President, I had a right to see him and take part in his treatment."

MEDICAL ASSOCIATION FOR QUINTE AND CATARAQUI.

On Friday, 12th August, a meeting of the medical gentlemen of the "Quinté and Cataraqui Division" met in the town of Picton, by appointment of Dr. H. W. Day, the Territorial Representative, for the purpose of establishing a Medical Association in said division.

Resolutions for the organization of the Association were adopted in accordance with the provisions of the "Ontario Medical Act."

Officers for the remainder of the year were elected as follows:—President, Dr. H. W. Day; Vice-President, Drs. Platt, Burdette, Metcalf, Beeman; Local Secretary for Quinté, Dr. Farley; for Cataraqui, Dr. Henderson; General Secretary and Treasurer for the Association, Dr. A. C. Bowerman, Bloomfield.

Dr. Wm. Canniff, of Toronto, delivered an able and interesting address on the "Destiny of Canada," before the York Pioneers, at their annual picnic, August 17th.

ANTISEPTIC OVARIOTOMY.

Listerism has lost its mainstay in abdominal surgery since it has now to be told that Keith, of Edinburgh, has at length abandoned its practice in ovariectomy in consequence of two deaths in his hands clearly traceable to carbolic acid poisoning. It will be remembered that some time ago we recorded Mr. Lawson Tait's recalcitration shortly followed by that of Dr. Bantock, of the Samaritan Hospital. Keith's later defalcation will strike an almost fatal blow to the system in abdominal surgery. He now publishes a series of 46 successive successful cases without the spray to which Tait is able to add a series of thirty-one without a death.

WE heartily congratulate Dr. Billings, of the Surgeon General's department at Washington, upon his most excellent address before the International Medical Congress on "Our Medical Literature," and the high encomiums it elicited on all hands from the English medical press. The *Lancet* says: "No one could have foreseen that out of the material at his disposal he would have compiled an address remarkable even among all those of the past week for its ability, practical value, and wit. The large audience gathered to hear him was held charmed from beginning to end, both by his ever recurring flashes of American humour, and the striking nature of his facts and statistics."

BRITISH MEDICAL ASSOCIATION.—The forty-ninth annual meeting of this Association was held at Ryde, in the Isle of Wight, from the 9th to the 12th of August, both inclusive, under the Presidency of Mr. Benjamin Barrow, F.R.C.S. Notwithstanding that the meeting followed immediately upon the International Medical Congress, the attendance exceeded expectation, and the gathering proved a great and complete success. The address on Medicine was delivered by Dr. John Syer Bristowe, that in Surgery by Jonathan Hutchinson, and on Obstetric Medicine by Dr. Sinclair Coghill, of Ventnor. The 1882 meeting, being the Jubilee of the half century, will be held in Worcester, the Association's birth-place; that for 1883, in Liverpool; and for 1884, in Glasgow.

TROMMER'S EXTRACT OF MALT.

We are glad to know that the extract of malt manufactured by this well-known and reliable firm still retains its well-deserved popularity, and is being largely used by our practitioners throughout Canada. There can be no question of the efficacy of the remedy in anæmic conditions from various causes, and our chief anxiety is to obtain a preparation that we can thoroughly rely upon. Our experience during the last few years convinces us that we can without hesitation, pronounce Trommer's Extract to be of this character.

We take much pleasure in correcting an erroneous impression which has gone abroad through the medium of the lay newspapers, and, we are sorry to say, also certain American medical journals, that her Majesty had threatened to withdraw her patronage from the International Medical Congress if female doctors were to be allowed to participate therein. It now appears that the rumour was totally and entirely without foundation, and that the decision to exclude women was solely the result of the deliberate convictions of a large majority of the committee.

THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—At the meeting of this Association recently held in Cincinnati, Canada bore away a full share of honours. Prof. Dawson, of Montreal, was elected President for the ensuing year; Prof. Daniel Wilson, of Toronto, Vice-President and Chairman of the Anthropological Section; Profs. Loudon and Pike, of University College; Prof. Wm. Osler, M.D., of McGill College; and Prof. P. C. Burpee, of St. John, were elected members; and Mr. Sanford Fleming was appointed to the special Committee on Standard Time.

