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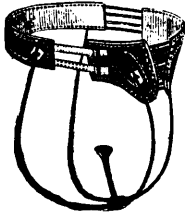
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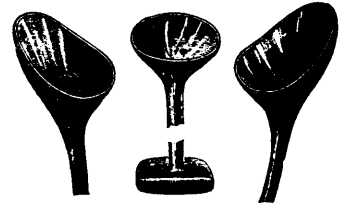
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JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

The Fifty-sixth Session of the Jefferson Medical College will begin on Monday, October 4th, 1880, and will continue until the 1st of March, 1881. Preliminary Lectures will be held from Monday, 6th September.

PROFESSORS:

JOSEPH PANCOAST, M.D.,
General, Descriptive, and Surgical Anatomy, (Emeritus.)
S. D. GROSS, M.D., LL.D., D.C.L., Oxon,
Institutes and Practice of Surgery.
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HENRY C. CHAPMAN, M.D.,
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CLINICAL INSTRUCTION is given daily at the HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE throughout the year by Members of the Faculty, and by the Hospital Staff, which is constituted as follows:

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S. W. GROSS, M.D.,
R. J. LEVIS, M.D.

Anal Surgeon.
L. TURNBULL, M.D.

Gynecologists.
F. H. GETCHELL, M.D.
J. EWING MEARS, M.D.

Ophthalmic Surgeon.

PROF. WILLIAM THOMSON, M.D.

Physicians.
J. SOLIS-COHEN, M.D.
JAMES C. WILSON, M.D.,
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W. W. VANVALZAH, M.D.,

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MORRIS LONGSTRETH, M.D.

A SUMMER COURSE of Lectures is given, beginning on the fourth Monday in March, 1881, and extending through the months of April and May, and to the middle of June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay forty dollars, thirty-five of which, however, are credited on the amount of fees paid for the ensuing Winter Course.

FEES.

Matriculation Fee (paid once)	\$ 5 00	Practical Anatomy	\$10 00
Ticket of each Professor (7)	\$20 00	Graduation Fee	30 00

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SESSION'S OF 1880-'81

FACULTY.

JAMES F. NOYES, M.D., Emeritus Professor of Ophthalmology and Otology.	ALBERT B. LYONS, M.D., Professor of Chemistry and Director of the Chemical Laboratory.
THEO. A. MCGRAW, M.D., PRESIDENT, Professor of Principles and Practice of Surgery and Clinical Surgery.	LEARTUS CONNOR, M.D., SECRETARY, Professor of Ophthalmology and Otology.
GEO. P. ANDREWS, M.D., Professor of Principles and Practice of Medicine and Clinical Medicine.	H. O. WALKER, M.D., Professor of Anatomy and Diseases of Genito-Urinary System.
C. B. GILBERT, M.D., Professor of Obstetrics and Diseases of Women and Children.	E. L. SHURLY, M.D., Professor of Materia Medica; Therapeutics and Laryngology.
N. W. WEBBER, M.D., Professor of Principles and Practice of Surgery and Clinical Surgery.	HAL. C. WYMAN, M.D., Professor of Physiology, and Director of the Physiological Laboratory.
SAMUEL P. DUFFIELD, PH. D., M.D., Professor of Toxicology and Medical Jurisprudence.	E. A. CHAPOTON, M.D., Demonstrator of Practical Physiology and Instructor in Anatomy and Surgery.
J. H. CARSTENS, M.D., Assistant Clinical Professor of Clin. Gynecology,	J. W. ROBERTSON, M.D., Demonstrator of Practical Microscopy.
F. A. SPALDING, M.D., Assistant Clinical Professor of Obstetrics.	DAVID INGLIS, M.D., Instructor in Chemistry and Physiology.
J. G. JOHNSON, M.D., Lecturer on Diseases of Mind and Nervous System.	
A. E. CARRIER, M. D., Demonstrator of Anatomy.	

The Collegiate Year is divided into two sessions.

THE REGULAR SESSION opens Wednesday, September 8th, 1880, and closes March 8th, 1881, (obligatory.)

THE SPRING SESSION opens March 15th, 1881, and closes June 23rd, (optional.)

All candidates for the degree of Doctor of Medicine at the DETROIT MEDICAL COLLEGE must successfully complete the following system of training:

PRELIMINARY EXAMINATION must be passed by all candidates for admission who cannot present satisfactory documentary evidence that their acquirements are equal, if not greater than the standard adopted. Date of Examination, September 6th and 7th, 1880.

GRADED COURSE covers three regular sessions of six months each. The course of instruction has been so arranged as to carry the student progressively and systematically, from one subject to another in a just and natural order.

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DAILY CLINICAL LECTURES during the first two sessions.

DAILY CLINICAL WORK in the HOSPITAL WARDS or DISPENSARIES during the entire last session. For this purpose the Senior Class is divided into small sections, and each section placed in charge of a Clinical teacher for one month. Then the sections change teachers, so that during the session every member of the Senior Class is taught to do clinical work in Diseases of the Eye and Ear, in Diseases of the Larynx, in Diseases of Women, in General Medical Cases, in Surgical Cases, in Diseases of the Skin and in Diseases of the Nervous System and in Obstetrics. Thus the student makes, or assists in making, examinations and in carrying out treatment, writes prescriptions and histories of cases, dresses wounds, applies bandages, watches the progress of pathological processes internal or external, assists at operations, etc.

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EXAMINATIONS at the end of each course on the studies of that course.

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Final Examination.....	30 00
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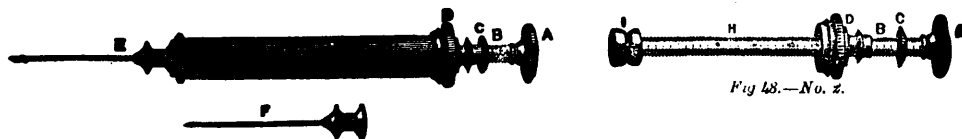
For Spring Session the fees are \$10 to those who attend the Regular Course. All others are required to pay \$25, but \$15 of this will be credited on the fees of the next Regular Course attended. All fees payable before Matriculation Examination, to the Secretary, but are returned if the applicant fails to pass the examination.

Announcement and Catalogue, or more detailed account of the above can be promptly obtained by addressing the Secretary,

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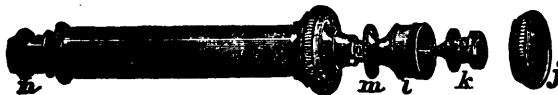
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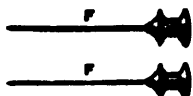


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" ET RHEI, { Calomel, ½ gr. Ext. Rhei, ½ gr. Coloc. C. ½ gr. Hyoscyam. 1-6 gr. }	Mild Purgative.	1 to 3	75
CAMPHOR ET EXT. HYOSCYAMUS, { Camphor, 1 gr. Ext. Hyoscyamus, (Eng.) 1 gr. Ext. Coloc. Comp. 1½ gr. }	Anodyne. Cerebral Stimulant.	1 to 2	50
CATHARTIC Comp., U. S. P. { Ext. Jalapæ, 1 gr. Calomel, 1 gr. Pulv. Gambogiae, ½ gr. }	Cathartic.	2 to 4	50
" " Vegetable. { Podophyllin, 3 grs. Ext. Colocynth, 1 gr. Virgin Scammony, 1 gr. Aloes, Soap & Ginger. 1 gr. }	Cathartic.	2 to 3	60
" " Imp. { Ext. Coloc. Comp. 3 grs. Jalap. 1 gr. Podophyllin, Leptandrin, 1 gr. Ext. Hyoscyamus, 1 gr. Gentian, 1 gr. Ol. Menth. Pip. 1 gr. }	Cathartic.	2 to 4	50
CHAPMAN'S DINNER PILLS, { Pulv. Aloes Soc. 1 gr. Ext. Rhei Opt. 1 gr. Gum Mastich. 1 gr. }	Stimulating Laxative.	1 to 3	60
CERII OXALAT: 1 gr.	Nerve Tonic.	1 to 3	1 00
CHINOIDIN, 1 gr.	Tonic, Antiperiodic.	2 to 4	40
" 2 grs.	Tonic, Antiperiodic.	2 to 4	50
" COMP.: { Chinoidin, 2 grs. Ferri Sulph. Exsic. 1 gr. Piperina, ½ gr. }	Tonic, Antiperiodic.	1 to 2	1 00
CINCHON, SULPH. 1½ grs.	Tonic, Antiperiodic.	1 to 3	75
COCCIA, { Pulv. Res. Scammony, 1 gr. Soc. Aloes, 1½ grs. Colocynth, ½ gr. Potass. Sulph. ½ gr. Ol. Caryophyl. ½ gr. }	Hydragogue-Cathartic.	2 to 4	90
COOK'S, 3 grs. { Pulv. Aloes Soc. 1 gr. Rhei, 1 gr. Calomel, ½ gr. }	Purgative.	2 to 4	50
COLOCYNTHIDIS COMP., 3 grs. { Sapon. Hispan ½ gr. Pulv. Res. Scammony, 1 gr. }	Purgative.	2 to 5	80
COLOCYNTH ET HYDRARG. { Pulv. Ext. Coloc. Comp. 2 grs. Pil. Hydragr. 2 grs. }	Cholagogue Cathartic.	1 to 3	75
ET IPECAC, { Pulv. Ipecac. 1-6 gr. }			
COLOCYNTH ET HYOSCYAM. { Ext. Coloc. C. 2½ gr. Hyoscyamus, 1½ gr. }	Gentle Laxative.	1 to 2	75
COPAIBÆ, U. S. P., 3 grs.	Alterative to Mucous Mem- brane.	2 to 6	50
" ET EXT. CUBEBE, { Pil. Copaiabæ, 3 grs. Oleo-resin. Cubebæ, 1 gr. }	Alterative to Mucous Mem- brane.	2 to 4	80
COPAIBÆ COMP. { Pil. Copaiabæ, 1 gr. Resin Guaiac. 1 gr. Ferri Cit. 1 gr. Oleo-resin Cubeb. 1 gr. }	Alterative to Mucous Mem- brane, Tonic.	2 to 4	80
DIGITALIS COMP. { Pulv. Digitalis, 1 gr. Scilla, 1 gr. Potass. Nit. 2 grs. }	Arterial Sedative.	1 to 3	50
DIURETIC, { Sapo. Hispan. Pulv. 2 grs. Soda Carb. Exsic. 2 grs. Ol. Baccæ Junip. 1 drop. }	Diuretic, Antacid.	1 to 3	50
DUPUYTREN, { Pulv. Guaiac. 3 grs. Hyd. Chlor. Corros. 1-10 grs. Pulv. Opii, ½ gr. }	Specific Alterative.	1	50
EMMENAGOGUE, { Ergotine, 1 gr. Ext. Hellebore. Nig. 1 gr. Aloes. Socot. 1 gr. Ferri Sul. Exa. 1 gr. Ol. Sabinæ, ½ gr. }	Active Emmenagogue, Tonic.	1 to 3	1 40

