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*A Monthly Journal of Medical and Surgical Science,
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Vol. XIII }
No. 3 }

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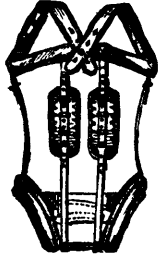
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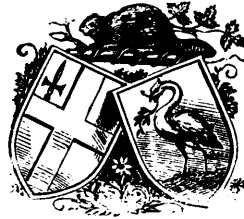
65 Queen Street East.

Open to the poor daily, (Tuesdays and Thursdays excepted), at 10.30 a.m.

BOARD AT \$3.00 A WEEK CAN BE PROCURED NEAR THE DISPENSARY.

A. T. McCORD, *President.*

EVANS' PURE



CHLOROFORM

TRADE MARK.

ENGLISH MANUFACTURE.

Guaranteed to answer the strictest tests of the British Pharmacopœia.

IN 1 LB. BOTTLES.

NOTE.—The Medical Faculty may rely with confidence on our chloroform, which has never failed to give the utmost satisfaction.

EVANS' LIQUOR SANTAL FLAV. CO.

DO S.—One to two drachms in water.

THE now well-known valuable and almost specific properties of OL. SANTAL FLAV. in the treatment of those diseases for which Copaiba was so long held supreme, are in this elegant combination with CUBEBS and BUCHU greatly enhanced, while the generally experienced difficulty of administering it, except in the form of Capsules, is overcome by a novel pharmaceutical process which renders

EVANS' LIQ. SANTAL. FLAV. COMP.

perfectly miscible with water, pleasant to the palate and easy to take, as it causes no disagreeable eructations like Copaiba. This preparation has proved, when administered in severe cases of Gonorrhœa, and especially in obstinate Gleet, invaluable as a remedy for those tedious complaints; while in advanced stages of chronic Gleet it is especially indicated as a curative agent.

EVANS' FLUID EXTRACTS

PREPARED BY

REPERCOLATION.

In the preparation of these FLUID EXTRACTS by REPERCOLATION with Menstrua at the normal temperature, any injurious action on the active principles existing in the crude drugs is entirely avoided, and a more uniform and active preparation is obtained than is possible by the official process where evaporation by heat is necessary. Each drug is treated with the menstruum, found by experience most suitable for extracting the whole of its active and valuable matter, so that 16 fluid ounces of our Fluid Extracts fully equal in medicinal value 1 pound of crude drug.

EVANS' EXTRACT ERGOTÆ FLUID.

This important Fluid Extract is prepared by us from the finest selected Ergotæ. As the latter keeps better as Fluid Extract than in any other form, we feel confident, that with the care and attention bestowed on it, this preparation will be found equal in activity with the fresh powder.

MONTREAL:

H. SUGDEN EVANS & CO.

WHOLESALE DRUGGISTS,

AND

Manufacturing Pharmaceutical Chemists,

EVANS SONS & Co.,
Liverpool,
England.

Toronto Agency,
JAMES H. PEARCE & Co.,
26 Melinda Street, Toronto.

EVANS, LESCHER, & EVANS,
London,
England.

FIRST PRIZE FOR ARTIFICIAL LIMBS

AND SURGICAL APPLIANCES.



APPARATUS of every description made to order, for Paralysis, Hip-joint Disease, Weak Ankles, Club Feet, &c.

JAMES AUTHORS,
16 King Street East, Toronto.

TORONTO, Sept. 17, 1874.

I have much pleasure in being able to testify to the skill, ingenuity, and excellence of workmanship shown in Mr. Authors' surgical appliances. They will bear comparison with those manufactured in any part of the world.

JAMES H. RICHARDSON, M.D., University of Toronto, M.R.C.S England.

SPLINTS FOR SURGEON'S USE.

JAMES ELLIS has for some time past directed his attention to the manufacture of splints. They are made of Basswood, Whitewood and Pine, strong and light, and some of them ingeniously carved or hollowed out to fit the inequalities of the surface. The splint for Colles' fracture is one of the most striking, being a correct representation of Bond's splint, carved out of solid basswood. They are also very cheap and durable. Orders may be addressed to

J. H. NASMITH & CO., Druggists, London or Stratford.
GARLAND & RUTHERFORD, Druggists, Hamilton.
H. J. ROSE, Druggist, Toronto.

SURGEON'S POCKET CASE

For Sale Cheap.

The case is perfectly new, and contains the following instruments: Male and Female silver Catheter and Caustic Holder; Curved and Probe Pointed Bistouries; Scalpel; Tenotomy Knife; Gum Lancet; Scissors; Artery and Dressing Forceps, combined; Exploring Needle; Grooved Director; Silver Probes, Needles, Silk, &c., in morocco case, silk-lined Price, \$16.00. Address,

CANADA LANCET OFFICE, Toronto.

THIS PAPER IS ON FILE WITH



Where Advertising Contracts can be made.

Commutation Rates for 1881.

THE following periodicals will be furnished with the CANADA LANCET for one year at the following rates:

CANADA LANCET and Braithwaite's Retrospect.....	\$ 5 00
" " " Am. Quarterly Epitome.....	5 00
Or all three for.....	7 00
CANADA LANCET and London Lancet Eng. Ed. (weekly).....	10 00
" " " " " Am. Reprint (monthly)....	6 75
" " " Practitioner.....	6 25
" " " London Medical Record.....	8 25
" " " Medical Times and Gazette, London.....	10 00
" " " Boston Medical and Surgical Journal.	7 00
" " " Medical and Surgical Reporter, Philadel....	7 00
" " " New York Medical Journal (monthly)....	6 00
" " " Philadelphia Medical Times (bi-weekly)....	6 00
" " " Canadian Medical and Surgical Journal....	5 00
" " " Any Visiting List for 25 patients.....	4 00
" " " " " 50 ".....	4 25
" " " " " 75 ".....	4 50
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" " " Harper's Monthly, Weekly, or Bazaar.....	6 25
" " " Scientific American.....	5 75
" " " Supplement.....	7 00
" " " Frank Leslie's Monthly.....	5 25
" " " " " Ladies' Magazine.....	5 75
" " " " " Weekly.....	6 05
" " " Atlantic Monthly.....	6 25
" " " Littell's Living Age.....	10 25

Estimates will be furnished for any other Journals or for any number that may be required.

The amount of subscription, in advance, must in all cases accompany the order.

CANADA LANCET OFFICE,
Toronto.

Yours respectfully,
J. FULTON

\$500

A MONTH guaranteed. \$12 a day at home made by the industrious. Capital not required; we will start you. Men, women, boys and girls make money faster at work for us than at anything else. The work is light and pleasant, and such as anyone can go right at. Those who are wise who see this notice will send us their addresses at once and see for themselves. Costly Outfit and terms free. Now is the time. Those already at work are laying up large sums of money. Address TRUE & CO., Augusta, Maine.

NEW PRINCIPLE FOR THE FAT ASSIMILATION OF HYDROLEINE "HYDRATED OIL."

"HYDROLEINE" may be described as partially digested oil, which will nourish and produce increase in weight, in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of **HYDROLEINE**. The ordinary so-called emulsions of Cod Liver Oil and other fats, *whether pancreaticised or not*, merely remain in the form of a coarse mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers, the deficiency of which is the most prominent symptoms in these cases.

"A great misconception as to the real characteristics of a true pancreatic emulsion has been entertained by many, and but few appear to have studied the different aspects presented by such an emulsion as is produced on fat by the energetic action of pure soluble pancreatin, as contrasted with the coarse mechanical mixtures of oil or fat and water, which are commonly supposed to represent this function of fermentative digestion.

Some seem to think that if a bottle of oil is shaken up with the compounds sold as the active principle of the pancreas, and a yellowish cloud is diffused for a time through the oil, an emulsion has been obtained. So it has, but not the true pancreatic emulsion, which forms an integral portion of the process by which fats are digested and assimilated. From the unvarying result of many hundred trials with the pure, active principles of healthy pancreatic fluid, taken at the time of digestion, I am perfectly convinced that no valuable result has been attained, unless the emulsion formed is as highly refractive of light as milk. The color may vary, according to the oil or fat used, from a far whiter fluid than the densest milk to the opacity and color of Devonshire cream, but unless at least the equivalent of the density of the best milk is produced in oil, when a third of water is held in suspension, no real pancreatic emulsion has been formed.

The mere mechanical mixture formed by common pancreatin is rarely better or more persistent than may be produced by rubbing up oil or fat with a solution of mucilage, or by a warm application of dissolved gelatin, shaken with oil until it becomes cold.

The first essential towards the digestion of fats or oils in the human body is that it shall assume the state of the very finest and most permanent emulsion, and this is only known to be attained when the oil and water is perfectly opaque, from the minuteness of the globules. This is the first function of the pancreatic emulsifying principle, and by this alone can we be certain that it possesses its proper fermentative activity."—*Prof. Bartlett's Treatise.*

(HYDRATED OIL)

HYDROLEINE

(WATER AND OIL.)

The efficacy of this Preparation is **NOT CONFINED** to cases of **CONSUMPTION**, as from its valuable tonic effect on the nervous system, in addition to its special stimulating action on the organs concerned in the production of Fat in the body, *it causes marked increase in weight in persons of naturally thin habit, who do not present any evidence of disease.*

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, PH. D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D., of London.

In these treatises, the Chemistry and Physiology of the Digestion of Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

Copies of these valuable works will be sent free on application.

FORMULA OF HYDROLEINE.

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

Pure Oil.....	80 m (drops.)
Distilled Water.....	35 "
Soluble Pancreatin.....	5 grains.
Soda.....	$\frac{1}{2}$ "
Boric Acid.....	$\frac{1}{4}$ "
Hyocholic Acid.....	1-20 "

DOSE.—Two teaspoonsful alone, or mixed with twice the quality of soft water, to be taken thrice daily with meals.

Unlike the ordinary preparation of Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive. Full particulars sent on application to

HAZEN MORSE,
57 Front Street East, TORONTO

THE

NEW

HYDROLEINE
HYDRATED OIL
HYDROLEINE

ENGLISH
REMEDY

AN ARTIFICIALLY DIGESTED COD LIVER OIL.

Over 1,500 bottles sold during the first four months of its introduction into Canada (from April to August, 1880) entirely through Physicians' prescriptions.

All the leading medical men in Toronto and Montreal are using Hydreleine with success; I would refer to some of them: viz:

- | | |
|--|---|
| <p>WM. T. AIKINS, M.D., .. . Toronto.
Lic. Med. Board, 1849. M.D. Jeff. Coll. Phil., 1850; Lect. Surg. Tor. S. Med; Surg. Tor. Gen. Hosp.; Mem. Med. Council, 1866-69; Mem. Coun. Coll. Phys. Surg. Ont. 1869-1880.</p> <p>CHAS. D. O'REILLY, M.D., .. . "
Res. M.D. General Hospital; M.D. C.M. Univ. McGill Coll., 1867.</p> <p>O. S. WINSTANLEY, M.D., .. . "
Mem. Coll. Phys. Surg. Ont., 1877;</p> <p>JAS. A. TEMPLE, M.D., .. . "
Mem. R. Coll. Surg. Eng. 1865; M.D., C.M. Univ. McGill Coll., 1865; Fell. Obstet. So. Lond., Eng., 1872; Lect. Mid. Prof. Med. Jur. & Tox. Tri. Med. Sc.</p> | <p>E. H. TRENHOLM, MD., BCL., Montreal.</p> <p>JAS. H. RICHARDSON, M.D., Toronto.
Mem. R. Coll. Surg., Eng., 1847; M.D., Univ. Tor., 1850; Prov. Lec., 1847; Lect. Anat. Tor. S. Med; Mem. Med. Council, 1866-69.</p> <p>JAS. H. BURNS, M.B., .. . "
Mem. Coun. Coll., Phys. Surg., Ont, 1880.</p> <p>JAS. E. GRAHAM, M.D., .. . "
M.B., 1869; M.D., 1868, Univ. Tor. Lic. R. Coll. Phys. Lan. 1871.</p> <p>J. J. DUGDALE, M.D. L.R.C.P.S. Montreal.</p> |
|--|---|

I publish one of the numerous testimonials I have received relative to the merits of **Hydreleine**, showing the opinion held by medical men:—

32 BEAVER HALL, MONTREAL, 25th May, 1880.

Mr. Hazen Morse:

Dear Sir—My experience with **Hydreleine** has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diatheses. In some of my cases the effect of the remedy has been really marvellous. I am, dear sir, Yours truly, E. H. TRENHOLM, M.D.

The following statements show the value of **Hydreleine** more conclusively than anything else could possibly do, as the sale in each instance has been created without a dollar's advertising and entirely through Physicians:—

MESSRS. JOHN LEWIS & Co., Victoria Square, Montreal, sold ten dozen bottles **Hydreleine** in one month at the beginning of the introduction of the **Hydreleine**.

MR. HENRY R. GRAY, St. Lawrence Main street, Montreal, sold six dozen bottles **Hydreleine** in he same period (on e month).

MR. WM. S. ROBINSON, 35 Yonge St., Yorkville, Ont., under date of July 21, 1880, writes as follows:

Hazen Morse, Esq:

Sir—Since the introduction of **Hydreleine** into this locality I have sold over three dozen bottles, and find that it gives every satisfaction; it is an excellent preparation and I have no doubt of it becoming very popular. I am, yours respectfully, WM. S. ROBINSON.

HYDROLEINE PRODUCES IMMEDIATE RESULTS.

One bottle of **Hydreleine** will accomplish greater results than can be obtained by using ten bottles of Cod Liver Oil.

PRICE LIST.

Hydreleine half pound bottle	per dozen \$10
"	per bottle \$1

N.B.—I will forward to any Medical man desiring to test its virtues for himself, one **Hydreleine** bottle upon receipt of fifty cents (half price), express charges prepaid. This offer only applies to the first bottle.

HAZEN MORSE

57 FRONT STREET EAST,

Sole Agent for the sale of **HYDROLEINE**

TORONTO.

in the Dominion of Canada

New Hypodermic Syringes!

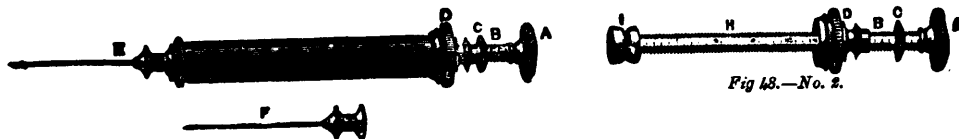


Fig 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxidation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the Syringe.

Syringes Nos. 2, 3 and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the Syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2 and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, \$3.50. No. 2, \$4.00. Postage, .03.
 " No. 3, \$2.50. No. 4, \$3.50. " .02.

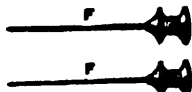


No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to all Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction, they have no superior.

OTHER HYPODERMIC SYRINGES.

No. 7, glass-barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case.....	\$3.00	Postage. .02
No. 9, glass, graduation engraved and numbered on piston-rod, with screw nut, two best steel gilt needles, in neat case..	3.00	.02
No. 7 or No. 9, with two steel unplated needles, either.....	2.50	.02
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case.....	12.00	.02
No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).		



No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in neat case..... \$3.50 .02

Any of the above will be sent by return mail on receipt of price and postage.

HYPODERMIC SYRINGES OF ALL KINDS PROMPTLY REPAIRED.

Our new **Illustrated Catalogue of Surgical Instruments**, also a new Pamphlet on Inhalation of Atomized Liquids, by distinguished medical authority, with many valuable formulae, will be forwarded, postpaid, on application.

Atomizers and articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Elastic Hose, Electrical Instruments, Invalids' Articles, Manikins, Models, Ophthalmoscopes; Dr. Paquin's Thermo-Cautery; Pessaries, Rubber Urinals; Sayre's Splints, and apparatus for every kind of deformity; Skeletons, Sphygmographs, Splints, Transfusion Apparatus; Vaccine Virus from our own stables; Veterinary Instruments; Waldenburg's Pneumatic Apparatus, &c., &c.

See our other Advertisements in successive numbers of **THE LANCET**.

CODMAN & SHURTLEFF,

Makers & Importers of Superior Surgical Instruments,

13 & 15 TREMONT STREET, BOSTON, MASS.

In corresponding with Advertisers please mention **THE CANADA LANCET**.

BULLOCK & CRENSHAW'S

PERFECTLY SOLUBLE

REGISTERED

TRADE MARK



BULLOCK & CRENSHAW, PHILADELPHIA,

MANUFACTURERS OF SUGAR COATED PILLS.

Sugar Coated Pills!

HAVE BEEN PRESCRIBED BY PHYSICIANS WITH
CONFIDENCE SINCE 1858.

They are entirely reliable in every respect, and have been pronounced the most readily dissolved Pills in the market, after experiments by disinterested Pharmacists, in comparison with Sugar Coated Pills of various makers. Gelatine coated and compressed Pills.

The CENTENNIAL COMMISSION at PHILADELPHIA awarded them a DIPLOMA and MEDAL, for SUPERIORITY of FINISH and PURITY of INGREDIENTS.

No higher award could possibly be obtained by any other manufacturer.

Full Price Lists (with Recipes attached) furnished upon application. Physicians are requested to specify (B. & C.) upon prescribing Sugar Coated Pills, and they will obtain the desired effect.

FRESH AND RELIABLE VACCINE VIRUS AT \$1.50 PER CRUST.

BULLOCK & CRENSHAW,

Chemists and Importers,

No. 528 Arch Street, PHILADELPHIA

For Sale by H. SUGDEN EVANS & CO., Montreal, Que.
J. WINER & CO., Hamilton, Ont.

MEADS ADHESIVE PLASTER

SEABURY & JOHNSON

This article is intended to take the place of the ordinary Emp. Adhesive, on account of its superior quality and cheapness. It is pliable, water-proof, non-irritating, very strong, and extra adhesive. It is not affected by heat or cold, is spread on honest cotton cloth and never cracks or peels off; salicylic acid is incorporated with it, which makes it antiseptic. It is indispensable where strength and firm adhesion are required, as in counter-extension, or in the treatment of a broken clavicle. It has been adopted by the New York, Bellevue, and other large hospitals, and by many of our leading surgeons.

Furnished in rolls 5 yards long, by 14 inches wide.
 " " 1 " " 7 1/2 "

Price by mail, per yard roll, 50 cts., 5 yards 40 cts. per yard.

BELLADONNA PLASTER

SEABURY & JOHNSON.

INI RUBBER COMBINATION. Recent analytical tests conducted by Prof. R. O. Doremus, of Bellevue Hospital Med. College, and J. P. Battershall, Ph. D., analytical chemists, New York, to determine the comparative quantities of atropine in Belladonna Plaster, prepared by the different American manufacturers, disclosed in each case that our article contains a greater proportion of the active principle of Belladonna than any other manufactured. Samples of the various manufactures, including our own, for this test, were procured in open market by the above named chemists themselves. In the preparation of this article, we incorporate the best alcoholic extract of Belladonna only, with the rubber base. It is packed in elegant tin cases, (one yard in each case), which can be forwarded by mail to any part of the country.

Price, by mail, post-paid, \$1.00.

BLISTERING PLASTER

SEABURY & JOHNSON

IN RUBBER COMBINATION. We incorporate, by a cold process, the whole fly (best selected Russian), with the rubber base, which constitutes, we believe, the most reliable cantharidal plaster known. It is superior to the cerate, and other cantharidal preparations, the value of which is frequently greatly impaired by the excessive heat used in preparing them, which volatilizes or drives off an active principle of the fly. By our peculiar process, no heat is used.

Price, by mail, per yard. \$1.00.

MUSTARD PLASTER

SEABURY & JOHNSON

IN COTTON CLOTH. Superior to the best French makes; does not crack or peel off, or tear when wet. Can be removed, without soiling the skin. Always reliable.

ALL THE ABOVE ARTICLES TO BE OBTAINED OF CANADIAN DRUGGISTS AT PRICES MENTIONED.

Office, 21 Platt Street, New York. Samples sent on application.

SEABURY & JOHNSON'S PLASTERS AND SURGICAL DRESSINGS

ALWAYS SPECIFY SEABURY & JOHNSON'S PLASTERS.

SAVORY & MOORE'S SPECIALTIES.

MEDICATED GELATINE (Patent).

LAMELS FOR INTERNAL ADMINISTRATION

Consisting of thin sheets, of uniform thickness, accurately divided into squares by raised lines, each square containing an exact dose of the Medicine with which the sheet is impregnated.
Issued in sheets, each consisting of 24 squares. Price 1s. 9d. per sheet.—The Lamels are TASTELESS when swallowed quickly with a little cold water.

THE REMEDIES FOR HYPODERMIC INJECTION

Consist of Small Discs (SQUARE), impregnated with Alkaloids, etc., and are put up in small boxes, each containing 25 Discs, price 2s. 6d.
The chief feature of these Discs is their instant solubility, by which hypodermic solutions can be immediately obtained of uniform and reliable strength; they keep good for an unlimited period in their dry state, and are extremely portable.