We are gratified to observe that our fellow-countrymen and former fellow-citizen, Dr. A. E. Senkler, has been appointed Prof. of Pathology and Clinical Medicine in St. Paul Medical College; and we congratulate the college on having secured his services in these important branches, for we know his worth and are equally persuaded that his heart is in his work.

TORONTO SCHOOL OF MEDICINE.—In our notice of changes in this Institution in our last issue, we inadvertently omitted to mention that Dr. J. E. Graham, lecturer on Clinical Medicine and Dermatology, has been recently appointed Adjunct Lecturer on Practice of Medicine. Dr. Graham is at present at Newport, R. I., at the meeting of the American Dermatological Association.

THE August number of the *Monthly Magazine* publishes a formula for a new Styptic, which it attributes to the CANADIAN JOURNAL OF MEDICAL SCIENCE, but objects to its composition, on the ground that the proportion of carbolic acid might render its application poisonous. We direct the Editor's attention to the fact, that at page 405 of his April issue, the same formula is given, and no admonition added, otherwise we would have copied both together.

CANADIANS ABROAD.

Wm. Ross Sutherland, M.D., McGill, became a Licentiate of the Royal College of Physicians on 28th July. Messrs. Thomas R. Dupuis, Kingston, and Rankine Dawson, of McGill College, have passed the primary examination of Royal College of Surgeons, England. Walter Franklin Chappell, M.B., Toronto, has been admitted a member.

The widow of the late Mr. Wm. Cawthra has donated the sum of \$500 to the Toronto General Hospital. It will be used in furnishing the "Cawthra Ward," in the wing built by the late Mr. Cawthra, and Messrs. Gooderham & Worts.

THE Fifth Annual Meeting of the American Dermatological Association began on the 30th August, and will be brought to a close to-day, September 1st, in Newport, R. I.

Dr. Paul F. Mundé succeeds Dr. Gaillard Thomas in the Chair of Obstetrics at the College of Physicians and Surgeons of New York. Thomas has been elected Emeritus Professor.

The American Surgical Association will hold its first regular meeting at Coney Island, on Sept. 13th, 14th, and 15th.

Obituaries.

HON. DR. BROUSE.

The sudden announcement of the death of the Hon. Dr. Brouse was a great shock to his numerous friends, very few of whom had heard of his illness. We are informed that he enjoyed good health during the summer, up to about Wednesday, 17th August, when he appeared to be suffering from an ordinary cold. On Friday his case became more serious, as he was attacked with erysipelas of the face, and lost strength rapidly. Pneumonia supervened, and he died Tuesday morning, August 23rd.

The deceased was a Canadian, born in the County of Dundas, in 1824. He graduated in Medicine in McGill College, in 1847, and received the degree of M.A. from the University of Victoria College in 1848. He was elected as the representative of the St. Lawrence and Eastern Division in the Ontario Medical Council in 1869, and retained this position until he resigned in 1879, but was at once appointed to represent the senate of Victoria College in the same body. He was elected Vice-President in 1869, and President in 1870. As a politician he represented South Grenville in Parliament from 1872 to 1878, when he was appointed senator.

He had a large and lucrative practice in Prescott until the year 1880, when he decided to leave that town, and go either to Toronto or Ottawa. After some hesitation he chose the latter city, and went there about a year ago. In Parliament and in the Senate he was a strong advocate of a Dominion Sanitary Bureau.

He was possessed of great energy and perseverance; was very successful in professional practice; always took a leading position in public medical matters, as, for instance, in the Ontario Medical Council; commanded the respect of all parties in politics; and, above all, was esteemed and beloved by those who knew him on account of his genial, kindly disposition, and affable manners in private life.

