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THE CANADA LANCET.

VOL. XV.

TORONTO, FEBRUARY, 1883.

No. 6.

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Provincial Medical Journal, Halifax, 1868.

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

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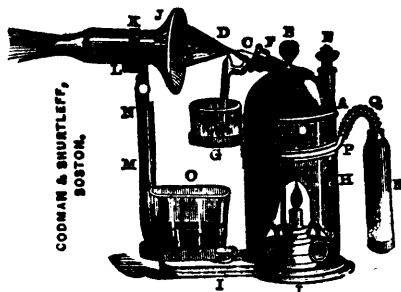
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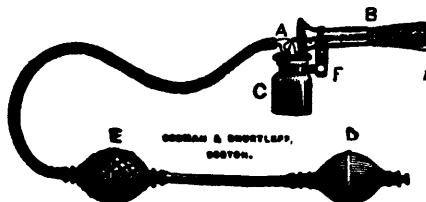


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THE IMPROVED BODY BRACE.
FIG. 3.



ABDOMINAL AND SPINAL
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FIG. 8.



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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.

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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XV. TORONTO, FEB., 1883. No. 6.

Original Communications.

A CLINIC ON INTERCOSTAL NEURALGIA; ACUTE PLEURISY WITH EFFUSION; MITRAL INSUFFICIENCY; CROUPOUS BRONCHITIS.

BY S. S. BURT, M.D., NEW YORK.

Instructor in Physical Diagnosis, N. Y. Post-Graduate School.

Thus far we have occupied ourselves in formulating the methods employed for physical examination and mapping out the chest-wall into regions, which, though artificial, are none the less convenient. We have also defined the various tissues and organs that lie either wholly or in part in these regions. The various aids to examination have been enumerated; percussion notes and the various auscultatory signs described both those that are normally found in the chest and those that are adventitious. We have also defined their positions when normal, and their significance when found out of place, and have furnished interpretations for the various adventitious signs. We shall now make a practical application of the facts that I have described. Our first patient is a man who complains of pain in the left side of his chest. Now, what causes this pain? Remember to consider the subjective, as well as the objective symptoms. The history discloses that he had a sharp pain in the left side of the chest, and that no chill accompanied it; it was also paroxysmal and of several days duration; he has had no cough and no dyspnoea. We find him anæmic and poorly nourished; pulse and temperature normal. Inspection shows that the left side of the chest does not fully expand. Palpation reveals a point of tenderness in the sixth intercostal space. There is no dulness on percussion. Auscultation reveals

some restriction of respiration more marked on the left side, and no friction sound. The absence of fever and pleuritic friction are objective signs that enable us to exclude the first stage of pleurisy. From pleurodynia or intercostal rheumatism we may distinguish this condition by the presence of a localized spot of tenderness, while an extensive area of tenderness exists in the former, and increased pain on the slightest muscular movement. Pain is augmented by pressure in rheumatism, and often relieved in intercostal neuralgia.

Angina pectoris presents a very different and characteristic history; the pain extends from the chest to the left shoulder and down the arm, and is usually of short duration. Also upon examination a cardiac lesion is frequently found accompanying this condition. For this case of intercostal neuralgia we will apply counter-irritation, and administer opiates. A combination of morphia and atropia given hypodermically is usually most efficacious. Five to ten minims of the following solution:—

℞ Morphia sulphatis..... i. gram.
Atropia... .. .03 "
Acidi salicylici..... .03 "
Aquæ distillatæ..... 30.

Sig. To be used hypodermically, as directed.

Such cases of neuralgia are also benefited by cod-liver oil and quinine.

Our next patient is a man who also complains of pain in his chest. When seen by me about a week ago the pain was much more severe than now. The temperature and pulse were slightly elevated, and upon auscultation a pleuritic friction sound was heard in the right side of the chest, a diagnostic sign that might have been overlooked from the fact that there was a disinclination to take deep inspirations, had I not required him to do so. These two cases are instructive, the chief subjective symptoms being pain, while the objective symptoms are quite different. In the last instance, which is one of pleuritis, the pain has declined, dyspnoea and a slight cough remain. Let us make further examination. Inspection shows that the respiratory movement of the chest wall is nearly absent on the right side, but is increased on the left; there is no marked prominence of the intercostal spaces. Mensuration gives negative results. Palpation shows an absence of fremitus on the right side. Percussion discloses flatness in

the right infra-scapular region and right infra-axillary region, and the percussion note perceptibly higher in pitch in the right infra-clavicular region. Auscultation reveals an absence of respiration and of vocal fremitus in the region of flatness, with respiration of somewhat increased intensity on the left side. There is fluid in the right pleural cavity; the history and the symptoms help us to decide its nature. The duration has been short and without rigors or sweats, and with no increase in the temperature. By the introduction of a hypodermic needle we may obtain some of the fluid, should doubt still exist. Consolidation of the lung, which would give a decided increase of fremitus with bronchial breathing, we exclude. The diagnosis is acute pleurisy with effusion. All cases are not so clear. We will note the variations from time to time as they appear. The indications for treatment are to favor the absorption of the fluid, and to nourish the patient. An occasional saline laxative, as magnesium sulphate, a combination of potassium acetate with infusion of digitalis (grs. \times — ʒss .), three times a day. A dry diet as far as possible, and later, when the absorption takes place less readily, counter irritation will meet the former indication. Good food, iron and quinine and stimulants when necessary, will fulfil the later indications. Thoracentesis will not be required in this case. When the effusion is very great the operation becomes necessary. The needle of the aspirator is usually introduced in the intercostal space just below the inferior angle of the scapula. It is safer to withdraw only a small amount of the fluid at a time, yet I have drawn very large amounts from the chest without mishap; it saves the patient the annoyance of repeated operations. There is one precaution that should always be taken, and that is to strap or bind in some manner the chest wall, and administer an anodyne before the introduction of the needle, for in two instances, one in my own experience, I have known the needle to have been broken off by a violent fit of coughing, and lost in the pleural cavity. It did no injury in my case, which was one of empyema. The needle was subsequently found at the bottom of the pleural cavity, imbedded in a mass of fibrin and pus, having excited no additional inflammation.

Our third patient is this young lad who says that he has "taken cold," and that he has been coughing for several days. He has no pain anywhere,

but there is dyspnoea on exertion, and particularly severe at the present time. Examination of his chest gives no dulness on percussion, but on auscultation there is a moderate amount of sonorous breathing on both sides. The bronchitis is not extensive enough to account for the dyspnoea, and besides, it is of a longer duration than the cough. We find upon inspection that the apex beat of the heart is most distinct in the left mammillary line, beyond and below its normal position. Upon auscultation I hear a blowing murmur most distinct at the apex and in systole, an indication of mitral insufficiency. That this murmur must be always heard at the back is not true; it, however, is frequently heard there. This cardiac lesion accounts for the dyspnoea which the bronchitis has temporarily augmented. As the hypertrophy of the heart is compensatory to the mitral insufficiency we will simply caution him against over exertion and undue excitement, and direct our treatment to the bronchitis. Confinement to the house for a few days, counter-irritation of the chest with turpentine or mustard, and the administration of the following mixture will be sufficient:—

R	Tr. opii. camph.....	5.60 gram.	ʒiss
	Ammon. carb.....	2.	" ʒss
	Syr. ipecac.....	2.50	" ʒss
	Syr. tolu.....	20.	" ʒss
	Mucil. acaciæ ad.....	60.	" ʒij

Sig. A teaspoonful (diluted) every four hours.

We recognize two forms of these bronchial affections, a catarrhal and a croupous. The specimen I hold in my hand is a cast from a case of croupous bronchitis, the second and rarer variety. It is made up of coagulated fibrin and lymphoid cells. It is not uncommon for a croupous laryngitis to extend into the trachea and bronchi, but a croupous bronchitis occurring primarily in the bronchi is less common. Little seems to be known in regard to its predisposing or exciting cause. I will give you the history of this particular case.

J. B., a school-girl, twelve years of age, of American parentage, lived in good circumstances, the surroundings sanitary, and the family history was good; no laryngeal or bronchial affections being traceable. The height of the patient was four feet eight inches, the weight one hundred pounds; complexion good, tongue clean, pulse and temperature normal. The date of my examination was nearly two years from the beginning

of the attack, and just previous to the expulsion of one of the casts.

In August, 1876, the patient suddenly, without any premonitory symptoms except a slight sense of suffocation, coughed up a whitish mass slightly tinged with blood. When placed in water it assumed the present shape. Little disturbance followed the expulsion, the child going about as usual. At irregular intervals varying from once a day, to once in five days and two weeks, she coughed up these casts with slight effort and no pain. There was no intervening cough; the exudation was thrown off usually in the early morning, sometimes at night, seldom in the daytime. This continued for nearly three years. The treatment was mainly expectant. Her general condition remained good otherwise, and now for several years she has been free from cough. Physical examination of the chest: Inspection—normal. Percussion—no abnormal dulness. Auscultation—respiratory murmur of somewhat diminished intensity at the upper part of the left lung, with what I should describe as a rustling or indistinct sonorous breathing over the left bronchus behind. No abnormal respiration elsewhere.

ON THE POSSIBILITY OF THE LUNGS RETURNING TO THE STATE OF ATELECTASIS.

BY JOSEPH WORKMAN, M.D., TORONTO.

(Translated from Rivista Sperimentale).

Tamassia, on this subject, having related his own experiments, sums up his views in the following conclusions:—

1. The doctrine of English Jurisprudence, which recognizes no necessary relation between life and respiration, proves nothing either for, or against, the hypothesis that the lungs when once distended by respiration, may spontaneously return to the atelectic state.

2. The cases cited by English writers against the diagnostic value of the pulmonic hydrostatic test, relate, in the majority, not to the phenomena of true respiration, but to organic reaction of the tissues.

3. Minute examination of the cases given by Thomas, Lieman, Schröder, Hecker and Herman, in which it might seem that spontaneous return of

the lungs to atelectasis may occur, shows that in some of them there had been no true respiration, but merely a sonorous vibration of air in the fauces, and in others, that the test had not been executed with all the necessary precautions.

4. The confusion which has arisen between the idea of atelectasis in the medico-forensic sense and the clinical, (the former being that of utter absence of air), has had no small part in giving support to the theory of Schröder, *i. e.*, spontaneous return to atelectasis.

5. In all the cases adduced by Schröder and others, the subjects were either infants immature or very feeble, which had perished by slow death quite different from that of infanticide.

6. Direct experiment on the lungs of rabbits, dogs, etc., which had just begun to breathe, showed that in no case, when the lungs were left to themselves, did they spontaneously lose so much air as to sink to the bottom when immersed in water.

7. Direct experiment on the lungs of rabbits, dogs or men, who had breathed for some minutes, hours, or years, and had been suffocated, showed that in order to deprive the lungs of floating capacity, an enormous pressure is needed.

8. Lungs but a little distended by respiration or congested, or insufflated, require less pressure to deprive them of floating power than normal lungs do.

9. Decrepid age being excluded, it may be held that the more advanced is the age of the individual, the stronger will be the resistance of the lungs against sinking under pressure, and losing the air contained in them.

10. Slowness in dying lessens the resisting power of the lungs.

11. This resistance is notably diminished by the inception of putrefaction.

12. The theory of Schröder has therefore no positive basis, and whenever the hydrostatic test and the other examinations completing it, show that there has been no air at all in the lungs, we may, with perfect security, infer that the infant had never breathed.

—•••—
 VENESECTION RESUSCITATED. — Dr. Fordyce Barker says he is gradually getting to bleed more frequently. He thinks it has been too much neglected in practice, and would now adopt it in some cases of abortion, and puerperal convulsions, renal congestions, with coma, convulsions, etc.

ON THE DIAGNOSIS AND TREATMENT OF NASAL POLYPI.

BY G. S. RYERSON, M.D., L.R.C.P.S., ED.*

Lecturer on the Eye, Ear and Throat, in Trinity Medical College, and Surgeon for Eye, Ear and Throat Diseases, to the General Hospital and Hospital for Sick Children, Toronto.

MR. PRESIDENT AND GENTLEMEN,—I do not propose to occupy your valuable time with a long dissertation on the pathology and clinical history of nasal polypi, but would wish to draw your attention to one or two points in the diagnosis and treatment of these growths which are of considerable practical interest.

First—As to diagnosis—the disease with which polypus is most frequently confounded is hypertrophy of the mucous membrane over the turbinated bones and septum. It can be easily differentiated from this by examining the nose carefully with a probe, laryngoscope, and nasal speculum. I may remark here that the practitioner should be provided with two kinds of nasal speculi; Bosworth's, for noses which are more or less *retroussé* answers admirably, but will be found of little use in long or overhanging noses; for such, a simple hard rubber conical speculum is best suited.

When the nasal cavity has been well illuminated you will notice in hypertrophy of the mucous membrane that the color is whiter, that there is no translucency, and that there are no folds and depressions as in the case of polypi. There is frequently also thickening of the septum, on one or both sides, a condition, but rarely associated with polypus. It is also very unusual to find a polypus springing from the septum. The subjective sensations are not very reliable for diagnostic purposes, as in both cases they are those of obstruction to nasal breathing. With the probe, in the case of polypus, one can lift them and determine their points of attachment. One should never attempt to remove these growths without carefully determining this point, and without thorough illumination, otherwise it is a mere groping in the dark, unsatisfactory alike to physician and patient.

With regard to treatment, I look upon removal with the snare as the only satisfactory mode of dealing with polypus. It is comparatively painless and almost bloodless. Several polypi can be

removed at a sitting, with very little loss of blood, and moreover, the view is not obscured by blood and clots. It is not always an easy matter to slip the noose over the growths, and valuable assistance may be had from the two little instruments I show—the first, which is simply a director with a bifurcating point, will be found of assistance in passing the wire around large growths. The little hook, the shaft of which is bent at nearly a right-angle, is useful in pulling them through the loops when it is placed in position over the tumor. Nasal polypi are exceedingly liable to recur. This recurrence I believe to be best combatted by touching the stumps with glacial acetic acid on a cotton holder—the pain it causes can be instantly stopped by spraying with this solution:—

℞ Acid Carbolici gr. i., sod. bibor. sod. bicarb, aa. grs. ii., glycerine ꝑi., aq ꝑj. Patients also experience much benefit from the use for some time after of this powder:—

℞ Pulv. potas. chlor. ꝑii.
Pulv. zinci sulph. grs. xx.
Pulv. acid boracis. ꝑii.—M

Sig.—Put a teaspoonful in a teacupful of water, and either draw in through the nose every morning, or use with the syringe or post-nasal douche.

Correspondence.

SEMPER PARATUS.

To the Editor of the CANADA LANCET.

SIR,—I am thoroughly convinced that the majority of country physicians will agree with me, when I affirm that in many instances we have not at our command, in emergencies, medicines and appliances upon which we can place reliance for the amelioration of the condition of our patients. In some cases the friends are compelled to travel many miles to get an instrument or medicine, where if a little forethought were exercised, not only this unnecessary travel could be obviated, but the suffering of the patient lessened—a great consideration. Not long since I was called to an arm and shoulder presentation, and finding it impossible to turn, I decided to use the blunt hook; but such I had not with me, consequently had to despatch a messenger to a medical friend, to come and bring his instruments. He came—minus the hook, so sent again; the hook came and the woman was

*Read before the Canada Medical Association, Sept., 1882.

soon delivered. The child was fortunately dead ; it had spina bifida, club feet and a monstrous head. Four hours of pain and mental anguish might have been spared the woman and I and the attendants relieved from anxiety—all the result of not having with me an instrument that would not cost over \$2. This was my first experience with the hook, although in practice nearly fifteen years. For nearly ten years I carried with me the instrument; but never having a case in which to use it, it was placed aside and lost, and of late years I never thought of its necessity. I had seen its use and was delighted with it, and within two hours after my arrival home I had one made by a blacksmith in the village. I mention this fact to show the high opinion I had formed of the utility of the instrument and to state that any intelligent blacksmith can make one. Do not be startled at my revelations when I tell you that, two days afterwards, I received a telegram from a person living sixteen miles north of this place, but did not go until messengers came for me. It was also a shoulder presentation. The attending physician was exhausted with his task and the woman could not have survived long. The doctor's message was, "For God's sake, come." I went cheerfully, thank heaven,—although I have, so to speak, been spat in the face for many years through man's ingratitude. I am "always ready" to assist a woman in her misery ; however poor she is, the greater claim has she on my services. I did not regret my going ; the trembling grasp of the attendant's hand repaid me at my approach to the miserable cabin. Before I had warmed myself, I handed the doctor the hook, and luckily for the woman, she was delivered in a few minutes afterwards. In this case, as in the former, the perineum was lacerated to the sphincter ani, and was attended to at once. In the former, the accident was not noticed at the time.

Considering the number of years I have been in practice and having a first-class midwifery business, wherein I have often flattered myself at my success, I must confess that my eyes were opened to the necessity of being—to use the language of my text—semper paratus, when two such cases had broken so suddenly on me. Now for my third case, which I attended a few days after the last mentioned. It is useless to enter into the ordinary particulars ; suffice it to say, that I found the short forceps impossible to adjust, and as a result—luckily for the

sufferer—had to send only two miles for the long ones ; and for the third time, consecutively, another lacerated perineum. The question arises, on whom, when, and where, is the next stitching to be done? I hope, quoth the raven, *nevermore!*

I am now thoroughly equipped with a fine set of obstetrical instruments, purchased from a Toronto firm, Stevens & Son, and in addition I carry a syringe, lancet, chloroform, ergot, liq. ferri perchlor., the alum egg, etc., in this obstetrical bag, so that they may not be used in other cases than those for which they are intended and save trouble in collecting them together when hurried. To make a resumé of my observations, I will divide them under the following headings :—

1st. Do not trust your abilities without the aid of every medicine, appliance and instrument, when called to a case of labor.