THE OPHTHALMIC REMEDIES

Comprise Minute ROUND Discs impregnated with a definite proportion of Alkaloids, etc., and are issued in small Tubes, each containing 100 Discs, 2s. 6d.
The little round Discs of soft Gelatine have the advantage of slowly softening and dissolving. The atropine, or other medicament gradually dissolves out, and is thus placed under the most favourable circumstances for absorption. Hence much smaller doses serve to produce a marked effect, by this form of application, than when drops are introduced.

BLISTERING GELATINE, OR LAMELLÆ CANTHARIDIS.

The most elegant, efficacious and convenient mode of Blistering. Tins, 1s. 3d.

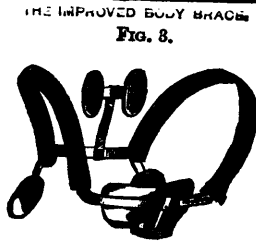
N.B.—A List of the whole series of Medicated Gelatine Preparations will be forwarded post free on application.

SAVORY & MOORE, 143 NEW BOND ST., LONDON, W.

22

AND ALL CHEMISTS THROUGHOUT THE WORLD.

Fig. No. 3 is a comfortable support to the abdomen, but is so effective as No. 8 in supporting the bowels, spine or chest.



THE IMPROVED BODY BRACE
FIG. 8.
ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.

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



FIG. 8.

THE BANNING

Truss and Brace Company's

SYSTEM

OF

Mechanical Support

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

PRACTITIONERS

report to the Medical Journals and to us that cases of

Hernia, Spinal Deformities and Uterine Displacement.

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

Yield Readily to our System of Support.

AN EXPERIENCED PHYSICIAN IN ATTENDANCE FOR CONSULTATION.

Banning Truss & Brace Co.

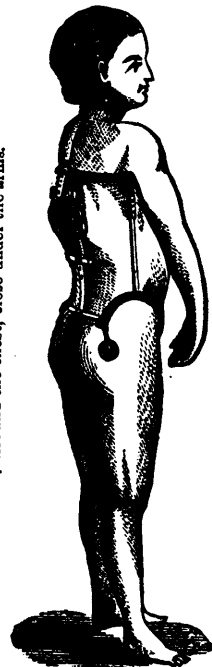
704 BROADWAY,

[New York City.]

[NO OTHER OFFICE OR ADDRESS.]

[Send for our Descriptive Pamphlet.]

FIG. 19.



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

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

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

FORMULÆ THERAPEUTICS

—OF—

WM. R. WARNER & CO.'S PHOSPHORUS PILLS.

(PREPARED FOR PHYSICIANS' PRESCRIPTIONS.)

1.—PIL. PHOSPHORI 1-100 gr., 1-50 gr., or 1-25 gr. [Warner & Co.]

Dose.—One pill, two or three times a day, at meals.

Therapeutics.—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

2.—PIL. PHOSPHORI CO. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicae, $\frac{1}{4}$ gr.

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

Therapeutics.—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating digestion.

3.—PIL. PHOSPHORI CUM NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Nucis Vom., $\frac{1}{2}$ gr.

Dose.—One or two, three times a day, at meals.

Therapeutics.—This pill is especially applicable to *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

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

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

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

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

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

WARNER & CO.'S PHOSPHORUS PILLS.

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

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nucis Vom., $\frac{1}{4}$ gr.

DOSE.—One or two pills may be taken three times a day, at meals.

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

6.—PIL. PHOSPHORI CUM FERRO ET QUINIA. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quiniæ Sulph., 1 gr.

DOSE.—One pill may be taken three times a day, at meals.

THERAPEUTICS.—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

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

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., $\frac{1}{4}$ gr.; Quinæ Sul., 1 gr.

DOSE.—One pill, to be taken three times a day, at meals.

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

8.—PIL. PHOSPHORI CUM QUINIA. [Warner & Co.]

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

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

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

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

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quiniæ Sulph., $\frac{1}{2}$ gr.; Strychniæ, 1-60 gr.

DOSE.—One pill, to be taken three times a day, at meals.

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

10.—PIL. PHOSPHORI CUM QUINIA ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.; Ext. Nucis Vom., $\frac{1}{4}$ gr.

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

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

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

WARNER & CO.'S PHOSPHORUS PILLS.

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

℞ Phosphori, 1.50 gr.; Quiniæ Sulph., ½ gr.; Pulv. Digitalis, ½ gr.; Pulv. Opii, ¼ gr.; Pulv. Ipecac., ¼ gr.

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

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

12.—PIL. PHOSPHORI CUM DIGITAL. CO. [Warner & Co.]

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

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

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

13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO. [Warner & Co.]

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

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

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

14.—PIL. PHOSPHORI CUM CANNABE INDICA. [Warner & Co.]

℞ Phosphori, 1.50 gr.; Ext. Cannabis Ind., ¼ gr.

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

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

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

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

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

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

16.—PIL. PHOSPHORI CUM ALOE ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1.50 gr.; Ext. Aloes Aquosæ, ½ gr.; Ext. Nucis Vomicae, ¼ gr.

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

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

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SOLUBLE SUGAR-COATED
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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XIII. TORONTO, NOV. 1ST, 1880. No. 3.

Original Communications.

MEDICAL AND SURGICAL TREATMENT OF OVARIO-UTERINE TUMORS.

BY JAMES CATTERMOLLE, M.D., L.S.A., LONDON, ONT.

There are, probably, but very few of the senior members of our profession, who, during the course of their practice, have not had under their care or observation, some few unpromising cases of ovarian disease—such, for example, as those of the fibroid or the composite fibro-cystic class—in some of which the morbid growth will be found to be both firmly and extensively adherent to the surrounding organs and tissues, and in some instances apparently forming one dense irregular-shaped mass with the uterus itself, so elongating the cavity of the latter organ that it will, on some occasions, admit the introduction of the sound to the extent of from six to nine inches. It may be reasonably supposed that in cases of this description there are but few practitioners who would have the temerity to attempt extirpation.

Not unfrequently these tumors are of slow growth, and it is satisfactory to know that very generally the patient experiences but very little pain for a long period after the commencement of the tumefaction, and she gradually becomes accustomed to her unnatural load, and is not much inconvenienced until it attains quite large proportions, a condition demanding our best efforts to prevent. Now might not this be most satisfactorily accomplished by ligating the principal vessels of supply, *i. e.*, the ovarian and uterine arteries? Whether or not any procedure of the kind has been tried before, I am unable to say. It is obviously the most radical method of starving-out uterine enlargements. As a general thing, in cases of this description, even if tumefaction be discovered soon after its commencement, the patient's fears are seldom aroused until the growth from its

increase of size has ascended from the pelvis into the abdomen, and then probably matters are allowed to go on until it shall have assumed its determinate character, when it will be expedient to make a careful examination, and map the tumefied parts out in all their bearings. When fully satisfied as to the nature of the case, the patient may be prepared for the operation, and as the peritoneum will have to be more or less disturbed, her health at the time should be in the most desirable condition—in fact, every precaution should be observed that may tend to diminish the risk. Probably, in every case, it will be considered necessary to tie both of the above named arteries, in order to sufficiently lessen the supply of blood to the abnormal growth—for it is well known that in pregnancy both vessels are capable of enormous increase in size, and they also become enlarged during the formation of ovario-uterine tumors. Anatomists fully well understand, that although the uterine arteries are sometimes devious in their origin, yet in their course both vessels are almost invariably found at the inferior margin of the broad ligament, and can be tied just before they pass up between its peritoneal folds. As the two vessels ascend in this structure they anastomose freely, and also with branches from the opposite side, so that it is quite evident from the abundant vascularity of these parts, that free and perfect ligation may be employed without fear of depriving either normal or abnormal tissues of their necessary amount of blood to maintain sufficient vitality.

It should be observed, that notwithstanding the high position that the tumoid parts usually assume in the upper part of the pelvis and abdomen—where they generally maintain their situation for a considerable period—thus almost freeing the lower pelvic viscera and the adjacent important parts from undue pressure, that if the growth under any circumstances be allowed to become over-large and ponderous, it must ultimately exert considerable downward pressure on the parts beneath, and will assuredly increase the difficulty of securing the vessels by ligature, and also add to the risk of dealing with the peritoneum.

This operation, as already implied, is proposed more especially for cases where circumstances exist rendering extirpation quite impracticable—however, should future experience show that it can be done with a fair amount of success, it may not

be profitably adopted in other forms of uterine enlargement? It may be readily surmised, that many able surgeons, on first viewing a suggestion like this, may deem it impracticable, in consequence of the deep situation of the vessels to be ligated; but it is fair to entertain the hope that some one of special skill will at no distant period be able to accomplish this desideratum in gynæcological surgery. In this suggested procedure, as in many other surgical operations, occasional difficulties will likely present themselves—a case may occur in which sufficient ligation cannot be effected—possibly one of the principal vessels only can be secured, and but a modicum of the anticipated relief obtained; in such case some additional aid will be required, and probably there is no remedy more likely to render it than ergot, which is now justly regarded as the sheet-anchor of gynæcological therapeutics. This drug, until within the last few years, has generally been used empirically. Now, however, in most instances, it is prescribed *secundum artem*, and certainly when thus used it displays immense power in cutting off the supply of blood to tumefied uterine structures, probably by diminishing the calibre of their feeding vessels, as well as by exciting powerful contraction of any muscular tissue on or about the abnormal growths—sometimes reducing them to a state of harmless atrophy, and even rendering their bulk comparatively insignificant.

In those cases of uterine disease demanding the use of ergot, I have found twenty minims of the best fluid extract, given three times a day, to act very satisfactorily. It is generally well borne by the stomach, and often taken for six or eight months or even much longer. The daily hypodermic injection of ergotine may be now and then advantageously employed in lieu of the internal use of the extract, or when the latter by long use begins to irritate the stomach—as it is well known in itself to constitute an active plan of treatment. In some instances the bromide of potassium or muriate of ammonia, given in conjunction with ergot, seems to add to its efficacy.

As these ovario-uterine growths are said to be, and probably are, built up by the use of articles of food abounding in flour, sugar, and starchy materials—all such should be prohibited and give place to a similar diet to that commonly used in diabetes, which is, by the way, quite sufficiently extensive, and may be frequently varied to suit the taste of the patient.

FALLACIES REGARDING ELECTRICITY.

BY THOMAS W. POOLE, M.D., LINDSAY, ONT.

From a careful study and practical experience, during some years, of the effects of electricity as used for medical purposes, I am convinced that both in the popular and professional mind grave misconceptions exist as to the character and value of this agent in the treatment of disease. The following paragraphs are undertaken, with the view of pointing out, in the briefest manner, some of these fallacies.

1.—It is commonly taken for granted, as inculcated by the instrument makers, that the ordinary faradic apparatus, containing a helix with its coils of wire and a vibrating spring, delivers both the galvanic and faradic currents. It is quite impossible that these machines can deliver the galvanic current at all, for the following reasons:—This current is continuous, noiseless, and while flowing, produces no sensation in the parts of the body which it traverses. This is the character of the current which passes from the generating cell, or battery proper, into the apparatus, at which stage it is quite too weak for practical purposes. The object of the vibrating spring is to interrupt this current, in order that at the instant of interruption, a secondary current of high tension may be induced in the coil of wire. This *secondary* or *induced* current is also a *to and fro* current, and as it was discovered by Faraday his name has been associated with it. When the vibrations of the spring are very rapid the sensations produced seem almost continuous; nevertheless it differs in the manner just mentioned from the galvanic or continuous current, which requires for its effective generation a series of cells, which cannot be combined in a faradic machine without rendering its bulk too unwieldy for ordinary use. The several "posts" at which the current is delivered are simply connected with different parts of the lengthy coil, the currents being in each case of the same general character, but varying in intensity, and in the sensations they produce. They are all similar in their origin, and ought not for a moment to be confounded with the galvanic or continuous current; an error, for which, as already implied, the instrument makers are largely responsible, and which, as it favors their interests, they no doubt desire to maintain.

A *second fallacy* is, that natural currents of electricity play a part in the inter-relations of nerve and muscle. It is true that electricity, in the static form, is found present on the surface, or exterior, of men and animals, as also of many other substances in nature. But there is no proof whatever that it is present in the interior of the body, or that it influences any of the vital processes. Thus despite the greatest care, the most delicate tests and elaborate experimentation, electricity has never been detected in a nerve while in action (Dr. Carpenter). The experiments of MM. Du Bois Reymond, Duchenne, and others, indeed appeared to have established the presence of local currents of electricity in nerves and muscles while at rest. But Prof. Trowbridge, of Harvard College, has shown that these experiments were fallacious, and that the supposed currents originated, not in the nerves and muscles experimented on, but in the appliances and apparatus used, and this counter result he appears to have demonstrated beyond all peradventure; so that the association of electrical action with the operations of nerves and muscles is to be regarded as entirely fallacious and untenable.

A *third fallacy* is to be found in the idea that electricity is an ally of nerve-force. If this were true they ought to be found associated together during muscular activity, which we have just seen is not the case. Then, again, the behaviour of each is quite different, as our text books show. Thus nerve-force is arrested by ligaturing a nerve, —not so electricity. Nerve-force is restricted to a particular tissue; electricity pervades them all. If a piece of wire be made to take the place of a portion of a nerve, electricity will still be transmitted; not so nerve-force. Nerve tissue is even inferior to other tissues as a conductor of electricity, while it is, of course, the chosen path-way of nerve-force. Then, they differ immeasurably in their speed of transit; that of nerve-force being in man only about one hundred feet per second, during which electricity leaps half way round the globe!

Forces so very different in their behaviour, and not found in association, cannot be regarded as allies, without doing violence to the principles of natural science.

Fourth fallacy.—That electricity is a stimulant to normal function, or a "vitalizer" to the organ-

ism. The quacks, in and out of the profession, go further and proclaim, "electricity is life," and proceed to dispense it accordingly to a too credulous public.

A very practical outcome of this fallacy is the idea, generally prevalent, that this agent is of value as a restorative in cases of suspended animation, as in chloroform poisoning and apparent death from drowning. Dr. B. W. Richardson, F.R.S., of London, has furnished proof to the contrary. Taking two rabbits, of equal size and weight, he chloroformed one till respiration ceased, and as he states, the animal was practically dead. He then restored it by artificial respiration. Reducing the second animal to the same condition by means of chloroform, he tried electricity as a restorative, but with fatal results. "Under the semblance of restoring life," he says, I "clenched death." He calls it "a two-edged sword," and says, "I feel it too unreasonable to recommend galvanic action as a means of resuscitation . . . in the majority of cases it would more effectually promote death than restore life."—(*Med. Times and Gaz.*, 1870; *Braith. Retros.*, Jan., 1871, p. 256).

Dr. Ringer, writing of the employment of electricity in this class of cases, states:—"Some authorities are wholly opposed to its use, on the score of its influence to arrest a very feebly beating heart and so diminishing any slight remaining chances of recovery." Instances are on record where it has actually "promoted death," in cases happily recovering under ordinary means; (Drs. Beard and Rockwell) and many more such fatalities would be apparent were they duly reported, and were it not that fortunately batteries are not usually at hand at the time and place of such emergencies.

It may be further shown that electricity is not a "tonic" or "vitalizing" agent by the fact that it produces numbness, anæsthesia and paralysis of the nerves. During the passage of the current, Matteucci found that the spine of a living rabbit might be cut, pricked, cauterized, etc., without evoking from the animal any signs of pain. And as is well known, electricity has been used to numb the parts subjected to several minor operations in surgery. *Such anæsthesia is temporary paralysis.*

Is electricity, then, useless or injurious in practical medicine? By no means. It has its proper

role, just as have our narcotic and paralyzing drugs. Drs. Beard and Rockwell hold that "the leading and general effect of localized electrization . . . is improved nutrition"; and again, "to accomplish improvement in nutrition is the great object of electrical treatment"; an idea which they frequently repeat. (*Ib.*, pp. 379, 409, 284, 265, etc.). They explain that this result is "partly and quite largely due to the *passive exercise* and consequent oxygenation and other important changes in tissue that result from *several thousand muscular contractions* that take place during an ordinary sitting." (p. 300).

But if electricity be a paralyzing agent, can it induce muscular contraction? Most certainly, since spasm and rigidity of muscle are among the most common and uniform effects of paralyzing agents, and of the most severe or protracted cases of paralysis from general causes. Dr. Brown-Sequard's experiment shows that the lifting power of a frog's hind leg is gradually more than doubled after section of the spinal cord, compared with what it was previously, and from this and other experiments of Sir A. Cooper, Kussmaul, Tenner and others, Dr. C. B. Radcliffe, F.R.S., deduces the proposition, that "there is reason to believe that ordinary muscular contraction is associated with deprivation of nervous influence," and the further proposition, that "the power of muscular contraction is inversely related to the amount of nervous influence supplied to the muscles from the great nervous centres." (*Lec. on Epilepsy, Paralysis, etc.*, p. 100). The experiments on which these conclusions are based have not been discredited, and they fully justify attributing to electricity the *role* of a paralyzer, whereby the motor nerve influence is withdrawn and the muscles left free to exhibit their inherent property of contractility.

Among the beneficial effects of electricity is its power of producing a contraction of the arterioles, lessening their calibre, diminishing vascular supply and arresting the growth of abnormal tissues, ameliorating congestive states and thus favoring a return to healthy nutrition. This is the explanation of the cure of Dr. John R. Dickson, of Kingston, as related by himself in the September LANCET; for though the ophthalmoscopic examination appeared to show a cessation of retinal congestion, on Dr. D.'s own showing, he had been suffering

from congestion of the brain, apparently involving the optic centres, the vessels of which it is fairly to be presumed remained dilated till contracted by the electric current and their normal calibre restored. This result, too, is in full accord with the *role* of electricity as a paralyzer, for the following reasons:—The greatest possible degree of arterial contraction is invariably found present in death from any cause. An agent which tends to bring about such a state, tends towards death, and progresses on the road thither in proportion to its power. Hence if the electricity is strong enough it will kill; but in cases like this, it does good, if barely strong enough to partially paralyze the vaso-motor nerves, when, as in other cases, the muscular tissue of the arterial walls is enabled to exercise its contractile power, narrowing these channels with the results enumerated.

Fifth fallacy.—That weak currents of electricity act as a stimulant, while strong currents paralyze. This is asserted by Dr. A. H. Bennett in the *Brit. Med. Four.* of the current year, in an article copied into the last *Braithwaite*, p. 71, and is extensively believed. Now electricity is one of the forces of nature, and to assert of one of these natural forces that its mode of action is other than uniform and consistent with itself, is to oppose the teachings of natural science. The conflagration which destroys our dwelling produces very different *effects* indeed from the fire in our grate, but the process in both is precisely the same,—that of combustion. Among the natural forces there can be no caprice, no contrariety in their mode of action. What the flash of lightning does, the spark from the battery tends to do, and only fails to do from lack of power. Will any one pretend, by adding on additional sparks *ad infinitum*, that the character of the spark or its innate properties undergoes a change and reverses its mode of motion, or of action? The idea is too preposterous to be entertained. Just as sure as fire will burn whether small or large, electricity will paralyze whether weak or strong, in proportion to its power.

The same principle applies to the action of drugs, which are the embodiment of natural forces drawn from the soil, the sunlight, and the dew. Small and large doses respectively cannot stimulate and paralyze. The *effects* produced by each are indeed very different, but in any scientific exposition of drugs these effects must be, and *they*

may be explained consistently with a uniformity of action whatever be the dose, in which, so to speak, they are ever tending to the same goal.

NOTE.—Since the foregoing has passed out of my hands, I find in the facts of the recorded experiments with electricity, the most ample proof of its paralyzing action on nerve tissue, in its several phases,—intra-polar, extra-polar, direct and inverse. I hope soon to render this apparent.

CASE OF ŒSOPHAGEAL STRICTURE.

REPORTED BY H. K. KERR, TRINITY MEDICAL SCHOOL, TORONTO.

J. — H. —, aged 19 years, of North Mountain, Ont., who died Oct. 1st, 1880, suffered nearly seventeen months from stricture of the Œsophagus. This case has afforded medical science a marvellous example of the length of time life may be maintained without food.

In May, 1879, he partly swallowed, by mistake, a mouthful of weak lye. Vinegar and other household antitodes were promptly administered, and, as the patient at first experienced only a slight burning sensation, followed by soreness and tenderness of the mouth and fauces, nothing very serious was apprehended.