Dr. Mandl, the pioneer of Laryngoscopy, in France; Prof. Schleiden, of Frankfort, the illustrious Botanist and Physiologist; Dr. Bryk,

Professor of Surgery, in Cracow; Prof. Loze, of Berlin, author of General Pathology and Therapeutics as a Mechanical Science; and St. Clair Deville, the eminent Chemist, have passed over to the majority.

Dr. Bradford, of Manchester, the famous obstetrician, and collector and donator of the well-known "Bradford Library," has paid the debt of Nature at the age of four-score years. M. Chantreuil too, an eminent Parisian obstetrician, lately lecturing before the Faculty in place of M. Pajot, has succumbed to intestinal perforation.

Book Notices.

Sixty-first Annual Announcement of the Medical College of Ohio. Cincinnati, O.

Fortiet's Annual Announcement of the St. Louis Medical College.

Announcement of the First Annual Session of the Medical Department of the University of Denver.

University of Bishop's College. Eleventh Annual Announcement of the Faculty of Medicine.

Annual Announcement of the St. Paul Medical College, Medical Department of Hamline University.

Glaucoma caused by Mental Worry. By LEARTUS CONNOR, A.M., M.D., Detroit. (Reprint from *Detroit Lancet*.)

Notes on the Value of Carbo-Hydrates as Food and the Physiology of Starch Digestion. By the TROMMER EXTRACT OF MALT COMPANY.

Tubercular Laryngitis, or Laryngeal Phthisis. By C. J. LUNDY, M.D., Prof. Diseases of the Eye, Ear, and Throat, Michigan College of Medicine, Detroit.

Trichina: How to Detect them; How to Avoid them. A popular account, intended for farmers, butchers, and consumers of Pork. By JOHN PHIN, Editor of the *American Journal of Microscopy*.

Empyema and its Treatment by Valvular Drainage. By A. M. PHELPS, M.D., of Chateaugay, N. Y. Read before Medico Chir. Soc. V., Montreal. (Reprint from *Canada Med. and Surg. Journal.*)

On some of the Effects of the Chronic Impaction of Gall-Stones in the Bile Passages; and on the "Fievre Intermittente Hépatique" of Charcot. By W. M. OSLER, M.D., M.R.C.P., London; Prof. Institutes of Medicine, McGill College. (Reprint from *Medical Times and Gazette.*)

Stenosis of Larynx, with Fibrous Adhesive Bands of the True Vocal Cords; Tracheotomy, Rupture of Bands and Cure of Stenosis by General and Local Treatment. Some remarks concerning the value of the Galvano-Cautery in the treatment of Diseases and Growths of the Naso-Pharynx. By W. H. DALY, M.D., Pittsburg. (Reprint from the Transactions of the American Medical Association, 1880).

First Annual Report of the Astronomer in charge of the Horological and Thermometric Bureaus of the Winchester Observatory of Yale College. 1880-'81. By LEONARD WALDO.

We learn from this report that during the year 1,957 certificates of thermometers of all classes have been issued; that of these, 1,667 were designed for physicians, use and physiological research. The result has been that instruments sent to them for certification have been found to be much more correct of late owing to the fact of their being liable to be subjected to this test, and to the observatory having loaned to makers standards for their guidance. The opinion is expressed that the great majority of physicians' thermometers now in use in the United States are from one-half to two degrees too high in their indications. There can be no longer any excuse for the use of an instrument whose degree of error is unknown.

APPOINTMENTS.

Thomas Norton, of the village of Horning's Mills, Joseph Carbert and James Henry, of the town of Orangeville, and Robert Lawrence, of the village of Mona Mills, Esquires, Doctors of Medicine, and Thomas Turnbull, of the village of Mono Centre, Esquire, to be coroners in and for the county of Dufferin.

Meetings of Medical Societies.

CANADA MEDICAL ASSOCIATION.

The Fourteenth Annual Meeting of the Canada Medical Association, was held in the Chamber of the Legislative Council, at Halifax, August 3rd and 4th.

The President, Dr. Canniff, of Toronto, called the meeting to order at 10.30 a.m., on the first day, about fifty members being present. The Hon. Dr. Parker, of Halifax, presented the report of the Committee of Arrangements.