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		MEDICAL PROPERTIES.	Doses, Each	
FEL. Bovinum.	{ Ox-gall, 2 grs. } Powdered Jamaica Ginger, 1 gr. }	Laxative.	1 to 3	50
FERRI. (Quevenne's)	1 gr.	Tonic.	1 to 3	50
"	CARB (Vallet's) U. S. P. 3 grs.	Tonic.	1 to 2	75
"	CITRAT. 2 grs.	Tonic.	1 to 4	40
"	COMP. U. S. P.	Tonic, Emmenagogue.	1 to 3	50
"	I. DID. 1 gr.	Tonic, Emmenagogue.	2 to 6	40
"	LACTAT. 1 gr.	Tonic, Alternative.	1 to 2	65
"	PYROPHOS. 1 gr.	Tonic.	1 to 3	50
"	VALER. 1 gr.	Tonic.	1 to 3	40
"	ET QUAS. ET NUC. VOM. { Fer. per Hydrog., 1 1/2 gr. } Ext. Quassa, 1 gr. } Nuc. Vom., 1/4 gr. } Pulv. Saponis, 1/2 gr. }	Tonic, Nerve Stimulant.	1 to 2	75
"	ET QUIN. CIT. 1 gr.	Tonic, Antiperiodic.	1 to 2	75
"	ET STRYCHNIE, 1 three times a day.	Tonic, Antiperiodic.	1 to 2	1 40
"	{ Strychnia, 1-60 gr. } { Ferrum per Hydrog. (Quevenne's) 2 grs. }	Tonic, Nerve Stimulant.	1 to 2	75
"	ET STRYCHNIE CIT. { Strych. Cit. 1-50 gr. } { Ferri Cit. 1 gr. }	Tonic, Nerve Stimulant.	1 to 2	75
GAMBOGLE COMP.	{ Pulv. Gambogiae } { Aloes Socot., 1 gr. } { Zingib. Jam } { Saponis }	Active Purgative.	2 to 5	40
GENT. COMP.	{ Ext. Gentian, 1/2 gr. } { Pv. Aloes Soc. 2 grs. } { Ol. Carul., 1-5 gr. }	Tonic, Purgative.	2 to 4	40
GONORRHOEA,	{ Pulv. Cubebe, 2 grs. } { Bals. Copalb. Solid., 1 gr. } { Ferri Sulph. 1/2 gr. Venet. Terebinth 1 1/2 gr. }	Tonic, Alternative to Mucous Membrane.	1 to 3	60
HEPATIC,	{ Pl. Hydrarg., 3 grs. } { Ext. Coloc. Comp., 1 gr. } { Hyoscyan., 1 gr. }	Cholagogue Cathartic.	1 to 2	80
HOOPER (Female Pills) 2 1/2 grs.	{ Aloes Socot. } { Ferri Sulph. Exsic. } { Ext. Hellebore, } { Pulv. Myrrh, } { Saponis, } { Canella, } { Zing. Jamaica. }	Emmenagogue.	1 to 3	40
HYDRARGYRI, U. S. P., 3 grs.	5 gr.	Mercurial Purgative.	2 to 3	40
"	Comp. { Mass. Hydrarg., 1 gr. } { Pulv. Opil., 1/2 gr. } { Ipecac., 1/4 gr. }	Mercurial Purgative.	1 to 2	50
"	Iod. et Opil., { Hyd. Iodid., 1 gr. } { Pulv. Opil., 1/2 gr. }	Mercurial Alternative.	1 to 2	75
IODOFORMI ET FERRI	{ Ferrum per Hydro., 1 1/4 gr. } { Iodoform, 1 gr. }	Tonic Alternative.	1 to 2	2
IODOFORM 1 gr.		Tonic, Alternative.	1 to 2	1 60
IPEAC ET OPII, 3 1/2 grs. (Pulv. Doveri U. S. P.)	5 grs.	Anodyne, Soporific.	1 to 3	50
IRISIN COMP.	{ Irisin, 1/4 gr. } { Podophyllin, 1-10 gr. } { Strychnia, 1-40 gr. }	Cathartic, Nerve Stimulant.	1 to 3	50
LEPTAND. COMP.	{ Leptandrin, 1 gr. } { Irisin, 1/4 gr. } { Podophyllin, 1/2 gr. }	Laxative, Diuretic.	1 to 2	1 00
LEPTANDRIN, 1 gr.		Cathartic.	1	75
LUPULIN, 3 grs.		Anodyne.	2 to 4	40
MORPHIA COMP.	{ Morph. Sulph., 1/4 gr. } { Tart. Emetic., 1/4 gr. } { Calomel, 1/4 gr. }	Anodyne, Febrifuge.	1	1 50
NEURALGIC,	{ Quinia Sulph., 2 grs. } { Morphia Sulph., 1-20 gr. } { Strychnia, 1-30 gr. } { Acid Arsenious, 1-20 gr. } { Ext. Aconit., 1/2 gr. }	Tonic, Alternative, Anodyne.	1 to 3	3 00
NEURALGIC. (Brown-Sequard.)	{ Ext. Hyosciami, 1/4 gr. } { Confl., 1/4 gr. } { Ignat. Am., 1/4 gr. } { Opil., 1/4 gr. } { Aconit., 1/4 gr. } { Cannab. I., 1/4 gr. } { Stramon., 1-5 gr. } { Bellad., 1 gr. }	Anodyne.	1	2 60
OPII, U. S. P., 1 gr.		Anodyne	1	60
" ET CAMPHORÆ,	{ Pulv. Opil., 1 gr. } { Camphoræ, 2 grs. }	Anodyne, Nerve Sedative.	1	80
" ET CAMPHORÆ ET TANNIN,	{ Pulv. Opil., 1/2 gr. } { Camphoræ, 1 gr. } { Acid Tannic., 2 grs. }	Anodyne, Astringent.	1 to 3	80
" ET PLUMBI ACET.	{ Pulv. Opil., 1/2 gr. } { Plumbi Acetas, 1 1/2 grs. }	Anodyne, Sedative.	1 to 2	60
PHOSPHORUS COMP.	{ Phosphorus, 1-100 gr. } { Ext. Nuc. Vomica, 1/4 gr. }	Nerve Tonic.	1 to 4	1 50
PHOSPHORUS, 1-10 gr., 1-25 gr.		Nervine Stimulant.	1 to 2	1 00
PHOSPHORUS, 1-100 gr.		Nervous Stimulant.	1 to 4	1 00
PHOSPHORUS, IRON AND NUX VOM.	{ Phosphorus, 1-100 gr. } { Ferri Carb. (Vallet's) 1 gr. } { Ext. Nuc. Vom., 1/4 gr. }	Nervous Stimulant, Tonic.	1 to 3	1 50
POTASS. BROMID. 1 gr.	5 grs.	Nervous Sedative.	2 to 5	75
"	IODID. 2 grs.	Alternative.	1 to 2	1 25
"			1 to 3	85
PODOPHYLLIN COMP. (Eclectic.)	{ Podophyllin, 1/4 gr. } { Leptandrin, 1-16 gr. } { Juglandin, 1-16 gr. } { Macrotin, 1-32 gr. } { Ol. Capsic, }	Purgative.	2 to 4	75
PODOPHYLLIN ET BELLAD.	{ Podophyllin, 1/4 gr. } { Ext. Bellad., 1/4 gr. } { Ol. Res. Capsic, 1/4 gr. } { Saccharum Lact., 1 gr. }	Stimulating Laxative. Mild	1 to 3	75