2nd. When thus equipped, your anxiety is relieved to a great extent, and your reputation not liable to be endangered.

3rd. Of still greater consideration, is the timely alleviation of the sufferings of one who has placed the most trying agony of her life in your hands. To you, alone, her every thought is directed ; so, be ever prepared for an emergency.

This article was written, not because of any cacoethes scribendi the writer has, but for the good of the fraternity at large ; for it cannot be denied that, among the 1700 doctors of medicine in Ontario, there are many who might profit by the above experience. "It is human to err," is admitted, but to knowingly walk in the ditch the second time is inexcusable ; so this article is intended to thwart the first unlucky step you may make.

SYNTAX.

Jan. 11th, 1883.

NASO ORAL RESPIRATORS.

To the Editor of the CANADA LANCET.

STR,—I notice in your last issue of the LANCET the communication of Mr. J. L. Mills, of Brantford, in defence of the high price of the above little instrument. He says I probably forget that he has to pay 25% upon goods of this description coming from Great Britain. I do not forget this fact, but remember in connection with it, that we have other articles from the same place, far more difficult to

manufacture and much more expensive in their finish, at less cost. However, I did not accuse Mr. Mills of the extortion. Permit me, however, to defend my Kingston druggist from any attempt at overcharge—he gave it to me for what it cost him, but says Mr. Mills told him the retail price was \$4, or \$3 per doz.

Yours truly,

MEDICUS.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

October 5th, 1882.

The President, Dr. George Wright, in the chair. Dr. Spencer showed a woman with an eruption, probably syphilitic, chiefly on the face, neck, and forearms. Treatment had not been followed by much benefit. Dr. Cameron advised giving iodide of potassium in much larger doses than had been given.

Dr. A. H. Wright showed fractured os innominatum and spine.

The specimens were from a young girl, who had fallen from a window to the ground a distance of 15 feet. She probably fell on her feet and then backwards to the ground. On admission to the General Hospital shortly after the accident, she was paralyzed in the lower extremities and movement caused great pain. Examination discovered fracture of the ramus of the pubes, and it was thought of the crest of the ilium. There was a sanious discharge from the vagina; later it became purulent and offensive. Her bowels were not moved during 16 days subsequent to admission, though purgatives were fully given, but when once their action was re-established the evacuations became very frequent. She died 28 days after admission.

A *post mortem* examination was made a few hours after death. The left os innominatum was broken into seven pieces, a small piece was broken out of the bottom of the cotyloid cavity and fractures extended from that cavity across the iliac and ischiatic portions of the bone. The arches of the eleventh and twelfth dorsal vertebræ were broken off from the bodies. The spinal cord was much disintegrated.

Dr. Nevitt showed an exostosis removed from the ungual-phalanx of the great toe of a young girl.

Dr. Macdonald reported a case of epithelioma of the uterus and vagina in a woman, a farmer's wife, aged 60. Symptoms first showed themselves last April in a bloody vaginal discharge, lasting for a day or two, and recurring from time to time.

No pain or hydrorrhœa. He removed as much as possible from the growths, to mitigate symptoms and prolong life.

Dr. Nevitt said he had a similar case at present under his care. He was applying the fuming nitric acid, much to the relief of the patient. Both pain and hydrorrhœa were marked.

October 19th, 1882.

The President, Dr. George Wright in the chair. Dr. Holmes was elected a member of the Society.

Dr. Reeve exhibited a patient illustrating the treatment of Ectropion by transplantation of flap without pedicle, and gave an elaborate description of the various steps of the operation. The case was a marked example of cicatricial keloid resulting from a burn. The upper lid had been treated by transplantation two years ago with a satisfactory result. The operation on the present occasion was for the restoration of the lower lid. The extent of raw surface made was 25 x 15 mm., and flap 65 x 40 mm. was transplanted from the inner side of the arm. The operation was performed three weeks ago, and the flap had united perfectly. This was the fifth case operated on by Dr. Reeve, of which four were completely successful. In answer to Dr. Cameron, Dr. Reeve, said he had not tried treatment of keloid by friction with sand; that the mode of operating by transplantation without pedicle was that developed by Wolfe, of Glasgow; and that no keloid had formed on the arm as a result of the removal of the flap.

Dr. Zimmerman reported a case of malignant disease in a compositor. He had had pain, nausea, and vomiting, for the last six years; the pain was located chiefly in the umbilical region. He had contracted the opium habit from taking medicine freely for the pain and required very large quantities to give him relief. In April last he had symptoms of lead colic. In August he had intestinal hemorrhage which recurred on several occasions subsequently. There was the cachectic appearance but no bronzing of the skin. The stools gave no indication of stricture.

On *post mortem* examination a cancerous mass was found occupying the hollow of the sacrum involving the rectum and sigmoid flexure but not lessening their calibre to any considerable degree. The left supra-renal capsule was wholly involved in scirrhous growth; the right one was healthy.

Dr. Zimmerman said the disease was rare in the supra-renal capsules, especially in one alone, and it would be interesting to know if the capsule had been primarily diseased in this case. In reply to Dr. Cameron, he said the frequency of malignant disease of the pelvic tissues in young people might be due to great activity of the sympathetic.

Dr. Graham reported a case of abscess of the tongue. It was the first case he had seen. Drs. Workman and Machell had seen cases.

Dr. Graham reported a case of a child, aged three years, with symptoms resembling those of leucocythemia. Splenic dulness was increased; the red corpuscles about $\frac{2}{3}$ normal number; and white corpuscles in proportion of 1 to 20 red ones. No history of ague. The case might be anæmia, with splenic and glandular enlargements. Dr. Cameron said he saw one exactly similar two months ago.

Dr. Graham reported a case exhibiting symptoms of bulbar anæmia in a man aged 48. The man had for years devoted himself closely to business, and suffered from debility in consequence. He went to Europe last spring, and on the voyage was seized with an attack of dyspnoea; another in London. On Oct. 5th Dr. Graham was called hurriedly at night to see him. He had awakened with another attack. In this there were a number of superficial respirations, followed by a deep one. No chest symptoms. Next day, while receiving application to the throat, was again seized. No spasm of vocal cords during this seizure. Memory is failing; he has become very emotional; is very temperate; no venereal history; urine normal; no optic neuritis.

Dr. Cameron inclined to the view that tumour of the brain was the cause. Such symptoms might arise from a form of epilepsy.

Dr. Reeve said the absence of optic neuritis did not exclude tumour of the brain, as tumour may exist for years and neuritis only develop a short time before death.

Dr. Graham exhibited pulse tracings from a case of aortic regurgitant disease in a fish pedlar. No symptoms till two weeks ago. He was passed a short time ago for life insurance. He believed the case to be idiopathic endocarditis.

Dr. McPhedran reported a case of hemiplegia in a man aged 28, due apparently to embolism. The heart is normal; no history of inflammatory rheumatism or syphilis.

Dr. Graham then read a paper on Lupus, giving the history of six cases, illustrating the different varieties. He believed *L. Erythematosis* and *L. Vulgaris* to be similar in pathological character, the difference being due to the seat of deposit. Prognosis always bad.

Dr. Cameron adopted the view of Friedlander that the two forms of Lupus are distinct pathologically. He advised treatment by oblique linear scarification or erosion, to cut off the blood supply, followed by application of iodoform and pressure.

Dr. Workman brought to the notice of the Society the desirability of establishing a registry of nurses of Toronto.

ONTARIO BOARD OF HEALTH.

The third quarterly meeting of the Provincial Board of Health was held during the early part of December. Present:—Dr. Oldright (in the chair), Covernton, Cassidy, Rae, Yeomans, Bryce, (Secretary) Prof. Galbraith.

The Board went into committee of the whole to consider the Legislative Committee's report, which made the following recommendations:—That such legislation be applied for as will compel the local Board of Health in any city, town, incorporated village or township in Ontario, to appoint one or more health officers, instead of municipalities, who shall perform such duties as may from time to time be assigned to him by such local Board of Health: the Board of Health shall appoint a health officer who shall be executive officer of the Board: such health officer shall wherever practicable be a medical man, he shall report to the Provincial Board diseases prevalent and work performed generally. It shall be lawful for two or more adjoining municipalities to appoint the same person as health officer. For the prevention of persons having infectious diseases from using public conveyances: scarlet fever, smallpox, diphtheria, measles, and whooping-cough be considered as infectious diseases; that no person shall sell or dispose of bedding, clothing, or other articles likely to convey any of the above diseases or typhoid fever, that an owner or person having charge of a conveyance must not after the entering of any person infected with any of the above-named diseases into his conveyance, allow any other person to enter it without having first sufficiently disinfected it; that no person shall rent, let, or hire a house or room which has been recently occupied by any person having any of the above-mentioned diseases, before the house shall have been sufficiently disinfected under the direction of the local health authorities: that the following addition be made to the Public Health Act of 1882:—"Every municipality may provide a portable or other furnace for the disinfection of clothing and other articles, as well as such disinfecting appliances as may be admitted necessary, and may charge persons who are subject to pay such fees as may be found necessary to defray the expenses thereof. That the Act entitled "An Act respecting vaccination" be extended to towns, incorporated villages, and townships, instead of being only applicable to cities, as it is at present.

The further consideration of the subject of legislative amendments was taken up on the second day, which were as follows:—

That the Chairman of the Provincial Board of Health shall be appointed by the Lieutenant-Governor in Council, and the services of the other members of the Board, except the Secretary, shall be

honorary except when engaged in attendance upon the meetings of the Board or any of its Committees, when they shall be allowed such *per diem* as shall from time to time be determined and their travelling and other necessary expenses when so occupied; that the Act of 1882 be amended as follows:—The Lieutenant-Governor in Council may appoint a competent and suitable person as Secretary of the Board, who shall hold office during pleasure and who shall be the chief health officer of the Province; that such legislation be adopted as shall give the local Boards of Health the power of ordering an examination to be made of the water or waters used by any of the inhabitants for their respective municipalities and of regulating the construction and cleansing of wells, and for closing wells or other sources of water supply the water of which shall be found unfit for use; that the Registration Act be amended by the addition of the following clause:—"The public carrier or other persons shall not remove the dead bodies out of any municipality without first having obtained a certificate from the Divisional Registrar that the particulars relating to the death of such persons have been duly registered with him under the provisions of said Act, and said certificate shall be known as a transient burial permit." The above clauses of the report was adopted.

It was moved that a committee consisting of Dr. Oldright and Prof. Galbraith be authorized to issue a circular to Municipal Councils and local Boards of Health setting forth the evils of the privy-pit and cess-pool systems, and endeavouring to induce them to adopt such systems of disposal of sewage as shall be best adapted to the preservation of health and the circumstances of their respective municipalities, and explaining these various methods.

It was stated that a number of cases of remittent and intermittent fever at Madoc and Wingham were attributed to the unsanitary conditions which prevailed in the vicinity of these places caused by the overflow of certain dams. It was decided that the Board of Health represent the matter to the Provincial Secretary, that it might be remedied according to the Public Works Act.

DR. COVERNTON read an interesting report of his visit to England, and his inspection of the system of the Health Boards there. The report stated that during the five years preceding the introduction of an Act in England regarding infectious diseases, which provided for disinfection and isolation, the annual average of deaths from contagious diseases was as follows:—Scarlet fever, 92; smallpox, 55; measles, 50; typhus, 29; enteric or typhoid fever, 36. During the five years following the introduction of the Act the number of deaths from these diseases was reduced to the following annual average:—Scarlet fever, 64; Smallpox, 28; measles, 22; typhus, 12; and typhoid to 19. The effect of the introduction of the Act was a reduction of eleven deaths per thousand inhabitants.

The Secretary, Dr. Bryce, read the report of the Special Committee appointed to visit the Boards of Health of Boston, New York, and Albany to inquire into the details of the modes of working of Boards of Health at those places.

Dr. CASSIDY read the concluding part of the report of his recent investigation into the outbreak of typhoid fever at Stratford in the form of a letter which he had forwarded to the Chairman of the Board of Health at that place. After explaining that the fever had been contracted by impure water, which contained sewage matter he made the following suggestions:—"That pure water be obtained for drinking purposes: that until it can be obtained the water used for drinking purposes be boiled and filtered; that privy pits and cesspools be discarded for the earth closet or some similar inexpensive plan; that house drains be properly trapped and ventilated." The report was adopted.

In the evening session the report of the Convention at St. Thomas was read and adopted; also Dr. Covernton's report of the International Congress at Geneva was received.

A report of the outbreak of Enteric Fever at Lambton Mills was read. The probabilities with regard to the spread of the epidemic are that it was caused by infected linen thrown from the houses, and that the presence of a slaughter-house in rear of the houses where the disease broke out, contributed to give to the fever a malignant and fatal character.

It was moved by Dr. Cassidy, seconded by Dr. Covernton, that "Whereas typhoid fever and scarlet fever have been clearly traced, both in Europe and America, to the adulteration of the milk with water contaminated with sewage, and in other instances to the washing of the milk cans with water similarly contaminated, and the direct absorption of germs by the milk, and where other diseases such as milk sickness and *ulcerative stomatitis* have been traced to the use of milk from cows infected either with milk sickness or foot and mouth disease, this Board would recommend the local boards of health that a proper inspection of dairies should be made in order to prevent the occurrence or continuation of such evils."—Carried.

Selected Articles.

CHRONIC ALCOHOLISM.

Its Pathological Aspects.—Excerpts from an article by G. K. Sabine, M. D., in Boston Medical and Surgical Journal:

Changes in the Skin: In the early stages of this affection the skin is remarkably smooth and soft, owing to an increase in the fatty tissue. Later on the skin becomes dry and on the extremities hard and inelastic.

The Blood: The most striking change in the

blood is an increase in the watery elements, and diminution of the fibrine. It contains much serum, forms no or only very small coagula, and is of a very dark color. Another peculiarity presented by the blood is the increase of fat.

Fatty Tissue: There is a marked increase in the subcutaneous fat, in the fat between the muscles about the different organs, especially heart, kidneys, intestine, in the greater and lesser omenta, in the mesentery, etc. In the latter stages of alcoholism, when the digestion becomes impaired and the blood deteriorated, this accumulation of fat disappears. According to Rokitansky there is an increase of fat in the marrow of the bones, the bony tissue at the same time being atrophied.

The Stomach and Intestine: A Chronic Catarrhal condition of the stomach is quite constant, and appears early in the disease. This is indicated by abundant soft gray mucus, projections of the mucous membrane, and by the slaty color that occurs, especially near the pylorus. Owing to the disturbance of circulation which takes place later in other organs the return of the blood from the stomach is interfered with so that a varicose condition of some of the veins is produced. The hypertrophy is very apt to be accompanied by dilatation of the glands, due to compression at their outlet, so that small cysts which are filled with a clear fluid and project from the surface result. The continued irritation of the diseased mucous membrane is productive of a variety of ulcerations from the small hemorrhagic erosion, characterized by a superficial loss of substance, to the so-called round or perforating ulcer.

The Liver: The liver is the first and most severely affected by the abuse of alcohol of any organ in the body. The alcohol being taken up by the portal system is carried directly to this organ and there, by its irritating effect, produces various disorders according to the individual's condition, and more especially the character of the alcohol. The more concentrated the alcohol the sooner and the more severely is the liver affected. Among the causes of fatty liver the abuse of alcohol is one of the most prominent. It is probable the alcohol acts by retarding the metamorphosis of tissue, and the blood being overcharged with fat deposits it rests in this organ.

Interstitial Hepatitis—Cirrhosis of the Liver: The most common cause of this form of interstitial hepatitis, which extends uniformly over the whole organ, is usually considered to be the intemperate use of alcohol—still this is not necessary; most drunkards do not have a cirrhotic, but a fatty liver, and many persons with cirrhosis are not in the habit of dram-drinking.

Organs of Respiration: Drunkards are very subject to catarrh of the larynx, which is often accompanied by a similar condition of the pharynx. This catarrhal inflammation of the larynx not unfre-

quently extends into the bronchi. A very important question is whether the habitual use of alcohol predisposes to disease of the lungs.

The Heart: In habitual drunkards the heart is almost always found hypertrophied. This hypertrophy may be brought about in many ways. As is well known, the effect and force of alcohol is to increase the frequency and force of the pulse. When a muscle is called upon to do an extra amount of work the effect is to increase the size of that muscle.

The Vessels: The change in the capillaries consists in an increase in their lumen, that of the smaller and larger arteries in the so-called atheromatous degeneration. The dilatation of the small vessels and hyperemia of all the organs have been explained on the ground that alcohol has a paralyzing effect upon the vaso-motor system; also, that the alcohol by its irritating effect upon the walls of the vessels, causes a fatty degeneration of the same, and as a consequence a loss of tonicity.

Affections of the Urinary Organs: After each ingestion of alcohol the secretion of urine is increased as a large quantity of water is excreted with it. The diseases of the kidneys which most frequently occur in drunkards, and especially in the latter stages of alcoholism, are the parenchymatous and interstitial or granular nephritis. This latter is divided into two stages, that of infiltration of cellular elements, and the other of connective tissue formation. At first the inflammatory process produces an active hyperemia, with an exudation of fluid and white blood corpuscles into the interstitial connective tissue. This in turn is productive of anemia, impaired nutrition of the renal epithelium, and granular degeneration of the same.

The Nervous System: The affections of the nervous system in drunkards are both numerous and important. No organ, with exception, perhaps, of the liver, suffers so constantly and from such a variety of lesions as the central nervous system. Many alterations in the functions are recognizable after death by a change in the tissues, but there are various affections on the other hand, which point to a marked change in the cerebro-spinal system that cannot be detected.