In the course of two weeks symptoms of dysphagia began to manifest themselves, and his friends becoming alarmed, called in medical aid. Dr. Potter, of Kemptville, attended the young man daily for three weeks, using the probang, bougie, &c., for the mechanical dilatation of the Œsophagus, with slight beneficial results. Drs. Reddick, Stacey and Anderson were also consulted, and, although treatment for a time did appear somewhat remedial, deglutition became more and more difficult until milk was the only nourishment that could reach the stomach. The cicatricial stricture, due to the erosion of the coats of the Œsophagus, seemed to be situated low down, chiefly near the cardiac orifice of the stomach. Food, when partaken of, sometimes would be immediately regurgitated, but generally it was retained for a few minutes in the dilated upper portion of the Œsophagus and then entirely discharged. Fluids for some time were tolerably serviceable in sustaining life; appetite was constant and craving. He partook largely of milk,

a very small amount of which found its way into the stomach—the greater part, however, being spasmodically rejected. At rare intervals deglutition appeared less difficult, and considerable milk could be successfully swallowed. The patient became greatly emaciated, presenting the usual symptoms of starvation. In ten months his weight decreased from a hundred and twenty to sixty pounds. During the remaining seven months, previous to death, he frequently attempted to partake of food, both solid and liquid, but could swallow no appreciable quantity of either—the only nourishment supplied to the system during this time being enemata, consisting of milk and egg beaten up, administered twice daily. The intellectual faculties and special senses seemed unimpaired. The power of locomotion was retained up to three days previous to his death, at which time his weight was not above forty pounds. Prostration set in, followed by dyspnoea, syncope and death.

FOOD AND HEALTH.

BY J. A. GRANT, M.D., M.R.C.P., ETC., OTTAWA.

Read at the Bathurst and Rideau Medical Association, Carleton Place, August 10th, 1880.

To-day it has become a recognized principle that the great social problem is the sanitary condition of our people. It affects alike both poor and rich, but more particularly the former, who are unable to contend so vigorously against the pernicious influences. Statistical facts have demonstrated beyond a doubt that more people die daily from the neglect of proper sanitary precautions than from all other forms of mortality combined. The most prolific sources of disease—at least those which most directly impair health and shorten life—are foul air, impure water, adulterated food and drink in the various forms which are catered up for the digestive capacity of a growing generation still eager to perpetuate the principle that ordinary business matters cannot be finally accomplished without the spirit ratification in some one of the shapes so popular in almost every country at the present day. No subject calls for more vigorous action at present than that of "Sanitary Reform," which would contribute, beyond our most sanguine anticipations, towards the improve-

ment of our sanitary condition, and thus promote, in the most tangible form, the comfort and happiness of our people. The time has now arrived when the public men interested in the welfare of this Dominion must take an active part in the promotion of sanitary science. The "Adulterations Act," introduced by Government, has already accomplished some good in a very moderate way, but greater activity is requisite in order to fully appreciate the importance of the various adulterations of food and drink so intimately associated with the future of our Dominion. In Great Britain, Europe and the neighboring Republic, there is at present considerable effort being made in this department of sanitary science, and the various workers in this prolific field of observation have accomplished much, and are now bringing about a more healthy recognition of the important issues which spring from this momentous subject.

The extent of food adulteration, in fact, is only now being actively looked into, in order, as far as possible, to obtain a more perfect idea of poisonous influences daily and hourly at work in bringing about the increased death rate of our population. The forms of adulteration are varied, and introduced with a considerable degree of skill, in order to evade the law and contribute to personal gain, even with the prospect of shortening life. The addition of substances of inferior value, for the sake of bulk and weight, is a common practice, and even not more so than the addition of coloring matters of various kinds, to improve appearances, if possible, and conceal other popular forms of adulteration. The preparations of lead, copper, mercury and arsenic, used for coloring purposes, possess highly poisonous properties, and thus impart very deleterious influences. A common form of adulteration is the addition of substances, in order to impart flavor, pungency and attractive smell—common means of deluding and deceiving the public in matters of every day life. Who has not heard of chicory powder in coffee or cocoa; of woody fibre and sawdust of different kinds in spices, and various drugs in powder, added neatly by spice and drug grinders; of copper in pickles and bottled fruits; of bole Armenian and Venetian red in potted meats and fish? Such adulterations could not possibly be practised by the retail tradesmen, being rather the outcome of special machinery,

used in the large centres of trade and commerce. It is quite evident that the sellers of adulterated food are in a position to increase their profits in a very large degree. From these few examples in the line of current impurity, which is more extensive than generally supposed, it is quite evident the question of the adulteration of food is one which vitally affects the interests of the honest and most respectable of the trading community, in whose hands is now placed the important duty of staying, as far as possible, the nefarious system of adulteration which saps human vitality and throws a slur upon many of our best merchant princes, who are the very essence of commercial integrity.

Is the present machinery in operation for the purpose of checking adulteration which comes under the head of Excise, active and energetic? How many are there at present carrying on the requisite investigations as to food adulteration? This suggestion is not thrown out with any hostile feeling, but merely in order to ascertain the efficiency of the Excise force in this particular branch, which guards the best interests of our people. The present Government has the credit of having taken the initiative in this matter, to whom much credit is due, even for the progress so far made in a most praiseworthy path of public duty. We require to rely more on science; upon the resources of chemistry and upon the microscope, than upon feeble Excise inspectors, who, although active and willing, can only convey such information, in many instances, as falls under ordinary observation. The health of the country, and the revenue of the country depend largely upon the proper discharge of the duties connected with the application of science to the question of food adulteration, and, under such circumstances, we feel assured the interests of the public will be guarded in a manner becoming the scientific advancement of the age in which we live. One of the first questions one would very naturally ask is: Are we making satisfactory progress in our sanitary measures; what is our death rate in the Province of Ontario, or in the whole Dominion? Such are the inquiries made by those adopting Canada as a home and future residence; for those who may migrate from the Mother Country. In England, before the Restoration, Macaulay has depicted it as "a time when men died faster in the lanes of our towns than they now die on the coast of Guiana." The rate of mortality in Lon-

don from 1660 to 1679 was fully 80 in 1,000, and in 1871 it became reduced to 22.6 in the 1,000. Thus we observe how, under proper sanitary regulations, the death rate in England was greatly reduced through the introduction of the requisite precautions. In Ontario, at present, about 80 die per day of various causes, and it has been estimated that fully one-third of the deaths are of diseases which might be prevented by thorough sanitary measures. The aim of sanitary science is to prevent disease, preserve health and prolong life; in fact, to guard the best interests of our people, so as to efficiently discharge their various duties for personal comfort and State advancement. Thus a private as well as a public hygiene is considered in the widest acceptation of the term. This science, like that of medicine, is pre-eminently one of observation, and in both, disease is the study, but in different ways. The physician endeavors to cure an ague, but the health officer more particularly inquires as to what will prevent an ague. While the scientific physician may extend his observation to the cause as well as the cure of disease, the health officer makes it his especial duty to look quietly and carefully into the various causes of disease, and thus co-operate with his brother practitioner in promoting health. The laws of health, like the laws of nature, take a well defined course or direction. A careful submission to these laws promotes health and longevity—whilst death and disease result from the converse, and the marvel is, how many people do live with the tax placed on their system. What are some of the facts to be deduced from the fast of Tanner? That the human system is far more over-strained than is necessary by the extra amount of food taken daily, and that too little attention is paid to the important part pure and unadulterated water plays in the human economy. It is estimated that of every body which weighs 135 lbs. there are fully 111 lbs. of water, thus, at a glance, we can observe the proportionate power and effect of water in maintaining life under such trying circumstances. The curative power of moderate starving in some forms of disease is a well attested fact, and if many of the gorging and fashionable processes were only more carefully guarded, life would be longer, health more vigorous, intellectual power more acute, and the accumulation of adipose tissue not so frequently interfere with ordinary locomo-

tion. The closer we consider public health the simpler becomes the problem: Purity of air, water, food and clothing, all of which may be embraced in a single word—"cleanliness." Life is a fortress we know little of, and why throw difficulties in the path? What concerns the individual, concerns the State, and every individual should know something of those grand vital sanitary principles so closely connected with the cheer and happiness of the home and the fireside. Lord Beaconsfield in his celebrated Manchester speech, as Prime Minister, remarked, "I think public attention ought to be concentrated on sanitary legislation. I cannot impress upon you too strongly my conviction of the importance of the legislature and society uniting together in favor of these important results. After all, the first consideration of a minister should be the health of the people." Do not such facts apply directly to our public men—from whom we expect activity and marked energy in bringing about a central department of health, such as now established in many countries at the present day? This will be evidence of progress in the right direction, and, although laws may conflict in the local and general government of our country, still we feel assured action will soon be taken and such as will tend to prolong life, promote comfort and happiness, by demonstrating in a tangible form how the sacrifice of preventible deaths may be avoided. Such is the basis upon which we expect to operate and thus root out the causes which add so largely to our annual death rate. This is science turned to good account, and surely the lives of our people are equally important with those worldly treasures of little account once man has passed beyond the sphere of earthly cares.

TWO CASES OF GLUTEAL ABSCESS FOLLOWING CHILD-BED.

BY A. DAVIDSON M.B., M.R.C.S., ENG., TORONTO.
Late Senior House Surgeon to the Leith Hospital Scotland.

CASE I. E. H. married æt 25, under the care of the late Mr. Maunder, F.R.C.S., Eng., at the London Hospital, under whom I was at that time dressing. The patient was admitted to the hospital on the 8th Jan. 1878, and stated that about nine weeks previous to her admission, she gave birth to a child, but her lying-in period was not

attended with a good recovery, being very weak and not able to leave her bed until she was removed to the hospital.

Patient observed about a month prior to her admission, that she was the subject of severe pains in her right buttock, characterized as throbbing and burning; these increased in severity and were accompanied with much swelling of the affected part. When examined at the hospital on the day of admission the right buttock presented a shining red and swollen appearance, fluctuation could be detected with ease, and the part was extremely painful on percussion, thus all the signs of a large abscess being present it was opened on the following day (Jan. 9th) under the ether spray (to produce anæsthesia of the part,) and not subject to antiseptic precautions. As might be expected the patient was much relieved on the following day, the quantity of pus discharged was considerable and the abscess cavity measured about six inches in all its diameters. The after treatment consisted in the introduction of a drainage tube and the daily washing out of the cavity with a solution of carbolic acid (1 in 40.) This mode of treatment was continued for some weeks, and altho' the discharge greatly decreased, sometimes being almost *nil*, still the cavity did not seem to be decreasing in size. This being the state of the case, pressure was now directed to be applied to the buttock to keep the walls of the cavity in contact with each other. This was effected by means of a graduated compress of lint and secured by a bandage passing around the pelvis, the greatest amount of pressure being exerted at the periphery of the cavity. This treatment was continued for about two weeks without any benefit; on one or two occasions the cavity seemed closed and the discharge *nil*, but when left to itself without being irrigated, it would again fill with a watery-like pus. On the 27th of Feb. '78 the patient, having become unruly, was dismissed from the hospital with the cavity still there, and was not heard of afterwards.

CASE II. M. M. married, æt 32, admitted under the care of Dr. McNair, F.R.C.S., Edin., at the Leith Hospital, during my residence as house surgeon.

Patient was admitted to the hospital on the 13th March, 1879, and stated that about the end of January she was delivered of a child. She had a good delivery, not much bleeding and the placenta

was discharged entire, the patient seemed to be making a good recovery, and left her bed in the period of a week, but being weak she was unable to remain up the whole day. The lochia as she says did not bear an offensive odor. About two weeks subsequent to her delivery she observed a "dumb pain" in her right hip; ere long the pain was so great that the patient could not walk, and the affected part became very much swollen, red and glistening. When admitted to the hospital all the signs of a gluteal abscess were present, but not being yet quite ready for the knife, poultices were rigorously applied for a few days, when fluctuation became more distinct and pointing apparent. The abscess was opened under the carbolic spray, a drainage tube was introduced and it was dressed with antiseptic precautions. About nine ounces of thick healthy pus was evacuated, the relief afforded was very great and on the following day the temperature had fallen from 104° to 98.8° and remained normal throughout the treatment. For the first few days, the woman was dressed at intervals of two, three and four days, a strictly antiseptic line of treatment being observed throughout, which terminated favourably, the patient being discharged from the hospital on the 3rd of April quite cured.

The two cases here related, it will be seen, are almost similar occurring as they do in young married women in the same region of the body during the winter months and following child-bed. The etiology and treatment are interesting, and while the former opens a field for speculation, the benefits of the mode of treatment in case No. 2 over that of No. 1 is established beyond a doubt; in the one the wound being left septic, while in the other a strict line of Listerism was observed. It has been my good fortune to treat a large perityphlitic abscess, and also a large strumous abscess of the thigh under the carbolic spray, and the success which attended the treatment in each case was very marked. If one examines the therapeutics of Listerism, he will find that in the treatment of abscess it embodies two great agents which are destined to procure a good and speedy cure. These are the poultice (heat and moisture) which the dressings form, and the germ destroyer, the carbolic acid, hence in lacerated and gun shot wounds, where sloughing and suppuration are liable to take place, it is highly serviceable. In amputa-

tions however, and clean cut wounds, the poultice which the antiseptic dressings form, is obnoxious to the formation of primary union, but to pursue this matter further would be going beyond the subject of my paper.

Correspondence.

NEW ACT RESPECTING CORONERS.

To the Editor of the CANADA LANCET.

SIR,—Some coroners have objected to taking the new oath in certain cases, and the *Gl.be* says, "it is necessary for all such to declare if it be only in special cases, or in all, that they would object—that their posts may be filled by others." Now as a rule doctors act in the most disunited manner, and a mighty force of them may thus be easily shot down singly and with neither dignity, satisfaction, nor advantage. I feel very strongly about this unprecedented alteration in the law—a law which without any valid reason, and with excuse the most flimsy, casts gross indignity on the whole body of coroners, and convertibly on the whole medical profession.

The point alluded to in the new law is that every coroner on receiving evidence of a death appearing to demand an inquest shall, if of opinion that such inquest be clearly demanded, make oath to that effect before a magistrate, and failing that, shall not be entitled to his fees; thus asserting that there are very many so mean and so unprincipled that without these precautions the interests of the public would be left without a safeguard. Now what have been the safeguards hitherto? Take the custom in England: a coroner on certain qualifications is elected and *takes the oath of office*. He is of sound mind, and memory, and till it be disproved, he is accredited with having his mind and conscience pervaded by a sense of solemn duties and responsibilities. Secondly, in England, juries if they consider the inquest unnecessary, can publish their complaints, and the Quarter Sessions can disallow the coroner's fees, if in their judgment, or the opinion of their salaried legal adviser, they conclude such inquest to be unnecessary. In certain cases these parties have exercised these duties, and the result has been deemed as thorough as human laws are likely to achieve. But the Ontario Legislature, instead of having recourse to these precau-

tions, has decided to pass a law which assumes that coroners are wanting in honor and are utterly oblivious of their oath of office, and can scarcely expect that a body of men who would tamely submit to this would act in such a way as to leave the public without even graver causes for dissatisfaction. The real ground of excuse for the new bill was, that some coroners throughout Ontario had held and been paid for more inquests than were necessary, and that sundry city coroners had raced at unseemly speed to secure an inquest, and in some cases even disputed with rival coroners for possession of the body. This last charge possibly paralyzed the M. P. P. doctors, and these making slight objection the rest of the house raised no opposition.

As to some few unnecessary inquests being held, that must ever be the case till coroners have the power of divination. But in all these cases the rules enforced in England, including disallowing the fees, reprimand, or dismissal, would have sufficed to provide due safeguards, and better far than to impose an insulting form of oath, repeated thrice or thirty times a year, thus assuming that the virtue of the oath of office, that should cease only with life, was forgotten, was instead a mere ephemeral form, and that on that calculation each succeeding oath need last but for the day or hour. Parliament has not the excuse that the public have, who believe the fees are very large, and hold out a natural temptation to err whereas the ordinary fees are such that even with a small practice a coroner will find after a year's action he has incurred a slight loss. Why then seek or hold the office? It used to be considered a left handed distinction, and a fair minded man, translated by a sense of duty above petty inducements had many opportunities of crushing persecution and malice, directing enquiry and asserting justice. He was sustained by the respect of a chosen few and of his own conscience. Farther than this, and without being high strung, although he had only to administer the oath to the jury and the witnesses, he silently and solemnly pledged himself before God to do justice without fear or favour either in refusing to hold, or ordering, or carrying on an inquest, and persons in my opinion on whom it is necessary to inflict an arbitrary and insulting form would not be influenced for the better if they were sworn from sun-up to sun-down.

For myself, I was appointed coroner about fourteen years ago, and took the oath of office. I was in sound mind and sound memory, and while God keeps my mind sound and my memory green I shall never be forgetful of it. I resolved then to act up to it with all my mind and strength, and year by year I have been more and more impressed with what I believed to be demanded. I will take no supplementary oaths either twice a month or thrice a year. Nay! were the matter compromised by imposing one more oath for all time, under the plea that the first oath was effete or savourless, I would not take it. Neither is the need for these oaths proved by the ill deeds of few or many coroners; were ninety-nine out of every hundred coroners to acknowledge to transgressions, the hundredth man, if unsoiled, ought not to take a second oath. Neither is the urgency, or doubt about the grave necessity for holding an inquest any reason for hesitation about the oath to those who have made up their minds as to the propriety of oaths tending to deny persistent virtue in the oath of office. We know now as well as in the former days when an inquest is fairly demanded, and need not transfer the onus to the Crown Attorney. All persons in responsible offices, I believe, take the oath of office; should any such fail in their duties, they should be mulcted in their fees, reprimanded, or dismissed, not sworn over and over again. The witness on oath, whether his evidence lasts ten minutes or ten hours, cannot be very often asked "if he knows he is under oath," without getting protection if he merit it, while if he do not, he would be dismissed with censure, or punishment, not sworn over again.

Doctors may say what can we do? You have, not to put too fine a point upon it, been *scoffed at*; you can avoid being *trodde*u* on*. You can refuse to take these oaths and resign, and the profession at large can declare your conduct such as is alone worthy of high minded men. Most coroners, not hitherto generally chosen from the poorest of our profession, may, I believe after this act of self-assertion, "greatly daring dine," others may be sustained by the *parvâ avenâ*, our rugged pride, and a little oatmeal.

Yours truly,

S. WALLACE, M.D., M.R.C.S., Eng.

Campbellford, July 22, 1880.

OBSTRUCTION OF THE BOWELS.

To the Editor of THE CANADA LANCET.

SIR,—I send you a short account of a case of obstruction of the bowels which may be of interest to the profession:—On Friday 24th of September I was called to see W. C. æt 62, who informed me that he had been suffering from vomiting and purging with cramps in the stomach and bowels for twenty four hours. I gave him at once thirty drops of laudanum, followed by calomel and opium every three hours; I also applied turpentine stupes to his abdomen, with considerable relief. 25th. He was much better. 26th. He suffered much to-day from retching and vomiting, and I suspected hernia. On examination I found a tumor on the right side half way between the symphysis pubis and the anterior spinous process of the ilium, which, at first I suspected might be hernia, but as there was no impulse on coughing, and as it was out of the track of either inguinal or femoral hernia, I decided it must be enlarged glands. As his bowels had not been moved for three days, I tried turpentine and castor oil injections repeatedly but with no benefit; suspecting there must be some invincible obstacle in the bowels, I desired a consultation.

27th. Dr. Sullivan, of Kingston, and Dr. Kennedy, Jr., of Bath, met me to day, and we tried clysters of various kinds without the slightest benefit. The warm bath was also tried, and morphia given by the mouth.

28th. No passage in the bowels; constant vomiting. I commenced to-day using sulphate of morphia hypodermically.

29th. The abdomen beginning to enlarge from gas and fluid. No stools; paroxysms of pain partly relieved by the morphia and hot fomentations.

30th. No change. Oct. 1st. He is evidently sinking, the abdomen enormously distended. 2nd. Dr. Kennedy, Jr., and Dr. Sullivan saw him again to day, with me; we used the galvanic battery and also enemata of turpentine, etc. 3rd. Sinking slowly. 4th. He died this morning at 10 o'clock. At 4 p.m. I made a post mortem examination. On opening the stomach, about a gallon of brown-looking fluid escaped from it and the bowels, also a large quantity of gas; the jejunum and ileum were slightly inflamed, but the colon was enormously distended and inflamed, and on reaching the sigmoid flexure, I found about eight inches of

it thickened but reduced in diameter to half an inch and filled with a grey looking cheesy matter, through which I could hardly force the handle of the scalpel, proving the case to be almost beyond the reach of our art.

I forgot to mention that the pulse continued at 80, with the exception of the last two days, when it rose to 110. Tongue clean throughout.

Yours truly,
W. G. MIDDLETON.

Stella, Oct. 9th, '80.

To the Editor of THE CANADA LANCET.

SIR,—In the correspondence signed "Chiron," which is published in the October number of your Journal, my name appears among those who are said to have purchased medical diplomas from the notorious Buchanan of Philadelphia. Will you allow me simply to say that I never either applied for or obtained such a diploma, and I cannot see how my name has got into the list.