On motion of Dr. D. Clark, seconded by Dr. Oldright, Dr. Strong, Superintendent of the Cleveland Lunatic Asylum, was elected a member by invitation. Dr. Strong, and the Ex-Presidents present were requested to take seats by the President. The Military and Naval Surgeons of Halifax were elected members by invitation.

Drs. MacDonald, Slayter, Harrington, Lanigan, Townshend, and Fitch were elected permanent members. The Secretary read a communication from the Sandy Cove Sea-bathing Company, offering the use of their baths to members of the Association and their families. It was decided on motion of Dr. Botsford, that the delivery of the President's address should be the first order of business at the afternoon session.

Dr. Reid, of Mount Asylum, Halifax, the Chairman of the Committee on Practice of Medicine, then read his report, in which he discussed general paresis. It was decided to have the discussion of the report immediately after the President's address.

Dr. Stewart, of Brucefield, read the Report of the Committee on Therapeutics. The discussion to take place after that of Dr. Reid's.

Dr. Oldright, of Toronto, gave a short verbal report from the Committee on Climatology and Epidemic Diseases.

The President read the Report of the Committee on Vital Statistics. It was decided to discuss the report at a future time.

On motion of Dr. Botsford, seconded by Dr. Hingston, the following were appointed the Nominating Committee, Drs. Robillard, Ross, and Fenwick, of Montreal; Eccles, of London; Dr. Clark, and Oldright, of Toronto; Lawson,

and J. F. Black, of Halifax; Steeves, of St. John; and Atherton, of Fredericton.

Dr. Hill, of Ottawa, read for Dr. Grant, a short paper, giving a description of a new and simple kind of stomach pump. Dr. Oldright described a simple stomach pump, worked on the principle of the syphon.

The Association adjourned a 1 p.m.

AFTERNOON SESSION, 2.45 P.M.

The President, Dr. Canniff, read his address on Medical Ethics.

On the conclusion of the address the discussion of Dr. A. P. Reid's paper was taken up.

Dr. Clark, of Toronto Lunatic Asylum, speaking of paresis, recommended that the general profession should make fuller study of that ailment, with a view to its treatment before it becomes incurable, which it generally is when it comes under treatment in lunatic asylums. He claimed that it was a disease with symptoms which could be detected long before it becomes incurable.

Drs. Jennings, Oldright, of Toronto; Botsford, of St. John; Morse, of Amherst; and others continued the discussion, and Dr. Reid summed it up as tending to show that if paresis could be diagnosed in its early stage, and the patient placed under the treatment of a specialist, it was not incurable.

Dr. Stewart's paper on Therapeutics was next considered.

Dr. Jennings opened the discussion, speaking of the treatment of diphtheria, claiming to have discovered the advantages of brandy in its treatment, though some one in New York claimed the discovery.

Dr. Hill addressed the meeting on the use of chloroform, claiming it was the best anæsthetic, and advised the administration of brandy before the anæsthetic.

Dr. Coleman had used ether and chloroform and from his experience considered the former far safer. The Americans showed the English that ether was safer and it had been substituted for chloroform in London hospitals.

Dr. Hingston, of Montreal, was strongly opposed to using chloroform and ether mixed. He showed the absolute necessity of having some one to watch the administration of the

anæsthetic entirely. He thought more were allowed to die under chloroform than there should be. Artificial respiration was one of the best means of restoration, but was not called for in many cases, because the trouble was not with the lungs, but the heart. In one instance he had reversed the patient, holding her feet up and head down, allowing the blood to run to the head. He considered ether safer than chloroform. Bromide of ethyl was useful where a short operation was to be performed, as it quickly brought insensibility, and consciousness returned as soon as the anæsthetic was withdrawn; but it was dangerous where a long operation was to be performed. Bi-chloride of methyl was useful where vomiting was to be avoided.

Dr. Jennings found in performing long operations, it was best to use chloroform till insensibility was obtained, and then to use ether.

Dr. Morse, of Amherst, attributed fatalities to long kept or badly-made chloroform.