The Brain: The calvarium is altered. It is increased in weight by hyperostosis and sclerosis, both the outer and inner table being thickened. The cancellated structure is more dense, owing to a concentric formation of bone about the Haversian canals. Upon the inner surface the channels of the vessels are deeper than normal as well as the depressions for the Pacchionian bodies. There is an increase in the amount of blood in the brain owing to the abnormal action of the heart and fatty or an atheromatous degeneration of the walls of the small vessels, or diminished nutrition of the same, which paralyzes them so that their lumen becomes increased and hyperemia results.

Cerebral Apoplexy: An effusion of blood into the brain substance frequently occurs in drunkards. All conditions brought about by the intemperate use of alcohol which tend to produce cerebral hyperemia favor, in a marked degree, the occurrence of either large or capillary effusions.

Serous Apoplexy: An acute or chronic serous effusion into the cavity of the skull, into the brain substance, or into the membranes of the brain, and into the cavity of the arachnoid, may result from the abuse of alcohol. In alcoholism the blood is poor in plastic material, and as a consequence the transudation is favored. Either an acute or chronic collection of fluid in the ventricles of the brain is not an infrequent result of drunkenness.

Pachymeningitis Interna Chronica: This inflammation of the inner surface of the dura mater consists at first of a very slight layer of fibrine on the surface of the dura, from which a thin layer of connective tissue is afterward developed, which adheres to the surface of the membrane. A second and third layer of inflammatory exudation is then formed, and so on until there are many layers. The dura mater thus becomes materially thickened. Each one of these layers is vascular, and occasionally one of these vessels ruptures, resulting in a hemorrhage between two of the layers.—*Louisville Med. News.*

CANCER OF THE STOMACH.

(Clinic by DR. PEPPER OF Philadelphia.)

I had until recently under my care a lady of about middle age, suffering from tinnitus in the left ear, evidently depending upon some subacute inflammatory change in the middle ear. At times, it seemed to threaten development into Menière's disease, *i. e.*, attacks of vertigo associated with tinnitus, but I cannot say that it ever fully assumed this character. She appeared to be benefited by a course of treatment which consisted in careful attention to hygiene and diet, the prolonged use of quinia with iodide of potassium and counter-irritation over the mastoid process and the nape of the neck.

Last spring, while feeling unusually well, she began to complain of a great deal of gastric distress. This was most marked after eating. It appeared to be relieved by a prescription containing pepsin, and the omission of all other remedies, but it soon returned. There was never any vomiting. Examination of the abdomen showed tenderness, but no thickening or hardening could be detected. She came of a healthy family, her mother living to the age of 82, and as far as could be discovered, no member of the family had suffered from malignant disease. There has been no sufficient cause to explain the development of gastric pain; and I have therefore, for a time, hoped that it might

prove to be a case of gastralgia, which her anæmic condition rendered not improbable. I had, however, observed that it differed from a gastralgia in two particulars. In the first place the taking of food, instead of affording relief, increased the distress. In simple neuralgia of the stomach, we generally find that the ingestion of food relieves the pain, which again appears as the stomach becomes empty. In the second place, the pain was constant, instead of being paroxysmal, as is usual in gastralgia. I therefore suspected the existence of a gastric ulcer. There was, however, no vomiting, the amount of tenderness was not extreme and the occurrence of simple gastric ulcer in a woman whose surroundings were favorable, who had good food, and who was free from all care, is unusual. * * *

As the spring went on, finding my attempts to relieve this pain were unsuccessful, I put the patient to bed and gave her an exclusive diet of milk, in small quantities at short intervals. I also gave her alteratives, such as bismuth, nitrate of silver, minute doses of carbolic acid, with soda, valerianate of zinc and various other preparations, hoping to relieve the gastric distress; but nothing afforded relief, and she became thinner and thinner. About the middle of June I went away, leaving her under the care of Dr. James Tyson and Dr. Judson Daland. When I returned I found that she had died, and that an autopsy had been held, and that the specimen now before you had been removed.

I propose to examine this with you to-day. The case, as you will have inferred, proved to be one of malignant disease of the stomach. On examining the stomach, I find a number of ovoid masses. I wet one of these and it presents the appearance of a round-cell sarcoma, but a naked eye is not sufficient to decide this point. It is, however, some form of neoplasm. I may as well say here that you will often be struck, no doubt, with the laxity with which I use the terms sarcoma and carcinoma in my clinical lectures. The truth is, the difference between these growths and their minute subdivisions, as they affect internal organs, is a matter of far greater consequence to you as microscopists and pathologists, than it is to you as physician. You have a patient in whom the symptoms and the progress of the case show conclusively that some neoplasm has developed in the stomach. The growth is going to kill the patient. The question whether it is an epithelioma, a cylindroma, a carcinoma, or a sarcoma, while of interest in the subsequent microscopical examination, does not alter the prognosis or influence the treatment. I do not use these terms in this manner because I disregard the importance of the study of these minute distinctions between the different forms of tumors; for these distinctions are of extreme importance when we come to consider tumors involving the superficial parts where they are open to

digital examination and operative interference. There we have a different history as regards recurrence after operation, as regards the tendency to extend to adjacent parts, and as regards the formation of secondary multiple growths. A consideration of the minute anatomy is of great importance in external tumors, but in the case of neoplasms affecting internal organs, as the liver and stomach, the same importance does not attach to these minute differences, nor are we able to make them. As I have said, there is hypertrophy of the glands lying in the curvature of the stomach. This enlargement of the glands extends downward, involving the glands around the aorta and along the spinal column. On section they all present the same general characteristics. They are grayish yellow, sometimes of a pinkish tinge, fleshy, without much juice on scraping, and evidently the seat of some neoplasm. The stomach itself has undergone remarkable changes. It is exceedingly small, and looks like a contracted, old, diseased, urinary bladder. If filled to its utmost capacity, it would not contain four fluid ounces. The inner surface is discolored and presents a worm-eaten, trabeculated appearance. The walls are thick and rigid. On section they are found to be extensively diseased and the seat of malignant infiltration. There is fusion of the coats of the organ, particularly of the peritoneal, sub-peritoneal and muscular tunics, the mucous coat being less affected than the others. The external and middle tunics are fused into a hard, gristly mass, not less than one-third of an inch in thickness. There is not as much hypertrophy of the muscular layer as we often find, especially in cases where there has been pyloric obstruction. In the present instance the pyloric orifice is not at all obstructed. It is sufficiently large to admit the thumb. As I have said, the mucous membrane is much less involved than the external coats. There is no ulceration of the stomach, and no fungous mass projecting into the organ. This is a remarkable case, and the appearances presented are very unusual.

You see how they account for the symptoms described. There was no pyloric obstruction, and there was, therefore, no vomiting. Vomiting, in cancer of the stomach, occurs most commonly as the result of the attempt of the organ to propel its contents through an obstructed pylorus. This is the reason why the vomiting presents the peculiarities of coming on a certain interval after the ingestion of food, of occurring when the food has reached a certain stage of digestion, and of being followed by complete relief. In other cases of gastric cancer, there is an ulcerated, irritable surface, and the contact of the food against this surface excites vomiting. In such case, the vomiting resembles that which ordinarily occurs in simple gastric ulcer. There was here neither pyloric obstruction nor ulceration of the mucous membrane. Again, I never

was able to feel any lumps or hardening in the epigastrium, on the most careful palpation. The stomach was so contracted that it must have been far back and above the margin of the ribs. Towards the very close of the case, Dr. Tyson thought that he could detect a tumor. This is often the case. While during the earlier periods, and on towards the close, no tumor can be felt, yet, when the patient emaciates to the last degree, and you are able to press your fingers against the spinal column, you may then find a tumor; but in some cases where the glands were not much enlarged, I have felt until the day of death, and have been unable to discover any tumor in the epigastrium.

When you come to study closely the diagnosis between cancer of the stomach, simple ulcer of the stomach, and chronic catarrhal inflammation of the stomach, you will find that there may be in all of these, pain, progressive wasting and anæmia, and you turn to the question whether there is vomiting of such character as to indicate mechanical obstruction or ulceration, and whether a careful examination reveals hardening, thickening or a definite tumor, in order to establish the diagnosis. If in the present instance you had depended on these points, the diagnosis would have been simple ulcer, or chronic catarrh. You can easily see, from this specimen, that in a certain proportion of cases you will have to base the diagnosis upon the age of the patient and the steadily progressive, downward course, despite hygiene, dietetic regimen and judicious therapeutics. You do those things which, if it were a case of simple ulcer or of chronic catarrh, would be beneficial, yet you obtain no improvement, or, at the most, but a slight effect. The therapeutic test in connection with the steady march of the case and the age of the patient, will in some cases constitute the sole basis of the diagnosis between malignant disease and simple ulcer and chronic catarrh.—*Med. and Surg. Reporter.*

UNUSUAL AND COMPLICATED CASE OF INGUINAL HERNIA.

BY JOSEPH BELL, F. R. C. S. ED.

A. B. æt. 26, admitted Oct. 5th, a powerful, active, and very muscular policeman, amused himself by leaping over a bar, on coming down discovered that he had strained himself, and found a painful, very tense tumour, as large as a large orange, but ovoid and flattened, in his left groin. This was at once followed by urgent vomiting, intense pain at umbilicus, and great prostration. I arrived within *four hours* of the occurrence of the hernia. Dr. Blaikie noticed that there was only one testicle present in the scrotum, and on inquiry was told that the other had never been down but could be felt at times in the groin. Having given

chloroform and shaved the parts, I made a free incision along the long axis of the tumour, and found an exceedingly thin, transparent sac, tensely filled, and containing a teaspoonful of transparent serum. On opening the sac at its upper surface, about 18 inches of bowel were seen, of a very dark colour, and full of serum, but retaining lustre, polish and tension. In addition to this, a large piece of omentum was also in the sac, swollen, engorged, but non-adherent, lying like an apron over the upper half of the coil; and behind the bowel was the testicle not larger than a small walnut. The cord was also exceedingly thick and full of serum. The external inguinal ring was fairly open and easily dilatable, not requiring division; and at first it seemed as if the bowel was to be easily emptied and returned to the abdomen, as with gentle pressure nearly the whole coil at once retired from view. It was obvious, however, that it was not relieved, and that it only was returned into a largely dilated and broad inguinal canal; so I again pulled the coil fairly out, making traction on its neck which was very tightly held. I then raised the piece of omentum, which unfolded to quite the size of the palm of the hand, and, gently pulling upon it, found that it was also tightly held, and at the constriction was already black in colour, and apparently dead. Pulling the testicle also down, we found the cord also held as in a vice. The constricting point was the internal ring; and the canal being of its full normal length, this could barely be reached by the tip of my forefinger, and the tip could not be got through it.

With care, however, I guided a long, curved, probe-pointed bistoury on the point of my finger, and with great caution nicked the ring upwards till the finger could be got through it, and then, feeling no pulsation, and guiding the knife, divided it freely. This being safely accomplished, it was then easy enough to empty the bowel of flatus and gradually reduce the coils into the abdomen. The question then arose what to do with the omentum. It was difficult to believe that such a large piece could have been driven at once through such a small aperture; but there it was, and the restriction was so tight that it was almost certain to die, or at least to suppurate. So I ligatured it with thick catgut in four positions, and divided each separately, leaving the catgut ends long, to act as a drain. I then pulled the testicle and cord as far down as possible into the scrotum, and, leaving the catgut hanging out, stitched up the deep parts first, and then the edges, with strong catgut, and dressed the wound with carbolized wool. Patient was kept under opium for first few days, and on milk diet. Neither pulse nor temp. ever rose. Bowels were opened with enemata on sixth and eighth days, and cure has been most complete. Not a drop of pus formed. The points of interest in this case has to practical surgeons are:

1. The large size of hernial contents when compared with the unusually small opening in internal ring. 2. The dilated canal and external ring by presence of testicle. 3. The rapid injury to omentum, and risk to life of bowel, and after only *three and a half hours'* strangulation.—*Edin. Med. Jour.*, Dec.

INDICATIONS FOR THE USE OF DIGITALIS.

BY J. MILNER FOTHERGILL, M. D. EDIN.

The correct use of this potent remedy—invaluable in certain cases of lack of power in the heart—is scarcely as yet general. Old established views take a great deal of uprooting; and yet they must be uprooted before new views can be built up in their place on the same ground. Digitalis was long regarded as a cardiac sedative—"the opium of the heart;" because it rendered the heart's action slower, or less tumultuous. Slower, certainly, in those cases where the rapidity is due to the action of an irritable muscle; irritable, because becoming exhausted. But when the rapidity of the heart's action is due to nervous disturbances digitalis is useless, or very nearly so. Digitalis, then, is not useful "because it slows the action of the heart." This is an error. In many cases it exercises no action worth estimating upon the rapidity of the heart's contractions. While in others it is of the greatest service when the action of the heart is not accelerated before its administration, nor slowed while the good effects are being felt. "Less tumultuous," most certainly in many cases. Where a heart is labouring hard, yet accomplishing very little; when the muscle is doing its best to the utmost of its power, but is heavily handicapped; then digitalis will usually calm its action, not, however, by any sedative effect, but by increasing the vigor of the cardiac contractions. In other words, it may be said that the digitalis achieves the more complete emptying of the ventricle at each systole; and that is what is wanted in these cases.

Now, sometimes digitalis will both slow the heart's action and do away with palpitation, at one and the same time. This is most commonly seen in simple dilatation of the left ventricle, without necessarily any valvular lesion; the mitral valve may leak, but not as the result of any distortion of the valve curtains, but rather the ostium has stretched with the yielding of the heart muscle, and the valve curtains become insufficient to close the ostium completely on the contraction of the ventricle. Such a condition is common where the dilatation has taken place too swiftly for the valve curtains to stretch *pari passu* with the yielding of the muscle. Here digitalis is usually of the most priceless value. But its utility will be greatly enhanced here by putting the patient at complete

rest; which means, strictly confined to bed—just as much as if the case were one of broken thigh.

"Digitalis is to be given in mitral disease, but withheld in aortic disease," is a rule of thumb driven into the student's mind like a nail into a plank, by some teachers. Well, as a broad rule it is well enough; digitalis is usually of service in mitral disease; but how about aortic disease? When a fairly hypertrophied left ventricle is struggling against a contracted aortic orifice, but not quite successfully; how about digitalis? The system is suffering from want of arterial blood because the ventricle is unequal to driving a sufficiency of blood through the narrow ostium in the normal time to keep the arteries full. Here digitalis often acts most potently, indeed furnishes the most brilliant illustrations of its properties. By increasing the vigour of the driving power—the ventricular contractions—the normal amount of blood is pumped into the arteries in the normal time, and tissue nutrition is improved everywhere; including the structures of the heart itself.

Or aortic regurgitation is dilating the left ventricle too swiftly for hypertrophy to be built up to arrest the dilating process; what is the value of digitalis here? Simply inestimable. It arrests the dilating process; the ventricle recovers its size, and, with that, much of its vigour; the muscle is better nourished, and then that compensatory hypertrophy is built up which often enables the patient to pursue an active life for years.

Certainly, on the other hand, both in aortic stenosis and aortic regurgitation, while the muscular compensation is complete and sufficient, and the patient is fairly well, there is no good end to be attained by giving digitalis. We do not give digitalis because there is valvular disease present; but when the system is suffering in consequence of the said valvular lesion. The digitalis has no influence on the injured valve. But it is of mighty service when the muscular hyperplasia, which compensates the valvular defect to a great extent, is not provided by the powers of nature. By the aid of digitalis the natural powers will often be enabled to surmount the difficulty and secure a muscular growth, or hypertrophy, which is practically compensatory. Such compensation by muscular hypertrophy is most perfectly seen in aortic stenosis. And on this hangs the good prognosis of aortic stenosis.

It is quite clear that under these circumstances the action of digitalis is powerfully aided (1) by rest, reducing the demand upon the heart; (2) good food to aid in nutrition of the tissues; and (3) iron as a hæmotic. In mitral disease the effect of digitalis upon the right ventricle often leads to most satisfactory results.

Now, when we come to discuss the effects of digitalis upon the right ventricle, there is something more to be considered than the heart merely.

There is the respiration! Ordinarily we breathe 18 times per minute or thereabouts. There are about 250 inches of "residual" air in the thorax, and the act of respiration takes place normally about 18 times per minute. By such "tidal" air the "residual" air is kept fairly pure. But when the thoracic space is encroached upon either by (a) air in emphysema; (b) connective tissue in cirrhosis; (c) diminution of the calibre of the air tubes from thickening of the bronchial lining membrane; (d) by engorgement of the blood-vessels in mitral disease; then the respiration must be more frequent in order to keep the residual air fairly pure. The stimulus to respiration is the effect of venous blood, laden with carbonic acid, upon the respiratory centre in the medulla.