Several years ago, at the request of one of my customers I ordered several books, and a few bottles of medicine from Buchanan, and in that way my name may have got into his books and was copied by the person who prepared the aforesaid list. Will you kindly publish this letter in your next issue, as I do not wish to lie under the imputation of practicing medicine under a "bogus" diploma.

JOHN L. WIDEMAN,
Druggist.

St. Jacobs, October 4th, 1880.

Selected Articles.

CLINIC BY ROBERTS BARTHOLOW, M.D.

FLOATING KIDNEY.

Gentlemen,—The first case I have to exhibit to you, is one representing a condition comparatively rare. The patient, a woman about 40 years of age, has been out of health for a long time; complaining chiefly of unpleasant pulsation in the epigastric region, disorders of digestion, with flatulence, etc., and a good deal of pain about the stomach, extending also around to the left side of the abdomen.

When I come to examine this part of the abdomen by palpation, as I am now doing, I find a strongly pulsating abdominal aorta, and much tenderness not confined to the stomach, as there is a

good deal of pain and distress referred to the left side as well. In this situation, also, is found a tumor, well-defined and rather dense, which is easily dislodged from its position in the epigastric region, and may be pushed upwards behind the stomach. The inferior margin of this tumor gives the impression to the touch of being round, and regular in outline, and of being about three inches in its transverse diameter.

Let us first consider, before discussing this group of symptoms, the nature of the growth. What kinds of movable tumor may appear in the abdomen? This excludes at once all tumors that have a fixed base, such as ovarian cysts, or mesenteric growths; and reduces the discussion to the few that have not firm attachments. Not long ago, I showed you a case of movable spleen, where the organ had rotated upon its axis, until its under surface rested upon the abdominal aorta. But the floating spleen, generally, has a larger size than this tumor, and is less dense to the touch; moreover, we learn from percussion that this patient's spleen is in its proper position. The comparatively small size and definite shape of this tumor might suggest aneurism, but as an aneurism would distinctly pulsate it is clearly not of this character. A kidney may become displaced, and form a movable tumor in the abdomen so as to present the characteristics of the case before us. Descending from its position under the posterior margin of the liver, it may appear in the epigastric or umbilical region, but is susceptible—and this is an important diagnostic point—of being replaced by manipulation to the place whence it came.

The case then must be of this nature; the left kidney has been displaced from its position from causes which we need not pause to consider at present.

Floating kidney, although thought to be a comparatively rare kind of tumor, is met with occasionally, and I believe its occurrence is more frequent than is generally supposed; and that it is a condition generally overlooked because of the prominence of associated troubles that direct the attention elsewhere. You observe that we have here a tumor, descending from the left hypochondrium, of the shape and feeling of the kidney, which is easily sent back to the place of origin. What, now, are the associated conditions? There are marked disorder of digestion, flatulence, pain in the stomach, and often in addition to these, attacks of vomiting and purging, like cholera morbus. Floating kidney may occasionally be unaccompanied by these symptoms, but there generally may be found a history of stomach troubles, or both of the stomach and kidney. They seldom complain, you will notice, of the kidney directly, except as I shall speak of presently, but attention is called to troubles that are secondary and symptomatic; and for this reason the real condition often escapes observation.

What else does our patient complain of that is significant beside the digestive disorder? She has a constant beating at the pit of the stomach, due to a strongly pulsating abdominal aorta, which might give rise to a mistake in diagnosis. If a tumor rested directly upon the abdominal aorta, a transmitted pulsation might prove very deceptive. This is not the case here. The swelling is quite distinct, and we have to deal with merely an exaggerated pulsation of the aorta, which is not uncommonly associated with floating kidney; like these disorders of digestion, it is merely symptomatic. The curious condition of "throbbing aorta" is due to relaxation of the vaso-motor system; the vasodilator fibres permit the aorta to unduly yield to the force of the heart's impulse, and its motions are so disturbed as to be transmitted to surrounding parts.

The function of the kidney is often not much disturbed; it may be rotated upon its axis, but its relations to the ureter and renal vessels are generally not materially interfered with.

Besides the abdominal troubles we have just been considering, the patient complains of cerebral symptoms. These are violent headache and disturbance of vision. Nausea and vomiting do not appear to be present in this case, nor do we observe the functional disturbance of neighboring organs that so frequently occur in such cases, due to interference and entanglement with the kidney.

What is the cause of floating kidney? It occurs in both sexes, but chiefly in females, and especially in those who have borne children. I have seen a number of such cases in multiparous women. It appears to be connected with the dilatation or distension during gestation, and relaxation of the abdominal walls following parturition. The kidney, as you know, is simply imbedded in a quantity of loose connective tissue and fat, the amount of which varies in different individuals. In some the kidneys are loose, and possess a considerable latitude of motion; in others they are more firmly fixed. The more range of motion it has naturally, the more likely it is to be displaced; pregnancy favors a relaxation, and causes such disturbance of other organs that the kidney is then apt to become dislodged; and if the renal vessels permit, it may descend even lower down than in this case. I have seen a case of floating kidney where the organ occupied the iliac fossa.

What can be done for the patient? Medicines directly can do very little, but indirectly they can accomplish something in the way of relieving symptoms. An abdominal bandage well applied would give great comfort. In order to adjust it, the patient is placed recumbent, and then the offending kidney is to be gently pressed up into position, where it is held by the bandage, drawn with considerable firmness, and it should be worn night and day; if taken off at night it will undo the work of

the day. By constant use of the bandage for months and years, adhesions that will maintain the kidney in place may occur, and I have thus succeeded in obtaining such new attachments when the bandage was worn for several years. Attention to the functions of the abdominal organs is also essential; flatus must be carefully guarded against by cutting off all articles of food that ferment readily in the stomach or intestines. I assure you that this point is one of much importance.

We can give also, with a view of overcoming this condition of abdominal fulness, a drop or two of carbolic acid three times daily. We should also prevent constipation by aperients occasionally, so that no colonic accumulation may press upon the kidney.

HEMIPLEGIA IN CHILDREN FOLLOWING SCARLATINA.

This little girl, Florence K., æt. 8 years, halts in walking, the left leg drags, the arm hangs at the side, there is left hemiplegia. This is remarkable occurring in a child only eight years of age. We will presently look into the history, in order to establish the nature of this trouble. She has had a shoe adapted to the foot to aid her in walking. This having existed for more than a year, there has been an interference with the development of this side of the body, for the leg and arm are both smaller and shorter than the corresponding limbs on the right side.

The history gives us a clear insight into the case. The child had a severe attack of scarlet fever, about two years ago, and, when in the third week, it was noted that the face was drawn to one side, and paralysis appeared in the members on the same side; in other words hemiplegia existed. There was no apoplectic stroke, for there was no loss of consciousness. Without any premonition, this trouble came on.

The fact that this patient was in the third week of scarlet fever must impress you as significant, for at this period she probably suffered from the kidney complication belonging to that stage of the disease. The mother tells us that, after a short absence from the apartment, she returned and was astonished to find this change in the appearance; the corner of the mouth was depressed, the eye staring, and the left side of the child's body motionless. She suffered doubtless from kidney trouble and albuminuria. You will ask what connection had this with the condition of the brain at that time? The state of the blood accompanying the renal disorder would favor thrombosis, and we may suppose a clot to have formed in the opposite hemisphere of the brain, the circulation being feeble owing to the condition of albuminuria. It was not an apoplectic seizure, but a mere coagulation of blood in the vessels. The arrest of the circulation was followed by suspension of function of the part, which was probably the motor tract.

But our object to-day is not simply to study pathology, but to seek to cure the child. We are not concerned so much with the primary cause, as we are with the present condition and prospects of improvement. We will first ascertain the state of the muscles, in order to see how much this disease has interfered with their growth and development. The arm and leg are wasted, the disease having already existed for a long time. What is the probability of restoring these muscles, and of bringing them again to a condition subject to the supremacy of the will? We will first ascertain the electrical reaction with the battery. If they cannot be influenced by a strong galvanic current, then but little can be accomplished by treatment.

Having the electrodes well moistened, and sending a slowly interrupted descending current through different groups of muscles, we find that they do respond readily. We expect to find this in cerebral hemiplegia; if the muscles are not so wasted that their proper elements have become entirely changed they will continue to respond to electricity until the muscles are atrophied. When this occurs contractions cannot be obtained even by powerful currents, this negative electrical result at this stage is termed by Erb the "reaction of degeneration." I think that the little observation made upon these muscles, shows that they will even respond slightly to the order of the will.

Is it possible to aid recovery by the use of the electrical current? If in an old case of hemiplegia, there should be full response upon applying the current to the muscles, there is not much to be accomplished by the use of electricity except to prevent further wasting of the muscles. Loose and erroneous ideas among medical men as to the utility of electricity, are due to its employment in just such cases by persons who did not understand that it can only keep up the nutrition of the muscles. What is the extent of the good that can be obtained from treatment if degenerate changes have been set up? In cerebral extravasations, the clot of blood would by pressure cause the surrounding area to undergo atrophic changes, which can only be partially restored. In the course of time the patient will recover more or less, but never entirely, for this degeneration takes place all along the motor tract at the base of the brain and into the anterior columns of the medulla oblongata and spinal cord. Having pointed out the fact that but little can be expected, it is proper to state that in many cases electricity should be applied, if only to prevent further degeneration of the muscles, for the patient would proceed from bad to worse without it.

In this case, however, there is prospect of decided benefit from the systematic daily application of the current, rubbing of the affected limbs, and due attention to general nutrition with occasional tonics and nourishing food.

[Great improvement in the child was observed from this regimen, and during the hot weather she was sent to the sea-shore.—REP.]

HEMICHOREA, IRREGULAR HEART, REMARKS UPON PATHOLOGY.

This little fellow has a marked disturbance of the muscles, which is known as chorea. The muscles, especially of the left side, are kept in constant jactitation. The heart is also choreic; there is considerable cardiac irregularity. When his attention is fixed upon things around him, the movements are less marked, but still there is more or less motion in the affected limbs all the time.

He has been brought before you for the purpose of indicating the proper treatment. His mother says that he has been thus affected ever since his birth.

In such a case there is usually a stunted condition of the bodily development, requiring for successful treatment a process of education. The child would get much worse if neglected. Our aim will be to promote general nutrition, but especially directing our attention to the nervous system. The lacto-phosphate of lime combined with the syrup of hypophosphites, or cod-liver oil, and arsenic would be useful. He shall have—

R—Syrupis calcis lacto-phosphatis, ℥j.

Liquoris potassii arsenitis, gtt. ij.—M.

℞.—Thrice daily.

It should be kept up for a considerable length of time; the amount of arsenic to be gradually reduced.

HYSTERIA WITH SUB-INVOLUTION OF UTERUS.

The next case is one of a kind similar to some that I have had before you; she is subject to attacks of nervousness; has a marked *globus hystericus*. You observe that she is pale and anæmic; indeed her face presents a marked degree of pallor. She has a poor appetite, food distresses her, and is very imperfectly digested. We learn that she was confined five months ago, the child being delivered with the forceps. She had a slow getting up. She has irregular menstruation, with a scanty flow. What must be her condition? Remember, there was a protracted, instrumental delivery; a slow getting up. We may safely assume, especially as she has suffered from disturbed menstruation, that the condition exists known as uterine sub-involution, in which the womb, instead of being restored to its proper size, has remained large and heavy, or in a state of chronic metritis. Instead of being full of blood its form is enlarged from actual tissue hypertrophy; not from congestion, but from increase of texture. The chronic metritis is the central point in the case.

In applying remedies we should first endeavor to bring about a change in the condition of the

uterus; and, secondly, we must look after the digestion and assimilation. She may take—

R—Extract. ergotæ,	gr. ij.
Ferri sulphat.,	gr. j.
Ext. nucis vomicæ,	gr. ʒ.
Hydrarg. chlor. corrosiv.,	gr. ʒ. ʒss.—M.
S.—Ft. pil. ter in die sumend.	

This will improve the condition of the digestion and the state of the blood; or, at least, I hope by it to bring about a change in the functions of nutrition and blood-making, as well as to act upon the uterus and promote involution.—*College and Clin. Record.*

EPITHELIOMA OF THE RECTUM. OPERATION.

BY ALFRED C. POST, M.D., NEW YORK.

Joseph Mowett, æt. 53; Scotland; widower; machinist. Admitted into Presbyterian Hospital. April 1, 1880. Family history good. Enjoyed good health until last summer, when he had an attack of yellow fever. Eight weeks before admission he began to lose flesh and strength. Three weeks later he began to have frequent fluid passages from his bowels, with severe bearing-down pain, which continued to the date of his admission, with slight intermissions. The loose evacuations contained mucus and blood. At the time of his admission he had seven to ten passages in twenty-four hours. Examination with a finger revealed an irregular, indurated, cock's-comb shaped tumor, an inch above the anus, at the junction of the left and posterior wall of the rectum, about two inches in length, and involving two-thirds of the circumference of the bowel. Chalk mixture with camphorated tincture of opium was ordered to relieve the diarrhœa.

April 5th.—Passages more nearly normal in appearance, less frequent and less painful.

April 10th.—Continued improvement; three to five passages in twenty-four hours, very little pain, no mucus, but occasionally a little blood. A consultation of the surgeons was held, and the operation of proctectomy was advised.

April 12th.—The patient was etherized, and the operation performed in the following manner: Two semi-elliptical incisions were made, one on each side of the anus, an inch from its margin, meeting in the perineum in front, and near the coccyx behind. These incisions were carried down to the muscular coat of the rectum above the sphincter, the rectum being drawn down by a vulsellum. The fibres of the levator ani were divided, and the incision was extended upward, until a line was reached corresponding with the upper extremity of the neoplasm, as felt by the introduction of a

finger within the gut. The morbid growth occupied the left side of the rectum, from near the median line posteriorly to the junction of the left with the anterior wall of the intestine. An incision was made through the rectum, a third of an inch on the right side of the median line posteriorly, and another through the anterior wall of the bowel near the median line, leaving between the two incisions a strip of healthy tissue, including about two-fifths of the circumference of the gut. The left side, including the diseased growth, was then drawn down and divided transversely above the diseased portion, little by little, each bleeding vessel being tied in the progress of the operation, until the whole mass was removed. The portion of the sphincter connected with the sound flap on the right side being regarded as superfluous and interfering with drainage, was removed, and the remainder of the flap secured by suture to the skin. Toward the close of the operation the circulation became quite feeble, and the pulse at the wrist imperceptible. Two hypodermic injections were administered, each containing thirty minims of whiskey.

6 P.M.—The patient has recovered from the effects of the ether, but he has a haggard look and a feeble pulse. Half an ounce of whiskey was given to him, and the dose was repeated after an hour. 10 P.M. Circulation much improved. Patient does not complain of any pain.

April 13th, 2 A.M.—No urine has been passed since the operation. A catheter was introduced, and seven ounces were drawn off. As there was some oozing of blood from the wound, a mixture was prepared, containing 40 minims of liquor ferri subsulph. with an ounce of water, and the patient was directed to take a drachm every three hours. In the middle of the day, as the quantity of urine drawn off by the catheter was scanty, infusion of digitalis was ordered, half an ounce three times a day. In the afternoon he had a movement of the bowels without pain. The stool was clay-colored and cylindrical. The wound was dressed with lint, moistened with carbolic oil, 1 to 10. The patient was directed to confine himself to a liquid diet.

April 15th.—Patient continues to do well. He takes his food regularly. He has two or three semi-solid stools in 24 hours. The wound is repacked with lint, moistened with carbolic oil after each stool.

April 17th.—Urine is regularly drawn off with a catheter. The secretion is more free, and the infus. digitalis was directed to-day to be discontinued. The wound is granulating, and is in a healthy condition.

April 20th.—In passing the catheter, some difficulty is experienced, there being an apparent obstruction in the membranous portion of the urethra. A steel sound of 30 mm. was passed

into the bladder, stretching, and probably divulging the urethra.

April 21st.—Since the passage of the sound, the patient urinates without a catheter. He has occasional cramps in his bowels, which are always relieved by morphia sulph. gr. $\frac{1}{8}$.

May 15th.—There has been steady improvement in the condition of the patient. The right side of the rectum, which was attached by sutures to the integument, united with the skin by the first intention. The left side, which was widely separated from the skin, has come down within half an inch from it, and the intervening space is filled with healthy granulations. There have been occasional attacks of diarrhoea, always relieved by bismuth, in five-grain doses, combined with sulph. morphia, gr. $\frac{1}{6}$. The patient's mind is a little confused. He has a singular hallucination, that the members of the house staff have conspired to chloroform him and cut him up. This hallucination probably originated in the fact that there was a case of secondary hemorrhage in the same ward, in which the house-surgeon was obliged to reopen a wound to secure some bleeding vessels.

June 3rd.—The patient has for some time past been able to put on his clothes, and to walk about the ward and the corridors. He continues to be troubled with his old hallucination, and to-day he absconded from the hospital.

In reviewing this case, its most remarkable feature seems to be the very moderate amount of local distress, or of constitutional disturbance, following so grave an operation. On the 13th of April, the day after the operation, the highest rate of the pulse was 96, and the highest temperature 100°. On the 14th, pulse 100; temperature 101°. On the 15th, pulse 100; temperature 101°. On the 16th, pulse 96; temperature 101.2°. On the 17th, pulse 96; temperature 101°. On the 18th, pulse 92; temperature, 100.7°. On the 19th, pulse 92, temperature 100.6°. On the evening of the 20th, the temperature descended to 98.5°, and from that time pulse and temperature were normal. The local symptoms, from the day after the operation, were equally mild. There was scarcely any complaint of pain, and the healing process went on without interruption. The progress of the case in all respects, except the mental condition of the patient, was entirely satisfactory.

It is a matter of regret that the patient could not be induced to remain longer in the hospital, and that the opportunity of watching the result of the operation for a more extended period was lost. The patient was under observation for a little more than seven weeks after the operation, and during this time the very extensive wound had nearly healed, and there was reason to hope that he might enjoy a long reprieve, if not a full immunity from a return of the disease.

THE LATE MISS NEILSON.

Dr. W. E. Johnston, of the Boulevard Malesherbes, Paris, writes to *The Times* as follows:—“For the last five years I have had the charge of Miss Neilson's health during her visits to Paris, one of the treatments running through a period of four months. The disease from which she suffered mainly was gastralgia—one of the forms of dyspepsia attended with neuralgia of the stomach, a form extremely fantastic in its coming and going, and in her case quite as dependent on moral causes as on errors of diet. The last fatal attack in the Bois de Boulogne was evidently one of her usual attacks of gastralgia, which might have been relieved then, as it often had been relieved before, by a free use of morphia. The unfortunate lady sent her maid for me at seven o'clock, but to my great regret I was absent that night on a visit to my family in the country, and did not hear of her illness till I heard of her death. At three o'clock in the morning, twelve hours from the commencement of the attack, during a most violent recurrence of pain, she suddenly ceased to complain, and went into a state of syncope. The post-mortem examination made the next day by Dr. Brouardel, Professor of Legal Medicine at the Medical School of Paris, and now one of the first authorities in Europe in legal medicine, disclosed the extraordinary fact, one of the rarest in the history of medicine, that in her writhing she had ruptured a varicose vein in the left Fallopian tube, and had died from internal hemorrhage. Two quarts and a half of blood were found in the peritoneal cavity, and the ruptured vein presented an orifice of from four to five millimetres in diameter.”

The following additional particulars of the fatal illness of the distinguished *artiste* will be read with interest:—Dr. Monnier, of 12, Rue Copernic, was sent for and arrived at 4 o'clock. He found great physiological disturbance and vesical irritation, pains in the back, and oppression of the chest with difficulty of breathing; pulse scarcely perceptible. He ordered tea; administered laudanum and ether, and gave instructions for linseed-meal poultices to be applied. The pain was not permanently relieved. Syncope occurred shortly afterwards, but the patient was restored by the application of warmth. Some time subsequently copious vomiting set in. About this time in the case a curious incident occurred, which somewhat disturbed the patient: a bat flew in at an open window and hovered around the bed. “Look at that great bird flying about me!” said Miss Neilson. After a while she grew quieter, and Dr. Monnier took his leave. Subsequently Dr. Gantillon was called in and ordered two pills (Colocynth), which acted freely. At 2.30 Dr. Monnier received an intimation that the patient was worse. On arrival at the house he found the patient asleep, but was somewhat

alarmed by her appearance. On returning to the room after a short absence, he discovered Miss Neilson had been dead about half-an-hour.—*London Lancet.*

OLIVE OIL FOR THE SOLUTION AND EXPULSION OF BILIARY CALCULI.

BY RODERICK KENNEDY, M.D., BATH, ONT.