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MEDICAL PROPERTIES. Doses. Each

PODOPHYLLIN ET HYDRARG. { Podophyllin, ¼ gr. } { Mass. Hydrarg. 2 grs. }	Laxative.	2 to 4	50
" ET HYOSCYAMUS. { Podophyllin, 1 gr. } { Ext. Hyoscyamus, 53 ½ grs. }	Gentle Cathartic	1 to 2	60
PODOPHYLLIN, 1 gr.	Cathartic.	1	75
QUININÆ SULPH. ½ gr.	Tonic, Antiperiodic.	1 to 4	90
" " 1 gr.	Tonic, Antiperiodic.	1 to 3	1 40
" " 2 grs.	Tonic, Antiperiodic.	1 to 3	2 75
" " 3 grs.	Tonic, Antiperiodic.	1 to 2	4 00
" COMP. { Quin. Sulph. 1 gr. } { Ferri Carb. 2 grs. } { Achi. Arsenious, 1-60 gr. }	1 immediately after each meal. Tonic, Antiperiodic.	1 to 2	1 75
ET EXT. BELLADON. { Quinid. Sulph. 1 gr. } { Ext. Belladon, ½ gr. }	Nerve Tonic, Antiperiodic.	1 to 2	1 75
" ET FERRI. { Ferrum per Hydrarg. (Quevenne's) 1 gr. }	Tonic, Antiperiodic.	1 to 2	1 75
QUININÆ ET FERRI, ET STRYCHNINÆ. { Quin. Sulph. 1 gr. } { Ferri Carb. (Vallet's) 2 grs. } { Strych. Sulph. 1-60 gr. }	Tonic, Antiperiodic.	1 to 2	1 75
QUININÆ ET FERRI ET STRYCH. PHOS. { Phos. Quinia, 1 gr. } { " Iron, 1 gr. } { " Strychnia, 1-60 gr. }	Tonic, Antiperiodic.	1 to 2	1 75
" ET FERRI, Valer, 2 grs.	Tonic, Nerve Sedative.	1 to 2	3 50
QUININÆ ET FERRI CARB. { Quinia, 1 gr. } { Ferri Carb. (Vallet's) 2 grs. }	Tonic, Antiperiodic.	1 to 2	1 75
" ET HYDRARG. { Quin. Sulph. 1 gr. } { Mass. Hydrarg. 2 grs. } { Oleo-resin. Piper. Nig. ¼ gr. }	Tonic, Antiperiodic.	1 to 2	1 75
QUINIA, IODOFORM AND IRON { Iodoform, 1 gr. } { Ferri Carb. (Vallet's) 2 grs. } { Quinia Sul. ½ gr. }	Tonic, Alterative.	1 to 2	3 00
QUININÆ ET STRYCHNINÆ. { Quinia Sul. 1 gr. } { Strychnia, 1-60 gr. }	Tonic, Nerve Stimulant.	1 to 2	1 75
QUINIA, Valerianate, ½ gr.	Tonic, Nervine.	1 to 2	2 00
RHEI ET HYDRARG. { Pulv. Rhei, 3 grs. } { Soda Carb. Exs. 1 gr. }	4 grs. Cholagogue Cathartic.	2 to 5	80
RHEI, U. S. P. { Pulv. Rhei, 3 grs. } { Saponis, 1 gr. }	Gentle Laxative.	1 to 5	75
RHEI COMP. U. S. P. { Pulv. Rhei, 2 grs. } { Aloes Socot, 1½ grs. } { Myrrh, 1 gr. } { Ol. Menth. Pip. 1 gr. }	Purgative.	2 to 4	75
RHEUMATIC. { Ext. Coloc. C. 1½ grs. } { Colchicid Acet. 1 gr. } { " Hyoscyam. ½ gr. } { Hydrg. Chlor. Mit. ½ gr. }	Anti-Rheumatic, Purgative.	1 to 3	90
SANTONIN, 1 gr.	Anthelmintic.	1 to 3	1 00
SCILLÆ COMP. U. S. P. { Pulv. Scillæ, ½ gr. } { Zingib. Jamaica, 1 gr. } { Gum Ammoniac, 1 gr. } { Pulv. Saponis, 1 gr. }	Expectorant, Diuretic.	1 to 3	50
STOMACHICA. (Lady Webster's, Dinner Pills, 3 grs.) { Aloes Soc. } { Gum Mastich, } { Flor. Rosæ. }	Stimulating Purgative.	1 to 2	50
SYPHILITIC, { Potass. Iod. 2½ grs. } { Hyd. Chlor. Corros. 1-40 gr. }	Specific Alterative.	1 to 2	1 00
TRIPLEX, { Aloes Socot, 2 grs. } { Mass. Hydrarg, 1 gr. } { Podophyllin, ¼ gr. }	Purgative.	2 to 4	75
ZINCI VALERIAN. 1 gr.	Antispasmodic.	1 to 3	1 00

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GRANULES.

MEDICAL PROPERTIES. Doses. Each

ACID. Arsenious, 1-20, 1-30 and 1-60 grs.	Antiperiodic, Alterative.	1 to 2	40
ACONITIA, 1-60 gr.	Nerve Sedative.	1 to 2	75
ATROPIA, 1-60 gr.	Anodyne.	1 to 2	75
CORROSIVE SUBLIMATE, 1 lb, 1-20 and 1-60 grs.	Mercurial Alterative.	1 to 2	40
CAULOPHYLLIN, 1-10 gr.	Emmenagogue.	1 to 4	40
CIMICIFUGIN, 1-10 gr.	Tonic, Nerve Stimulant.	1 to 4	40
DIGITALIN, 1-60 gr.	Arterial Sedative.	1 to 2	75
ELATERIUM, (Clutterbuck's) 1-60 gr.	Diuretic, Hydragogue, Cathartic.	1 to 2	95
EXTRACT Belladonna, (Eng.) ¼ gr.	Anodyne.	1 to 3	40
" Ignatia Amara, ¼ gr.	Nerve Sedative.	1 to 2	50
" Cannabis Indica, ¼ gr.	Anodyne.	1 to 4	60
" Hyos-yamus, (Eng.) ½ gr.	Nerve Stimulant.	1 to 3	40
" Nuc. Vomica ¼ and ½ gr.	Nerve Stimulant.	1 to 3	40
GELSEMIN ¼ gr.	Arterial Sedative.	1 to 4	50
HYDRASTIN, ½ gr.	Arterial Sedative.	1 to 2	75
HELONIN, 1-60 gr.	Emetic, Diuretic, Cathartic.	1 to 2	95
LEPTANDRIN, ¼ gr.	Cathartic.	1 to 2	50
" " ½ gr.	Cathartic.	1 to 4	40
MERCURY, Iodide, ¼ gr.	Alterative.	1 to 4	40
" " Red, 1-16 gr.	Alterative.	1 to 4	40
MORPHIA, Acet. ½ gr.	Anodyne.	1 to 2	70
" " Sulphate, 1-10 gr.	Anodyne.	1 to 2	60
" " " ½ "	Anodyne.	1 to 2	70
" " " 1-6 "	Anodyne.	1 to 2	80
" " Valerianate, ½ "	Anodyne.	1 to 2	1 00
PODOPHYLLIN, 1-16 gr.	Anodyne.	1 to 2	1 00
" " ¼ gr.	Cathartic.	1 to 4	40
" " ½ gr.	Cathartic.	1 to 2	50
" COMP. { Podophyllin, ½ gr. } { Ext. Hyoscyam, ½ gr. } { " Nuc. Vomica, 1-16 gr. }	Cathartic and Tonic.	1 to 2	75
SILVER, Nitrate, ¼ gr.	Alterative to Mucous Memb'ne.	1 to 4	75
" Iodide, ¼ gr.	Alterative to Mucous Memb'ne.	1 to 4	75
STRYCHNIA, 1-16, 1-20, 1-30, 1-32, 1-40 and 1-60 gr.	Nerve Stimulant, Tonic.	1 to 3	40

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Original Communications.