When there is an excess of carbonic acid in the blood circulating in this centre, then the respiratory efforts are increased in vigour until the excess of carbonic acid is got rid of. Now, when the right ventricle is embarrassed, it is not usually enough to give digitalis to increase the energy of the contractions of the right ventricle. Though, of course, all medical men of much experience have met with striking illustrations of the almost magical effects of digitalis in the pulmonary engorgement of mitral disease; many can also tell where digitalis failed to afford relief under these circumstances, or even increased the respiratory embarrassment. Now, my rule for sometime past has been under these circumstances of mitral lesion, no matter what form with embarrassed respiration, to give strychnia, a well recognized "respiratory stimulant." Here, the effect of digitalis upon the right ventricle, and that of the strychnia upon the respiratory centre, work together for good with the most satisfactory results. The good effects of this combination are conclusively demonstrated in those cases where digitalis given alone, fails to do good; but where the addition of strychnia at once makes a striking alteration. Such a case occurred to me in Nov. 1881. A medical man had a mitral stenosis, with pulmonary engorgement, and, from cold, some congestion of the lung basis. Breathing was hurried; there was orthopnoea; digitalis had made him worse. Taking in the position on the line laid down above, I added strychnia to the digitalis with the most gratifying results. The breathing quickly fell in rapidity, and the patient could sleep without being awakened by violent dyspnoea, from the respiratory centre being roused by excess of carbonic acid in the blood circulating in it. (After the blood has been cleared of carbonic acid by violent respiratory efforts, the patient drops off to sleep again. Such nocturnal dyspnoea must be distinguished from the more serious matter of dyspnoea from distension of the right ventricle—a distinction not always made.) Now, under these circumstances, the addition of strychnia, or drug of allied character as ammonia to digitalis, is

of great service. Inversely, when there exists any condition of lung, or bronchiæ by which the respiration is embarrassed, or the thoracic space diminished, then digitalis may be added to the cough mixtures with decided advantage. Whenever the breathing is embarrassed and the radial pulse feeble, while the contractions of the heart are vigorous upon auscultation—a condition which tells that the right side of the heart is labouring—then digitalis may be given with a respiratory stimulant, as ammonia, or nux vomica, or both, to the great relief of patient. Usually that is; of course, if there be anatomical changes which forbid real relief, then the effects are less palpable. The proper relations of digitalis to stimulants of the respiratory centre is a matter far from being understood generally.

The indication, then, for digitalis is not a murmur in the heart; nor a certain form of valvular lesion; nor tumultuous action; nor yet rapidity of action; but, as Rosenstein has put it, whenever it is desirable "to fill the arteries and empty the veins." That is the impression which each student of medicine should form in his mind as to the action of digitalis. If he would do so, the doubts which otherwise may beset his mind in the exigencies of practice will not often embarrass him. Say it is a case of regurgitation; if the arterial system is well filled then digitalis is contra-indicated. But if the wall of the heart be yielding in the latter stages, then surely it ought to be given. In almost all stages of mitral lesion digitalis is indicated. But there is another condition in which digitalis is sometimes given with injurious effects which contrasts with these conditions. The hypertrophied gouty heart often palpitates when there is arteriole spasm, and the larger arteries are tense and full of blood. The resistance offered by this full arterial system to the onward flow of the blood at the cardiac systole is such that the ventricle palpitates in its efforts to contract effectually—such a condition is commonly seen in the "chronic Bright's disease without albuminuria," so well described by Dr. Mahomed. Here digitalis does no good but harm; for the arteries are already full to the risk of apoplexy. Indeed, this last accident has followed the administration of digitalis under these circumstances. The full artery, then, is contra-indication. Just as much as an empty artery is an indication for the administration of digitalis,—whether the heart be diseased or not.

Digitalis is a diuretic, says another. "Whenever the bulk of urine rises then I know that digitalis is doing good." The bulk of urine, as Traube taught, is the index of arterial fullness. When the arteries are filled the bulk of urine is increased. The rise in the bulk of urine tells in the most unmistakable manner that the action of the drug is filling the arteries. In dropsy, when the bulk of urine is low, and the specific gravity

is high, then digitalis is pre-eminently useful. When albuminuria is present from venous engorgement in heart failure, digitalis will often be followed by its disappearance. As the arteries are filled, the veins are depleted; the albumen which tells of venous congestion, disappears as this state of the veins is relieved; as the arteries are filled the bulk of urine rises.

The great matter for the practitioner to remember about digitalis is, that it increases the energies of the ventricular contractions; and that the clinical indication for its administration is an empty artery. Remember Rosenstein's maxim, "digitalis fills the arteries and empties the veins." With such views before his mental vision the practitioner will rarely experience any difficulty in deciding when to give, or when to withhold the potent digitalis—potent for good or harm according to the circumstances under which it is prescribed. In cases of cerebral anæmia digitalis may often be prescribed with advantage when it is desirable to raise the blood pressure within the arteries.—*Glas. Med. Four.*, Dec.

CIRRHOSIS OF THE LIVER.

CLINIC, BY JAMES TYSON, M.D., PHILADELPHIA.

I have recently been showing you some cases of disease of the liver, and to-day I bring before you another of the same class. Our patient is 38 years old, is a tin-roofer by trade, and was admitted to the house September 27. He had always been healthy, but for the last four or five years has been what might be called a hard drinker, frequently going on sprees. For six weeks previous to his admission he had been drinking steadily. On the morning of the day on which he was admitted, he had a very profuse hemorrhage from the nose, and that night he had a second hemorrhage, which was checked only by packing the nostrils with tannic acid. He also had some nausea and loss of appetite. The second day after his admission (September 29), he noticed his limbs were swelling, but an examination of his urine revealed nothing abnormal. About the same time his abdomen began to enlarge. You can all see to what extent this enlargement has taken place, and by placing my hand on one side of the abdomen, and gently tapping the other side, I get distinct fluctuation, showing distinctly the presence of fluid. Now, what conditions will cause the presence of fluid in the abdominal cavity? First, we have obstructive disease of the heart, which, by overloading the venous system, causes the watery elements of the blood to exude through the walls of the vessels. An examination of this man's heart fails to reveal any lesion; so we can exclude this. In the second place, it may be caused by renal dis-

ease. But if there be any disorder of the kidney of sufficient gravity to produce the amount of ascites present in this man, it would undoubtedly produce albuminuria; and we have failed to find any albumen in this man's urine. Excluding these two, then, narrows it down to the third—*i. e.*, some interference with the portal circulation. Let us examine the liver and see if we can detect any alteration in it.

Having the patient on his back, percussing in the mammillary line, we find that dulness begins at the fifth rib and extends to the edge of the ribs. In the line of the ensiform cartilage there is tympany all the way from it to the umbilicus. In the mid-axillary line, dulness begins at the seventh interspace, and passes without interruption into the dulness occasioned by the ascites. In percussing the liver you will find it to be more easily mapped out by having the patient lie on the left side and draw up his thighs towards his abdomen; and I will now percuss him in that position. Going back to the mammillary line, we find dulness begins at the sixth rib and is replaced by tympany at the eighth rib. In the mid-axillary line dulness begins at the seventh rib and is replaced by tympany at the tenth rib. Posteriorly, dulness begins with the tenth rib and merges into that of the lumbar muscles. By this examination you perceive the liver is smaller than normal.

Now, what diseases are there in which the liver is smaller than in health? I can recall but one,—cirrhosis, or interstitial hepatitis. Let us now take up this man's symptoms, and see wherein they accord with the phenomena of this affection. The first thing that he noticed was the hemorrhage from the nose, and I called your attention to this symptom. What was the cause of it? It was entirely mechanical. The blocking up of the portal system causes engorgement of the veins all over the body, and the hemorrhage from the nose was simply an effort of nature to relieve the engorgement. Hemorrhage into the stomach and intestines is a more frequent symptom, and is even more directly accounted for. Next there is the ascites. We have seen that the liver is smaller than normal, and this contraction must necessarily compress the vessels which pass through its substance. As a result of this, the current of the blood is retarded, and the serum exudes through the vessel-walls, producing the ascites.

Let us for a few moments consider the etiology of the disease. It is an error to regard the use of alcohol as the only cause of cirrhosis. In the vast majority of cases it doubtless is the cause; but I have seen cirrhosis in children two or three years of age and in young men of twenty; and Dr. Harley, in his recent work on the liver, refers to such cases (p. 307). The use of liquor, syphilis, and a prolonged exposure to malarial influences will produce it. When seen in very young subjects, it

may generally, with very good reason, be attributed to congenital syphilis.

Let us pause to consider briefly the morbid anatomy of the affection. In this case the cirrhosis is evidently due to alcohol. In the excessive use of this substance the liver is the first organ to suffer organically, because the alcohol reaches it immediately after its absorption, in a comparatively unaltered state, and diluted only by the secretions of the stomach. Acting as an irritant, if long continued it soon excites an overgrowth of the connective tissue along the ramifications of the portal vein. The first product is a round-celled embryonic tissue, by the presence of which the bulk of the liver is actually increased; but, organizing into fibrillated connective tissue, it has the property of all such new-formed tissue, it contracts, and compresses the proper parenchyma of the organ,—that is, the cells,—and destroys them. When the circlets formed by the smaller branches of the portal vein are involved, the areas included in them are compressed and forced to rise upward, forming grain-like elevations, whence the term "granular liver." When branches of medium size are involved, larger areas of liver-substance are compressed, and elevations, of which many correspond in size to the hob-nail, are produced, and there results the so-called "hob nail" liver; and when still larger branches of the portal vein are involved, we have even larger bulging areas, and a "lobulated" appearance results.

As to the treatment, I am confident that small degrees of interstitial hepatitis may be removed by appropriate measures; and even where the overgrowth of interstitial tissue is decided, the process may be so modified that the liver will be able to perform its offices. Most important, however, is the removal of the cause; and where this is the excessive use of alcohol it must be discontinued if any results are to be expected.

The remedy for the removal of the hyperplastic connective tissue is pre-eminently iodide of potassium. It is best given in moderate doses while fasting, and in a large quantity of water. Two and a half grains in a tumblerful of water and on an empty stomach will do more good than five grains in a small quantity of water after meals. Along with this, the bowels must be kept active with salines. If there be any specific taint, one-thirty-second to one-twenty-fourth of a grain of bichloride of mercury may be given along with the iodide, three times a day. In malarial cases iron and arsenic are indicated. Counter-irritation over the region of the liver may be produced by an ointment made of equal parts of mercurial and belladonna ointments. In this patient the treatment has been five grains iodide of potassium, largely diluted, three times a day, fasting, and his bowels have been kept freely open by the administration of salines. He has greatly improved under this treat-

ment, and says that he is very much better. There is still, however, some fluid in the peritoneal sac, which had much better be removed by tapping; and I had intended to tap him in your presence, but he objects to the operation, and I will not insist upon it. He will improve much more slowly than if this water were taken away.—*Medical Times.*

DISEASES OF THE HEART.—BALFOUR—In lecture ix, on the variation and vanishing of cardiac murmurs, Dr. Balfour offers a good deal of sound advice to practitioners, many of whom, he very justly remarks, are not at all aware how frequently complete restoration to health may follow after perfect development of regurgitation through either, or even through both valves. The curious phenomenon of variation in the same murmur, which may completely disappear one day to be present again the next, and the failure to appreciate its significance, have sometimes led to erroneous and embarrassing statements of opinion of the most contradictory nature. Perceiving the great desirability, therefore, of avoiding this confusion, Dr. Balfour gives directions for conducting a thorough examination of the heart in such a manner as shall prevent all possibility of deception being caused by such murmurs, and during which the stethoscope need not be employed at all. "If we trust," he urges, "to auscultation alone, as it is generally understood and applied to the heart—that is, if we attempt to diagnosticate the exact nature of any given cardiac lesion by the discovery and discrimination of murmurs, assigning to each its appropriate physical cause in accordance with its position on the cardiac area at which it is best heard, as well as with its rhythm or relation in time to the several acts which constitute a cardiac pulsation, without being actually misled we shall yet often fail in attaining an accuracy of diagnosis which is perfectly possible and frequently important." The value of strychnia as a stimulant of the intrinsic ganglia is pointed out, and a strong defence of arsenic as a neurotic is presented. Dr. Balfour, moreover, insists that no drug can replace digitalis in the treatment of cardiac disease, and places little trust in ergot and belladonna in this connection. The iodide-of-potassium treatment of aneurism Dr. Balfour considers perfectly safe and free from risk, while being equally certain as any more dangerous plan to afford relief. He has "not yet seen any case where relief was not attained, though naturally enough that relief is not always to be got instantaneously, but requires the treatment to be continued some time." He, however, warns against expecting absolute cure, or indeed anything more substantial than relief, except in favorable cases which come early under treatment, and in which adjuvant treatment, such as rest, etc., can be carried out. Dr. Balfour says:

"I do not claim that we can perfectly cure aneurism by iodide-of-potassium, or by anything else, yet I am quite certain that at the present day we possess no other remedial agent or mode of treatment which so surely gives relief, and so frequently prolongs life, as the iodide-of-potassium."—*Louisville Med. News.*

HYSTERO-TRACHELORRHAPHY.—Dr. Herrick, of Grand Rapids, Mich., gives the following in the *Obstetric Gazette*:—In 1880 I reported for the *Philadelphia Medical and Surgical Reporter*, vol. XLII, No. 3, a "modification of Emmet's operation" which had for its object the doing away of sutures through the uterine mucous membrane, claiming that they were unnecessary, as good union could be had without them, thus saving the patient much pain, and the operator no little trouble; and making professional assistance not absolutely necessary, as the patient could be operated upon without being etherized. As the introduction of sutures is the most tedious step of the operation, it is also the most painful to the patient, and is the only part requiring special skill. The modification in brief is as follows: The lacerated edges of the cervix are denuded as usual, care being taken that they are properly coaptated; then, instead of introducing sutures, a wide elastic rubber band shaped like the cervix, and large enough to cover the whole os and neck with the exception of a hole in the end for the secretions to pass through, is slipped over the os while the lacerated edges are held together by a pair of tenaculum forceps, over which the band is first passed. The band being wide and covering the whole neck, it keeps up equal pressure on the blood vessels, thus preventing blood enough getting into the parts at any one time to produce inflammation or swelling, and, as a natural sequence, union takes place much sooner than it otherwise would. The introduction of sutures is quite often followed by inflammation, and when suppuration follows there is non-union, which is prevented by the use of the elastic band. The advantages of this method are: 1st. As about all the pain experienced during the operation is from the introduction of sutures, if they are not introduced there is little pain, and hence an anæsthetic may be dispensed with. 2nd. If the patient is not etherized it is not necessary to have professional assistance, and one can operate upon patients that would not listen to such a proposition if strange physicians were to be present. 3rd. The parts are kept in just as close contact, and union takes place just as soon. 4th. There is less danger of inflammation. 5th. There are no stitches to remove. 6th. In slight cases, patients can be operated on without their being obliged to keep their beds for a single day, or their knowing that they are undergoing any important operation. Since the publication of this method of operating

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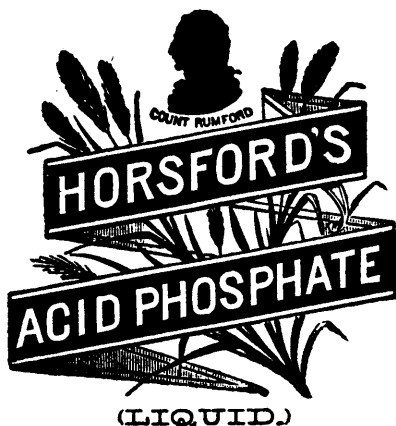
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in the *Medical and Surgical Reporter* the operation has been frequently performed, as modified not only by myself but by many other surgeons, some of whom have published their results, which have been uniformly successful. Some have objected that it is somewhat difficult to throw the band around the cervix, and to always get a band that will fit every case. Considerable care is sometimes necessary in its accomplishment, and I have found that there are other ways of retaining the lacerated edges in apposition, and the following is the plan I most frequently adopt, as it does away with that objection, and holds the parts as firmly together as though sutures were introduced through the cervix.

I take a piece of block tin about one sixteenth of an inch thick, and long enough to reach around the cervix, then cut a strip wide enough to cover the cervix from the vaginal juncture to the end of the os. I then punch from three to six holes through each end of the strip, through which I pass silver wires, which are twisted with a pair of forceps until the cervix is grasped sufficiently tight to hold the lacerated edges firmly together. This procedure is easily accomplished, and answers every purpose of sutures.

RULES FOR EXAMINATION OF URINE.—During a private lecture on the pathology of renal diseases, Dr. Formad gave the following practical points as "rules for examination of the urine :"—

1. Sediment in the urine has no significance unless deposited within twenty-four hours.

2. Albumen in the urine does not indicate kidney disease unless accompanied by tube-casts. The most fatal form of Bright's disease—contracted kidney—has little or no albumen.

3. Every white crystal in urine, regardless of shape, is a phosphate, except the oxalate of lime, which has its own peculiar form, urine alkaline.

4. Every yellow crystal is uric acid if the urine is acid, or a urate if the urine is alkaline.

5. Mucus, casts, pus, and epithelium signify disease of the bladder (cystitis) or of other parts of the urinary tract, as determined by variety of epithelium.

6. The urine from females can often be differentiated from the urine of the male, by finding in it the tessellated epithelium of the vagina.

7. Hyaline casts (narrow), blood, and epithelial casts signify acute catarrhal nephritis. Much albumen.

8. Broad hyaline casts and epithelial dark granular and oil casts signify chronic catarrhal nephritis. At first, albumen; later, less.

9. Hyaline and pale granular casts and little or no albumen signify interstitial nephritis.

10. Broader casts are worse than narrow casts, as far as diagnosis is concerned, for the former signify a chronic disease.

11. The urine should be fresh for microscopical examination, as the micrococci will change hyaline casts into granular casts or devour them entirely in a short time.

12. Uric acid in the urine may in Trommer's test for sugar form a protoxide of copper, thus often deceiving the examiner in the belief that he has discovered sugar. Thus when urine shows only a trace of sugar, other methods of examination, besides the Trommer's, must be used—preferably the lead test.

13. The microscope gives us better ideas of the exact condition of affairs in the examination of urine than the various chemical tests. Therefore the time has come when every true physician should know how to handle a microscope.—*Louisville Medical News*.