It is scarcely a matter of doubt that the means resorted to for the solution and expulsion of biliary calculi have hitherto proved slow and uncertain in their operation. Systematic writers, as a rule, do not attach a great deal of weight to the value of the so-called solvents. Not a few incline to the view that remedies of this kind are practically all but inert. Others assert in plain terms that medicines having these powers do not exist. Chloroform alone, or with ether, in the hands of some, is said to have removed these bodies, but this mode does not seem to have come into general use, probably because it requires time, and the proof of success is inferential. A simple medicine, readily available in practice, and having the power of softening and expelling biliary calculi, it will be admitted has hitherto been a desideratum. Such a medicine I have, during the past year, used in a variety of cases, and, I am happy to say, always with complete success. In every instance in which the calculi were proved, or presumed, to have been the cause of periodic suffering, these bodies were promptly and painlessly expelled in larger or smaller numbers by the use of *large* doses of olive oil. In some instances lately, where the patients did not exhibit symptoms of such acute suffering as are more commonly witnessed, but where obstruction to proper flow of bile was evident, I had recourse to this remedy, and in these cases also have been rewarded with similar surprising and satisfactory results.

A brief notice of a few cases illustrating the effects of the means used may prove to be not without interest.

Robert C—, of Adolphustown, an elderly farmer, had for some years been subject to hepatic disorder, attended with the occasional passing of gall-stones. The intervals between the passing of the bodies had gradually become more brief, and lately the paroxysms, always characterized by intense suffering, had come on at intervals of about a week with great regularity. I found the patient anæmic, sallow, and very much exhausted. The usual remedies for the gradual solution of the stones had been tried, but radical relief not being obtained, mitigation of the intense suffering was what, previous to my being sent for, had been principally aimed at. I ordered six ounces of the oil to be taken at bedtime, to be followed in the

morning by a full dose of castor oil. No motion of the bowels was obtained till next evening, after the administration of an enema. Twelve hours after taking the oil, the patient began to complain of a good deal of nausea and faintness, and for several hours there was considerable restlessness, and constant apprehension that the usual paroxysm was about to come on, but no acute pain. In the evening the enema was followed by several copious motions, each containing numbers of softened gall-stones, amounting in all to no fewer than two hundred, varying as to size from a large hickory-nut to a small pea, of a pale yellowish-green color, semi-transparent, soft, easily broken up, and of a great variety of shapes. The patient had a good night's rest, and expressed himself in the morning as feeling very much better, and enjoyed a light breakfast. After the lapse of two days, the paroxysms threatening to return, I ordered the oil to be repeated two nights in succession. The expulsion of a quantity of slimy bilious-looking matter followed, but no more calculi. The calculi had evidently become dissolved. The patient was left with directions to repeat the use of the oil a few times, at intervals of two or three weeks, and after this as might be indicated by the recurrence of symptoms threatening the return of the paroxysms. I saw the patient five months after my visit. While there were indications of organic disease of the liver, no more calculi had been passed, and the paroxysms had ceased to return.

Mrs. W. F—, of Ernestown, presented a case very similar to that of C—. She had for some years suffered from fits of intense pain, generally coming on after a hearty meal. She was directed to take full doses of the oil for two consecutive days. She passed about two hundred calculi, varying in size from a grain of wheat to a filbert. The periodic attacks of pain ceased with the removal of the gall-stones.

Gabriel B— and Clinton F—, both of this township, each presented a case of hepatic disease, characterized by obstruction to the flow of bile, accompanied by severe pain. The oil was administered with the effect of removing softened calculi of considerable size, but in smaller numbers than in the preceding cases, the general symptoms being relieved. A number of other cases might be referred to, in all of which the power of the oil to soften and facilitate the expulsion of biliary calculi was shown to be prompt and unequivocal.

The material point which may be deduced from these cases is that olive oil, administered in repeated *large* doses, seems to have an unquestionable power of so softening and partially dissolving biliary concretions as to render their expulsion comparatively easy.

Another fact I have noticed is, that although the administration of the oil at intervals of a few weeks or months does prevent the re-formation of the

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ALOE AND NUX VOMICA, 2 grs.	75	3 50	{ Campbor, 1 gr., Ext. Hyoscyami, 1 gr. }		
{ Pulv. Aloes Soc., 1-1/2 gr. }			CAMPBON, HERBERE and VALEKIAN, 2 1/2 grs.	60	2 75
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This is the Brown Mixture of the U. S. P. with the addition of 1 gr. Ammonium Murias.			CATHARTIC VEGETABLE, 60	2 75	
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{ Ext. Coloc. Comp., 2 1-2 gr. }			{ Aloes, Socotrin pulv., 1-2 gr. }		
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ANTI-CHILL, 1 00	4 75		OL. Menthe Pip. 1 gr.	1 00	4 75
{ Chinoidine, Ferri Ferrocyanidum, aa, 1 gr. }			CERRU, OXALATE, 2 grs.	1 50	7 25
{ Ol. Piper. Nig., 1-20 gr. }			CHARCOAL, WILLOW, 2 grs.	60	2 75
{ Acid. Arseniosum, 1-20 gr. }			CHINOIDINE, 1-2 and 1 gr.	60	2 75
ANTI-DYSPEPTIC, 1 00	4 75		CHINOIDINE, 3 grs.	75	3 50
{ Strychnia, 1-40 gr. }			CHINOIDINE, POWDERED, PURIFIED, 1 gr.	60	2 75
{ Ext. Belladonnae, Pulv. Ipecacuanhae, aa 1-10 gr. }			CHINOIDINE, POWDERED, PURIFIED, 3 grs.	75	3 50
{ Fil. Hydrarg., Ext. Colocy. Co., pulv., aa 2 grs. }			CHINOIDINE, POWDERED, PURIFIED, 5 grs.	1 00	4 75
ANTI-FERROUS, 1 00	4 75		CHINOIDINE, POWDERED, PURIFIED, 5 grs.	1 50	7 25
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{ Res. Podophylli, Gelsemia, aa, 1-20 gr. }			CINCHONIA, SULPHATE, See Quinine Ltd.		
{ Strychnia Sulph., 1-33 gr. }			CINCHONIDIA, SULPHATE, See Quinine Ltd.		
{ Olorosina Capsici, 1-10 grs. }			COCA EXTRACT, 1 gr.	65	3 00
APERIENT, 1 00	4 75		COCA EXTRACT, 2 grs.	95	4 50
{ Ext. Nucis Vom., 1-3 gr. }			COCA EXTRACT, 3 grs.	1 25	6 00
{ Ext. Hyoscyami, 1-2 gr. }			CODDIA, 1-10 gr.	1 75	8 50
{ Ext. Coloc. Comp., 2 grs. }			CODDIA, 1-5 gr.	2 50	12 25
APHRODISIAC, 1 35	9 00		CODDIA, 1-2 gr.	3 50	17 25
{ Ext. Turnera Aphrodisiaca, 2 grs. }			COLOCYNTH COMP. EXTRACT, 2 grs.	1 00	4 75
{ Phosphorus, 1-100 gr. }			COLOCYNTH, IPECAC AND BLUE, 1 00	4 75	
{ Ext. Nucis Vomice, 1-3 gr. }			{ Fil. Hydrarg., Ext. Coloc. Comp., pulv., aa 2 grs. }		
ARSENIOUS ACID, 1-50, 1-40, 1-20 & 1-30 gr.	50	2 25	{ Pulv. Ipecacuanhae, 1-8 gr. }		
ASBAFETIDA, 60	2 25		COOLB, 2 grs.	60	2 75
{ Asafoetida, 1-1/2 grs., Pulv. Saponis, 1-2 gr. }			{ Pulv. Rhei, Pulv. Aloes Soc., aa, 1 gr. }		
ASBAFETIDA, U. S., 4 grs.	60	2 25	{ Hydrarg., Chlor., Mite, 3-4 gr. }		
{ Asafoetida, 2 grs., Pulv. Saponis, 1-2 gr. }			{ Pulv. Saponis, 1-4 gr. }		
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BLUE PILL COMPOUND, 75	3 50		{ Pulv. Ipecacuanhae, 1 gr., Ol. Foeniculi, 1 gr. }		
{ Fil. Hydrarg., 1 gr., Pulv. Opii, 1-2 gr. }					
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CAFFEINA, CITRATE, 1 gr.	3 75	18 50			

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{ Acid. Salicylicum, 1 gr. }			TONIC (DR. AIKEN'S). See Quinine Lib.		
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STRYCHNINE COMPOUND.	1 00	4 75	ZINC, PHOSPHIDE.	1-6 and 1-4 gr.	75
{ Strychnine, 1-100 gr. }			ZINC, PHOSPHIDE & EXT. NUX VOMICA.	1-2 gr.	1 00
{ Phosphorus, 1-100 gr. }			{ Zinc Phosphidum, 1-10 gr. }	1 00	4 75
{ Ext. Cannabis Indic., 1-16 gr. }			{ Ext. Nucis Vomica, 1-4 gr. }	1 00	4 75
{ Ginseng, 1 gr. }			ZINC, VALERIANATE.	1 gr.	85
{ Ferri Carb., 1 gr. }					4 50
SULPHUR IODIDE.	1-25 and 1-10 gr.	50			

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	Bottles 100 Pills	Bottles 500 Pills		Bottles 100 Pills	Bottles 500 Pills
CINCHONA BARK ALKALOIDS.	1 90	9 25	QUININE, SULPHATE.	1 gr.	1 00
{ Quinidine Sulph., 1-2 gr. }			QUININE, SULPHATE.	1 1-2 grs.	2 50
{ Quinine Sulph., 1-2 gr. }			QUININE, SULPHATE.	2 grs.	5 00
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{ Cinchonidine Sulph., 1-2 gr. }			QUININE, SULPHATE.	4 grs.	6 00
CINCHONA, SULPHATE.	3 grs.	95	QUININE, SULPHO-CARBOLATE.	1 gr.	2 15
CINCHONINE, SULPHATE.	5 grs.	1 25	QUININE, SULPHO-CARBOLATE.	1 1-2 grs.	2 75
CINCHONIDIA (ALKALOID).	1 gr.	95	QUININE, SULPHO-CARBOLATE.	2 grs.	3 30
CINCHONIDIA (ALKALOID).	2 grs.	1 55	QUININE, SULPHO-CARBOLATE.	3 grs.	4 00
CINCHONIDIA (ALKALOID).	3 grs.	2 05	QUININE, SULPHO-CARBOLATE.	4 grs.	4 60
CINCHONIDIA (ALKALOID).	4 grs.	2 55	QUININE, SULPHO-CARBOLATE.	5 grs.	5 25
CINCHONIDIA, SULPHATE.	1 gr.	85	QUININE, SULPHO-CARBOLATE.	6 grs.	6 00
CINCHONIDIA, SULPHATE.	2 grs.	1 25	QUININE, VALERIANATE.	1-2 gr.	1 50
CINCHONIDIA, SULPHATE.	3 grs.	2 00	QUININE AND ALOES.	1 gr.	1 00
CINCHONIDIA, SULPHATE.	4 grs.	2 80	{ Quinine Sulphas, 2-4 gr. }		
CINCHONIDIA, SULPHATE.	5 grs.	3 60	{ Pulv. Aloe Soc., 1-4 gr. }		
"HOSPITAL QUININE."	1 1-2 gr.	75	QUININE AND ARSENIC.		1 00
"HOSPITAL QUININE."	1 gr.	80	{ Quinine Sulphas, 1 gr. }		
"HOSPITAL QUININE."	1 gr.	1 25	{ Acid. Arsenicum, 1-20 gr. }		
"HOSPITAL QUININE."	1 1-2 grs.	1 95	QUININE AND CAPSICUM.		1 90
"HOSPITAL QUININE."	2 grs.	2 50	{ Quinine Sulph., 1 gr. }		
"HOSPITAL QUININE."	3 grs.	3 75	{ Pulv. Capsic., 1-4 gr. }		
"HOSPITAL QUININE."	4 grs.	5 00	QUININE AND IRON BY HYDROGEN.		1 90
"HOSPITAL QUININE."	5 grs.	6 25	{ Quinine Sulphas, 1 gr. }		
"HOSPITAL QUININE."			{ Ferrum Redactum, 1 gr. }		
			QUININE AND IRON, CARBONATE.		1 90
			{ Quinine Sulph., 1 gr. Ferri Subcarb., 2 grs. }		
			QUININE AND IRON, IODIDE.		1 25
			{ Quinine Sulph., 1-2 gr. }		
			{ Ferri Iodidum, 1 gr. }		
			QUININE AND STRYCHNINE.		1 90
			{ Quinine Sulphas, 1 gr. }		
			{ Strychnia, 1-60 gr. }		
			QUININE, ARSENIC AND NUX VOMICA.		1 90
			{ Quinine Sulphas, 1 gr. }		
			{ Acid. Arsenicum, 1-60 gr. }		
			{ Ext. Nucis Vomica, 1-4 gr. }		
			QUININE COMPOUND.		1 90
			{ Quinine Sulphas, 1 gr. }		
			{ Ferrum Redact., 1 gr. }		
			{ Acid. Arsenicum, 1-20 gr. }		
			QUININE COMPOUND AND EXT. DANDELION.		2 25
			{ Quinine Sulphas, 1 gr. }		
			{ Ferri Sulph., Exsic., 1-4 gr. }		
			{ Acid. Arsenicum, 1-20 gr. }		
			{ Extract Taraxac., 1-1-4 gr. }		
			QUININE COMPOUND AND STRYCHNINE.		1 90
			{ Quinine Sulphas, 1 gr. }		
			{ Ferrum Redactum, 1 gr. }		
			{ Strychnia, 1-30 gr. }		
			{ Acid. Arsenicum, 1-20 gr. }		
			QUININE, IRON AND NUX VOMICA.		1 90
			{ Quinine Sulphas, 1 gr. }		
			{ Ferri Carb. (Vallet's), 1 gr. }		
			{ Ext. Nucis Vomica, 1-4 gr. }		
			QUININE, PHOSPHORUS AND IRON. See Phos.		
			QUININE, PHOSPHORUS AND NUX VOMICA.		2 20
			{ Quinine Sulphas, 1 gr. }		
			{ Phosphorus, 1-60 gr. }		
			{ Ext. Nucis Vomica, 1-40 gr. }		
			QUININE, PHOSPHORUS AND NUX VOMICA.		2 50
			{ Quinine Sulphas, 1 gr. }		
			{ Phosphorus, 1-60 gr. }		
			{ Ext. Nucis Vomica, 1-4 gr. }		
			QUININE, QUASSIA AND NUX VOMICA.		3 25
			{ Quinine Sulph., 1 gr. }		
			{ Ext. Quassia, 1 gr. }		
			{ Ext. Nucis Vomica, 1-4 gr. }		
			TONIC (DR. AIKEN'S).		1 90
			{ Quinine Sulph., 1 gr. }		
			{ Acid. Arsenicum, 1-60 gr. }		
			{ Ferrum Redactum, 2-3 gr. }		
			{ Strychnia, 1-50 gr. }		

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Ferri Protocarb., 2 grs.
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No. 2.

{ Iodoformum, 1-3 gr.
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1-4, 1-2, 1, 1 1-2, 2, 3, 4 & 5 grs.

Recommended for their ready solubility. It is an attested fact that Bi-Sulphate Quinine dissolves in one-seventieth part of as much water as the Sulphate requires, which renders it much the more desirable salt in important cases. We offer the pills at the same prices as the ordinary sulphate.

concretion for the time, yet the resort to the oil alone does not alter the causes or diathesis upon which the formation of these bodies depends.—*The London Lancet.*

THE LAW OF SLANDER AS APPLICABLE TO PHYSICIANS.—The following extracts are from a paper which appeared in the August number of the *American Law Register*, of Philadelphia, from the pen of Mr. W. H. Whittaker, attorney at law: There is, perhaps, no class of professional men more subject to abuse, and, it is believed, more powerless to obtain redress than physicians. About clergymen, the law has thrown its protecting arm and public opinion has been wont to overlook, if not to pardon their shortcomings. The clergyman is a sort of privileged person, whose character is tried before, and whose conduct is regulated by ecclesiastical tribunals to which the courts of law have relegated it. Lawyers can take care of themselves.

For alleged professional misconduct, incapacity or ignorance, for rumored unskilful treatment of diseases, physicians who choose may have recourse to legal proceedings. But to cowhide the editor or sue the newspaper for the circulation of a libel, may be said in either case to be social suicide. The physician must grin and bear it. But if he braves public opinion and asserts his rights, if he endeavors to obtain satisfaction at law, the chances are, to say the least uncertain. It is doubtful, as the law now stands, what charges of misconduct in a physician in a single instance are actionable. One court *Camp v. Martin*, 23 Conn. 86) has held that words spoken of a physician, charging him merely with ignorance or misconduct in the treatment of a particular case were not actionable, *per se*. The words were, "If Dr. C. had continued to treat her, she would have been in her grave before this time. His treatment of her was rascally." Another court (*Secor v. Harris*, 18 Barb. 425) has adopted a contrary view in a similar case, where the words were: "Dr. S. killed my children. He gave them teaspoon doses of calomel; it killed them; they died right off, the same day." This last is no doubt a more aggravated case, but it is difficult to understand the grounds upon which the principle was distinguished in the two cases. * * The question still remains, when do the misrepresentations of a physician's practice in a particular case warrant the presumptions of damage? It is allowed that slanderous words alleging gross ignorance generally, or such ignorance or thorough incapacity as unfits him for the proper exercise of his profession, are actionable *per se*. To say of a physician: "He is a quack;" (*Pukford v. Gutch*, Dorchester Assizes, 1787); or "He is an empiric and a mountebank;" (*Vin. Abr. Act. for Words*, S. a. 12); or "He is a quack; if he shows you a diploma it is a forgery;" (*Moises v. Thorntoon*, 8

Term Rep. 303);" or "He is no doctor; he bought his diploma for \$50;" (*Burgold v. Puchta*, 2 Thomp. & C: (N.Y. 522); or "He is a drunken fool and an ass and never was a scholar;" (*Cawdrey v. Tetley*, Godb. 441); or "He has killed six children in one year;" (*Carroll v. White*, 33 Barb. 615); or "It is a world of blood that he has to answer for in this town through his ignorance. He was the death of J. P. He killed his patient with physic;" (*Tully v. Alewin*, 11 Mod. 221); or "I wonder you had him to attend him. Do you know him. He is not an apothecary; he has not passed any examination. He is a bad character; none of the medical men here will meet him. Several have died that he has attended to, and there have been inquests held upon them;" (*Southee v. Denny*, 1 Ex. 196.) In all these cases it has been held that damages are inferable without proof; but to say of a physician, "He is so steady drunk that he cannot get business any more;" (1 Ohio 83 n.); or "He is a two-penny bleeder;" (*Foster v. Small*, 3 Whart. 138); or to charge an allopathic physician with having met homœopaths in consultation, and that in the opinion of the profession it was improper to do so and against etiquette, and further, that in the opinion of the profession it was disgraceful to meet a homœopathist in consultation (*Clay v. Roberts*, 8 L. T. N. S. 397); or to charge him with adultery not necessarily touching him in his profession without showing that it was connected with his profession (*Ayre v. Craven*, 2 Ad. & E. 2), have been held not actionable *per se*.

While the authorities are generally agreed as to charges of gross ignorance or incapacity in the exercise of the duties of the physician, it is not easy to determine what words are actionable in themselves in special instances. In analogous, and even in precisely similar cases, the courts are divided. Where the words were: "He killed my child; it was the saline injection that did it;" (*Esdall v. Russell*, 4 M. & G. 1090); or "He has killed my child by giving it too much calomel;" (*Johnson v. Robertson*, 8 Porter 486), they have been held actionable *per se*. And, on the contrary, the words, "He has killed his patient with physic;" (*Poe v. Mondford*, *supra*), or "In my opinion, the bitters A fixed for B, were the cause of his death," (*Fones v. Diver*, 22 Ind. 184), or "He gave my child too much mercury, or made the medicines wrong through jealousy, because I would not allow him to use his own judgment." (*Edsall v. Russell*, *supra*), have been held not actionable in themselves.

In the examination of these cases, it will be found that where the physician is charged with killing his patient, the words have been held actionable on account of the imputation of crime which they import, and the only case in which such language has been held not actionable, is that of *Poe v. Mondford*, of an early origin. The case

was rejected by the court in *Secor v. Harris*, on the ground that it was decided at a time when the doctrine of *mitior sensus* prevailed. And as for the case of *Jones v. Diver*, the court held that the words were not actionable, because they did not import a charge of murder; that if the defendant had said that "the bitters Dr. D. gave John Smith, caused his death; there was enough poison in them to kill ten men," he would have been held guilty of the charge, and the words have then been actionable.