VENTRAL EXTRA-UTERINE PREGNANCY.

BY ABRAHAM FRANCIS, M.R.C.S.ENG., DELAWARE, O.

Mrs. P., æt. 25; bilious temperament; married seven years; had two miscarriages before October, 1876, when she was delivered of a healthy child, natural labor; had one miscarriage since; subject to dyspepsia and leucorrhœa, otherwise healthy.

Oct. 12, 1879.—She had an attack of peritonitis and colicky pains, but by the employment of antiphlogistic remedies, principally fomentations and anodynes, she got better in a few days. Catamenia regular to the present. About this time the abdomen commenced to enlarge in the right inguinal region. From this time she had good health, excepting slight pains occasionally, and did not have occasion to consult me again until April 9, 1880, when a return of pain of great violence took place, with tenderness of the abdomen and constipation. I bled from the arm, gave cathartics, chloral, morphia, and other remedies. In a few days the inflammatory symptoms subsided and the pain nearly left, but tenderness continued. From this period she gradually gained in strength and appetite, was able to be up and walk about the house, and her bowels assumed a healthy state. The death of the fœtus took place about the 17th, which, according to Mrs. P.'s reckoning, was at the ninth month. She felt no movement of the fœtus after this date; the secretion in the breasts disappeared; the abdomen diminished in size and the child fell to the lowest side as she turned in bed.

No particular change took place in her condition until May 24th, when pains came on like labor which continued regular, but not strong, for about twenty-four hours. They returned again on the 29th and continued for about twenty-four hours. On the 24th the os externum was sufficiently dilated

to admit my finger as far as the os internum; the cervix was about $1\frac{1}{2}$ inches in length; from this date until the 30th dilatation went on gradually, when I was able to pass two fingers into the uterus. I found it empty and about $2\frac{1}{2}$ inches in depth; slight hæmorrhage had been going on steadily all the week from the uterus. Rigors commenced on the evening of the 28th and continued until the following morning, followed by fever and perspiration. On the 30th, Dr. Lindsay, of Strathroy, was called in consultation. During the night vomiting and diarrhœa set in, which much reduced her, and not being able to take much nourishment she sank and died on the 6th of June. The position of the child could be readily made out from external examination of the abdomen before death.

Autopsy, twenty-four hours after death.—The peritoneum was very dark colored; omentum easily broken down upon pressure; abdomen contained a quantity of dark grumous fluid; adhesions in many parts—all the appearances of inflammation of long standing. The placenta lay across the pelvis just above the brim, having upon its under surface the bladder and uterus, and upon its upper the fœtus. The right edge was firmly attached to the fimbriæ of the Fallopian tube and broad ligaments of the right side for about $2\frac{1}{2}$ inches. This was the only attachment to the mother. It had a nodulated appearance, thick compared to its width, being 2 or $2\frac{1}{2}$ inches thick and 5 inches in diameter, weighed about $2\frac{1}{2}$ pounds, and was of a firmer texture than usual. The fœtus lay diagonally across, the head to the left and rather the lowest, and back to the front of the mother. It was enveloped in a thin transparent membrane containing a nearly colorless fluid, through which the hair of the head, left ear, back and right hand could be seen as it lay *in situ*. It looked like a fœtus of nine months. The cuticle was separated only upon the abdomen and a few other parts; the bones of the head and face were quite loose. It was a well developed male, weighing about 7 pounds. The cord was about 2 feet long. The uterus was healthy and lay in the hollow of the sacrum; os dilated to the extent of about 2 inches; internal membrane rather congested.

The following are some of the points in the case worthy of particular attention:—1st. The regular return of the catamenia for the first three months. 2nd. The occurrence of inflammation in the early

stage of pregnancy and its continuance more or less throughout. 3rd. The abdomen commencing to enlarge in the right inguinal region. 4th. The readiness with which the fœtus could be felt through the parieties of the abdomen, and its tendency to fall to the lowest side. 5th. The death of the fœtus at the ninth month, the subsequent disappearance of the milk in the breasts, and diminution in the size of the abdomen from the same date. 6th. The state of os and cervix uteri in last stage of pregnancy, and the occurrence of hæmorrhage from the 24th of May to the 29th, much resembling the catamenia.

DOUBLE OVARIOTOMY AND AMPUTATION OF THE UTERUS.

BY MR. J. KNOWSLEY THORNTON, M.B., C.M., ETC.,
SAMARITAN FREE HOSPITAL.

(Reported for the CANADA LANCET by Allen M. Baines,
M.B., L.R.C.P. Lond.)

Case.—S. W., æt. 38, an unmarried woman; occupation—a cook. Appearance fairly healthy; has to some extent the general coloring of face peculiar to those suffering from uterine complaints.

Inspection.—The abdomen is occupied by a hard round, mobile tumor, which can be moved freely from side to side, and rolls over when the patient shifts from side to side in bed. It is held below in the pelvis, and is evidently closely connected with the uterus. The os and cervix are outside the vulva, and irreducible. Immediately in front and behind the prolapsed portion, fibroid nodules can be felt, those behind pressing down the recto-uterine pouch to the verge of the anus. Menstruation regular. Urine scanty and painful in passing; at one time she had complete retention. The sound passed $2\frac{1}{2}$ inches in the normal direction.

Operation.—The operation, as usual, was strictly antiseptic in detail—Mr. Merideth assistant—Mr. Doran anæsthetist, the perchloride of methylene being used. A 4-inch incision in the median line exposed the tumor; there was no ascitic fluid in the abdominal cavity. On the passage of the hand into the cavity a large hard mass connected with, and being an outgrowth from the uterus was felt, at the anterior part and right side—the uterus being below, large and fibroid, about the size of a

cocoa-nut and regularly enlarged. The pedicle was large, being about $2\frac{1}{2}$ inches in diameter, connecting the fibroid outgrowth with the uterus, and very vascular, so that the clamp or suture might have been used equally well. After a great deal of trouble, owing to the very strong adhesions posteriorly, the tumor was drawn out, and the clamp applied, but as this held the parts awkwardly, it was transfixed and ligated in two portions, with strong silk, divided, and the peritoneal edges sutured with continuous sutures of fine silk.

On examining the ovaries it was found that both were fibroid in character, being enlarged and vascular; they were brought into view by raising the uterus. Unfortunately, in so doing, the posterior adhesions binding down the uterus were broken down and troublesome hæmorrhage set up. This was controlled for a time with sutures, but was found to have re-established itself so much that the actual cautery was necessary to check it. The base of the right ovary was now clamped, close to the uterus, transfixed, ligated and divided, a third ligature being used to ensure safety. The left ovary was then treated in the same way. In the tightening of the clamp the diminution in volume and frequency of the pulse was marked, showing that slight shock was experienced. Very serious hæmorrhage was now found to be going on from a split in the uterine tissue between the uterus and stump of the left ovary, caused by the clamp tearing this tissue, it having to be placed in close proximity to the body of the uterus owing to the very short pedicle. This was stopped, for a time, by sewing around the bleeding points, with a fine needle and silk, in the bag-mouth method. The sutures were now put in for the closing of the abdomen, Mr. Thornton not having intended to remove the uterus at all. However, it was found that oozing was still going on from this same part—the stump of the left ovary. The actual cautery was applied, hæmorrhage stopped, the uterus again replaced, and the stitches again put in, only however to find that the cautery had not done its work perfectly. Again the stitches were taken out and the cautery more thoroughly applied, but it was found to be totally unable to check the bleeding. Mr. Thornton now decided on amputating the uterus. A strong whipcord was placed around the middle of the uterus and tightened, over this the largest size clamp was applied and the uterus re-

moved above it. In tightening the clamp around this very thick fleshy mass, the lowering in volume and rapidity of the pulse was very marked. There was some hæmorrhage just below the site of the clamp, this was however pretty thoroughly checked by the cautery. A good deal of sponging was done and but very little blood left in the abdominal cavity. The stump was transfixed outside the wound, and thoroughly tanned with perchloride of iron. No drainage tube was used. The bladder was emptied by the catheter, and the vagina thoroughly cleansed. Small pledgets of cotton gauze were stuffed in between the clamp and the wound, and the usual antiseptic dressings applied. The operation was commenced at 9.30 a.m., and finished at 12.15 p.m. The woman had lost a great deal of blood during the operation; her lips were blue, extremities cold and pupils widely dilated; pulse 68; temp. 98°8'. She never had a bad symptom after; her temperature did not go above 100°8'. The clamp was removed on the 16th day after the operation and she was discharged on the 46th day, looking and feeling very well.

ELECTRO-THERAPEUTIC APPARATUS.

BY A. M. ROSEBRUGH, M.D., SURGEON TO THE
TORONTO EYE AND EAR DISPENSARY.