THE SEQUEL OF A MEMORABLE OPERATION.—A few days since Prof. W. H. Pancoast, at a clinic in the Philadelphia Hospital, introduced a young man who was once the subject of a remarkable surgical operation, being the separation of an infant from a monstrosity which was virtually another chaotic foetus developed from his cheek. The person referred to was G. W. Lytle, a young man of twenty-four, residing at Cornellsville, Pa. His only peculiarity was a deep scar on the left cheek. Dr. Pancoast then gave the class an account of the operation, of which there had been but three performed, one each in London, Paris and Philadelphia, and which consisted in cutting apart two children who were congenitally attached. The operation was performed twenty-four years ago, by Prof. Joseph Pancoast, when the young man at the clinic was an infant of seven months. The child was born with an appendage growing from the left cheek, which was nothing else than an imperfectly developed infant, with hands, feet and trunk, but no head. The operation was performed at a clinic in Jefferson Medical College, and was witnessed by many of the prominent physicians of the city. The operation was fully described in the *Medical and Surgical Reporter* by Dr. R. J. Dunglison. It was considered bold surgery, but Dr. Pancoast was confident of its propriety, and accordingly performed it, with what success was shown by the presence of the patient himself, nearly a quarter of a century later. An interesting feature of the operation is its having been performed with the écraseur, then a new instrument, and the first of the kind ever used in America, and brought from Europe by the elder Pancoast. Upon dissection the monstrosity was found provided with heart and gastro-alimentary tract, as well as the organs already referred to. The case attracted considerable attention abroad, and at the request of the eminent English surgeon, Sir James Paget, a cast of the detached mass and a photograph of the child before the operation were furnished to the museum of St.

Bartholomew's Hospital, London. Dr. Pancoast exhibited a copy of the daguerreotype sent to Sir James Paget, and said he would have a photograph of the young man taken after the interval which has now elapsed, and which testifies to the wisdom and success of the operation.—*College and Clinical Record.*

ECZEMA.—Jonathan Hutchinson, F.R.C.S., *Med. Press and Circular*, gives the following:—

The symptoms are in a large majority of instances so far local that it is curable by local measures, and scarcely, if at all, by constitutional ones, whether drugs or restrictions as to food. Yet it is probable that there is always a minor degree of constitutional proclivity, and this is sometimes proved to be hereditary. In a few cases dietetic restrictions do appear to have important influences, as, for instance, the forbidding of milk and sugar. I have already alluded to the remarkable way in which eczema appears to aggravate itself, and when once it has begun is its own source of extension. Probably a great many cases which become severe and general might have been stopped in the beginning by appropriate local treatment. In most forms of eczema arsenic is useless, and this fact serves to detach it definitely from the psoriasis group. There are, however, certain forms of nummular eczema in which well-margined patches are scattered symmetrically over the limbs and trunk, in which the disease approaches very closely to a form of psoriasis group. There are, however, certain forms of nummular eczema in which well-margined patches are scattered symmetrically over the limbs and trunk, in which the disease approaches very closely to a form of psoriasis, and is more or less under the control of the specific for the disease.

Putting aside a large number of mild or local cases which are clearly due to local causes, we encounter severe eczema in the following forms:—First, as a disease of the dentition period of infancy, or what is often equivalent, the lactation or milk-fed period; second, as a most persisting and troublesome eruption affecting only special regions in children and adults, as, for instance, the hands, the lips, and the anus; thirdly, as a general and severe eruption in advanced adult or senile periods of life. It is a noteworthy fact that when infants who have suffered very severely get well, they usually get quite well, and remain well through life. General attacks affecting the whole body occur for the most part near the extremes of life. Applications containing tar, if weak enough, will almost always both prevent and cure eczema. Sea air is often definitely advantageous, and the disuse of milk and sugar is often important.

With such facts before us can we find answers to the questions: Is eczema usually a sign of gout, or any allied condition of defective digestion? Is it catarrhal? Is it due to structural idiosyncrasy

of the integument? I should incline to reply that it is certainly not catarrhal in any correct use of the word. It is not produced by the common causes of catarrh, nor does it display the clinical course of all catarrhs in the tendency to spontaneous recovery and frequent repetition. Next, in many cases, it does imply a minor degree of mal-assimilation alleged to gout, and is benefited by abstinence from beer and wine. Recent experience has led me to believe that the offending article is often milk, and to think it of importance to restrict it as much as possible. In very many, a large majority of cases, there is no true gout, either in the patients or relatives.

MYXŒDEMA.—Dr. Allan McLane Hamilton has recently published a case of this disease. It is generally believed to be rare, not more than fifty cases having been reported since Sir Wm. Gull reported the first cases to the London Clinical Society in 1873. It is possible, however, that its rarity is due to the fact that Sir William's descriptions of it are not generally known to the profession and that it is often confounded with other diseases. It has been called a "cretinoid state supervening in adult life in women." There is more or less swelling diffused over the whole body, the skin has a peculiar harsh doughy feel but does not pit on pressure like ordinary œdema. Eruptions are sometimes noticed, which are not inflammatory, but transude a clear liquid and disappear speedily. The understanding appears to be obtuse, the hearing dull, speech slow and locomotion feeble, as though fatigued by carrying a great load. The thyroid gland has been found atrophied, the hair thickened and the nails flattened. The mental obtuseness has caused the disease to be looked upon as a kind of cretinism, resembling the *endemic* disease of that name found in the south of Europe. Some of the cases have exhibited temperature below the normal—96° to 97°, have experienced severe *hemicrania* and a peculiar difficulty in expressing linguals in speech. The complexion has the peculiar waxy hue so often seen in diseases of the kidneys, but albumen is rarely seen in the urine. The pulse is small, the sphygmograph tracings indicate increased arterial tension, but no cardiac disease has been observed. Numbness and formication of hands and feet have been a cause of complaint. *Anæmia*, deficiency of red corpuscles, and greatly increased frequency of pulse after slight exertion have been commented upon. The French have named the disease *cachexie pachydermique*, because of the constitutional symptoms and the peculiar thickness of the skin. Hearing, smell and taste are often lost or greatly interfered with. The ophthalmoscope has revealed nothing positive. The disease is very rare in males, has not been seen earlier than the fortieth year and seems to be almost confined to women who have

passed the *menopause*. All of the women attacked have been very fertile—families ranging from five to ten children with some miscarriages. Great fecundity of patients has been brought forward as evidence that exhaustion of the sympathetic nervous system is at the bottom of the disease. The pathology of the disease is as yet unsettled, one school of observers endeavoring to confine it to the cerebro-spinal nervous system, another to the sympathetic system and a third think the trouble is of *peripheral* origin, that there is primarily obstructed lymph channels with *infiltration of serum* into the connective tissue and end organs of nerves. The prognosis is bad, one case only known to have recovered. Autopsies have been few. It must be readily recognized by the characteristic hardening and thickening of skin, mental obtuseness, lowered temperature, atrophy of thyroid gland and diminished general cutaneous sensibility. Treatment has been nitro-glycerine, amyl nitrite, baths and iodide of potassium.—*Mich. Med. News.*

THE BACILLUS.—Some one has said that "history repeats itself." This aphorism, in some respects, is just as applicable in the history of science as in the history of society. Medicine has its "new departures" and fashions as surely as any other factor in human events. This, of course, is more commonly so in "æsthetic" medicine—homœopathy—but occasionally it reaches the scientist. It was the fashion in the primitive days of medicine to represent disease as an indwelling foe, a mighty homunculus, who sized upon the vital forces within the body, controlled their action, traversed the great avenues of circulation and besieged the very citadel of the soul itself, and if not defeated in time the patient must die. Succeeding this came the age of humors. Then special influences, where each organ was governed by its particular Deity. Then inflammation was the sole cause of all human infirmities. And now we return again to the original idea, that of the personification of disease. Hence it is the fashion to hunt out this microscopic enemy, define his shape, size and habits of life. Give him a name, and then, if this style is not after our ideas of propriety, educate and civilize him, that he may become a potent soldier to war against his barbarous ancestors. Jenner "buidled wiser than he knew" when he tamed the vicious spirit of small pox virus and made it a protecting agent against that dreaded disease. Commencing with his experiments, the idea of the bacillus has gradually engrafted itself upon the minds of medical investigators, until today we have it claimed that the great catalogue of the most serious diseases known to men are produced by the presence of bacilli in the body. Salisbury years ago gave us the bacillus of malaria, and Crudelli, from Italy, adds his testimony to confirm the theory. From Germany we have bacillus

typhosus—Klebs; from France bacillus anthracis—Pasteur; from Berlin bacillus tuberculosis—Koch; from Philadelphia bacillus of diphtheria—Wood and Formad; and from Chicago bacillus of swine-plague—Detmers, with several others to hear from. The experimental researches by these experienced and careful investigators have been so conducted as to inspire the confidence of the profession, and have no doubt established the fact that the presence of certain parasites is really the cause of certain forms of disease. Yet it is well for us to remember that there are other forces acting to undermine the health of our people. Sir Charles Lamb once remarked, that "we often laugh at the folly exhibited in a large flock of sheep, by their great haste to jump a fence, just because the principal sheep in the flock led the way, but we forget that we sometimes are governed by the same influences." So in medical science. We are too apt to rush off after some new theory, just because one of the leading workers has declared his faith in that direction. The great Vienna "Simon" (Billroth) says, "thumbs up," and up goes the great surgical thumbs all over the world; and alas! for the poor stomach that must be resected. And Lister declares for spray and gauze, and he who fails to use them is not in fashion. Now, we do not wish to be understood as underestimating any of these advances, but let us remember that the saving quality of the true physician is caution. "Prove all things and hold fast to that which is good." So with the bacillus. We should be sure of our enemy before we forsake the precepts of our fathers and their weapons of fighting disease, and when we have carefully determined between those diseases which are parasitic and those which are not, then the practical question to be investigated is, what shall we do with this microscopic enemy? But don't forget that he may be present, and still not be the cause of the trouble, or you may direct your batteries against an innocent party. Lister fences him out with spray, and oiled silk, and gauze. Declat fights him with phenic acid, while Pasteur captures the little demon, civilizes and domesticates him, and makes him a useful member of society. Each method, no doubt, has its proper place, and we have every reason to believe that progressive investigators will separate the truth from error in all this work, and when the pathology is clearly established the mode of action will soon be well defined.—*West. Med. Reporter.*

A SPOON IN THE STOMACH.—On the 10th of September of the present year a youth, whilst playing with a spoon, swallowed it. He was taken at once to the Hospital Lariboisiere, Paris, where he complained of pain in the epigastrium and tightness of breathing. During the day vomiting set in, the patient could not sleep, and there were no signs

of the offending article changing its position. The size of the spoon, too, made its passage either way very problematical. It was $9\frac{1}{4}$ inches in length (24). M. Felicet, in whose charge the patient was, determined upon gastrotomy. Before the operation was commenced the stomach was washed out with Vichy water. After the peritoneum was reached and the bleeding had been checked—the stomach had been distended with ether vapor, which was forced in by means of a pump—the peritoneum was now divided on a director, whereupon the now distended stomach wall bulged through the opening. Before being opened, the stomach was stitched to the abdominal wall, and the firmness of the stitches was tested by further distension of the stomach with ether vapor. The stomach was then opened, and the spoon removed. Lister's dressing was employed. The further course was favorable, and the patient was discharged after three weeks, with only a small fistula remaining.—*Medical Press.*

TREATMENT OF ENLARGED TONSILS.—The *Medical News*, quoting from the *Lancet*, relates the following expedient when the tonsils are enlarged and when excision cannot be performed. Dr. Gordon Holmes advises a method of applying the common caustic to the tonsils, which appears to have remained hitherto unnoticed. The tonsil, as the anatomist knows, is permeated by several rather large channels around which the follicles are collected, opening on the pharyngeal side of the gland, whence its characteristic cribriform aspect. Their orifices, about seven to fifteen in number, are sufficiently evident to be counted on the healthy tonsil in situ, whilst in the hypertrophied condition these openings increase greatly in calibre and depth, and can be ascertained by a probe to vary from one-eighth of an inch to half an inch in length, with a diameter capable of admitting a style of ordinary size. These observations, then, afford a valuable indication for treatment; for through these natural canals a way lies open to attack the heart of the gland in a most efficacious manner with caustics. Thin pointed sticks of nitrate of silver or chloride of zinc can easily be pressed into the lacunæ and worked around for a few seconds. Small sloughs are thus formed, which are soon discharged, and in the process of this treatment the tonsils are hollowed out in one direction whilst being contracted into much smaller bulk by the subsequent cicatrization in another. Two or three channels in each tonsil can be cauterized daily or on alternate days, and we can thus act on a comparatively large surface whilst causing but slight external soreness and little or no suffering to the patient. In practising this method, although the stronger caustics may be used, he does not think it will be necessary to have recourse to anything more potent than nitrate of silver, which acts much

more effectually on the tender, internal structures of the tonsil than when applied to the comparatively callous pharyngeal surface.—*Chicago Med. Review.*

THE "SALISBURY" TREATMENT OF PHTHISIS.—In the opinion of the author, consumption comes from continued unhealthy alimentation, and must be cured by removing the cause. "This cause," he says, "is fermenting food and the products of this fermentation;" and if the simple directions contained in the book "are faithfully followed out and persisted in, consumption in all its stages becomes a curable disease." Beginning at the first direction, half a pint of hot water is to be drunk an hour before each meal and on retiring, to wash out the stomach. Tea, coffee, or beef tea may be drunk at meals, and hot water or beef tea in the intervals, if desired. For food, broiled beefsteak, without fat or bone, broiled chicken or game, oysters, and fish, free from fat are prescribed, with bread, toast, rice, cracked wheat or oatmeal, in the proportion of one part by bulk to from four to six parts of meat. Soups, vegetables, fruits, pies, cakes and sweets, pickles and preserves, fried edibles generally, and vinegar are prohibited. Meals are to be taken at regular intervals, and the patient should eat either alone or with others using the same diet; and after the appetite increases, as it soon does, lunches of broiled beefsteak and tea, coffee, beef tea, or hot water are permitted between the regular breakfast, dinner and supper. In the way of general regimen, two thorough baths with hot water and soap are to be taken every week, oiling the skin all over afterwards, and every night and morning the body is to be sponged with hot water, containing for the evening bath a few teaspoonfuls of ammonia. Flannel is to be worn next the skin, and the clothing frequently changed and aired. This, with as much open-air exercise as can be borne without fatigue, or thorough rubbing and pounding of the body morning and evening for those too weak to take exercise, constitute the substance of the treatment; but simple tonics of oil of peppermint, orange peel, ginger, witch-hazel, and other mild ingredients are to be administered before each meal, with small doses of pepsine afterwards, and a hemorrhage is to be checked by inhaling the spray of a weak solution of persulphate of iron.—*Boston Four. of Chem.*

SAFETY HYPODERMIC INJECTOR.—The little instrument which is accurately represented in the figure is intended as a substitute for the hypodermic syringe. The injector consists of two parts: an elastic measuring ball and an injecting needle; the latter is provided with a boss, which serves for a handle during its introduction. It is conveniently furnished with a joint, so that the same needle

may be adjusted on several measuring balls. The prefix "safety" is employed to indicate the important fact that its simple construction affords a valuable safeguard against accident, and that it renders an overdose practically impossible. The measuring balls are made in different sizes, and each ball is capable of holding only a definite amount of fluid, the quantity varying from one to twenty minims. The number placed on the exterior of each ball expresses its capacity, so that by selecting an injector the exact dose can be at once administered.



The instrument can be instantly charged by compressing the elastic ball and inserting the point of the needle or the open end of the joint into the fluid to be injected, and it is generally advisable to repeat this little operation two or three times to ensure the complete expulsion of air. It can be discharged slowly or rapidly under the skin, and this is of course regulated by the pressure of the thumb and finger. It can be washed out and cleaned in a moment, and it is no trouble to keep in order for any emergency. It cannot be broken by an accidental fall, which is too often the fate of the hypodermic syringe, and when it is worn out, it may be very easily replaced. The injector can be used if necessary under the bedclothes, and as a mistake in the dose is impossible, the performance of the operation does not require the guidance of the eye. It has still another important quality, which cannot fail to increase its utility—the cost is so moderate that a separate instrument can be used for every remedy as well as for every patient.

In conclusion, the safety hypodermic injector will serve many important surgical purposes, and is a perfect substitute for the syringe in the treatment by injection of *nævi* and other tumours. It is made by Messrs. Mayer and Meltzer, 71, Great Portland-street, and can be obtained from that firm in the form of a single instrument, or in a little case containing several injectors of various sizes. The surgical needle is furnished with three openings at the point to facilitate the escape of fluid into the tissues.—*Dr. Cousins in Lancet, Dec. 9th, 1882.*

ACUTE MILIARY TUBERCULOSIS.—[The following is an extract from the *Lou. Med. News* of a clinical lecture by Dr. Whittaker, Cincinnati.]—ED. This man came into the house with the symptoms of typhoid fever: he had nose-bleeding, bronchitis, tenderness to pressure over the abdomen, diarrhoea and a roseola. It was a clear case of typhoid fever; but we kept a record of the temperature. It did not show the "step-ladder rise in the first week,

nor the continuous fever of the second and third weeks. It was higher in the morning than in the evening, a most suspicious circumstance. Instead of falling on the twenty-first day or thereabout, it continued, and it still continues now, at the end of the sixth week, long after the subsidence of all typhoid symptoms. Six weeks have now passed and our patient is no better. On the contrary, he is worse; he has night-sweats, he is reduced in flesh and strength, he has no appetite, and he not only continues to cough, but he has an expectoration, scant, it is true, but of peculiar character, glutinous, flocculent, and so heavy that it sinks to the bottom of a vessel containing water. His temperature varies now between 101° and 102°; his breathing is shallow, superficial, and hurried on the least effort. There are fine dry rales all over the chest, but there is, as you observe, no dulness; on the contrary, there is an increased resonance every where, at the apices where there is almost tympanites.