How such words necessarily import the crime of murder or manslaughter, in the absence of any expression of intention, is not quite clear. This was not the ground of the decision in a case of a non-professional, charged with having destroyed the life of a patient by mistaken, but well-meant, efforts to save his life: *March v. Davison*, 9 Paige (N.Y.) 580. But even if the words do not import the charge of crime or of gross incapacity generally, there seems to be reason for holding that they should be actionable. It is true, as was said in a former case, that a physician might make a mistake in his treatment of a disease, because it was rather a proof of human imperfection than of culpable ignorance, but the consequences are often as fatal to him as though the charge was a general one. His mistake might be of "that pardonable kind" which would do him no injury in his profession, but the public might not pardon it. And what if he is not guilty of the charge? What if he has done his duty towards his patient, and has adopted every means in his power, and such as were recognized in the profession as suitable for the case, to restore him to health? The consequences, so far as the public are concerned, are the same, with the additional mental suffering which every man must undergo whose conduct and whose actions are grossly misrepresented before the community at large. True, the law does not deny him remedy, if he chooses to take it. Perhaps it would be more fatal to resort to legal proceedings in any case. If he does, he is compelled to show special damages, for none will be inferred. This alone would cause many to hesitate before bringing an action. The difficulty attendant upon proving damages, the length of time intervening between the publication and consequences of a slander, would deter many from the prosecution of the slander.

As the cases now stand, one may bring almost any charge of misconduct against a physician in a particular case, without subjecting himself to an action for damages *per se*, provided it does not come within the category of a statutory crime, or impute to him general incapacity.

TREATMENT OF RENAL EPILEPSY.—Dr. Eben. Duncan, (*Glasgow Medical Journal*) gives the following as his treatment of renal epilepsy in par-turient women. The treatment of renal epilepsy

occurring in young robust women must be prompt and energetic. Every successive attack of convulsions increases the congestion of the kidneys, and tends to produce congestion of the brain. The tendency is to death, either by spasm of the respiratory muscles or by apoplectic effusion. When called to such a case, during an epileptiform attack, the physician should administer chloroform in order to avert the danger of death by asphyxia; and if the patient's pulse be full and strong, she should be bled from the arm to the extent of 12 or 15 ounces. I have been convinced, by repeated observation of such treatment in various forms of acute organic congestion occurring in otherwise healthy persons, that moderate venesection is not only free from any evil results, but is more speedily and certainly followed by good results than any other remedy which can be suggested. Hydrate of chloral should also be administered in all such cases, either by the mouth or by the rectum, in order to keep up a continuous soothing action upon the excited nerve centres. It may be repeated in doses of 30 grains every two hours if necessary. Even in epilepsy proper, I have found that chloral succeeds in controlling these sudden explosions of nerve force when bromide of potassium and other remedies have utterly failed. If labor does not occur spontaneously, and if the convulsions occur in spite of these remedies, I believe it is necessary to evacuate the uterus as speedily as can be safely accomplished. Barnes' bags are a most valuable means of dilating the os uteri, which I have repeatedly had recourse to in various emergencies. I have found by experience that the gum elastic uterine tube used with the syringe for the injection of perchloride of iron, is the best instrument for placing these bags in position and retaining them within the os during their subsequent distension. When the os is fully dilated and the membranes ruptured, the application of the forceps is usually devoid of danger. The means which may be necessary to hasten labor must vary according to the circumstances of mother and fœtus. It is essential to the safety of the patient that she should be put fully under the influence of chloroform before any such obstetric operation is attempted, otherwise the irritation of the uterine and vaginal nerves so produced may, by their reflex action, give rise to a fresh epileptiform seizure.

When the immediate danger of the convulsions is combated, we must endeavor by every means to promote the excreting power of the kidneys, and to assist these organs by acting freely upon the bowels and skin. I have found as a matter of experience that benzoic acid, combined with a saline diuretic such as acetate of potash, promotes greater diuresis than either of these remedies when administered alone. It was introduced into practice as a means of neutralising the carbonate of

ammonia which, until lately, was erroneously supposed to exist in excessive quantity in the blood of uræmic patients. I still believe it to be a valuable remedy in these cases on account of its diuretic action.

In conclusion, in such puerperal cases, until the kidneys have been got to act freely, and the patient's general condition is quite satisfactory, I would urge the importance of having her constantly under the supervision of some one who is capable of giving her chloroform, and if necessary, using other means, to prevent the calamity which happened to my first patient. Her life, I firmly believe might have been saved by the timely administration of remedies.

STRYCHNIA IN THE TREATMENT OF MYELITIS.

—At the meeting of the American Neurological Association, in June last, an interesting discussion took place, partaken in by Drs. Jewell, Beard, Hammond, Grey, Seguin and others, on the treatment of myelitis. Dr. Jewell opened by stating that in several cases of advanced myelitis, he had, after the failure of the usual treatment with bromides, ergot, etc., put the patient under the influence of strychnia in increasing doses, with the most favorable results. In one case the amount was increased to almost a toxic dose (one-tenth of a grain), with advantage. With this apparently anomalous treatment he enforced rest, as nearly absolute as it could be made. Several of the other speakers expressed their surprise at this employment of strychnia as being contrary to their own experience, and not agreeing with the physiological therapeutics of the disease. In reply Dr. Jewell said that he did not claim to explain its action in these cases, but he could conceive that it perhaps gave a better tonicity to the spinal blood-vessels in certain cases. He should never give it while there were any febrile symptoms remaining; but he thought that after the disease had progressed to a certain extent, then strychnia might be tried, and if the acute stage had passed, and there was no softening, then the stimulative action of strychnia would do good, if there was softening it could do no harm. He thought it might often be employed earlier in the disease than is commonly deemed possible, and in stages where most physicians gave ergot and bromides to bring about contraction of the blood-vessels. He had used iodide of potash along with strychnia in some of his cases, but the improvement seemed to follow the use of the latter drug more than the former.

We have ourselves observed the good effects of strychnia in one of the most striking cases mentioned by Dr. Jewell. It might have well been called a case of active myelitis. The paralysis had advanced steadily and rapidly up the body in a few days, till the patient had no bodily consciousness or power below the diaphragm; a sacral slough

had started, and respiration began to be embarrassed. He was given up by his friends, and it was thought by them that his life was limited to hours rather than days. The ergot was abruptly discontinued at this stage, and he was put upon strychnia in rapidly increasing doses. The paralysis was checked in its advance; improvement was noticed within twenty-four hours, and from this time his recovery, if not as rapid in its progress as had been his disease, was continuous with the use of the remedy. As far as one case could be, this seemed conclusive as to the advantages of strychnia in the treatment of myelitis. It may not be advisable to begin the treatment of every, or, indeed, of any case of myelitis with strychnia, but there are doubtless many that ought not to be given up till it has had a fair trial. The above case, and it seems to be supported by others in Dr. Jewell's practice, makes it appear probable that, even in the last stages of the disease, a vigorous strychnia medication may often be of the utmost value.—*Chicago Med. Review.*

HYGIENE OF THE MOUTH IN SYPHILIS.—Dr. E. L. Keyes (Venereal Diseases) says that on account of the necessity of giving mercury, and of the danger of salivation, lesions of the mouth and throat, which are very obstinate in this disease, should be avoided as far as possible by cleanliness of the mouth and freedom from irritants. Before the mercurial course is commenced let the teeth be put in order by a dentist; let all tartar be removed, old stumps extracted; let any sharp angles of the teeth likely to come in contact with the tongue be filed away. Any reaccumulation of tartar during the progress of treatment should be removed. Let a soft toothbrush be used. The toothbrush or powder should be strongly alkaline and slightly astringent. A half-teaspoonful of bicarbonate of soda and a teaspoonful of the tincture of myrrh, in a glass of water, or white castile soap and water, or a weak solution of alum in water, make excellent tooth-washes. With such care mucous patches become less annoying and easier to manage, and the effect of the mercury may be more closely watched, since one is not in the habit of being misinformed as to the cause if the edges of the gums become soft and tender. Smoking is also entirely contra-indicated during the first year or two of syphilis, as it is apt to induce a greater number of mucous patches and mouth lesions than would otherwise occur. Tobacco-chewing is equally bad, or worse. Highly spiced or stimulating food may help to keep the mouth tender, and should therefore be avoided. A pipe is a dangerous thing in syphilis, owing to the risk of infection, if it is used by healthy persons, because the secretions of mucous patches and syphilitic ulcers in the mouth are specially contagious.—*Chicago Medical Review.*

DR. HOWARD'S METHOD OF RESTORING A PERSON APPARENTLY DROWNED.—P., in *Brit. Med. Journal* of July 31st :

This is the plan taught by a man
In America much renowned,
To give back breath and snatch from death
A body apparently drowned.
Those who are the standers-by
Off his wet things now must take,
Must rub him very warm and dry,
And of his clothes a bolster make.

The first step is to make him sick,
So turn him on his face ;
Your roll beneath his stomach stick,
And the corresponding place
Upon his back press thrice or more ;
Each time you press count slowly four.

The next thing is to make him breathe ;
Therefore turn him round,
Put your roll a bit beneath
Where the shoulder blades are found ;
Then place his arms above his head,
His hips between your knees ;
Your hands upon his ribs you spread,
And his sides together squeeze.

With elbows steadied on your hips,
You sudden forward press ;
The weight of your body as it tips
Will make this labor less.
Backward and forward now you go,
Eight or ten times per minute, slow,
At the very least for an hour or so.

If the breathing does come back,
Let it have its way ;
But if it should get too slack,
Quicken it you may.
When he breathes, the standers-by
Who all the time have rubbed him dry,
Put him in the bed they will,
And leave him now to doctor's skill.

THE HOMŒOPATHIC CONGRESS.—The *London Lancet* in commenting on the recent meeting in Leeds, says : When every other body of men is having its Congress it would be hard if the Homœopathists were not to have theirs. Accordingly they have been meeting in Leeds, and have been trying to take a hopeful view of their position in the world. To do them justice we must say that the principal speakers spoke with a modesty and a certain vagueness which contrast favorably with the old and intolerant style of the master. The principal object of the President, Dr. Yeldham, in his address, was to magnify the element of certainty in medicine. This is a sentiment so proper that we can all accept it. But the question is, What is certain ? The homœopathic doctrine has been so roughly handled lately by leading homœopaths, that we must consider it, to say the least, very uncertain. We have been lately told by the leading homœopathist in London that the principle of cure is sometimes *similia similibus*, and sometimes *contraria contrariis*,

whereas the master said that no future experience would qualify the principle of *similia* as the one and only principle of cure. Recent homœopathic practice raises still stronger doubts about the certainty of the other thing that the master insisted on as established—viz., the virtue of infinitesimal doses. Every now and again good, simple homœopaths, of which a few still survive, are shocked by the rebellion of unworthy disciples. Formerly homœopathy had only to contend with the disadvantage of divorce from scientific medicine ; now it has to bear the fate of a divided house. At the dinner in the evening Dr. Yeldham tried to speak comfortably to his brethren on the subject of the slow progress of homœopathy. He thought great reforms were always slow ; but considering the reasonableness of the age, and the fast rate at which truth and falsehood are exposed, it is certainly becoming a serious argument against homœopathy that eighty years after its promulgation it is as much without scientific recognition as it was two generations back. About the same time that homœopathy was announced Jenner announced the efficacy of vaccination. Let anybody contrast the fate of the two announcements : the one accepted by every civilised country, and by every medical school in the world : the other without recognition in any European University, even in Germany, the land of its origin.

"NARCOLEPSY."—Under the name of narcolepsy M. Galineau describes, in the *Gaz. des Hôp.* (British Med. Journal), a rare form of neurosis, characterized by an irresistible desire to sleep, sudden in its onset, lasting but a short time, and recurring at more or less prolonged intervals. This neurosis has some analogies with somnolence and catalepsy. It was described for the first time, in 1862, by Dr. Casse, who referred it to a serous and passive congestion of the meninges and of the brain. The persons suffering from it fall asleep any moment ; their sleep lasts for a few minutes, and they then recover their consciousness. The patient whose case is reported by M. Galineau fell asleep in this way four or five times during his dinner, letting his knife or fork fall, and breaking of in the middle of a sentence he was uttering. Up to the present time the most varied kinds of treatment have failed to give any good results.

THE ASPIRATOR AS A GUIDE TO COLOTOMY.—For the purpose of illustrating the use of the aspirator as a guide to operation in obstruction of the bowel, Dr. Maclaren of Carlisle (*Brit. Med. Journal*), reported a case in which he had employed it—Mrs. R., aged 43. At the time when operation became necessary from threatened collapse, there had been no motion for nine days. There was some evidence that the stoppage was in the colon ; but, from the absence of marked physical signs,

the exact seat was doubtful. It was a question whether it would not be better to open the small bowel close to the cæcum rather than run the risk of cutting down on the colon below a stricture. Aspiration of the ascending colon settled the question by withdrawing liquid fæces and air; and right colotomy relieved the patient. Five days after the operation, the patient passed some fæces *per anum*, and in a short time she had daily an apparently natural motion. Two months after the operation, she was found dead in bed, though she had been strong and well on the previous day. A *post mortem* examination showed degenerated heart-muscle, which accounted for the sudden death. In the bowel, just above the sigmoid flexure, was a cancerous mass. This did not then occlude the bowel, but had at the time when she suffered from the obstruction. In conclusion, the paper drew attention to the very valuable aid to diagnosis which aspiration afforded in this class of cases, by determining whether a given portion of the great bowel contains liquid fæces or not.

ON THE TREATMENT OF RHEUMATISM.—Dr. Thomas calls attention to a combination of salicylic acid which he has used many times with good results in both acute and subacute rheumatism, as well as in a few cases of the disease. For this combination he claims the following advantages: that it does not disturb the digestive system; that it is very palatable; that it forms a perfect solution of salicylic acid; that it is effective in curing the disease; that it produces no bad effects upon the heart; and that it is less depressing than salicylate of soda. The formula is as follows:

R Potass. acetat. ℥ii.
Acid salicyl. ℥ss.
Syrup. limon. ℥ij.
Aq. menth. pip. ℥iv. M.

It is best prepared by placing the potash and peppermint water in a porcelain mortar and gradually adding the acid, triturating to perfect solution, and then stirring in the syrup. The dose is a tablespoonful every two, three or four hours, or oftener, according to the violence of the attack. This dose gives 20 grains of the acid to 80 grains of the acetate. In the robust class of patients without complications, Dr. Thomas relies exclusively upon it, with an occasional hypodermic dose of $\frac{1}{10}$ th to $\frac{1}{8}$ th of a grain of atropia, or combined with morphia in cases where the atropia alone is insufficient to allay the pain; such patients are usually convalescent in five or six days.—*The American Practitioner*, May, 1880.

EXTRACTION OF THE UTERUS BY A MIDWIFE.—This case is copied by the American Journal of Obstetrics, from the *Archiv für Gynaekologie*. The midwife had tried to remove the placenta by

traction on the cord, which, however broke, so that the midwife introduced her hand into the vagina and brought out the placenta. But it seemed to her too small; and since the rather profuse hemorrhage continued, she introduced her hand once more. To the left side she found a spherical body that was movable, and which she pulled out. At the same time the patient complained of a very severe and sharp pain in her left side, and continued to lose blood. Dr. Hartwig was sent for and found this latter tumor to be the firmly-contracted uterus, with part of right and left broad and round ligaments and tubes. Dr. H. found the vagina full of blood, and higher up intestinal convolutions. The vagina was cleansed and a linen tampon applied, and wine and salicylate of soda given internally. The patient recovered without much trouble. The roof of the vagina was thoroughly cicatrized on the twenty first day. Polydipsia came on, lasting for one year, then disappeared gradually.

DIABETES INSIPIDUS TREATED WITH ERGOT.—In the *Brit. Med. Jour.*, Dec. 25, 1875, is recorded the case of a man who suffered from diabetes insipidus, and was successfully treated with ergot, after the failure of jaborandi and other remedies. Half a drachm of the liquid extract of ergot, every three hours, reduced the urine in twenty-four days from twenty pints to a pint and a half; increased its specific gravity from 1,002 to 1,017; and removed the excessive thirst and other distressing symptoms from which he had suffered for two years. A few days ago the reporter of the case, Dr. Murrell, accidentally met the patient and was told that he had never had a day's illness since he left the hospital, four and a half years ago. His urine was normal in quantity and he did not suffer from thirst. He was strong and well in every way, and able to do a good day's work. The ergot cured him completely, and Dr. Murrell adds that it is to be regretted that this mode of treatment is not more commonly employed in these cases.—*N. Y. Med. Record*, from *Brit. Med. Jour.*

BROMIDE OF POTASSIUM SPRAY IN WHOOPING COUGH.—The good effects of bromide of potassium in the treatment of whooping cough are well known to all practitioners. According to Dr. Winterben, in *La France Médicale*, the action of this remedy may be made still more efficacious by bringing it in contact with the mucous membrane of the air passages in the form of spray. The author habitually uses a solution of bromide of potassium, one in twenty, and repeats the application of the spray for one minute after each fit of coughing, when the mucous membrane of the breath passages, free from the mucus which usually covers it, is accessible to the action of the remedy.—*Med. and Surgical Reporter*.

SICKNESS IN MICHIGAN.—Reports to the State Board of Health, Lansing, for the week ending July 17, 1880, by 65 observers of diseases in different parts of the State, show causes of sickness as follows:—

Diseases.	Number.	Per cent.
Asthma.....	1	2
Brain, Inflammation of.....	3	5
Bowels, Inflammation of.....	13	20
Bronchitis.....	27	42
Cerebro-spinal Meningitis....	1	2
Cholera Infantum.....	31	48
Cholera Morbus.....	46	71
Colic.....	1	2
Consumption Pulmonary.....	42	65
Croup, Membranous.....	0	0
Diphtheria.....	17	26
Diarrhœa.....	57	88
Dysentery.....	25	38
Erysipelas.....	15	23
Eyes, Inflammation of.....	1	2
Fever, Intermittent.....	58	89
Fever, Remittent.....	38	58
Fever, Typhoid (Enteric)....	7	11
Fever, Typho-malarial.....	13	20
Influenza.....	8	12
Liver, Inflammation of.....	1	2
Measles.....	14	22
Neuralgia.....	35	54
Pneumonia.....	11	17
Puerperal Fever.....	4	6
Rheumatism.....	39	60
Scarlatina.....	6	9
Small-pox.....	0	0
Tonsillitis.....	17	26
Whooping-cough.....	27	42

By the last column, it will be seen that the most widely distributed disease was intermittent fever, (ague); next to that diarrhœa; next to that, cholera morbus; no cases of small-pox; scarlet fever in only 9 per cent. of the localities.

HENRY B. BAKER,
Secretary State Board of Health.

GLYCERINE IN FLATULENCE, ACIDITY, AND PYROSIS.—Drs. Sidney Ringer and Murrel state that they have found glycerine very useful in flatulence, acidity, and pyrosis. It is not an infallible remedy, but it proves very useful in the great majority of cases, and sometimes succeeds speedily where the commonly used remedies have completely failed. The cases of flatulence in which it has been used were cases of stomach flatulence; as it is so readily absorbed it could not be expected

to influence the formation of wind in the colon. In some cases it removes pain and vomiting, probably like charcoal, by preventing the formation of acrid acids which irritate delicate and irritable stomachs. The glycerine probably acts by preventing some forms of fermentation and putrefaction, but it does not interfere with the digestive action of pepsin and hydrochloric acid. Hence, while it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. The dose is one or two drachms before, with, or immediately after food. It may be given in water, coffee, tea, lemonade, or soda water. In tea or coffee it may replace sugar. In some cases a cure does not occur till the lapse of ten days or a fortnight.—*The Lancet*.

DIGITAL COMPRESSION OF ANEURISMS.—Dr. Prize, in *Bulletin de Thérapeutique, Medical and Surgical Reporter*, April 30th, 1880, condemns the teaching of Bellingham and Broca, to the effect that total compression gives rise to the formation of soft or passive clots in an aneurism, while partial compression favors the formation of solid fibrinous clots, which alone conduce to repair. The author advocates the retention of digital compression during the first twenty-four or forty-eight hours, after which it should be intermitted at night, to allow the patient to sleep. He considers that total digital compression offers advantages over any other means of treatment, inasmuch as (1) it is not dangerous; (2) it is more rapid in its action; (3) it is more often successful, and gives more brilliant results; (4) it has succeeded in cases in which partial compression has failed. He says that the reason why this treatment is most successful is because it most conduces to coagulation of blood within the aneurismal sac.

FISSURE OF THE ANUS.—In fissure of the anus, instead of employing forced dilatation, which is the classic remedy, Dr. Hamon advises the following means, which has succeeded with him in fifteen cases consecutively: It consists simply in touching the fissure with a camel's-hair pencil imbibed in a mixture of five grams of chloroform and ten grains alcohol. Two or three applications effectuated at two or three days' interval suffice generally. The first time the pain is very acute, but diminishes on successive applications.

A DOCTOR tells with pardonable pride how, being called in at the début of his career to a consultation with an eminent prince of science, he had insisted, despite the opinion of his famous senior, that the patient had an incurable affection of the heart. "And what were my delight and pride," he says beamingly, "on learning three days later that my patient had gone off precisely as I had declared he would."