(Read before the Toronto Medical Society, June 17, 1880.)

(Continued from page 330.)

II. FARADIC BATTERIES.—When a wire is stretched between two telegraph poles, the wire being near to, without touching the telegraph wires, and the two ends brought down and attached to the two poles of a bell telephone, a click is heard in the telephone whenever the current in a contiguous telegraph wire is interrupted, and this click is heard both at the closing and at the opening of the telegraph circuit, the latter being indeed the louder of the two. This clicking is the result of induction, an induced current being generated by the interruptions of the galvanic current of the parallel telegraph wire. Whenever, therefore, two closed circuits are brought in close proximity, and an electrical current generated in one, an induced current is developed in the other. The one is called the primary and the other the secondary circuit, and the electrical current in the primary

circuit is called the primary current and the current in the secondary circuit is called the secondary or induced current. The secondary or induced current was discovered by Faraday, hence the secondary current apparatus is called the Faradic battery. In the Faradic battery there is a core of soft iron, around which are coiled two layers of thick insulated copper wire, forming the primary coil and which are connected with the wires of the battery cell and forming together the primary circuit. In this primary circuit is inserted an automatic circuit interrupter. The secondary coil consists of eight or ten layers of very fine silk-covered copper wire, coiled around the primary coil and the two ends attached to screw posts, forming the poles of the secondary circuit. Whenever the current in the primary coil is interrupted a secondary current is induced in the secondary coil, and this secondary is strengthened by the presence of the soft iron core. The secondary current has high tension. It will readily pass through many hundred miles of telegraph wire, through eight or ten persons when their hands are joined, or through a large wash-bowl of cold water.

There are two forms of the Faradic battery, the separate coil and the continuous coil machines. In the separate coil machine the primary and secondary coils are separate and independent. In the continuous coil machine the primary and secondary coils are connected. In the simplest form of the continuous coil machine there is a primary coil composed of short and thick wire (two layers of No. 18 cotton-covered wire), an outer coil composed of long and fine wire (eight or ten layers of No. 33 silk-covered wire), and an intermediate coil composed of medium-sized wire (two layers of No. 24 silk-covered wire), and which, by means of a switch, may be made to form part of the primary coil at pleasure. When the switch is so placed that the primary current passes through the short primary wire only, the induced current is strong, the resistance of the circuit being less than the internal resistance of the battery cell; but when turned so as to include the intermediate coil, the current is weak, the resistance of the circuit being greater than that of the battery cell. The induced current may be used from the intermediate coil alone, from the secondary coil alone, or from the two combined. The wire of the primary coil may also be included in the secondary circuit if desired.

In the better class of these Faradic batteries the secondary coil is subdivided into two or more coils, so as to be able to furnish a greater variety, both of quality and strength, of current. In the separate coil machines the primary coil is not in any way connected with the secondary coil, and it is not usually subdivided. The secondary may, or may not be. In the small Gaifé battery, which is a separate coil machine, neither the primary nor the secondary are subdivided.

irritating and is usually applied to the most sensitive parts. In general faradization, for instance, the negative pole is applied to the feet, or to the coccyx, and the positive to the head, neck, upper part of the spine, etc.

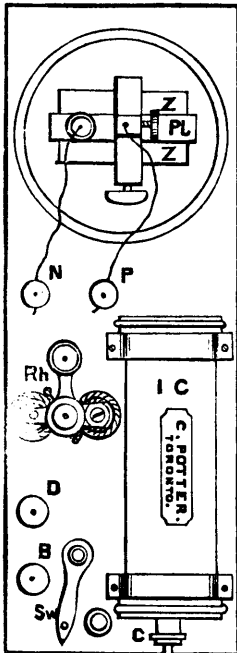


FIG. 2.

Diagram of Potter's No. 1 separate coil Faradic machine. Z. Z. Zinc plates. Pl. Platinum plate of Smee's cell. P. N. Screw posts for primary wire. I. C. Induction coil. (In the drawing, these letters have, by mistake, been reversed). C. Soft iron core (movable). Rh. Vibrating rheotome. Sw. Switch for tapping induction coil. B. D. Poles of the induction coil. By means of the switch the secondary current from the whole or a part of the induction coil may be used at pleasure.

4. The strength of the current is also modified by being passed through the arms and body of the operator.

Direction of the current.—When a pole changer is used, the direction of the current is changed by reversing the switch. It may also be changed by reversing the position of the electrodes on the body, or by reversing the connections of the wires at the A. B. C. D. posts. The positive pole is the least

Methods of modifying the current.—1. In the No. 1 Faradic battery the soft iron core is movable, and the strength of the current may be gradually diminished by withdrawing the core. In the No. 2 battery a soft iron sheath covers the induction coil and diminishes the strength of the induced current by diverting the induction to itself. The strength of the current is increased by withdrawing the sheath, and diminished by replacing it. 2. The strength of the current is modified by the strength of the acid solution. When strong currents are required the acid should be added in the proportion of 1:12 instead of 1:20. 3. When large moist sponge electrodes are used, the strength of the current is modified by the degree of pressure on one or both electrodes.

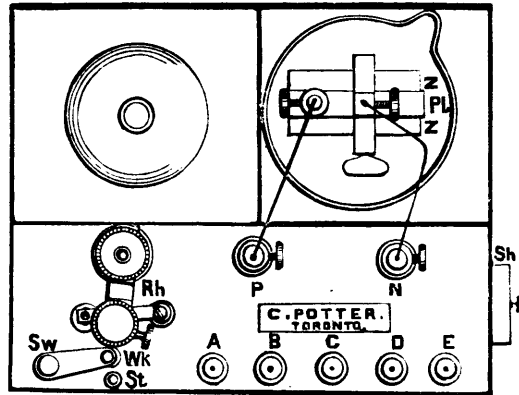


FIG. 3.

Diagram of continuous coil machine (No. 2 Faradic machine). Z. Z. Pl. Zinc and platinum plates of Smee's cell. P. N. Poles of primary wire. Rh. Vibrating rheotome. Sw. Switch for tapping primary and intermediate coils. A. B. C. D. E. Posts for tapping continuous coil. Sh. Soft iron sheath for covering induction coil.

To prepare the Faradic battery for use.—If a Grenet cell is used, the zinc plate is simply lowered into the acid solution and the battery is ready for use. When Smee's (open) cell is used, the cell is filled nearly two-thirds full with the acid solution and the platinum plate is connected with the P. (positive) screw post and the zinc plate with the N. (negative) screw post. In using the battery for the first time, or in using a fresh solution, the acid mixture should be prepared an hour or two before it is required and should be quite cold. The solution for Smee's cell is composed of sulphuric acid one part and water twenty parts. The solution for the zinc carbon cell is composed of sulphuric acid one part, bichromate of potash one part and water ten parts. In the Smee's cell, a teaspoonful of quicksilver is put in the bottom of the cell, care being taken to keep it from coming in contact with the middle platinum plate. The zinc plates will be kept amalgamated by resting in the mercury. If the rheotome does not commence vibrating as soon as the battery is connected, the vibrator should be started with the point of the finger. It is sometimes necessary to re-adjust the screw which regulates the distance between the vibrator and the platinum point on the end of the screw.

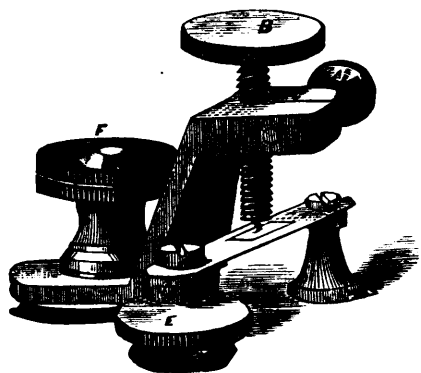


FIG. 4.

Vibrating automatic rheotome. A. Clamping screw. B. Adjusting screw. C. Clamp for holding adjusting screw. D. Soft iron hammer attached to free end of vibrator. E. Soft iron screwhead attached to end of soft iron core of induction coil. F. Screw for attaching clamp.

When the correct distance is obtained, the screw should be secured in position by tightening the clamping screw. The point of the screw should not press against the vibrator, but should touch it very lightly. It should be kept very nearly in the centre of the small platinum attached to the centre of the vibrator. The wire connections of the battery should all be screwed down firmly and care taken that no rust, dirt, or wire-covering be allowed to prevent good metallic connection, and this care is specially called for after the battery has been in use for several months or years. When the zinc plate is connected with N. and the platinum with P., the positive pole of the induction coils is at E. and the negative at A. After the battery has been in use for a few weeks the acid solution becomes weakened and saturated with sulphate of zinc; when this occurs it becomes necessary either to add more acid or make a fresh solution. When not in use, the zinc plates should be removed from the solution. In the zinc carbon cell the zinc is suspended by means of a jointed rod, which is simply elevated when the battery is not in use. When the Smee's (open) cell is used the acid, after use, should be removed from the box and thus prevent the metallic parts of the apparatus from becoming corroded from evaporation of the solution. It is well to have a separate cup or cell for holding the plates when removed from the solution, and the quicksilver may be kept in this extra cell instead of in the solution. When the zinc plates lose the amalgam, the surface becomes rough, local action is set up, and the current is weakened. Many plates are destroyed by using the

acid solution too strong. There should be no escape of hydrogen gas, except when the circuit is closed.