Dr. Atherton said in London many deaths, he believed, had resulted from too complicated apparatus and fear of the persons administering causing them to lose their self-possession. In Edinburgh there was none of the latter, and less death, though the chloroform appeared to be administered even carelessly. In treatment he seldom watched the pulse, believing the first danger was indicated by cessation of respiration. He described a case in point which Dr. Allen had asked for.

Dr. Stewart regarded failure to watch the pulse as dangerous, as very frequently the heart was most seriously affected.

Dr. Atherton said it might be well to watch respiration and the pulse too, but cessation of the former was the first dangerous symptom, and the attention should be concentrated on respiration.

Dr. Oldright, of Toronto, read a paper describing a simple syphon apparatus for drawing fluid from the chest, with a practical illustration and very full explanations of the use of the apparatus, and cited cases in which he found it successful.

Dr. Allen opened the discussion on this paper, giving his opinion that it was difficult to

prevent the admission of air while extracting fluids from the chest, and he advocated the use of the aspirator. He found, however, that cases in which air was admitted got on just as well as where the stringent means to prevent its admission were taken.

Dr. Jennings approved of the syphon principle, but thought a counter opening might be made, through which carbolized fluid might be passed, as the treatment of other abscesses.

Dr. Atherton advocated the use of carbolized air instead of washing out. The latter system has resulted in sudden death in some cases, and it was a question whether Dr. Oldright's system prevented this danger.

Dr. Farrell liked Dr. Oldright's method, but doubted whether it would ensure exclusion of air. He had adopted a somewhat similar plan, by the use of a rubber tube, in a case he recently had attended, but found the tube became occluded, and thought this difficulty would arise in using Dr. Oldright's apparatus.

Dr. Ross, of Montreal, approved of opening the chest on the antiseptic principle, but thought a large opening was preferable. He had seen cases of poisoning from the use of carbolic acid water.

Dr. Oldright closed the discussion, answering briefly the objections to his system, and claimed that its great advantage over all others was its ultimate result on the lungs, causing them to return to their natural condition.

The meeting adjourned at 6 p.m.

EVENING SESSION, 7.45. P.M.

Dr. Bessey, of Montreal, read a very instructive paper on vaccine, contending that the kine vaccine was the best, and that it was more or less liable to contamination when taken from humans. He makes a specialty of preparing kine vaccine in Montreal, keeping stock selected from the most healthy animals, and preparing the vaccine for use in the Dominion. After the paper was read a discussion ensued, and the reader answered many questions, the discussion lasting an hour. It was decided in the future to confine the discussion to ten minutes on each paper.

Dr. Worthington, of Clinton, read a paper

on scarlatina maligna, showing his experience in many cases and the success of cold water treatment.

After a short discussion on this paper, Dr. Fenwick read his paper on "Ovariectomy," citing many cases which came under his notice during forty years' practice.

Dr. Hill, and Dr. Somers discussed Dr. Fenwick's paper.

Dr. Hingston also read a paper on "Ovariectomy," which provoked a discussion, taken part in by Drs. Slayter, J. F. Black, and others, Dr. Hingston replying.

The Association adjourned at 11.10 p.m.

THURSDAY MORNING.

The Association met at 9 a.m.

The Treasurer's report was submitted, and Drs. Hill and Atherton were appointed auditors to examine and report upon it.

The Secretary, by direction of the President, exhibited some spruce shaving splints sent by Dr. Grant, of Ottawa.

Dr. Slayter exhibited an ingeniously contrived self-retaining speculum, which enables the surgeon in certain cases to dispense with the services of an assistant.

Dr. Macdonald read his paper on "Water Analysis." He showed chemicals and apparatus by which the purity or impurity of water can be detected, and described the qualitative and quantitative analysis of water. For the benefit of those who are not chemists, a ready method of water analysis was described, by which any person could examine drinking water and detect impurity in five minutes. The paper was considered of so much importance that Dr. Macdonald was requested to publish it in the Medical Journals, which the Association consented to do.