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

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TORONTO, NOV. 1, 1880.

GREEK IN MEDICAL EDUCATION.

At the recent meeting of the British Medical Association, considerable discussion was occasioned by the introduction of a resolution proposed by Dr. Leet, to the effect that hereafter Greek be included among the compulsory subjects of the matriculation for medical students. From the report in the *Medical Times and Gazette* we give the following extracts to show the tone of the debate:—

“Dr. Storrar said he had fought the battle for Greek as long as he could, but had finally given it up, because there was such a demand for modern education that to insist on both Latin and Greek as a part of the education of young men was perfectly prosperous.”

“Mr. Simon thought nobody could pretend to say that Greek was directly necessary for a man in the medical profession. He would be the last man to undervalue the study of Greek, but to say that nobody was to enter the profession without a knowledge of it would be going far beyond their competence. There were two grounds on which it should be included. It was undoubtedly desirable that men entering the profession should be qualified to take their places with the best educated people in the country (hear, hear); but the profession was largely recruited from a class of people with not a great deal of time or money; and if they were to press the doctrine too far it would be unsustainable, because it would limit unduly the supply of men who could enter the profession. The question to be considered was, What was the minimum preparation with which a

man who came to learn medicine could learn it in four years. (Hear, hear.) Those conversant with the work of the class-room knew that one of the chief difficulties of medical education was that men came up not quite able to understand the language talked to them. They attended anatomical lectures, where ordinary mathematical expressions were used, which they were unable to understand.

[Dr. Haughton: And Greek expressions.] And Greek expressions; but the less of those used in the class-room the better (hear, hear), because the more the teacher descended from Greek and talked common English, the better for his class.”

“Dr. Haughton thought nothing was so distressing as to try to teach the uncultivated brute of a student who had never learned Greek (hear, hear); he knew not one part of the body from the other, and the teacher had no end of trouble. For his part he found that the more Greek and Latin a man knew, the more precise and terse his language, and the more agreeable his conversation was. He hoped that Greek would be preserved as a necessary requisite for university graduates.”

“Sir William Gull thought that for the practice of the medical profession a man did not want Greek. They were legislating not for the faculties, but for the ordinary practitioners of the country; and although Greek and Latin were most excellent things in themselves, they were not the things on the faith of which the public put confidence in the profession. Instead of teaching men a great many subjects, they should be taught how ignorant they were, so that a spirit of inquiry and research should be awakened and fostered, and they should go on teaching themselves all their lives.”

“Sir James Paget said it would be absurd to suppose they could require from a candidate entering the profession such a knowledge of Greek as would have any refining influence on him. All the knowledge of Greek that could possibly be required would be a mere smattering, which after twelve or eighteen months' study would completely vanish. If it were possible to require a large knowledge of Greek, such as would serve as a mental discipline, or give a man a claim to be classed with the highest society, it would be worth having, but that was impossible. It might be that they could not require a large knowledge of any of the subjects which were made compulsory; but if a man had an elementary knowledge of chemistry

or mechanics, every hour that he was in the profession would increase his knowledge of those subjects; but that would not be the case with Greek, because in order to go on acquiring a knowledge of Greek men must carry Greek books about with them continually, and not only do that, but read them continually, which they had not time to do."

The motion was lost on a division four voting for it, and seventeen against it. A similar course of action has recently been taken by the Ontario Medical Council in striking Greek from the optional subjects. The optional subjects now on the list according to the new regime are French, or German. While it may be true that a knowledge of either French or German may be of more practical utility to the medical practitioner, still we think that the student who evinces a fair knowledge of Greek may well be excused from passing an examination in French or German. An acquaintance with all the languages mentioned would be a grand thing for the candidate in medicine, but such is not to be expected, except in a few cases, and therefore options should be given, in all but Latin which must ever be compulsory. Greek, French, German or Natural Philosophy were formerly the optional subjects, the student being required to take only one of them; the result was of course, as might have been expected, that nearly all the candidates took Natural Philosophy. The latter was therefore very properly made compulsory, and Greek was struck out entirely leaving French and German as optional subjects. We cannot say that we regard with favor the recent change in this respect.

ONTARIO MEDICAL ASSOCIATION.

For some time past there has been a feeling in the profession throughout this Province in favor of establishing a Provincial Association. The subject was brought up at a meeting of the profession in Toronto on the 7th ult., and, after considerable discussion in which great unanimity was manifested in favor of it, a committee was appointed, consisting of Drs. Workman, Covernton, Graham, Burns, White and Wright, with instructions to communicate with the various County and Division Societies in the Province, with a view of bringing the matter to a successful issue.

This committee subsequently met, with Dr. Covernton in the chair, and Dr. White as Secretary. The subject was entered into in all its bearings, and a circular letter to be addressed to the various Societies was agreed upon, which reads as follows:

To the Secretary of ——— Medical Society:

DEAR SIR,—There appears to be a wide-spread desire among the members of the profession in this Province to establish a Provincial Medical Society. It is hardly necessary to speak of the value and importance of such a society from a scientific point of view, as that will be immediately recognized by all, but apart from that it will be calculated to advance mutual interests, encourage unity and harmonious action, stimulate a free interchange of thought, develop increased desires for a knowledge of the professional literature of the day, promote social and friendly feeling, and minimize that undesirable distrust and exclusiveness so commonly attributed to the profession, besides affording better opportunities than at present exist in having some place of meeting convenient to the majority.

It is a well-known fact that the State Medical Societies of the neighboring Republic have contributed largely to the interest and success attending the meetings of the American Medical Association. In like manner it is reasonable to presume, that a vigorous Provincial Society would greatly assist our Dominion Medical Association.

At a meeting of the profession of this city, on Oct. 7th, the matter was relegated to a committee, who will be pleased to have an expression of opinion from your Society in regard to this subject, as well as to receive any suggestions it may make. In view of its importance and the great advantages to be derived from, the proposed step, it would be desirable to bring the matter before your Society at once.

Yours truly,

J. E. WHITE, Sec.

This circular has been sent to all secretaries of societies known to the committee; if any have failed to receive it they are requested to send in their names to Dr. White, and one will be forwarded immediately. In parts of the Province where no societies are in existence meetings of the profession might be called for the purpose of

obtaining an expression of opinion in reference to the matter.

From private correspondence received from practitioners in different parts of the country the formation of a Provincial Association appears to meet with general approval. At a meeting of the Newcastle and Trent Medical Association, held in Peterboro' on the 6th ult., the following motion was carried unanimously:—"Moved by Dr. Day, and seconded by Dr. McRae, that in the opinion of this Association it is highly desirable that a Medical Association for the Province of Ontario be formed, and that this Association will give it a hearty support." A similar resolution has been recently passed by the Huron Medical Association.

There are many points on which the committee would be glad to have the suggestions of members of the profession interested in the matter, such as, for example, whether the meetings should be annual or semi-annual; whether they should be held in some central place, or alternately, say in Toronto, Kingston, Hamilton, or London; the most convenient period of the year for the meeting to take place, &c., &c.

ONTARIO COUNCIL MATRICULATION.

At the recent matriculation examination of the College of Physicians and Surgeons of Ontario, seventy-three candidates presented themselves for examination, and out of that number only *twelve* succeeded in passing. Such a slaughtering of the innocents was probably never heard of before in the annals of history, certainly not in the history of the Ontario Medical Council. The number of rejected candidates mounts up to the extraordinary proportion of $82\frac{1}{2}$ per cent. The executive committee was memorialized on the subject, and a meeting was called for the express purpose of granting relief, if possible, to several of the candidates who, it was alleged, were unfairly treated. It was stated in the memorial presented to the committee, that many of the candidates who had been rejected had made a higher aggregate of marks than some who had passed. It was also found that the standard, while not arithmetically higher than in former examinations, was practically higher, which fact in itself led to the rejection of not a few of the candidates. One of the examiners was present and was categorically examined in refer-

ence to the matter. He stated that the minimum standard required to pass was the same as in former examinations, viz., 70 per cent. in the English group, 50 per cent. in Latin, 50 per cent. in Mathematics and 50 per cent. in the optional subjects, and that this standard was adopted at the suggestion of individual members of the Council. Another regulation of a most arbitrary character is the rejection of any candidate who fails to make the required per centage in any single branch, no matter how well he may have passed in all other departments. The standard required for the Council matriculation is not at all in harmony with what is laid down in any of the Canadian or British Universities. In Toronto University the maximum standard for matriculation in medicine is $33\frac{1}{3}$ per cent. of the aggregate marks allotted, and at least 25 per cent. on each subject. In Victoria University it is 30 per cent., in Queen's about the same as Toronto University, and in other Universities at home and abroad the standard is from $33\frac{1}{3}$ to 40 per cent.

Quite recently the Senate of Toronto University positively refused to commit itself to a minimum standard of 25 per cent. on each subject in the Arts Matriculation. It took the more sensible view of leaving it to the discretion of the examiners to decide whether or not, from the general character of the examination, the student should be allowed to enter upon his course or be rejected.

At the recent Council matriculation examination, the majority of the candidates made an aggregate of 40 per cent. of the entire number of marks, and about thirty, an aggregate of 50 per cent., and yet only twelve passed. The members of the executive committee, however much to be regretted, could not see their way clear to grant any relief. The effect of adopting so high a standard and so rigid an examination will be to drive the young men in large numbers to matriculate, and in many cases, to finish their education elsewhere, to return and seek registration as British practitioners. Much good, however, is anticipated from the adoption of the High School Intermediate examination, which, while it covers more ground, requires a minimum standard of only 20 per cent. on each subject, and an average of 40 per cent. in each group, a standard much more in accordance with that of our Universities, than the one hitherto prescribed by the Council's examiners.

MALPRACTICE CASE.

An action for damages was brought up at the October Assizes in this city by a man named O'Dea, against Dr. Irwin H. Cameron, for alleged unskilful treatment and neglect of a dislocation of the elbow-joint, in November of last year. The plaintiff, a coal-heaver, in a scuffle with a fellow-workman, was thrown down, striking the plank of the sidewalk and dislocating his elbow. Dr. Cameron, assisted by Dr. Nevitt and a medical student, attended to the injury. They adopted the usual methods of reduction, and state that they heard distinctly the "click" caused by the return of the bones to their places, and were satisfied that the dislocation was reduced. Pain and swelling still continued for a considerable length of time, but finally subsided. Passive motion was resorted to after the lapse of a few weeks. The arm was examined some time in February, 1880, by Dr. H. H. Wright, but beyond some thickening and a little outward motion of the forearm, nothing amiss was discovered by him. The patient was not seen afterwards until the month of May. At this time, the thickening at the elbow had entirely disappeared, and while the motions of the joint were apparently good, there was undoubted dislocation of the ulna and radius outwards and backwards. This was the condition of the joint as seen in Court. Flexion and extension were present to a very considerable extent, and the arm showed a strong disposition to fall outwards. The plaintiff had resumed work and it was found that he had very fair use of the arm, except when working overhead or in climbing out of the hold of the vessel.

The trial lasted two days and excited considerable interest among the members of the medical profession. As is usual in such cases, there was abundant medical evidence on both sides of the case. Some of the medical witnesses for the plaintiff thought the dislocation had never been reduced, and that negligence and unskilfulness might be imputed. The plaintiff, his wife and father testified that the arm had not received any subsequent injury. A large number of medical witnesses were examined for the defence, and all concurred in the opinion that neither unskilfulness nor negligence was manifested in the treatment

of the case. They all agreed that there was dislocation of both radius and ulna, outwards and backwards, and that it was secondary, caused either by fracture of the outer condyle of the humerus which had failed to unite properly, from using the arm too soon after the injury, or by the occurrence of a second accident, taking place probably between the months of February and May. The Judge (Justice Morrison) decided that there was no case for the jury, and a nonsuit was accordingly entered.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The semi-annual meeting of the above College was held in Quebec on the 29th of September. The majority of the Governors were present. The following candidates successfully passed the matriculation examination and were admitted to the study of medicine:—Messrs. Elder, Starr, Carron, Valin, Matte, Gauthier, Foy, Pare, Paradis, Richard, Devillers, David, Mousette, Delisle, Berthiaume, Leduc, Mignault, Blackburn, Brosseau, Fournier, Leblanc and Picard. The licence to practise was conferred upon the following gentlemen:—Drs. C. Mayrand, J. F. Landry, P. S. Gauvreau, A. Paradis, A. Verge, G. Dedard, J. M. Beausoliel, O. Clouthier, G. Prevost, G. Fournier, E. Laforge, C. LaRocque, L. Mignault, A. Meikle, and D. A. Livingstone.

A detective, Mr. C. E. Lamirande, of Montreal, was appointed to proceed against all unlicensed practitioners in the Province of Quebec. A new tariff for practitioners in town and country, was adopted and awaits ratification by the Governor in Council. The following examining board was appointed for the next semi-annual meeting, viz.: Dr. Austin, Medicine; Dr. Trudel, Midwifery; Dr. Hingston, Surgery; Dr. Rosseau, Materia Medica; Dr. Lemieux, Anatomy; Dr. Lachapelle, Physiology; Dr. Rodger, Chemistry; Dr. Gervais, Medical Jurisprudence; Dr. Lanctot, Botany and Hygiene.

CANADIAN M.D.'S IN THE UNITED STATES.—In our last issue we noticed the appointment of Dr. Peterson to a professorship in the Fort Wayne Medical College. A correspondent has called our attention to several other appointments that have fallen to the lot of Canadians in the United States. No less than six have received appointments in

the newly organized Michigan College of Medicine, Detroit, viz. : Dr. J. B. Book, formerly of Windsor, Ont., Prof. of Surgery and Clinical Surgery ; Dr. W. C. Gustin, formerly of Sarnia, Prof. of Obstetrics and Diseases of Children ; Dr. Charles Douglas, formerly of Streetsville, Ont., Prof. of Diseases of Children and Clinical Medicine ; Dr. D. La Ferté, formerly of Amherstburgh, Prof. of Anatomy and Orthopædic Surgery ; Dr. J. E. Clark, formerly of Norwich, Ont., Prof. of Chemistry ; and Dr. J. J. Mulheron, formerly of Waterloo, Ont., Prof. of Institutes of Medicine, *Materia Medica* and Therapeutics ; Dr. Mulheron is also Editor of the *Michigan Medical News*. Dr. C. B. Gilbert, formerly of Windsor, Ont., is Prof. of Obstetrics and Diseases of Women and Children in the Detroit Medical College ; Dr. Augustus Kaiser, formerly of St. Agatha, Que., is Physician to the Detroit House of Correction, and of the six city physicians, three are Canadians, viz. : Drs. H. E. Smith, T. V. Law, and D. McLeod.

NEW-PAPER ADVERTISING.—In reference to the remarks on newspaper advertising, in our last issue, we have received a letter from Dr. Watt, in which he disclaims on his own behalf, and also on behalf of Dr. Aikins, all authorship of the paragraph alluded to, and asserts that it is the work of some too prying reporter. He also thinks we are "uncharitable" in concluding that reporters "receive encouragement from some source, or that there is collusion between the reporters and the surgeon referred to, or some of his friends," and states that in the majority of cases the notices of accidents and operations in which doctors' names are mentioned, are the work of the eager reporter and not of the medical attendant. We quite agree with Dr. Watt in the statement that reporters are frequently "too prying and eager." Any medical man may occasionally find his name figuring in the paper in connection with some accident or operation, but if he has a due regard for the ethics of the profession he will take care to prevent such an occurrence in future ; nor do we think we are "uncharitable" so long as we carefully avoid making any reference to newspaper paragraphs which appear in connection with any medical man's name for the first time. When, however, we find it repeated every week or two, we feel compelled, as the faithful exponent of the profes-

sion, to enter our protest, and the higher the standing of the person culpable, the greater the necessity for the rebuke.

POST-PARTUM HEMORRHAGE.—Dr. Forest, in an article (*N. Y. Medical Record*), on "The Treatment of Post-Partum Hemorrhage," says : "Speaking from my own experience, I should say that the injection of tincture of iodine is the most safe and by far the most efficient method we possess for controlling post partum hemorrhage." In summing up the advantages of the iodine treatment of post-partum hemorrhage, he states briefly as follows :

1st. Iodine controls the hemorrhage, not by coagulating the blood within the uterus, but by exciting the uterus to contract. The blood is expelled in a liquid form, and hence, instead of leaving the uterus filled with a mass of hard, sticky clots, ready to undergo decomposition, the uterus is empty and disinfected. 2nd. Tincture of iodine has never, so far as I can learn, caused any bad result, even when injected into the uterus in full strength. Thus, in Case V, nearly six ounces of iodine were injected (four of them without dilution) and yet no bad effects followed its use. 3rd. The iodine treatment never fails to control the hemorrhage.

BORACIC ACID IN SURGERY. — Dr. Warren Greene, of Portland, Maine, gives, in a recent number of the *Boston Med. and Surg. Journal*, a summary of his experience with this drug. He found it very useful in dressing old indolent ulcers, especially those following severe burns, and cites a good case in point. The indications are, absence of granulations and thin ichorous discharge. If the ulcers are very foul, he soaks them in glycerole of boracic acid, and then dresses them with an ointment having vaseline as a base. Cold vaseline and glycerine will not mix, but when heated they unite and do not separate on cooling. He has used the drug locally with marked benefit in gonorrhœa, vaginitis and otorrhea. Internally he has used it with good success in chronic dyspepsia with fetid eructations ; also in chronic cystitis. He states that it is not soluble as has been supposed. Cold water will dissolve 19 grains to the ounce, hot water 80 grains, but on cooling it will deposit all but 23 grains. Alcohol holds only a

fraction more than hot water. Hot glycerine dissolves three drachms to the ounce and holds it perfectly on cooling. He does not know the limit for internal administration. He has given 80 grains as a dose without ill effect. The formulæ for ointments are as follows :

R. Glycerole of boracic acid . . .	ʒi.
Spermaceti	
White wax	ʒj.
Vaseline	ʒij.

Melt together and add the acid with trituration.

Cocoa butter may be used instead of the spermaceti and white wax, when a softer ointment is desired. The latter makes a very elegant preparation.

"LORD CHANCELLORS" AND "ARCHBISHOPS" IN ASYLUMS.—Lord Cairns, when travelling from Oxford to London, was unfortunate to get into a compartment which had to be slipped at the Hanwell station. Finding himself thus left behind, and that he would have to wait, his lordship thought that he would kill time by making an inspection of the famous lunatic asylum. He accordingly presented himself at the gate, rang the bell, and was speedily accosted by a porter attired in the well-known uniform of the asylum, who asked him what he wanted. "Oh," said the Chancellor, "I merely want, as a matter of curiosity and interest, to look through the establishment!" "Where is your order?" demanded the porter. To this his lordship replied that he had not obtained one, but added, "I shall not want one, and you will merely have to take my card as your authority for admitting me." "My orders," said the porter, "are not to admit any one without a properly signed order, and I must not leave my post to carry in any cards." "But, my man," responded Lord Cairns, "I am the Lord Chancellor of England;" upon which the porter burst into a loud laugh, and, with a comic leer in his eye, said, pointing with his thumb backwards, "We have three or four Lord Chancellors here, and Archbishops of Canterbury too." However, subsequent explanation secured his lordship admittance and smoothed his ruffled plumes.

DIAGNOSIS OF CANCER OF THE STOMACH.—At a recent meeting of the Biological Society of Paris, M. Leven (*Le Progrès Medical*, May 29th, '80) pointed out the difficulty in diagnosing between

cancer and dilatation of the stomach. In both cases there is obstinate vomiting; to allay this M. Leven recommends that from 5 to 6 ounces of solid food should be given to such patients only once a day, with a view to avoid congestion of the mucous membrane of the stomach. The remainder of the food taken in 24 hours should consist of from two and a half to three pints of milk and eggs. If after eight days of this treatment the sickness has ceased, there is no cancer of the stomach present.

QUACKERY IN THE PROVINCE OF QUEBEC.—We observe from the report of the semi-annual meeting of the Governors of the College of Physicians of Quebec, that a vigorous campaign is about to be opened against quackery and charlatanism in the sister Province. The profession of Quebec has been crying out for some time past against the evils of quackery in their midst, and we are glad to see that the Governors, under the new president, are about to adopt active measures to rid the community, as far as possible, of this incubus. Both the profession and the public are entitled to this protection. A public prosecutor has been appointed, with instructions to enter upon his duties forthwith, and lively times among the charlatanic fraternity may be confidently expected.

SANITARIUM.—Dr. Playter, of this city, has established a Sanitarium for the treatment of diseases of a chronic nature, in which a limited number of patients can be accommodated, and where they will receive every possible care. Such an institution is very much needed. Most physicians have at some time or other chronic cases under their care who cannot obtain at their own homes the necessary conditions for proper hygienic treatment, and these drift into water-cure, electrotherapeutic and other irregular institutions. Dr. Playter will be glad to hear from any physicians having such cases.