Suggestions in using the Faradic current.—In applying the Faradic current to the head and other sensitive parts, the hand of the operator is the best electrode, the current passing through his body. The sponge electrodes should be large and well wetted, a bowl of warm water having been supplied for the purpose. We will suppose that we are about to faradize the internal recti muscles for insufficiency. If it is a continuous coil machine that is to be used, the sheath (Sh.) is pushed in, and, at first, only a weak current used, viz., from the B. C. posts and with the switch (Sw.) turned to the weak intermediate coil post (Wk.). The battery having been put in operation, the patient is seated and takes the negative electrode in the hands, the connecting wire of which is attached to the B. post. The other electrode, which should be a wet sponge, rests on the table and is connected with the C. or positive post. The hands having been dipped in warm water, either the finger or thumb of one hand is pressed against the inner side of the eyeball, and after remaining in that position for a short time, for the purpose of reassuring the patient and preventing a shock, the other hand is extended to the sponge electrode on the table. The sponge should be pressed very gently and the pressure increased very gradually, while the effect of the current on the patient is carefully observed. If the current is well borne, its strength is gradually increased by gradually withdrawing the sheath. The sheath is replaced and the negative electrode is next connected with the D post, and so on. At the first sitting, I would not extend the *séance* beyond five minutes, and in this case I would alternate the application between the two eyes. One electrode is always placed in contact with the sensitive part before the secondary circuit is closed, and the circuit should always be closed gradually through a sponge or similar electrode. In general faradization and in other cases requiring strong currents, the switch is turned to the strong primary coil and the entire coil from A. to E. is used. These currents are, however, too strong to be passed through the arms of the operator.

III. ELECTRO-PHYSICS.—In works devoted to electro-therapeutics, there are certain elementary principles in electro-physics referred to, and a

number of technical terms used which it may be fitting to refer to before bringing this article to a close.

Electro motive force is the strength of a single cell or battery. One cell may have an electro-motive force of one "volt," another of two "volts," and so on. If one cell has an electro-motive force of two "volts," 60 similar cells, connected in series, would have an electro-motive force of 120 "volts."

Tension is capacity to overcome "resistance." The larger the number of cells in a battery (connected in a series) the greater the tension of the galvanic current and the greater the power to overcome resistance. The Faradic or secondary current has always high tension.

Resistance.—The wire or other conductor connecting the two outer poles of a galvanic battery offers a certain amount of resistance to the passage of the current. This is called the external resistance of the battery. If the two poles of a battery are connected by a short thick wire the resistance is "low," and the battery soon becomes exhausted. But if the two poles are connected by a coil of long and fine wire, the external resistance is "high," and the battery is not so soon exhausted. A column of water is sometimes used for "high resistance." The dry skin has high resistance and hence should be well wetted before the electrization of parts beneath. The resistance of the body through the arms, the hands being well moistened, is equal to about 500 miles of ordinary telegraph wire. This is equal to 10,000 of Ohm's units—the Ohm unit being equal to $\frac{1}{10}$ th of a mile of ordinary telegraph wire. Hence, in medical electrization, on account of this high resistance, a tension battery is used. The Faradic current has high tension and will pass readily through comparatively dry skin.

Voltaic alternatives.—When it is desired to make the strongest possible impression upon a paralyzed muscle, by the galvanic battery, "voltaic alternatives" are used, that is, the direction of the current is more or less rapidly changed by means of the pole changer.

Quantity is electro-motive force without tension. For magnetizing the thick inner coil of the primary wire of the battery, the resistance of which is less than two Ohms, and for heating the platinum wire of the galvano-cautery battery, the resistance of which is less than 20 Ohms, quantity and not tension is required. In the former case, a single Smee's

or Walker's cell is used, and in the latter case two, four, or six large zinc carbon plates are used.

In electrolysis, two methods are adopted. 1. Inserting two needles in the tumor, one being connected with the positive and the other with the negative pole of a galvanic battery. 2. Inserting one, two, or more needles in the tumor and all connected to one pole of the battery, the other pole being connected with a sponge electrode, which may be held in the hand of the patient or placed on the integument in the vicinity of the tumor. In either case there is high external resistance to the battery, and a tension battery is required. In electrolysis the object is not to cauterize, but to cause chemical decomposition. The portable galvanic battery, with moderately large cells, is the best for this operation, and from 10 to 20 cells are usually used.

The solution for amalgamating zinc plates, referred to, but omitted, on page 330, is made as follows:—Mix one pound of nitric acid with two pounds of hydrochloric acid and add mercury eight ounces. When the mercury is dissolved, add two pounds more of hydrochloric acid. Immerse the zincs for one or two seconds only and plunge immediately in water or an alkaline solution, and rub with a brush or cloth.

Correspondence.

HAMILTON MEDICAL MEN AND THEIR COUNTRY CONFRERES.

To the Editor of the CANADA LANCET.

SIR,—In the July number of your valuable journal, Dr. Freeman animadverts on the action of Dr. Woolverton as returning officer in the recent medical election. I am not a little surprised that Dr. Freeman, with his extended knowledge of the Hamilton gentry, places himself in their hands to be thus snubbed. Dr. Freeman should have known that as soon as a Hamilton medico finds a bone, no matter how bare, true to the instincts of the animal he growls and shows his teeth. If any other state of things were to subsist for even a month, we outsiders would think the Millenium had surely put in an appearance. Poor Hamilton! it is doctored to death, and with a few exceptions, between the doctor and the disease, they manage to mutually empty, the one the pockets, the other the blood-vessels, and when poor nature at last asserts her wonted status, the doctor retires amid regrets and casts around him half hopelessly for another victim. Thus is our noble profession

degraded by the ignoble acts of those who crowd into cities already overcrowded, and who are forced to contemptible practices to gain even a wretched living. But if these city parasites were content to prey upon one another, the country practitioner might be willing to leave them to themselves; but alas! they rush into the country and go six or seven miles for \$1.50, minus 10c. to 14c. toll, and all for the sake of "poor suffering humanity." Living, as these fine city gentlemen do, under the benign eyes of our respected President, one would hardly expect to find some of them frequently in the country soliciting practice, yet such is the fact. They ask for practice and especially cases of midwifery, as if they were green peas or red herrings on a huckster's stall in the market, not forgetting to set forth the desirability of having a "thoroughly reliable practitioner"; *homo multarum literarum*. Permit me to suggest that the meetings of the Medical Council be held in Hamilton, and that the profession be treated to a lecture, or a series of lectures, on the desirability of each city practitioner (or perhaps some of the lesser lights) visiting all localities in the rural districts immediately around the city and drumming up patients, and impressing on said ruralists the desirability of supporting, in no niggard manner, men who are adding lustre and dignity to our profession. Go in, city brethren!—*res est sacra miser*. We in the country are but small fry; the atmosphere we breathe is less conducive to clear-headedness; treat us with contempt; make domiciliary visits on the sly to our patients; if we have an interesting case try and steal it, no matter how despicable the means; offer to lower the fees; attend midwifery for four dollars if you can get the case, and in a short time what a glowing fire of contempt will be fanned into existence in the public mind anent the once honorable profession. A word to "Clericus"; if you will just carefully scan the announcement of the Medical Council of Ontario, you will find ample room for your pen. Let poor Rose alone!—*Aquila non capit muscas*. If murdering the Queen's English would hang a man, a rope would soon be needed for every member of the late Medical Council; if you strike, do not do it half-hearted.

Yours truly,

COUNTRY PRACTITIONER.

July 4th, 1880.

To the Editor of the CANADA LANCET.

SIR,—With reference to your editorial in this month's issue on the "Duties of Returning Officers in the Medical Council Elections," and also on the "inconceivable blunders" of the President of the Council, permit me a few sentences.

The course of the latter official, in the matter adverted to by you, was determined by the result of an enquiry, in consultation with the Registrar, into the modes which had been observed in previous elections. It appeared that no provision had been made for scrutineers, as I believe there is made in the instance of Toronto University cited by you, and that no custom justified the employment of them, in the elections of the Medical Council. The matter seemed left to the discretion of the Returning Officers, and messages to that effect were to be sent to enquirers by the Registrar.