A practitioner of the "experience" school would declare this case to be a relapse of typhoid fever, or at most a complication with caseous pneumonia or phthisis florida. But there is no proof that this patient ever had typhoid fever; for in the first place there never was any "smoke" about the brain, his mental faculties have always been perfectly clear; and in the second place, a point upon which we lay especial stress, he has never shown the range of temperature which distinguishes this disease. Now a man may have typhoid fever absolutely without fever, as without any other one symptom of the disease; but such cases are very rare, and we are only justified in accepting them when they occur in connection with other cases distinctly pronounced. Besides, in this case, the abdominal symptoms peculiar to this disease all subsided in the course of the first week, whereas they should have become more marked. There are cases wherein a differential diagnosis of typhoid fever and tuberculosis is impossible, if we depend upon either the subjective or objective signs. I have seen some of the most glaring mistakes of this kind made by the best clinicians in the world. I have seen a diagnosis of typhoid fever tied to the big toe of a patient in the post mortem room when there was not a sign of disease in the abdomen, and where the smiles that arose on the faces of the pathologists were at the expense of the clinician. Every text-book will teach you that a diagnosis is sometimes impossible. There is not a symptom of either disease that may not be present in either. But how important it is to make a diagnosis, especially in these diseases, because a patient revives from one and dies from the other, in the rule.

In our day we have a means of making an absolute diagnosis, and we have made an absolute diagnosis in this case. We have arrived at it in the simplest possible way. We have examined the

sputa under the microscope, and found in it the bacillus tuberculosis which most emphatically and unmistakably stamps the disease. We have not been content to interrogate the outside of the body for the condition within. We have inquired of the messenger which comes from the seat of the disease, and we have received a definite response. You may examine and infer as much as you please, but you will never know definitely what kind of fluid is in the pleural sac until you put in the needle with the aspirator, and this you can do with a hypodermic syringe and determine the matter while your reflecting neighbor is rummaging the records of his experience, or is ruminating upon the uncertainties of our art. And you may study up all the books in an obstinate case of rheumatism for something to give the patient for a change, when it may occur to your successor at once to find some trichinæ as its cause. So have I seen a case of Bright's disease diagnosed in the twinkling of an eye almost, by the introduction of a catheter into the bladder of a comatose patient who was regarded as an apoplectic; and many a case where a hypertrophied prostate was detected as the cause of dribbling of urine, and not a paralysis of the bladder, by the quickest and easiest kind of an examination. These things do not belong to this case, but they do belong to every-day practice, and they teach us when they happen to us that diagnoses are not made in the rule by long reflection, but they come for the most part like a flash. They come because we take the trouble to act. It is a reflection to our discredit that we did not diagnose this case by at least the end of the first week, when the typhoid symptoms proper disappeared; but it was looked upon as anomalous, and it was absolutely believed that it would prove abortive.

ATROPIA FOR EARACHE.—The most effectual treatment, and the one which has stood the test for years, says Dr. A. D. Williams in the *Chemist's and Druggist's Bulletin*, is the local application of a solution of the sulphate of atropia. Not a single case but has yielded at once. The solution is to be simply dropped into the painful ear and allowed to remain there from ten to fifteen minutes. Then it is made to run out by turning the head over, then being wiped with a dry rag. The solution may be warmed to prevent shock. From three to five drops should be used at a time. The strength of the solution must be varied according to age of the child. Under three years one grain to the ounce, and over 10 years, four grains to the ounce of water. In grown persons almost any strength may be used. All ages will bear a stronger solution in the ear than in the eye. The application should be repeated as often as may be necessary. Usually a few applications will stop the pain. In acute suppurative inflammation of the middle ear,

and acute inflammation of the external meatus, atropia will only slightly palliate the suffering, but in the recurring nocturnal ear-aches of children it is practically a specific.—*Medical Record*.

PUERPERAL FEVER.—In the *Edinburgh Medical Journal* for October is contained an interesting and short paper by Mr. John Lowe, on "Puerperal Fever; its Treatment and Prevention," in which occurs the following judicious expression of views in regard to treatment:

"I am strongly of opinion that by early and repeated aseptic intra-uterine injections, a rapidly-acting cholagogue, washing out the bladder, if necessary, with some aseptic solution, and the timely and liberal use of stimulants, will avert death in many instances. It is no use giving the nurse instructions to wash out the uterus; we must do so ourselves by means of a long tube in the uterine cavity itself. Ammonia and brandy I regard as the medicines for the disease; indeed, when food is refused, brandy is not only most grateful to the patient, but is peculiarly well adapted to supply the place of ordinary food, and no amount of fever or other symptom contra-indicates stimulation when changes so destructive to the vital fluids and tissues of the body are in terribly rapid progress. To give aconite or veratrum viride in such cases is, in my opinion, as unscientific as it is useless; and yet these remedies have been vaunted and are actually used by men of undoubted ability and eminence. To get rid of a fermentative poison from the blood, we must adopt some such practice as I have indicated, and not stop to theorize about the physics of the circulation. We must, in other words, support vitality and eradicate the poison. That salicylates and sulpho-carbolates taken internally do not rectify the turbid urine in puerperal fever I am convinced from experience; and I would strongly urge that all depressant remedies are both hurtful and dangerous."

The use of carbolic spray, and irrigation of the uterus and vagina with carbolic solution, immediately after labor, are considered important means for the prevention of puerperal septic poisoning.—*Am. Med. Digest*.

LINEAR INCISION IN CANCER OF THE RECTUM.—At a recent meeting of the Société de Chirurgie de Paris, Dr. Trélat reported a case of extensive rectal cancer in a man fifty-six years of age, in which marked relief followed linear incision of the rectum. The patient was too weak to permit of an operation for artificial anus, so a longitudinal incision was made with the thermo-cautery through the posterior wall of the rectum. The man's condition improved at once, and his life was prolonged for eight months after the operation. In the discussion which followed this communication, Dr. Verneuil stated that he had practised this operation

many times with benefit. Le Dentu related five cases in which he had performed linear incision of the rectum in cancer with immediate relief of the pain and tenesmus. Desprès was opposed to the practice and preferred gradual dilatation.—*Bull. Soc. de Chirurgie, Paris.*

AN EASY METHOD OF EXTIRPATING SMALL TUMORS AND ULCERS.—*Dr. C. Johnston* spoke of such a method, very simple, but affording extremely good results. Warts sometimes lead to malignant growths. These and other local affections, as ulcers and skin cancers, may require removal on account of their nature or because of the disfigurement they occasion. Here swiftness and certainty are needed. The knife is objectionable, because it makes a ragged edge and sometimes penetrates too deeply. *Dr. J.* employs a circular gun wad-cutter, of which there are various sizes. This acts as a trephine and makes a smooth, and clean circular incision. The margins can be approximated by silver-wire suture, or can be simply treated with carbolized oil and prepared cotton; the latter was most frequently employed by *Dr. J.* In performing the operation the cutting edge of the instrument is applied over the morbid growth and a half-turn of it is made, followed by another half-turn. A tenaculum is now applied to the still attached button of tissue, which being lifted, is removed by one horizontal sweep of a knife. When upon the cheek a finger should be inserted into the mouth for the support of the tissues while the trephine is being used. The operation requires an anæsthetic, as chloroform, or bromide of ethyl as used by *Dr. Chisholm.* or local anæsthesia by ether or ice.—*Maryland Med. Journal.*

GELSEMINUM IN TETANUS.—Referring to *Dr. J. B. Read's* paper as to the use of the liquid extract of *Gelsemium sempervirens* in the treatment of tetanus I would make the following remarks: During the session of 1873-74 I communicated to the Liverpool Medical Institution a paper on the physiological action of that drug, and as the result of many observations and experiments, came to the conclusion "that the principal effects produced by large doses are extreme muscular relaxation without either stupor or delirium. In these respects," continues the paper, which was published in April 1875, "its action seems somewhat akin to that of *Conium maculatum*, and these effects would seem to point to its probable utility in tetanus and other disorders attended with severe muscular spasms."

During the following session, *Dr. Spratly* of Rock Ferry, honorary surgeon to the Birkenhead Borough Hospital, communicated to the Liverpool Medical Institution a report of several (I think three) cases of traumatic tetanus, which he successfully treated by means of gelseminum in the man-

ner indicated by *Dr. Read*, the doses of the drug, being very large, and the effect in each case eminently satisfactory. One of these cases, which, by *Dr. Spratly's* courtesy, I had an opportunity of seeing was very severe.—*Dr. W. Carter, Brit. Med. Journal.*

BANTING OUTDONE.—A somewhat novel plan of reducing corpulency to graceful dimensions has been devised by a German medical writer. The author, in a small pamphlet (*Corpulency and its Cure according to Physiological Principles*, by *Dr. W. Ebstein*, Wiesbaden, second edition, 1882), points out defects in the various treatments in vogue—Banting's and the mineral-water system. The curious thing, however, is his own method, which, he says, has the venerable authority of Hippocrates. In the author's opinion, corpulency is caused by too great a quantity of albuminoids and of sweets; and the cure is, to diminish these and to increase the quantity of fat in the food. He gives an example of the success of his dietetics. A healthy man, forty-four years of age, who, from his twenty-fifth year, had begun to grow very stout, owing to a sedentary life and to the dietetic use of an excess of alcohol, of albuminoids, and of sweets, lost twenty pounds in six months of following the prescribed diet. It may be added that, though the proportion of fatty matters was large, the diet altogether was little better than starvation fare.—*Brit. Med. Journal.*

SULPHO-CARBOLATE OF SODIUM IN VOMITING.—The use of the sulpho-carbolate of sodium, in flatulent dyspepsia is well known. It is not, perhaps, so generally known as a remedy for the vomiting of pregnancy. I have used it in this affection for years, and find it rarely fails to give some relief. I give it in doses of seven grains in half an ounce of water. Though sometimes decidedly useful in the vomiting of displaced or abnormal conditions of the uterus, it is less uniformly so than in pregnancy, probably because flatulence is a less constant factor in the former cases. Where deep nerve disturbance exists, we must trust to more powerful remedies, hypodermic morphia or atropine, or surgical procedures. The drug will, perhaps, be useful against sea-sickness, taken every two hours from the time of sailing. In one case—the only one tried—it appeared to have a good effect.—*Philip Miall, in Brit. Med. Journal.*

A NOVEL USE FOR PEPSIN.—*Dr. Hollmann* (*Nederland Weekblatt*, 18, p. 272), has used an aqueous solution of sixteen grains of pepsin as an injection into the bladder of a patient who had hæmaturia, and in whom a catheter failed to empty the bladder. A few hours later, a dark, viscid, fetid fluid readily escaped through the catheter.—*Medical Record.*

HYDROBROMATE OF IRON IN CHOREA.—A correspondent of the *Lancet* gives the following case: A patient, an anæmic badly nourished girl, aged fourteen, was frightened by a dog, and almost immediately afterwards developed choreiform movements. At the time of my visit, two days after the onset the child's contortions were painful to witness; her sleep was disturbed and it was with difficulty she could convey her food to her mouth. The heart sounds were normal, and there was no history of previous cardiac or rheumatic affections. After attending to her digestive organs, I prescribed syrup of hydrobromate of iron in twenty minim doses. The effect was very marked. The sedative action was speedily apparent, as the convulsive movements became gradually less severe, and the control of the muscles more readily recovered; whilst at the same time the anæmia was yielding to the accompanying iron. The continued use of the drug for about twenty days completely removed the affection.—*Med. and Surg. Reporter*.

THE TREATMENT OF ERYSIPELAS.—In the *Wiener Med. Presse*, Dr. Hastreiter recommends the treatment of erysipelas by painting with oil of turpentine, on the following grounds: 1. It can be used on the most sensitive patients, does not require any skill, and can be applied by the patient as often as may be necessary, and the irritation produced by excessive friction is avoided. During its application the eyes should be protected by a pad. 2. When employed frequently enough this method is perfectly safe and can be produce a rapid cure. 3. Oil of turpentine can be procured everywhere. 4. All other dressings are unnecessary. 5. Internal antipyretic treatment is only rarely necessary; usually all that is necessary is to bathe the body with cold water, and make use of cold applications to the head. 6. The inhalation of the vapor of turpentine, can, perhaps, act as a preventive of the disease to the air-passages. 7. When employed at the outset of the disease it may abort the morbid process. 8. The oil of turpentine may also be employed in phlegmonous inflammation other than erysipelas.—*Med Record*.

THE ETHER SPRAY AN IMMEDIATE CURE FOR NEURALGIA.—Dr. McColgan extols the value of the ether or rhigolene spray for the instantaneous relief principally of facial neuralgia. He first had occasion to observe its good effects upon his own person, he having suffered greatly from facial neuralgia. Since curing himself, he has had occasion to test its efficacy in about twenty cases. The result was invariably a most gratifying success. In many instances a permanent cure was established. He attempts to explain its action by supposing a complete change to take place in the nutrition of the affected nerve, in consequence of the intense cold acting as a revulsive.—*Boston Journal of Chemistry*.

COUGH OF PHTHISIS.—Dr. Alonzo Clark, in a recent clinical lecture, published in the *Medical and Surgical Reporter*, gives a very useful point in controlling the cough of phthisis, or at least bringing it within bounds. He directs that two grains of the extract of opium, which has been dissolved before, be dissolved in three ounces of water, and if desirable, a small quantity of glycerine may be added. The solution is to be placed in an atomizer. The spray is to be inhaled seven or eight times in succession, and repeated if necessary.—*Chicago Med. Review*.

ANTI-ASTHMATIC MIXTURE.—The *Four. de Med. et de Chirurg. Prat.* says that M. Huchard, of the Hospital Tenon, employs the following, especially when the symptoms of bronchial catarrh are added to the attack of asthma:—

R Iodide of potassium.....
Tincture of lobelia.....
Tinct. polygala, of each.... 10 parts
Extract thebaic,..... 1-10 parts
Distilled water..... 300 parts M.

A tablespoonful to be taken night and morning.

RESTORATION OF FROZEN PERSONS.—Some recent researches have very important bearing on the question of resuscitation of persons nearly moribund from freezing. Laptchinski (Knowledge) has made a series of very careful experiments upon dogs with the following results: "Of twenty animals treated by the method of gradual resuscitation in a cold room fourteen perished; of twenty placed at once in a warm apartment eight died; while of twenty immediately put into a hot bath all recovered."

HOW TO REMOVE FRECKLES.—D. J. V. Shoemaker, of Philadelphia, Pa., states that a careful application of a small piece of the ointment of the oleate of copper at night upon retiring will usually remove freckles. The oleate of copper ointment should be prepared by dissolving one drachm of the salt of oleate of copper in sufficient oleo-palmitic acid to make a soft ointment.

IN NERVOUS DEBILITY:—

R—Zinci Phosph.,..... grs. 20-40
Acid Phosphor. dil.,..... ʒ ss
Tr. Cinchon flav.,..... ʒ vj
Aquæ Menth pip ad.,..... ʒ viij

M. Sig. One sixth part three times a day.—*Med. Digest*.

"And Asa, in the thirty-ninth year of his reign, was diseased in his feet until the disease was exceedingly great; yet in his disease he sought not the Lord, but the physicians. And Asa slept with his fathers."—2 *Chronicles*, 16, 12.

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OVERWORK AND UNDERWORK.

A few months ago Mr. Herbert Spencer, the philosopher and scientist, visited the United States, partly, at least, in quest of health and recreation. A living witness himself to the evils consequent upon overwork, he was probably in a frame of mind overly sensitive to impressions indicative of overwork on the part of the people amongst whom he sojourned. Be this as it may, certain it is that he deemed it right to sound a note of warning to the American people on this question before he took his departure. In a speech at Delmonico's, where he was dined by his admirers, he told Americans that they were overworked, and that in consequence, physical deterioration was clearly observable amongst them. An assertion more galling than this to the pride of a nation it would be difficult to conceive. Americans could stand to be told that they were an overworked people, but to be charged with physical degeneracy while believing themselves able to "whip all creation" is something past endurance. As might be expected, the English solon was told in a chorus reaching from the Atlantic to the Pacific that he was an ass, and did not know what he was talking about.

Fast on the heels of Mr. Spencer follows Mr. Seymour Haden, an English surgeon of some note, and the most famous etcher of his own times. He too has been feasted at Delmonico's. In his after-dinner speech he referred to Mr. Spencer's remarks. He flatly dissented from that gentleman's conclusions, and declared that the "energy" which he

found so much fault with was to him a source of much attraction, and could wish that they had a great deal more of it, on the other side of the Atlantic. Moreover, he declared that he "never had seen in all his professional career the least injury to life or health result from what Mr. Spencer calls overwork." To establish his position more firmly Mr. Haden adds, "I asked Sir William Gull if he had ever met with a case of mischief or injury from this cause, and he said he had not." For these generous words, Mr. Haden was praised as much as poor Mr. Spencer was abused. American manhood being thus vindicated, the sky is once more clear, and American "energies" move with unabated force in their wonted grooves.

Perhaps the most striking thing in this discussion is the wide divergence of opinion between these two observers. Mr. Spencer is convinced the American people are overworked—that they apply themselves too assiduously to business and the pursuit of wealth, and that in consequence of such intense application and continued strain, they are gradually undergoing a process of physical deterioration. On the other hand Mr. Haden has failed to discover any evidence of overwork. True, he has noticed remarkable "energy" in commercial and other pursuits, but of a kind so healthful in all respects, that he desires it to be transplanted to his own country. More remarkable still; he has never seen any ill effect consequent on overwork.