In the discussion which followed, Dr. Coleman, of St. John; Dr. Hill, of Ottawa; Dr. Oldright, of Toronto, took part.

Dr. Wright exhibited, for Dr. Grant, of Ottawa, a number of spruce shaving splints, which he found very convenient and useful in the treatment of fractures.

Dr. Stewart, of Brucefield, read a paper on "Treatment of Exophthalmic Goitre by ergot,"

and, at its conclusion, replied to questions by Drs. Steeves and Coleman.

Dr. Coleman read a paper on "The use of the Ophthalmoscope in the diagnosis of brain disease." He cited several cases and their mode of treatment, and his success in such treatment.

Dr. Jennings read a report of some cases in practice, showing the effect on the temperature of a patient on a water bed by using hot or cold water; also some cases showing the effect of constant irrigation with carbolyzed water as compared with the ordinary Listerian spray and gauze. At the same time he exhibited an instrument used in the process of irrigation, which was worked on the syphon principle.

The accounts of the acting General Secretary, Dr. A. H. Wright, for \$11.39, and of the Local Secretary, for \$21.40, were ordered to be paid.

Dr. Slayter introduced the following resolution by way of notice:—

"*Whereas*, The system of specialism and specialists, which at present obtains to a certain extent in the Dominion, and which has developed to a very large proportion in the neighbouring Republic, is for the most part the outgrowth of superficial professional education and want of success as practitioners of medicine and surgery:

"*Therefore resolved*, That it is the opinion of the society, that specialism should be discountenanced by the members of this Society, and the specialists should be treated and looked upon as irregular practitioners, except in rare cases, where long experience, extended study, and peculiar aptitude has placed a medical man in a special position toward his brethren:

"*Be it therefore resolved*, That the members of this Society pledge themselves to do all in their power to check the growth of this species of evil."

In supporting his resolution, Dr. Slayter said, the evil complained of was ruining their profession in America, and must be stopped if they ever expected to come up to the European standard.

Dr. Farrell spoke of the difficulty of the doctors getting together in these annual meetings, as now held, and thought the smaller societies in the Maritime Provinces should be consolidated into a branch of the Dominion Association. He moved that a committee be

appointed to consider the matter and confer with the various provincial medical societies for the purpose of bringing about a plan of organization of the medical societies in the Dominion in connection with the Dominion Medical Association. Drs. Clark, Caniff, Hill, Fenwick, Hingston, Steeves, Atherton, J. F. Black, Farrell, and the Secretary were appointed such committee.

Dr. Fenwick moved, notice having been given last year by Dr. Howard, that the by-law relating to fees be amended, so as to read thus: "That every member shall pay two dollars for every meeting he shall attend." The motion was carried.

Dr. Page made a short speech on sanitary legislation, and moved that Drs. Canniff, Oldright, Grant, Hill, Brouse, Osler, Fenwick, Laroque, Botsford, Atherton, Parker, and J. W. Macdonald, be a committee to seek from the Dominion Government improved legislation in respect to sanitation, and vital statistics, and to insist upon the organization of the profession as a condition of political support at the next election.

The motion passed.

On motion of Dr. J. F. Black, seconded by Dr. Slayter, the Committee on Public Health was instructed to hold a conference with the committee on the same subject of the Nova Scotia Medical Society.

It was decided to defray the travelling expenses of the Secretary and Treasurer from the funds of the Association.

The President of the Association having announced that Dr. A. H. David had withdrawn from the office of General Secretary of the Association, a resolution was passed expressive of the Association's deep regret that any cause should prevent him from continuing his services, and more especially that this cause should depend upon personal indisposition. The success of the Association had heretofore largely arisen from the steady and persevering efforts of Dr. David, and the Association trusted that he might for many years witness the continued success of an institution to which he had been so devoted.

The auditors, Drs. Hill and Atherton, reported having carefully examined the Treasurer's

accounts, which they find to be intelligently and well kept and quite correct. They show \$138.35 received since last September, and \$133.66 expended, leaving a balance on hand of \$4.69.