You say, on the authority of Dr. Freeman, that "the President refused his consent to the admission of a scrutineer." To this I would reply, that I did not suppose that I had any power either to give or to withhold consent. I merely declined to go with Dr. Freeman to the house of the Returning Officer, during the opening of the papers, giving to Dr. Freeman, as a reason for my declining, that I had already sent an opinion sustaining a Returning Officer elsewhere, in the exercise of his discretion, and that therefore it would be unbecoming in me to interfere with the officer here, where my own interests were involved.

At Dr. Freeman's request, telephoned to me by the Returning Officer, I went to be present with Dr. F. when the result of the count of votes could be declared. I would not have gone at all except in compliance with Dr. Freeman's wish. Dr. Freeman, in his letter to you, says that he was surprised to see me coming. I can only say in return, that I was surprised to see him going. When approaching the house I perceived Dr. Freeman driving from the door. The hour was that which he had himself appointed, and yet he makes a vile insinuation as to the object of my coming at that time—"What assistance was rendered to the Returning Officer on that occasion he knows not." He might have been there to see, or his friend might have been there. If it had been the Doctor's intention to afford a colour for his insinuation, his course could hardly have been better taken.

You say again, that the President telegraphed to several quarters his "emphatic decision" as to secrecy of voting. I have an opinion as to the apparent provision made for secret voting in these elections, and there are not a few who share with me in that opinion, who are neither "foolish" nor "injurious," but I did not suppose myself to be giving a decision, emphatic or otherwise, on the matter. I telegraphed a reply, not to several parties, but to one party, and my reply was intended to show that the Returning Officer, to whom the despatch of the gentleman referred, was doing what he had a right to do. One Returning Officer, and only one, asked me for directions, and him I referred to the Registrar. All, no doubt, understood that the President had nothing whatever to do with the management of the elections.

Permit me a word regarding your observations headed "Official Misrepresentation." At the meeting previous to the election, held in Hamilton, Dr. Freeman was present, and produced and read several papers which related to a case in which the Dean of Trinity Medical College feels a strong personal interest, and on which I am not in accord with him. Those papers were no doubt obtained by Dr. Freeman through the agency of the Dean. In return I had something to say about them, and the object of their appearance in that meeting, and I do not think, nor did it seem to strike any one present, friends or enemies, that I said anything which was not warranted by the circumstances.

I am, yours, &c.,

J. D. MACDONALD.

Hamilton, July 10th, 1880.

To the Editor of the CANADA LANCET.

SIR,—What do you think of a man, armed with a *diploma* authorizing him to treat disease, who deliberately writes the following prescription? I copy it *verbatim*, mistakes and all:

R Potass. Brom. $\frac{3}{4}$ ss.
Tinct. Aconiti R, $\frac{3}{4}$ ij.
 Syr. Simp. $\frac{3}{4}$ i.
 Ol. Gaultheria, gtt. ij.
 Acid Hydrocyan, gtt. xv.
 Aqua. ad. $\frac{3}{4}$ ij.

SIC—Two teaspoonfulls every (4) four hours untill the head is relieved.

The italics are mine. What is to be done with such licensed dealers in *poison*? I send you this

note merely to show you what kind of men we are flooded with in our Province. We surely need such a law as you have in Ontario. I am much pleased with the LANCET, and will soon send you my subscription.

Yours, etc.,

MEDICUS.

N. B., June 28, 1880.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

May 20th, 1880—The Society met at 8 p.m. The President, Dr. Coverton, in the chair. After the reading of the minutes, Dr. Graham presented a consulting stethoscope, with six flexible ear pieces, which might prove serviceable to facilitate the instruction of clinical classes.

Dr. White related the following case occurring in his practice. A.B. eleven years ago sustained a severe injury to the head from a fall from his horse. The injury was followed after the lapse of some time, by neuralgic pains at the seat of injury, and generally over the body. Then supervened a paralysis of the right arm, which disappeared to give place to a similar condition of the left arm. To deaden the pains he had become an habitual consumer of chloral and morphine. Dr. White saw him on Tuesday evening last. He was unconscious, breathing rapidly, pupils normal, pulse 130; he died during the night. He was supposed to have taken one ounce of chloral hydrate in the course of Monday. The treatment consisted of stimulants. The autopsy showed old lesions of meningitis as well as some of more recent origin. At the seat of injury, eleven years ago, in the temporo-parietal region, the skull was found thickened and a corresponding depression in the brain substance which was exsanguine. The stomach contained from 4 to 6 ozs. of a dark brown fluid. The cardiac end was covered by numerous submucous extravasations of blood. The other organs were healthy.

Dr. Workman wished to know if speech had been effected.

Dr. Cameron thought the heart was unusually healthy for a subject of chronic chloralism. He expressed surprise at such extensive meningeal lesions with no record of meningitis during life,

and wished to know if there was any specific history.

Dr. White replied that speech had not been affected, and that close questioning had failed to reveal a specific history.

The President, Dr. Covernton, then delivered his inaugural address, in which he gave an interesting retrospective glance at the principal changes in medical and surgical practice in the past forty-eight years.

June 3rd—The Society met at 8.15 p.m. Dr. Covernton in the chair. The minutes were then read.

Dr. C. K. Clarke communicated the details of a case of consciousness during an epileptic fit.

Dr. Workman related a case in which an attack of acute mania was produced in a woman by the passage of a probe through an obstructed nasal duct.

Dr. Cameron related a case of poisoning by coal gas, in which the pupils were contracted and the muscles so rigid that it was with great difficulty that artificial respiration could be performed.

Dr. Cameron then read a paper upon "*Tinea*." Adopting Fox's classification, he took up each variety in detail and closed a most interesting and valuable paper by drawing attention to the serious evil of the frequency of dermatophytic affections which however are of an absolutely certain diagnosis and are eminently curable. In the discussion which followed, Dr. Adam Wright expressed his regret that the views of American dermatologists had been passed over, and that the writer had not given us the results of his personal experience. In the treatment Dr. Wright favoured a prolonged and mild course.

June 17th—The Society met at 8 p.m. The President, Dr. Covernton, in the chair.

Dr. Fulton presented a patient suffering from pseudo-hypertrophic paralysis. A. B., æt. 24; robust Canadian, with a good family history. The disease began when he was 7 or 8 years of age, and slowly progressed until at the age of 14 he had to give up farm work. He entered the Toronto General Hospital in Dec. 1878, for sciatica, went out and returned again in April, 1880. His present condition is characteristic. The shoulders thrown back, belly protruded and legs widely sepa-

rated; lordosis well marked. On walking the toes are strongly turned inwards, and the body sways from side to side. The calves of the legs are hard and notably enlarged. The right deltoid is also hardened and unusually prominent. Tendon reflex is absent. The body is well nourished. The treatment consisted in the administration of the lacto-phosphates and nux vomica, and the application of electricity, under which he has considerably improved. Dr. Fulton added some remarks upon the history of the disease, and its prognosis.

Dr. Cameron drew attention to the remarkable manner in which the disease was transferred from mothers to sons.

Dr. Macdonald presented some small white worms, passed per anum by an infant four months old, and who had been entirely nursed at the breast. He also mentioned a case of a child four months old who had passed a common lumbricoid worm.

Dr. White stated that the worms presented by Dr. Macdonald had been pronounced by a capable entomologist to be the larvæ of a species of diptera, and as they were furnished with a respiratory apparatus it would be impossible for them to sojourn any length of time in the rectum.

Dr. Cameron exhibited a patient with a very curious deformity of the wrist and hand, caused by an injury.

Dr. Rosebrugh read a paper upon "Electro-Therapeutics," illustrating his remarks by apparatus, explaining the powers and mechanism of various batteries. The discussion upon this paper was deferred until the next meeting.

Mr. Authors, manufacturer of surgical appliances, Toronto, exhibited a number of artificial limbs and orthopedic apparatus, for which the thanks of the Society were tendered him.

Selected Articles.

CATARRH OF THE BLADDER.

There is a group of symptoms frequently met with in men of advancing years, to which I desire especially to call your attention. One of the first circumstances to attract notice is that the urine is more or less cloudy when passed, and that on standing it deposits some adhesive opaque matter in the bottom of the vessel. Such urine is generally neutral, or at best faintly acid; occasionally it

is alkaline, always becoming so rapidly by keeping. On interrogating the patient, you learn that the act of micturition is performed rather more frequently than natural—that he is disturbed by it two or three times in the night, and every two hours or so during the day. He may also complain of dull pains about the pelvis and back; he finds the effort to pass water rather greater than it formerly was, and the general health has of late suffered a little.

Now, it is by no means uncommon to hear this group of symptoms spoken of as indicating the presence of a "catarrh of the bladder." And catarrh of the bladder is very generally regarded as a particularly obstinate, sometimes indeed as an incurable, affection. And I am free to confess that as long as these phenomena are considered referable to a specific disease, "catarrh," so long probably will the disease prove rebellious to treatment and sometimes even incurable.