REMOVAL OF THE ENTIRE SCAPULA.—Mr. Belamy, of Charing Cross Hospital (*London Lancet*), removed the scapula, on the 2nd ult., for an encephaloid growth, involving the whole bone. Hemorrhage was controlled by compressing the subclavian artery through a primary incision in the integuments. At latest accounts the patient was progressing favorably.

PAINLESS CAUSTIC POWDER.—Dr. Andrews, in the *Chicago Medical Review*, gives the following formula for Esmarch's painless caustic powder for the removal of morbid growths, cancer, &c. :—

R. Acid arsenios.	1 part.
Morph. sulph.	1 "
Calomel	8 "
Pul. gum. arab.	48 "

Mix. Sprinkle thick every day on a surface either raw, or denuded of cuticle by a blister.

Dr. J. B. Lawford, of McGill College, Montreal, and Dr. J. F. W. Ross, of Toronto University, have successfully passed the necessary examination for the diploma of the Royal College of Physicians, Eng., and were admitted as Licentiates on the 29th of July. The former gentleman has since been appointed assistant House Physician, St. Thomas' Hospital, London.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The following candidates passed successfully at the late matriculation examination of the above named College :—James M. Fraser, W. A. Richardson, W. C. Cousens, J. E. Stirling, E. H. Williams, L. G. Langstaff, Robert N. Fraser, A. B. Wilson, E. M. Cook, J. S. Draper, J. McCullough, J. Menzies.

LAVAL SCHOOL OF MEDICINE.—The authorities of Laval University, Quebec, have been served with a protest, at the instance of the *École de Médecine and Surgery of Montreal*, calling upon them to cease their branch in that city, or legal proceedings would be instituted. This will be firmly resisted by Laval University.

L.R.C.P.&S., EDINBURGH.—The following gentlemen have successfully passed the examination and were admitted to the double qualification—L.R.C.P. and L.R.C.S. Edin., viz.:—J. A. Close, M.B., of Croydon, Ont.; J. McWilliams, M.B., of Thamesford, Ont., and P. H. Bryce, M.B., of Mount Pleasant, Ont.

DISEASES OF THE SKIN.—Dr. Bulkley is announced to deliver a course of twenty-four lectures on diseases of the skin in the New York Hospital, commencing Oct. 6th. The lectures will be delivered once a week, and are free to practitioners of medicine and medical students.

Dr. C. K. Clarke, assistant physician to the Lunatic Asylum, Toronto, has been transferred to a similar position in the Hamilton Asylum. He was made the recipient of an address and presentation by the officers and employes of the institution on the eve of his departure from Toronto. Dr. Covernton also received a similar testimonial on leaving the Hamilton Asylum.

CORONERS.—The following gentlemen have been appointed Associate Coroners for their respective districts :—J. W. Bowman, M.D., of Moore, for the Co. of Lambton. A. M. Lynd, M.D., of Parkdale, for the Co. of York ; and G. Tweedie, M.D., of Dresden, for the Co. of Kent.

COMMUTATION RATES.—We beg leave most respectfully to call the attention of the medical profession to our very liberal commutation rates with other journals for 1881. The rates quoted are invariably cash in advance. See advertisement.

REMOVAL OF GUNPOWDER MARKS.—The disfigurement produced by gunpowder accidents in which the particles are imbedded beneath the skin, may be removed by free vesication and removal of the epidermis.

APPOINTMENT.—Dr. Buchan, of Toronto, has been appointed as the representative of the Toronto University on the Medical Council of Ontario, in place of Dr. W. H. Ellis, resigned.

ACCIDENT.—We are glad to learn that Dr. Bowlby, of Waterford, Ont., who was severely injured in the knee a few weeks ago by a runaway team, is rapidly recovering.

REMOVAL.—Dr. W. H. Vardon, formerly of Galt, Ont., has removed to this city, and commenced practice at 144 Bay street.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

Canadian Institute.

June 30th, 1880.—The meeting was called to order at 8.15 p.m. by Dr. Covernton. The minutes of the previous meeting were read and confirmed. The discussion upon Dr. Rosebrugh's

paper, which was adjourned from the last meeting was now proceeded with.

Under the head of "Cases in Practice" Dr. Oldright related two cases of opium poisoning,—one of an adult in which 6 grs. of morphine had been taken—the other of an infant to whom 15 drops of tinct. opii had been administered. Both recovered.

Dr. Oldright also mentioned a case of amputation where six weeks after the operation two of the ligatures had just come away and two others still remained attached.

Dr. Workman in behalf of Dr. Burns, presented some fresh specimens of *Rhus Toxicodendron* gathered in the vicinity of Toronto, with some remarks in which the treatment recommended for poisoning by it, was the local application of strong brine.

Dr. Graham reported a case of a man 30 years of age, previously healthy, after an injury, contracted Potts' disease of the spine. A Sayre's Jacket was applied but had to be removed on account of dyspnoea supervening. An abscess formed in the dorsal region of the spine which was opened and some pus escaped. There had been some hæmoptysis, and some pieces of bone had been at different times coughed up. The expectoration was at times very offensive; the abscess was injected with carbolic acid and water, and the patient said he could on these occasions and for some time after, upon coughing, taste the carbolic acid; when he laughs or coughs he experiences a grating feeling, which he refers to the diseased portion of the spine. The passage of gas or air through the abscess wound had never been noted.

In regard to the bony particles expectorated by the patient, Dr. Cameron thought the evidence of their being bone was insufficient.

Dr. McFarlane then read a paper upon "Gonorrhœal Rheumatism." After briefly relating four cases two of which were males, and in three of which there was subsequent ankylosis he stated it as his opinion that the disease was a pyarthrosis, due to absorption of pus from the urethra, neck of the bladder, or prostatic veins. He did not think that the disease bore any analogy to true rheumatism, nor that it was a mere coincidence of rheumatism with urethritis. This he thought was shown by its persistence in one joint and by the failure of the usual remedies to act beneficially.

Dr. Graham said that he had had 6 or 7 cases,

in four of which the disease was monarthritic, of these all had syphilis. When a syphilitic taint could be made out he gave mercury and the iodide of potassium.

Dr. Cameron wished to know the effect of salicylate of soda in Dr. McFarlane's cases. He also mentioned the reflex theory of rheumatism, and said that as rheumatism had been known to follow the passing of a catheter, so gonorrhœal rheumatism might be caused by the reflex irritation from the urethra.

Dr. Teskey mentioned a case which he had seen where three days after the forcible dilatation of a strictured urethra, gonorrhœal rheumatism set in in the left knee.

Sept. 9th.—The Society met at 8.15, the President, Dr. Covernton in the chair. The minutes of the last meeting were then read and adopted.

Dr. Cameron reported a case of opium poisoning. An aged woman had taken six drachms of laudanum. The ordinary remedies were used to produce emesis but failed. Two injections of atropine $\frac{1}{30}$ gr. each were then made and the patient was quickly walked off to the hospital, when after a good deal of trouble vomiting was induced and the woman finally recovered.

Dr. Workman related a personal experience of opium poisoning, in which vomiting occurred only some hours after the ingestion of emetics and subsequent to a long walk and the insertion of the tube of a stomach pump.

Dr. Canniff reported a case of apparent chloroform narcosis. A woman was found lying in bed, insensible, pupils widely dilated, pulse 80, respirations 24, and smelling strongly of chloroform. She could not be aroused by the application to her nostrils of strong ammonia. An hour after the chloroform had been entirely withdrawn from her, the ammonia on being applied aroused her and she recovered.

Dr. Nevitt related a case of turpentine poisoning in a child two years of age. The patient seen $1\frac{1}{2}$ hours after the inception of the poison, was in a state of stupor, pupils dilated, pulse quick, full and soft, respirations stridulous, breath smelling strongly of turpentine. She could be roused from her stupor, but immediately the stimulus was removed she relapsed. She failed to respond to brisk and powerful emetics, but drank water eagerly. During the night and in the morning

she passed water strongly marked by the characteristic violet odor.

He also reported a case of premature dentition. A child was born having a single incisor tooth; subsequently 4 molar teeth appeared, the incisor had to be extracted as it interfered with feeding. This child also had six fingers upon each hand. It died when three weeks old.

Dr. Covernton read a paper upon various topics, dwelling especially upon the need of sanitary legislation, describing some of the beneficial results which had been attained in other countries and detailing some of the difficulties which surrounded it here.

Dr. Canniff in the course of his remarks upon the paper stated that the Dominion Government had no jurisdiction upon health matters except indirectly, as included under Vital Statistics. He believed it was the intention of the Government to do all it could as under that head.

After some amendments to the By-Laws had been carried the meeting adjourned.

HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association was held in Clinton on the 6th ult., Dr. McLean, of Goderich, President, in the chair. The following members were present: Drs. McLean, Sloan, Worthington, McDonald, Williams, Holmes, Graham, Taylor, Campbell, Hurlburt and Stewart. Dr. Dunsmore, of Mitchell, was present on invitation. Dr. Sloan, of Blyth, showed a lady, aged 35, who has been complaining for about two years of pain and a sense of fulness in the right hypochondriac region. She is under the impression that she has an abdominal tumor. There are no gastric or hepatic symptoms complained of, and, with the exception of a feeling of resistance over the left lobe of the liver, nothing abnormal can be made out by a physical examination. Drs. Stewart and Hurlburt exhibited the following cases: (1.) A young lady, in whom they opened a lumbar abscess antiseptically. There is disease of the 4th and 5th dorsal vertebræ in this case, and two years ago an abscess formed in the right lumbar region, which was opened without antiseptic precautions. It continued to discharge until the one on the opposite side was emptied and healed. When the patient first came under treatment she only weighed 98 lbs. In less than three months

she gained 37 lbs. She is at present wearing a "Wyeth's Jacket," and there is evidence of early and complete consolidation of the vertebræ taking place with but very little deformity. (2.) A case of exophthalmic goitre in a married female. The disease is of three years' standing. She is taking ergot, with beneficial results. Dr. Graham, of Brussels, read notes of a case of pseudo-hypertrophic muscular paralysis, which he has at present under his care. The patient is a boy, aged 6, with a good family and personal history. The first symptoms of difficulty in locomotion showed themselves about two months ago, and have so rapidly increased that at present he is unable to stand or walk without support. When walking he assumes the peculiar waddling gait characteristic of the disease. When standing the lordosis is marked. There is complete absence of the patellar tendon reflex. As yet there is no increase in size of any of the muscles. Dr. Campbell, of Seaforth, showed an idiotic boy affected with well marked rickets. He also read his report as delegate to the Canada Medical Association at Ottawa. The following resolution, which was moved by Dr. Campbell, and seconded by Dr. Sloan, was carried unanimously:—"That it is desirable that this Association lend its active support towards the formation of a Medical Association for the Province of Ontario."

Books and Pamphlets.

THE PRACTITIONER'S HANDBOOK OF TREATMENT OR THE PRINCIPLES OF THERAPEUTICS, by J. Milner Fothergill, M.D., etc. Second American from second English edition. Philadelphia: H. C. Lea's Sons & Co. Toronto: Hart & Rawlinson.

It would be impossible to speak in terms too highly commendatory of this most practical and instructive treatise. It cannot fail to prove as interesting to the old and experienced, as it must be instructive to the young and adventurous; for the former will find in it much that will harmonize with their own matured conclusions, and the latter much that will be admonitory profitable. It has been issued by the enterprising publishers in beautiful clear type and on excellent paper. Not one of its 640 pages will be found devoid of valuable matter.

A TREATISE ON THE PRACTICE OF MEDICINE, for the use of Students and Practitioners. By Robert Bartholow. M.A., M.D., L.L.D., Jefferson Medical College. New York: D. Appleton & Co. Toronto: Hart & Rawlinson. Price \$5.00.

The appearance of this work, from the well known ability of the author, has been looked forward with great anticipation for some time past by the profession in the United States and Canada. It is however, we must confess, a little disappointing. It is not as exhaustive as it should be for a work on the practice of medicine. It would appear to have been the aim of the writer to adapt it as a text-book for medical students rather than as a guide to the general practitioner, and in that particular it will be found most suitable. It will be preferred by many students to Flint, Bristowe, Roberts and other works of a single volume, which have been in use more or less for several years past. In pathology it is in some respects superior to the before mentioned works, especially as it is more recent. It is also of a very convenient size for reference as a students text-book while in attendance upon lectures. Many practitioners will find the treatment recommended of value to them at the bedside. The author is a strong believer in the efficacy of medicine in the treatment of disease, and his work will serve, in some measure at least, to dispel the therapeutic nihilism of the day.

A PRACTICAL TREATISE ON TUMORS OF THE MAMMARY GLAND, by W. Gross, A.M., M.D., Jefferson Medical College; illustrated by twenty-nine engravings. New York: D. Appleton & Co. Toronto: Hart & Rawlinson. Cloth, \$2.50.

This is a work of real and permanent value, and an excellent contribution to the study of mammary growths. It contains a careful analysis of 65 cases of cysts and upwards of 900 neoplasms, the nature of which has been confirmed by the microscope. In his classification, the author divides tumors of the mammary gland into—1. Neoplasms derived from the periglandular connective tissue. 2. Neoplasms which proceed from the secreting elements and are composed of epithelium. 3. Neoplasms derived from the higher structures, as angioma (blood-vessels) and neuroma. 4. Cysts, caused by obstruction of the ducts. About 83 per cent. of mammary tumors are carcinomatous and 16 per cent. are not. He regards the lacteal glands as the starting point of adenoma and carci-

noma, and the connective tissue as the matricular tissue of the simple neoplasms. Not the least important part of the work is that in which the view is sought to be maintained, by an abundant array of facts, that carcinoma may be permanently relieved by thorough operations practised in the early stage of its evolution. We cordially recommend the work to such of our readers as are interested in the subject of mammary tumors.

A TEXT-BOOK OF PHYSIOLOGY, by M. Foster, M. A., M.D., F.R.S., Prælector in Physiology and Fellow of Trinity College, Cambridge, with illustrations. Fifth edition, revised, 12mo, cloth, \$3: sheep, \$3.75. New York: McMillan & Co. Toronto: Willing & Williamson.

This is a new English edition of Foster's Text-Book of Physiology by the author, which was recently noticed in these columns. It requires no further notice than the simple announcement, at our hands.

PHYSICIANS' VISITING LIST—by LINDSAY & BLAKISTON, Philadelphia.

This is the thirtieth year of publication of this ever popular, useful, and convenient visiting list. No practitioner should be without one. It may be ordered direct from the publishers through any bookseller, or through this office at commutation rates with the LANCET.

Births, Marriages and Deaths.

On the 22nd of Sept., W. A. Dafoe, M.D., L.R.C.P. & S., Edin., of Tweed, to Essa Christina, eldest daughter of A. M. VanDusen, Esq.

On the 30th of Sept., in Montreal, H. E. Mitchell, M.D., of Stanbridge, Que., to Miss Helen Acton, of Lichfield, Eng.

On the 30th of Sept., in Jefferson, Ohio, L. D. Healy, M.D., of Brantford, Ont., to Miss Emma M. Harris, of Jefferson.

On the 6th ult., Dr. Carder, of Hawtreys, in the 70th year of his age.

In Kingston, on the 24th of Sept., Thomas B. Tracey, M.D., M.R.C.S., Eng., aged 38 years.

At Reed City, Mich., on the 17th ult., Dr. G. H. Case, formerly of Lobo, Ont.

* * * The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.

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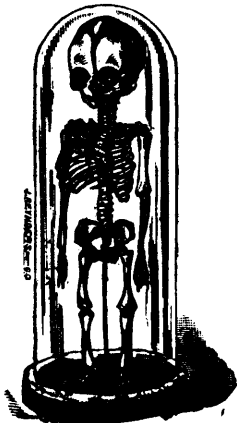
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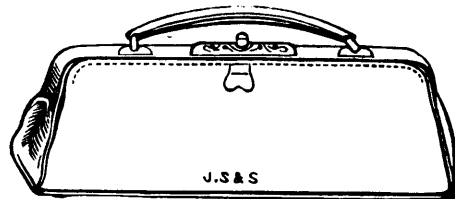
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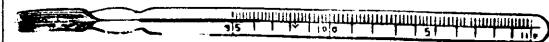
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YERBA REUMA.

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GOA POWDER. etc.

BOLDO, Peumus Boldo, Leaves.

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CASCARA SAGRADA.

COTO, Coto Bark.

USTILAGO MAIDIS, Corn Ergot.

GRINDELIA ROBUSTA.

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Extract from *Indian Economist*.

"We direct the attention of medical men to a fact observed some years since by ourselves, and corroborated by our subsequent experience, that Dr. J. Collis Browne's Chlorodyne is in many cases of Low Fever immensely superior to Quinine in curative power. We cannot persuade ourselves that the true value of Dr. J. Collis Browne's Chlorodyne is yet properly appraised in India. . . . It may be given with absolute safety even to a child three days old. Were medical men but to make a fair and exhaustive trial of it we are persuaded that it would work a revolution in the treatment of two-thirds of the diseases to which children are subject. Its curative power is simply amazing."

"Earl Russell communicated to the College of Physicians that he had received a despatch from Her Majesty's Consul at Manila, to the effect that Cholera had been raging fearfully, and that the ONLY remedy of any service was CHLORODYNE."—See *Lancet*, Dec. 1, 1864.

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., England.

Formerly Lecturer of Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an Anti-Spasmodic and Sedative. I have tried it in Consumption, Asthma, Diarrhoea, and other diseases, and am most perfectly satisfied with the results."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It was the most efficacious remedy I ever used, affording relief in violent attacks of Spasms within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of Spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

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

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

From J. C. BAKER, Esq., M.D., Bideford.

"It is without doubt, the most valuable and certain Anodyne we have."

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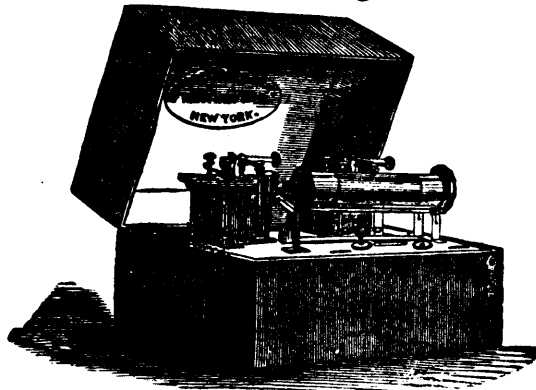
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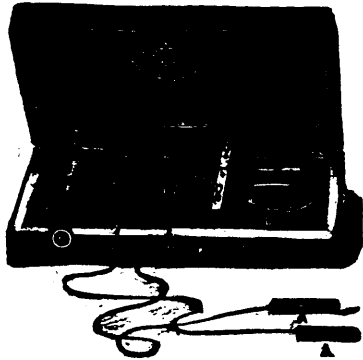
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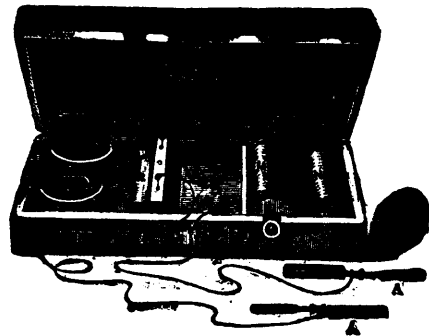
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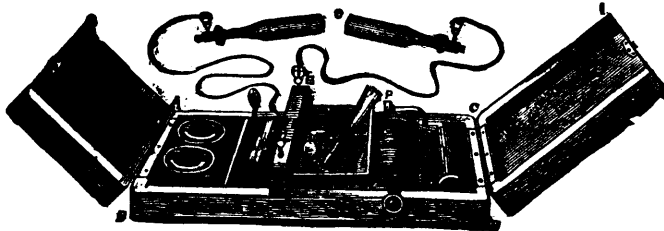
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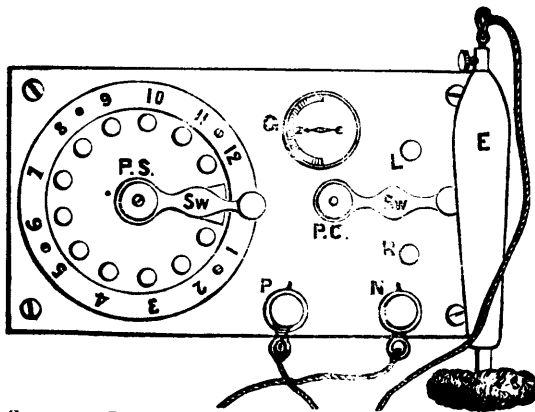
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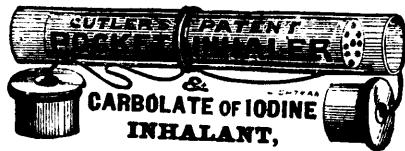
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