Dr. Oldright gave notice that at the next meeting he would move that clause 10 of by-laws should be amended by substituting the words, "Public health, vital statistics, and climatology," for the words, "Climatology and epidemic diseases."

The Committee on Nominations recommended the following-named officers:—

President Dr. Fenwick, of Montreal.

General Secretary—Dr. W. Osler, of Montreal.

Treasurer—Dr. E. Robillard, of Montreal.

Vice-President of Ontario—Dr. D. Clark, of Toronto.

Local Secretary of Ontario—Dr. A. H. Wright, Toronto.

Vice-President of Quebec—Dr. F. W. Campbell, Montreal.

Local Secretary of Quebec—Dr. Belleau, of Quebec.

Vice-President of Nova Scotia—Dr. R. S. Black, Halifax.

Local Secretary of Nova Scotia—Dr. C. D. Rigby, Halifax.

Vice-President of New Brunswick—Dr. P. R. Inches, St. John.

Local Secretary of New Brunswick—Dr. C. Holden, St. John.

Committee on Arrangements.—Drs. D. Clark, Oldright, Temple, A. A. McDonald, of Toronto, with power to add to their number.

Committee on Necrology.—Drs. Fulton, of Toronto; Atherton, of Fredericton; Lachapelle, of Montreal.

Committee on Education.—Drs. Eccles, London; Holmes, Chatham, and Bessey, Montreal.

Committee on Climatology and Public Health.—Drs. Botsford, St. John; Worthington, Clinton, Ont.; Larocque, Montreal; McDonald, Londonderry, and Coleman, St. John.

Committee on Ethics.—Drs. Canniff, Toronto; Malloch, Hamilton; Gardner, Montreal; Marsden, Quebec; Bayard, St. John; Parker and W. J. Almon, Halifax; Steeves, St. John; Beaudry, Montreal, and Charles Moore, Sen., London.

Committee on Publication.—Drs. Ross, Montreal; Cameron and Fulton, Toronto; the General Secretary and Treasurer.

Committee on Practice of Medicine.—Drs. Lawson, Halifax; Graham, of Toronto; Duncan, of Bathurst.

Committee on Surgery.—Drs. Shepherd, of Montreal; J. F. Black, of Halifax, and McFarlane, of Toronto.

Committee on Obstetrics.—Drs. Temple, of Toronto; Trudel, of Montreal, and McLaren, of St. John's.

Committee on Therapeutics.—Drs. Tye, of Thamesville; Wilkins, of Montreal, and Somers, of Halifax.

Toronto to be the next place of meeting.

The report was adopted, and the first Wednesday in September, 1882, chosen as the date.

Votes of thanks were passed to railway and steamboat companies, the Local Government for the use of the Council Chamber, the Sandy Cove Bathing Company, the local medical men, and to the Acting Secretary, Dr. Wright.

The President then left the chair, which was taken by the President-elect, Dr. Fenwick, who thanked the Association for the honour conferred upon him.

On motion of Dr. Hingston, a vote of thanks was passed to the retiring President for his able conduct in the chair, and his admirable address, containing so many useful and practical hints. This was acknowledged by Dr. Canniff, amidst applause.

The Association adjourned at 12 o'clock to allow the members to attend the Excursion and Dinner given by the Profession of Halifax, and the Commissioners of Public Charities.

Miscellaneous.

AN ENT doctor's signs, the *N. Y. Record* says: The brazen sign is large; it covers the whole door post, it stretches from window to window; its lettering is brilliant, and it is set off with scroll-work in the corners; the passer-by sees it, and cannot but read it; small boys shout out the name as they go by, and adults mutter it over till they reach another block. It is judiciously placed so that the street-lamp illumines it at night. It affects the more public ways, and it indicates the astute and enterprising physician. He is one who maintains a dignified equipoise between the code which says, "Thou shalt not advertise," and the Bible which says, "Let thy light so shine." In these days, when æstheticism is in the ascendant, when

every man of thorough culture lunches at least once a week on the sight of a lily, it would be strange if a love of the beautiful did not affect the style of that corner slab of modern civilization—the subject of this discourse. The Æsthetic Sign, in its supremest development, consists of a black marble slab, in which the physician's name is carved and gilded. When especially "intense," the letters are old Roman, with golden punctuation marks, which delicately suggest to the looker-on that he come to a full stop. Some superficial critics have already classified these evidences of the union of the beautiful with the pilular, as "mortuary signs"—a name which is uncanny and which stamps its user as a Philistine. — *Canada Medical and Surg. Journal.*