Mr. Spencer no doubt overshot the mark. He found himself amongst a people having distinctive physical qualities. He discovered that they had bodies cast in a somewhat different mould from that of a typical Englishman. It is evident he does not regard the new type an improvement on the old, since he speaks of it as a "deterioration." Seeking for the cause of this deterioration he fancied he had found it in overwork, it appearing to him that the whole people were intense toilers. A more absurd conclusion could hardly be imagined. In no country except our own, is food so abundant and labor so well rewarded. Living under circumstances so favorable to ease of both body and mind, the physical degeneracy of a people to any appreciable extent from overwork is simply an impossibility. In regard to the question of physical deterioration itself, there is perhaps more ground for Mr. Spencer to stand upon; at least the question may

have two sides. Deterioration, however, is a relative term, and to judge aright we require to have Mr. Spencer's standard of physical excellence. That standard no doubt is the English. But it should have occurred to him, that but few Americans are purely English or Anglo-Saxon stock. The Anglo-Saxon blood has been intermixed with Teutonic and other blood to an extent sufficient to produce distinctive mental and physical characteristics. To call contrasts *deterioration* is manifestly illogical and unjust. It may be that the article compared is better than the standard of comparison. In the present instance much that would be interesting might be said on both sides did space permit.

Equally unfortunate is Mr. Haden. That physician must be wanting in critical observation who has never met a case of ill health as the result of overwork. True, it has been said, that it is worry, and not work that kills. In a certain sense this is true, but what of the numerous instances in which worry, that is anxiety, is inseparable from the work? The truth is, every responsible position calling for the consistent exercise of mental rulings is a position of worry as well as work. In all the professions and in all callings imposing mental strain, are to be found individuals suffering from the effects of overwork, not in the United States only, but in all countries.

But what of the great army of underworked persons? In all rich countries are to be found two classes of men and women living in idleness. The first is the great horde of common vagabond idlers; the second, those who are cursed by lack of stimulus to labor, having enough and to spare. Are these free from bodily ailments, and are they physically the superiors of the overworked? Certainly not. As "the devil finds work for idle hands to do," so many of them fall into evil habits, contract disease and live out but half their days. The evils of overwork are but as a drop in the bucket compared with those following in the wake of underwork. In seeking for causes of physical deterioration, Mr. Spencer might have for found in underwork a much more potent factor than overwork, not only in America but in all civilized countries.

Dr. Geo. Fox, the author of Fox's apparatus for fractured clavicle, died in Philadelphia on the 27th of December at the age of 77 years. He retired from practice 30 years ago.

HEALTH AND MORTUARY STATISTICS.

In pursuance of the resolutions adopted at Ottawa by the delegates from the various Boards of Health and municipalities in different parts of the Dominion, the Government has issued rules, regulations, and forms, for the collection of statistics of deaths and their causes. The rules are to apply to the following cities or towns, being the capitals of Canada and of the Provinces, and others having a population of 25,000 inhabitants or upwards, according to the census of 1880-81, Montreal, Toronto, Quebec, Halifax, Hamilton, Ottawa, St. John, N. B., Charlottetown, Winnipeg, Fredericton, and Victoria, B. C., to which neighboring localities may be added from time to time, or to such other cities, towns or localities or joint cities, towns, and localities whenever by experience it will appear that the system is satisfactorily worked and when sufficient means are granted by Parliament for that purpose. The rules are to be put into operation in each city whenever the Minister is satisfied of the existence of a local Board of Health to which is attached a permanent salaried medical officer, whether such "Board of Health" and "sanitary medical officer" are appointed and paid by the Corporation or by the Provincial Government; and on condition that the application of the system can be withdrawn for inability or negligence to carry it to such degree of accuracy as is necessary for the purpose intended. The Minister of Agriculture may make out of the Parliamentary grant an allotment equal to one cent for every individual unit of the population in favour of each of the cities to defray the expense of collecting mortuary statistics, to be paid by monthly instalments, or otherwise, and such allotment may be withdrawn in case of unsatisfactory working of the system. The Minister of Agriculture may, if he deems it necessary, add to such allotment for every one of the said citizens, a lump sum not to exceed four hundred dollars in any case, to assist the local authorities in procuring the necessary information of mortuary statistics. Pursuant to section 30th of "The Census and Statistics Act of 1879," the Governor-General in Council will, whenever one or more of the said cities have complied with the requirements hereinbefore stated, appoint the sanitary medical officer of the local Board of Health, a statistical officer for the collection of mortuary statis-

tics, from the local records, which appointment may be made to terminate for reason of unsatisfactory working of the system. The salary of the the statistical officer shall consist of 25 per cent. of all the sums allotted to the city for which he is appointed. In case of epidemics or endemics, or in the case of contagious or infectious diseases threatening or breaking out, the Minister of Agriculture may cause special investigations to be made in any locality by any or several of the statistical officers, and regulate and defray out of the Parliamentary grant the cost of such investigations. The Minister of Agriculture may request the statistical officer to supplement the numerical returns by such statements and information as relate to the various medical and other questions relevant to the subject of accidents, crimes, diseases, and public health as causes of deaths reported by the mortuary statistics. Forms are also given, under which the information is to be collected, embracing under proper headings the class, order and name of the disease, age, sex, nativity, and religion of the deceased, also forms of death certificate to be filled up by physicians.

PROFESSIONAL RESPONSIBILITIES.

At the recent sitting of the Civil Assizes in this city an action was brought by a man named Isaac Lumb, against a medical practitioner of this city for having, as he alleged, been criminally intimate with his wife. The doctor had attended Mrs. Lumb in a miscarriage which took place on the 26th of last June, and the plaintiff alleged that the act was committed on the 19th of July following while the doctor was treating his wife in his professional capacity, and that she had confessed her guilt to him the same day of the occurrence. The plaintiff estimated the damages at \$2000 for the loss of his wife's society and companionship through the trouble, although she still lived with him and took care of her four children. The plaintiff based his case on the evidence of his wife who swore that the doctor took improper liberties with her, and the evidence of one of the children, a lad of ten years of age, who swore that he looked through the opening between the folding doors and saw the doctor leaning over his mother, and heard his mother say, "what will my husband say."

On the part of the defendant evidence was produced to show that the folding doors could not have been open at the time, in fact had not been open for months. The wife's evidence was also shown to be contradictory in many important particulars. Medical evidence was also produced to show the improbability that the defendant had connection with her at the time mentioned, twenty-three days after the miscarriage. Witnesses also testified that the character of the plaintiff and his wife was such that they would not believe them on their oath. The judge charged strongly, in favor of the defendant and pointed out that owing to a recent change in the law the evidence of a woman could now be taken in such cases as these, which opened the floodgates to unlimited blackmailing. The jury after an absence of less than ten minutes, returned into court with a verdict for the defendant.

The universal impression left upon the minds of all who were cognizant of the particulars is, that it is a clear case of attempted blackmailing, and we are very much pleased to observe the prompt and emphatic verdict given by the jury in the case. No member of the profession, however careful he may be, can successfully guard himself against such trumped up charges, and it is therefore gratifying to find public opinion so pronounced against such disreputable tactics. The medical practitioner in this case deserves the thanks of the entire profession for the firm stand he took in defending the case, and he and they are to be congratulated upon the result. Many a medical man from fear of publicity, and possible damage to his reputation, even though the charge could be easily disproved, would shrink from the task, and would willingly pay a considerable sum as hush money. It is a very great hardship that respectable practitioners in the ordinary discharge of their duties should be at the mercy of designing scoundrels, and it is also a most iniquitous thing that they should be compelled to pay all the expenses of the court while their false accusers go scot free.

The medical practitioner in question has received by letter and telegram the hearty congratulations of friends both within and without the profession upon the determination with which he confronted his false accusers, and also upon the successful issue of the case.

NATURE OF PUERPERAL SEPTICÆMIA.—Prof. Chauveau, of Lyons, has been making experimental enquiry recently, into the nature of puerperal septicæmia. He believes with Masini and Ferrari that the infective agent is a vesicular body, pyriform and punctiform, constantly found in the blood of patients suffering from the disease, and is capable of reproduction in animals by inoculation, also that these organisms are common to all forms of septicæmia. Rabbits have been employed by Chauveau in his experiments, and he has succeeded by inoculation of the virus in producing every degree of puerperal septicæmia. If injected into the peritoneum, peritonitis is always present with much effusion, and death usually occurs in five or six days after inoculation. The effusion contains large numbers of the special micrococcus. A most curious fact was observed in the case of three rabbits which had recovered from the effects of inoculation. They acquired a perfect protection from the disease, had undergone as it were, a septicæmic vaccination and could not be successfully re-inoculated. Chauveau is now endeavoring to obtain a benign virus by Toussaint's method of attenuation by the action of heat, which might confer immunity without causing a dangerous illness.

MALARIA IN SKIN DISEASES.—In a paragraph in our Nov'r issue, copied from the Michigan *Med. News*, Dr. L. P. Yandell, of Louisville, is made to say that *all skin eruptions are due to malaria*. The Dr. sends us the following correction:—"From the criticisms which have been made on my views, I find that I have not succeeded in making myself perfectly understood. What I have contended for, and what I have reiterated, is simply this: Malaria is *the chief source of acute* skin disease. Scrofula is *the chief source of chronic* skin disease. The more inveterate cases of skin disease are often due to the co-existence of these two things. *I do not claim* that malaria and struma are the *sole* causes of the dermatoses. Indeed, *many* of the dermatoses may exist *independently of malaria or struma*, and most frequently some exciting cause is necessary to develop the cutaneous eruption. The proofs of the truth of my views are, in the first place, that the diseases of the skin are cured more certainly and more quickly by the anti-malarial remedies on the one hand, and by the anti-strumous on the other,

than can be done by any other line of therapeutics; and in the second place, that careful and painstaking investigation will, in the majority of dermatoses, make apparent the existence of the malaria or the struma, as the case may be.

CITY BOARD OF HEALTH.—It is a universal practice in cities of any pretensions whatever, to have on the health board a medical health officer. At one time Toronto had two such, one for the east and one for the west; now it has none, nor has it had any for many years past. Toronto has more medical practitioners in proportion to its population than any city we know of. The people support in a fairly liberal manner about 150 physicians to look after them when they get sick, from the many causes of disease which prevail in the city, and pay probably \$300,000 per annum to the doctors alone, to say nothing of nurses and other expenses, but not a dollar for the prevention of sickness. We fail to see the wisdom of the management of the health department in our city governmental affairs. It is not that we, or the doctors, should complain of this anomalous state of things; but we feel it to be our duty to endeavor to draw public attention to the facts. Much serious sickness and affliction could doubtless be prevented by an experienced, efficient, and well-paid medical health officer.

THE KINGSTON EMBROGLIO.—The *Canada Medical Record*, the Journal conducted by professors of Bishop's Medical College, has the following anent the recent trouble in the Kingston school. "The male students insisted that females should not be taught with them. The Faculty resisted the demand. The male students were equally determined and decided to leave the school in a body if their request was not granted. They telegraphed their situation to all the other Medical schools in Canada, some of which offered favorable terms. This brought the Faculty to a full realization of their position, and the flank movement of the students was successful. * * * Capital is being made of the fact that one school insisted upon the students at Kingston having their three months attendance certified before accepting them. This of course was simply refusing them, and Kingston has a right to feel grateful, but that does not prove that the other schools did wrong.

We believe each school knows best how to conduct its own business, and acted accordingly. It was this action which brought the Kingston Faculty to terms, and perhaps in the long run it may turn out that after all they caused the Royal College of Physicians and Surgeons to act in a way that will redound to their best advantage."

TRINITY MEDICAL COLLEGE.—The increasing attendance of students in Trinity Medical College has rendered imperative the building of another wing to the new lecture hall and dissecting room. The work will commence immediately after the close of the present winter session. 201 students have registered their names in the Faculty of medicine during the present session, and it is confidently expected that this number will be greatly increased next session. This is the largest attendance in the history of the college and the largest of any medical school in Canada either past or present.

Shortly before the Christmas holidays Professor Kirkland, delivered a lecture to the students on "The Story of the World." The lecture was highly appreciated, and at its close the students presented the lecturer with a handsome and costly gold-headed cane. The address was read by Mr. Fere, and the presentation made by Mr. H. S. Bingham in behalf of the students. Mr. Kirkland made a suitable reply, and the proceedings closed by the students singing "Old Trinity is a Jolly Home."

APPOINTMENTS.—The following gentlemen have been appointed Examiners in Medicine, Toronto University—Physiology and Pathology—George Wilkins, M.D. Medicine and Therapeutics—F. R. Eccles, M.D. Midwifery and Forensic Medicine—D. B. Fraser, M.B. Anatomy—M. H. Aikins, B.A., M.D. Surgery and Surgical Anatomy—F. L. Grasset, M.B. Clinical Medicine and Clinical Surgery—C. O'Reilly, M.D. Hygiene and Medical Psychology—C. W. Covernton, M.D. Chemistry—W. H. Ellis, M.A., M.B. Biology—H. Montgomery, M.A.

The following have been appointed examiners in Medicine in the University of Trinity College: Geo. T. McKeough, M.D., Chatham—Surgery and Botany. Wm. T. Harris, M.D., Brantford—Midwifery and Medical Jurisprudence. W. T. Stuart, M.D.—Chemistry. C. Sheard, M.D.—Anatomy

and Physiology. C. W. Covernton, M.D.—Medicine and Materia Medica.

Dr. W. H. Howey, of Delhi, has been appointed assistant surgeon on the eastern division of the Canada Pacific Railway.

Dr. R. Whiteford has been appointed Prof. of Physical Diagnosis and Diseases of the chest in the Toledo Medical College.

Prof. Burdon Sanderson, of University College, London, has been elected to the Waynflete chair of Physiology at Oxford.

BATHURST AND RIDEAU MEDICAL ASSOCIATION.

A meeting of the Bathurst and Rideau Medical Association was held in Ottawa, on the 18th ult. The attendance of members was large, and after a lengthy discussion a resolution thanking the Ontario Government for important measures recently adopted by them in relation to public health was unanimously adopted. The President, Dr. Cranston, Arnprior, delivered the opening address, and papers were read by Dr. Cranston, on "*Fractures*," Dr. Grant on "*Effusions in Pleura*," Dr. Horsey on "*Counter Irritation*," and Dr. Baird on "*Hematuria*." Lengthy discussions followed each paper. In the evening the city physicians entertained their visiting brethren at dinner in the Royal Exchange. The following are the officers of the association: President—Dr. Cranston, Arnprior. Vice-Presidents—Drs. Horsey, Ottawa, and Burns, Almonte; Treasurer—Dr. Hill, Ottawa; Secretary—Dr. Small, Ottawa; Council—Drs. Baird, Pakenham; Groves, Carp; Dickson, Pembroke; Preston, Carleton Place; Lynch, Almonte; McCallum, Smith's Falls; Sweetland, Grant and H. P. Wright, Ottawa.

THE UNITED STATES DISPENSATORY.—We are pleased to announce that the fifteenth edition of this famous American medical work will be ready this month. The editors are Dr. H. C. Wood, Professor of Materia Medica and Therapeutics in the University of Pennsylvania, Joseph P. Remington, Professor of Pharmacy, and Samuel P. Sandler, Professor of Chemistry, in the College of Pharmacy of Philadelphia. The revision has occupied about three years, and has been in all respects most thorough and complete, embracing the most recent discoveries in Materia Medica, Pharmacy, Chemistry and Therapeutics.

The relation of the work to the United States Pharmacopœia will be fully maintained, whilst the encyclopædic character of the Dispensary will be developed to the greatest extent. The new Pharmacopœia will be in all its parts fully expounded and discussed, and the most recent non-official medicines, as well as those long out of date, will be carefully considered in the second part of the work.

PREVENTION OF BLINDNESS.—The fifth International Congress of Hygiene, which will meet in Hague, Holland, in 1884, will award the prize of two thousand francs (£80 sterling), offered by the London Society for the prevention of blindness, to the author of the best essay on "the causes of blindness and the practical means of preventing it." Besides this prize, the International Society for the improvement of the condition of the blind, reserves to itself the right to award a second prize of one thousand francs, or two prizes of five hundred francs each, and a medal with a diploma, to such of the essays as shall be deserving of it. The essays are to be sent to Dr. Haltenhoff, Geneva, not later than the 31st of March, 1884, each bearing a motto, and the name and address of the author to be enclosed in a sealed envelope.

JOURNALISTIC CHANGES.—The *Michigan Medical News* and the *Detroit Clinic* have been consolidated, and the new journal is called "*The Medical Age*." The *Canadian Journal of Medical Science* has dropped its high sounding title and has been re-christened the *Canadian Practitioner*. The *American Medical Bi-Weekly* has become a weekly. The *N. Y. Medical Journal* has also become a weekly, and both the latter, and the *Medical Record* of New York have greatly enlarged the size of their pages. We cannot say that we fully appreciate this change. If it is well to lengthen the pages to a foot or more, why not make them two feet, so that when bound up the volumes may stand on the floor, for no ordinary book-shelf will accommodate them.

CANADIAN VOLUNTEER SURGEONS.—During the engagement of the British forces in Egypt, Dr. J. Wishart, of London, Ont., and Dr. D. B. Fraser, of Stratford, (Graduates of Trinity Medical College,) offered their services to the British Govern-

ment, as army surgeons. The following reply was received through the Acting Governor-General.

To the Deputy Governor-General of Canada :

SIR,—I have received a letter from Drs. Wis art & Fraser, of Canada, offering their services with the medical staff doing duty in Egypt. The Secretary of State for War, to whom the letter was referred, desires that these gentlemen may be thanked for their offer, and informed that there will be no opportunity of utilizing their services.

I have, etc.,

(Signed), KIMBERLEY.

DEFECTIVE VITAL STATISTICS.—At the recent meeting of the public health delegates at Ottawa, Dr. Playter drew attention to the fact, that the interments in the cemeteries in and around Toronto, showed that there were, during the months of September, October and November, of this year, 39 more deaths in Toronto than were recorded with the City Registrar. There is evidently something faulty either in the system or in the manner in which it is worked. It has now been in operation over thirteen years, long enough to have had a fair trial.

REMOVALS.—Dr. Jas. Cassels has removed from Three Rivers to Upper Bedford, Que. Dr. H. E. Poole has removed to Ormstown, Que. Dr. K. A. J. McKenzie has removed to Portland, Oregon. Dr. H. V. Ogden has removed to Milwaukee, Wis. Dr. J. C. Shanks has removed to Howick, Que. Dr. H. E. Heyd, formerly of Brantford, has removed to Buffalo. Dr. F. H. Mitchell has commenced practice in Winnipeg. Dr. J. C. Moody, of Richibucto has removed to Windsor, N. S. Dr. F. Hoyle (Kingston) is practicing in Ada, Minnesota. Dr. M. Forster has removed from Acton to Palmerston, Ont.

REMOVAL OF THE GALL-BLADDER.—Prof. Langenbeck of Berlin, (*Klin Wochen*) has recently removed the gall-bladder for the relief of a chronic case of gall stones. An incision was made along the outer border of the right rectus muscle and another at right angles to it, corresponding with the inferior border of the liver. The abdomen was opened, a ligature put on the cystic duct and the gall bladder dissected out. The patient made an uninterrupted recovery.

NEW TREATMENT OF FIBROIDS OF THE UTERUS.—Mr. Knowsley Thornton, of the Samaritan Hospital, London, Eng., has successfully ligated the uterine and ovarian arteries in cases of fibroids of the uterus. The results are reported to have been excellent, and promise completely to supplant hysterectomy. We are reminded that Dr. Cattermole of London, Ont. suggested this operation in certain forms of utero-ovarian tumors in the CANADA LANCET for Nov. 1880. It is somewhat gratifying to learn that a suggestion emanating from one of our distinguished Canadian confrères has been successfully carried into effect.

PRESENTATION.—Dr. Coventry was the recipient a few evenings ago of a very flattering address, a beautiful silver tea service, and a purse of \$450 in gold, from the good people of Windsor Ont., as a token of their appreciation of his public services as Mayor during the past three years. The Dr. acknowledged the compliment in appropriate terms. We congratulate him upon the event, and the kind and appreciative regard in which he is held by his fellow-townsmen,

BISHOP'S MEDICAL COLLEGE ANNUAL DINNER.—The students of Bishop's Medical College held their second annual dinner at the Windsor Hotel, Montreal, on the 13th of December. Both this dinner and the one held on the 18th of the same month by McGill College, like those in Toronto, were conducted on strictly temperance principles. The dinner was in every sense an unqualified success. Besides students, graduates, professors, and representatives of other colleges, the Consul-General of the United States, and many prominent citizens were present.

ONTARIO BOARD OF HEALTH.—We are pleased to notice that the Provincial Government has placed the sum of \$4,400 in the estimates for the salaries and expenses of the Board of Health. This will enable the Government not only to increase the salary of the Secretary so as to permit him to devote his whole time to sanitary work; but also to give a *per diem* allowance to the members of the Board.

PETERBORO' WATER WORKS.—The system of Waterworks just completed by the Waterworks Co. in the enterprising town of Peterboro' has

been tested and promises complete success. Dr. R. A. Boucher has taken an active interest in securing an abundant supply of good water for the people of this town, and he is to be congratulated, and also the inhabitants of Peterboro' on the success of their undertaking.

HORSFORD'S ACID PHOSPHATE IN NIGHT SWEATS.—Dr. J. J. Douglass, of Hampton, Nebr., says: He has used Horsford's acid phosphate extensively in his practice and it gives almost universal satisfaction. He recommends it in the first stages of consumption, night sweats, prostration from over work, wakefulness, nervous exhaustion, alcoholism, sick headache, loss of appetite, and constipation.

The following medical gentlemen have been appointed commissioners under the license act of 1876: Jas. S. Sprague, M.D., and John S. Loomis, M.D., Hastings, (N. R.); A. Rockwell, M.D., Hastings, (W. R.); L. Harvey, M.D., Lambton, (E. R.); A. McLean, M.D., Lambton, (W. R.); J. Gunn, M.D., Middlesex, (N. R.); C. M. Gould, M.D., Northumberland, (E. R.); W. McGill, M.D., Ontario, (S. R.); and W. H. Blackstock, M.D., Simcoe, (E. R.); R. Douglass, M.D., Bruce (N. R.); A. Robillard, M.D., Ottawa.

BRITISH DIPLOMAS.—Dr. M. L. Cameron, of Chatham, has recently returned from Edinburgh where he has been pursuing his medical studies for some time past. He has received the L. R. C. P. and S. Edin. W. C. Cousins, M. D., of Montreal, has received the double qualification, L. R. C. P. and S. Edin.

PARLIAMENTARY.—We are pleased to observe that the following medical gentlemen have been nominated as candidates for the Ontario Legislature viz: Drs. Widdifield, Robertson and Casca-den. It is also rumoured that Dr. McMillan, of Alexandria, Ont., and Dr. Louis Robitaille, of New Carlisle, Que., have been called to the Senate of the Dominion of Canada.

CORONER.—P. A. McDonald M. D. has been appointed Coroner for the Co. of Inverness, N. S., and also Health Officer for Port Hawkesbury, Nova Scotia.

The death of Dr. Geo. M. Beard, of New York, of pleuro-pneumonia aged 44 years is announced.

Books and Pamphlets.

"THE POPULAR SCIENCE MONTHLY" for January, 1883. New York; D. Appleton & Co. Fifty cents per number, \$5 per year.

This popular monthly offers a goodly number of articles which merit attention for their interesting practical character. The opening article is on "The Great Comet of 1882," by Professor Young, of Princeton, who discusses the subject from a scientific point of view. "Scientific Philanthropy," by M. Fouill e, is discussed in the light of the views of the Darwinian school of philosophy. Dr. C. C. Abbott's "Traces of a Pre-Indian People" is another interesting subject. Dr. Robert's "Bodily Deformities in Girlhood" commends itself by its very title to parents and teachers. Dr. Felix I. Oswald writes on the "Curiosities of Superstition." Herbert Spencer's speech, at the farewell banquet given him on the 9th November, is published under the title of "The Gospel of Recreation." This number also contains the portrait and sketch of the late Dr. Henry Draper.

A PRACTICAL TREATISE ON THE APPLICATIONS OF ELECTRICITY TO MEDICINE AND SURGERY; By Roberts Bartholow, A.M., M.D., LL.D. Second edition, enlarged and improved, with 109 illustrations. Philadelphia: H. C. Lea's, Son & Co. Toronto: Ure & Co. Price, \$2.50.

It is only a short time since we reviewed the first edition of this work. The fact that another edition is already demanded shows that the work was appreciated by those for whom it was intended. The author states in the first edition that the work was an exposition of electricity for remedial purposes made by a medical practitioner, for the use of other medical practitioners—in other words to prepare a work from the practitioner's, rather than the merely scientific, stand point. The same conception is paramount in the present edition, but the author has developed more fully the modern methods of ascertaining and expressing current strength, tension, resistance, etc. He has made many additions and improvements in the work, which has enlarged it by the addition of about 30 pages. The author is too well known to require any recommendation at our hands.

MEDICAL CHARTS.—Complete epitome of skin diseases, and chart of poisons. By J. E. Sanborn, M.D., Rockford, Mass.

The author has compiled for the use of physicians, two very useful publications, in the form of medical charts; one, a complete epitome of skin diseases, based upon the most approved classification. It is neatly printed on a single sheet, (22 by 28 inches) and gives at one view the symptoms, varieties, causes, diagnosis, prognosis and treatment of every skin disease, carefully compiled from the best authors, and brought up to the latest times; adapted both for speedy reference and permanent use. It is, in fact, a condensed treatise on skin diseases. Price 35 cents. The chart of poisons, gives in tabular form the symptoms of all poisons, with antidotes, and full treatment. Price 25 cents, or both charts 50 cents.

The "CANADIAN ILLUSTRATED NEWS," published by G. B. Burland, Montreal.

The number for January appears with a new heading and much improved in form. The paper and letter press are good, and the illustrations very interesting and well executed. It contains an interesting variety of well written articles and stories, and deserves the hearty support of the reading public of Canada. We earnestly commend it to the attention of our readers.

Births, Marriages and Deaths.

On the 6th of December 1882, by the Rev. C. Watson. G. L. Milne, M. D., C. M., to Ellen Kinsman, daughter of John Kinsman Esq., all of Victoria, B. C.

At Shakespeare on the 27th of Dec. 1882, W. T. Parke M. D. of Milverton Ont., to Miss Kate Fraser, daughter of the late Alex. Fraser of North East Hope.

At Picton, N. S., on the 20th of December, Thomas R. Fraser, M. D., late of Halifax, in his 74th year.

On the 31st of December, Dr. Robt. Thomson, of St. Stephen, N. B.

In Winnipeg Man., on the 30th of December, 1882, Dr. Duncan McGregor formerly of Chatsworth, Ont.

* * * The charge for Notices of Births, Deaths, and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.

Hydroleine and Maltopepsyn.

Having demonstrated conclusively during the past three years the superiority of Maltopepsyn formula over all other digestive remedies, as attested by the signatures of nearly all our leading physicians, I desire to keep it up to its present high standard, and I cannot do so and give one and one-half ounces for fifty cents, as I find upon figuring up my expenses of introduction to the profession and of doing business, and the high cost of the ingredients of Maltopepsyn, that I am at present, after three years of hard work, actually out money. Naturally desiring some profit, I am obliged to raise the price to 75 cents per $1\frac{1}{2}$ ounce bottle, as I will not lower the standard of the article under any consideration.

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

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

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

Notwithstanding the fact that I put four labels on each bottle, and large label on each $\frac{1}{2}$ dozen package to call druggists' attention to the necessity of keeping the preparation in a cool place and to avoid freezing, and that I have further mailed each one a circular letter to the effect and asking them to purchase not over a four weeks' supply, so as to have it as fresh as possible, I find over one half pay no attention, but buy even a six months' stock, and keep it often in their show windows, subject to excessive heat.

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

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

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

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

Yours very truly,

HAZEN MORSE,

57 Front St. East, Toronto.

P. S.—Present prices are as follows:

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

Maltopepsyn, 75c. per $1\frac{1}{2}$ oz. Bottle, \$7.50 per Doz.

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

FOR CONSUMPTION AND WASTING DISEASES,
HYDROLEINE (HYDRATED OIL)

FOR DYSPEPSIA, INDIGESTION, ETC.,
MALTOPEPSYN.

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

JAS. H. RICHARDSON, M. D., TORONTO.
J. ALGERNON TEMPLE, M. D., "
J. H. MCCOLLUM, M. D., "
JOHN E. KENNEDY, M. D., "
O. S. WINSTANLEY, M. D., "
J. E. GRAHAM, M. D., "
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FROM LEADING CHEMISTS AND DRUGGISTS.

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

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

HENRY R. GRAY, Chemist.

TORONTO, AUG. 15, 1881.

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

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

H. J. ROSE, Pharmacist.

TORONTO, JULY 20, 1881.

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

E. HOOPER & CO., Chemists and Druggists.

MONTREAL, AUG. 15, 1881.

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

LAVIOLETTE & NELSON, Pharmacists.

MONTREAL, AUG. 15, 1881.

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

J. A. HARTE, Chemist and Druggist.

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

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

HARRY SHERRIS.

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

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

JOSEPH DAVIDS & Co.

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

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

JOSIAH GREEN.

243 YONGE STREET, TORONTO, 1882.

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

CHAS. W. HOWARTH.

BELLEVILLE, FEBRUARY, 1882.

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

We can safely recommend them to parties needing such remedies.

L. W. YEOMANS & CO.

BELLEVILLE, ONT., FEBRUARY, 1882.

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

JAS. CLARK & CO.

BELLEVILLE, FEBRUARY, 1882.

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

A. L. GEEN.

BELLEVILLE, ONT., FEBRUARY 7, 1882.

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

R. TEMPLETON.

BELLEVILLE, FEBRUARY 8, 1882.

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

W. R. CARMICHAEL.

BROCKVILLE, ONT., FEB. 13, 1882.

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

ALLAN, TURNER & CO.

LONDON, ONT., NOV. 24, 1881.

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

W. T. STRONG.

OWEN SOUND, JAN. 6, 1882.

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

ROBERT WIGHTMAN.

WINGHAM, ONT., JAN. 11, 1882.

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

W. T. BRAY.

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

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

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

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

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Fluid Extract of Celery Seed

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

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

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

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

SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE:

I have prescribed your emulsion of Cod Liver Oil with Hypophosphites for the past two years, and find it more agreeable to the stomach, and have better results from its use than from any other preparation of the kind I have tried.

Halifax, N.S., Nov. 19, 1880.

W. M. CAMERON, M.D.

Messrs. SCOTT & BOWNE:

Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market.

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

W. S. MUIR, M.D., L.R.C.P. & S., Ed.

Messrs. SCOTT & BOWNE:

I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anæmia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach, are some of its greatest merits.

I have the honor to be, yours truly,

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

St. John, N.B.

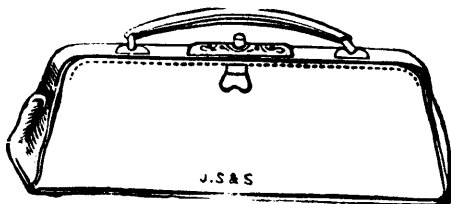
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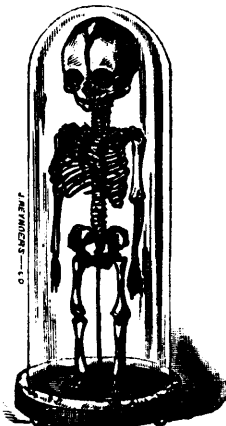
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"DEAR SIR,—Have the goodness to furnish us with your best quotations for Dr. J. Collis Browne's Chlorodyne, as, being large buyers, we would much prefer doing business with you direct than through the wholesale houses. We embrace this opportunity of congratulating you upon the wide-spread reputation this justly-esteemed medicine has earned for itself, not only in Hindostan, but all over the East. As a remedy of general utility, we much question whether a better is imported into the country, and we shall be glad to hear of its finding a place in every Anglo-Indian home. The other brands, we are happy to say, are now relegated to the native bazaars, and, judging from their sale, we fancy their sojourn there will be but evanescent.

We could multiply instances *ad infinitum* of the extraordinary efficacy of Dr. Collis Browne's Chlorodyne in Diarrhœa and Dysentery, Spasms, Cramps, Neuralgia, the Vomiting of Pregnancy, and as a general sedative, that have occurred under our personal observation during many years. In Choleraic Diarrhœa, and even in the more terrible forms of Cholera itself, we have witnessed its surprisingly controlling power. We have never used any other form of this medicine than Collis Browne's, from a firm conviction that it is decidedly the best, and also from a sense of duty we owe to the profession and the public, as we are of the opinion that

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

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

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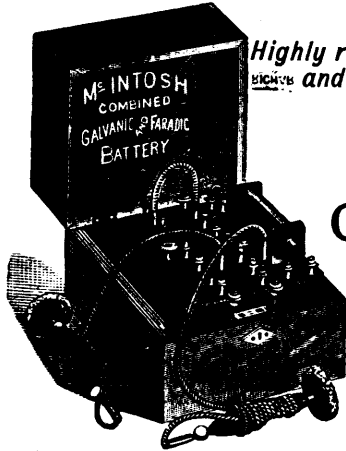
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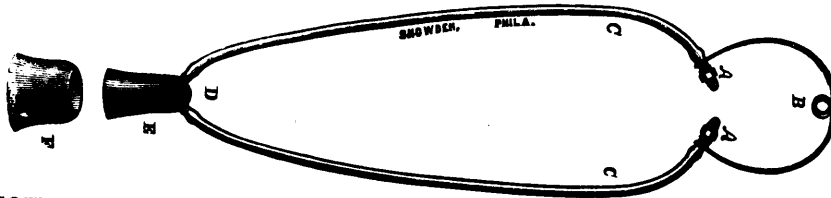
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I must thank you for the present of the Syrup to the Hospital.

Yours faithfully,

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

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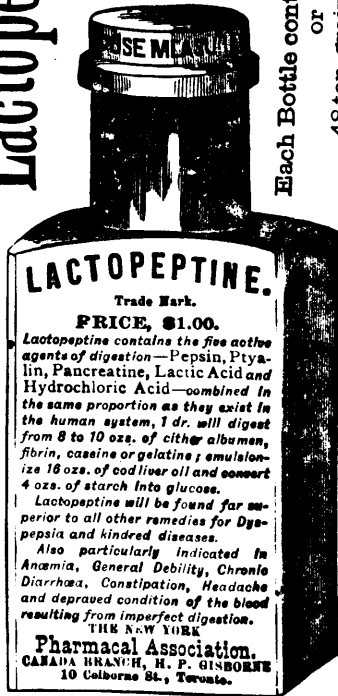
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Each Bottle contains 1 ounce
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Certificate of Composition and Properties of Lactopeptine by Professor ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain.

LONDON, May 8, 1882.
Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general character, have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on the large scale, to take samples of its ingredients from large bulks, and examine them and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, doing all this with the object of certifying that Lactopeptine is what its maker professes it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a skillfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the pancreatin, or fat-digesting ingredient, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine overtakes and outstrips that of pepsin alone, due, no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the Lactopeptine. My conclusion is that Lactopeptine is a most valuable digesting agent, and superior to pepsin alone.
JOHN ATTFIELD.

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

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

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