HYGIENE OF THE INFECTIOUS FEVERS.—The Forfarshire Medical Association recently declared: "That the Association, having considered the desirability of promoting uniformity of practice amongst its members in their management of infectious fevers with respect to the period of time during which quarantine precautions should be maintained, recommend as follows:—When an infectious fever has appeared in one or more members of a household, other members who may have been exposed to the chance of infection, by intercourse with them or otherwise, should not be removed to a household where there are others liable to be infected, until the expiry of the period of incubation shows that they have escaped. With-outgoing to extremes, the period of incubation may, for practical purposes, be considered to be: for small-pox, typhus, whooping-cough, measles, fourteen days each; and scarlet fever and diphtheria, ten days each. That convalescents from these fevers should be considered as still liable to give off infection until the expiry of time, counting from the beginning of the illness, ranging for each fever as stated below:—Small-pox, fourteen days after the termination of scabbing; typhus, twenty-eight days from inception; scarlet fever, seven weeks from inception; diphtheria, six weeks from inception; whooping-cough eight weeks from inception; measles, six weeks from inception.—*British Medical Journal.*

PRURITUS—GELSEMINUM.—Dr. L. D. Bulkley (*New York Med. Jour.*, 1881, p. 30), uses gelseminum. Beginning with ten drops of the tincture, if in half an hour the itching is not relieved, and there are no toxic symptoms, as languor, the remedy is repeated in the dose of twelve or fifteen drops, and so on until results are obtained, or until a drachm or so has been taken in two hours. He has never pushed it to any of the severer symptoms, and has often found relief after the first dose.—*Quarterly Epitome.*

ATROPINE IN MENORRHAGIA AND HÆMOPHTYSIS.—Tacke (*Berliner klinische Wochenschrift*, No. 6, 1881,) having had occasion to prescribe sulphate of atropine hypodermically in a case of wandering eczema, found that the patient's menstruation, which had been hitherto excessive, became and continued moderate after the first hypodermic injection. He subsequently had a similar experience with two other cases, and a case of hæmoptysis was also markedly improved, whence he concludes that atropine hypodermically administered, is as valuable a remedy against menorrhagia and hæmoptysis as ergot, and as it is not so liable to cause inflammation of the subcutaneous cellular tissue, as the latter, it is much more easily administered hypodermically, thus avoiding any tendency to gastric or intestinal disturbance.—*Quarterly Epitome.*

Births, Marriages, and Deaths.

BIRTHS.

At 97 Bond street, on the 14th August, the wife of Dr. E. J. Barrick, of a son.

At Prince Arthur's Landing, August 23rd, 1881, the wife of Thos. S. T. Smellie, M.D., of a daughter.

DEATHS.

At Ashleigh Grange, Colborne, the residence of his brother, Dr. Willoughby, George R., youngest son of George H. Willoughby, aged 28 years.

On Tuesday, the 23rd day of August, 1881, at the Russell House, Ottawa, of erysipelas and pleuropneumonia, after a short illness, the Hon. William Henry Brouse, M.A., M.D., member of the Senate of Canada, aged 57 years.

On the 7th Aug., at Waldemar, Tyrrel Eyre Jessop, only child of Dr. Frank Strangways, of Beeton, aged 4 months and 14 days.

MARRIAGES.

On the 17th ult., by the Rev. H. S. Matthews, at the residence of the bride's father, Samuel Jefferson, of Albion, to Mary Jane Strangways, daughter of F. T. Strangways, Esq., J.P., of Tecumseth, and sister to Dr. Strangways, Beeton.

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