Nothing is more common than to hear, in connection with these cases, the remark gravely and significantly made, "I assure you I have on several occasions found by testing a large quantity, albumen in the patients urine." Does the observer really desire to intimate that the patient has constitutional albuminuria—*i. e.*, some form of Bright's disease? If not, his remark is simply devoid of meaning; since, as we know, there is vesical pus in the urine, we know equally that the albuminous constituent must appear on applying the test. And vesical pus in the urine certainly has no more relation to constitutional albuminuria than pus which comes from an external abscess or surrounds a common boil. Simple as all this may appear to you and me, it is quite astonishing how much confusion there is in men's minds in regard to this matter, and how much importance some attach to all albumen found in a urinary test-tube, although the source of the deposit may be easily demonstrated to be the bladder, and no other part of the organs which lie above it.

The important practical point in relation to treatment is first to ascertain the occasion of the local catarrh. In nine out of ten of these cases it consists in inability, often only to a slight extent, on the part of the patient to empty the bladder completely. The universally acknowledged cause, hypertrophy of the prostate, is, of course, the first in order of frequency. But after this are others not infrequent. Defective action may be due, first, to simple atony, the result of past habitual or occasional over-distention of the bladder with urine; secondly, to thickened or incompetent muscular parieties of the bladder after chronic inflammation, sometimes associated with old stricture; thirdly, to defective innervation seen in connection with other slight signs of impaired function in a nervous centre; the last being, of course, the most serious of all, in its nature and probable results.

In all of these, local treatment, by carefully removing all the secretion by means of a soft catheter two or three times a day, perhaps aided by gently washing out some remainder, is the chief efficient remedy. Remember that this incompetence of the bladder is always to be sought for by physical examination; no other form of evidence in relation to it, as the patient's sensation, etc., is to be accepted as trustworthy. The introduction of a soft catheter immediately after the patient has passed water by his natural efforts, is the only test, and it should be applied on two or three occasions before arriving at a definite conclusion. The casual relation between the group of symptoms enumerated at the outset, and the defective function described, is far more common than it is generally supposed to be. It is on this account, therefore, that I have asked your attention specially to the subject.—Sir Henry Thompson in *London Lancet*.

TREATMENT OF CATARRH OF THE STOMACH.

ACUTE CATARRH. A most essential point in the treatment is a proper regulation of the diet. The most uniformly applicable food is milk. Care must always be taken to secure milk of good quality, the urgency of the symptoms in each case being a guide both to the quantity and the frequency of administration. When there is considerable nausea and frequent vomiting, from two to three fluid ounces of milk, with one fluid ounce of lime-water, every two hours, will usually be retained without difficulty. Such a plan, supposing the feeding should be discontinued through the night (which, by the way, should always be done, unless otherwise demanded by excessive prostration, if there is a tendency to sleep), supplies about sixteen or twenty-four fluid ounces of milk per diem. This is certainly a short allowance, but, independently of the rest afforded the stomach, the fact is unquestionable that a small amount of food retained furnishes more nourishment than an infinitely larger quantity vomited directly on ingestion. If the irritability is too great for the retention of these doses, the same combination of milk and lime-water must be given in diminishing amounts at correspondingly short intervals, until the proper measure, if it be only a teaspoonful, is reached. On the contrary, when the vomiting is less obstinate, or as the patient improves, the doses and intervals should be increased, and as opportunity offers, the diet gradually extended, by the addition of farinaceous articles, broths, chicken etc., until the ordinary food is resumed. Very exceptionally, milk and lime-water cannot be retained. When this happens, it is best to abandon the milk diet altogether and substitute carefully prepared beef-tea or chicken or mutton-broth, entirely free from

at, in doses of two fluid ounces every three hours. Beef-juice is also servicable under these circumstances. I have never had occasion to use either whey or artificially-digested milk, each of which is highly recommended in obstinate vomiting. Thirst, which is often a distressing symptom, is best relieved by the moderate use of ice, the ingestion of large draughts of water tending to prolong the vomiting. Until the active symptoms have subsided, confinement to bed is necessary.

Having regulated the diet and enforced complete bodily rest, the patient is put far on the way to recovery; but still much may be done by medication to shorten the illness. At the beginning of the attack, if the bowels are obstinately confined, and particularly if the skin or conjunctivæ are at all yellow, I direct in the evening three grains of "blue mass" or five grains of calomel, to be followed in the morning by a Seidlitz powder; when the constipation is moderate, the lower bowel is simply evacuated by an enema. At the same time, bicarbonate of sodium or citrate of potassium in the form of *mistura potassii citratis*, or preferably the "effervescing draught" is prescribed. The bicarbonate of sodium, employed most frequently, is administered in ten-grain doses, three or four times daily, mixed with a tablespoonful of milk or compressed into a pill. The citrate of potassium is usually reserved for cases where considerable fever is associated with the sick stomach. The "effervescing draught" is much more agreeable and efficient than the "neutral mixture;" it is ordered in two solutions—one composed of two drachms of citric acid to four fluid ounces of water, the other of one drachm of bicarbonate of potassium to three fluid ounces of water; half a fluid ounce of each are put together and taken during the effervescence, the dose being repeated every two or three hours. This mixture is yet more pleasant if equal quantities of lemon-juice and water are substituted for the citric acid solution. In addition to these medicines, sinapisms or linseed poultices are applied to the epigastrium.

CHRONIC CATARRH. A careful regulation of the diet is almost as important in the treatment of chronic as of acute catarrh of the stomach. Where there is much irritation, a diet of milk and lime-water is to be selected, and when there are no teeth, the food should be temporarily of such a kind as to require no chewing; the final object, under both circumstances, being to enable the patient to return gradually to an ordinary plain diet. This end is accomplished when we give the stomach an opportunity to rest and recuperate, by removing the cause of irritation and diminishing its work, and also in the latter instance by supplying artificial appliances for mastication. In the usual run of cases, it is only necessary to direct a plain diet, considerably restricting the amount of starchy food, and making certain that the food

used is of good quality, well cooked, and eaten in moderate quantities and slowly. No alcohol should be allowed, and injurious occupations should be modified as far as possible.

Very much may be done by medication. The treatment by alkalies is perhaps the most uniformly successful. The best alkali is bicarbonate of sodium; it may be given when there is no decided irritation of the mucous membrane, with compound infusion of gentian or with infusion of colombo or quassia, either bitter adding to the efficiency of the soda. In very chronic cases nitrate of silver may be prescribed with advantage; to produce good results it must be given when the stomach is empty. Dilute muriatic or nitro-muriatic acid, in combination with a bitter, may be used from the outset in atonic cases, but when there is an element of irritation they should not be employed until after a course of bicarbonate of sodium. For the habitual constipation, I have lately used, with very satisfactory results, the ipecacuanha pill before referred to, resorting in very obstinate cases to a pill composed of *ext. belladonna*, gr. $\frac{1}{6}$, *ext. gentianæ*, gr. i, *ext. colocynth. com.*, gr. ij, and *ol. cari gtt. ss.*, administered at bedtime. The painful sensations in the epigastrium are greatly relieved by counter-irritation.—Dr. Starr in *Philadelphia Medical Times*.

ABSTRACT OF PAPERS READ AT THE AMERICAN MEDICAL ASSOCIATION,

(Abridged from the *Medical Record*.)

SPINAL EXTENSION—ITS MODES, MEANS, AND MOTIVES.

Dr. Benj. Lee, of Philadelphia read a paper on spinal extension, illustrated by numerous diagrams and accompanied by the demonstration of the author's apparatuses. Vertical, inclined, and horizontal extensions were successively discussed. Dr. Lee showed his apparatus for self-suspension, which he considered an important modification of existing appliances. Its mode of employment placed the extending force in the patient's own hands, robbed the operation of all its terrors, converting it in fact into a pleasant amusement.

The author's improved "surgical table," manufactured by Johnson, of Philadelphia, was then exhibited, and the method of its employment described. It was thought to be the most perfect piece of mechanism ever constructed for the purpose of producing horizontal extension of the spine. The entire absence of all jerk or jar in its action enabled us to make extension to a very considerable degree, almost without consciousness on the part of the patient.

The indirect or mediate object of spinal extension was always the overcoming or redressing of a

curvature, and the concomitant deformity of the trunk for a brief space of time, during which a fixed dressing could be applied, or a cast taken from which a removable jacket could be made. With the former of these plans, namely, the application of the plaster-of-Paris jacket, the name of the distinguished president of the society was associated the world over.

SECTION OF THE INFRA-ORBITAL AND INFERIOR DENTAL NERVE FOR NEURALGIA.

Dr. John T. Hodgen, of St. Louis, read a paper on section of the infra-orbital and inferior dental nerve, for neuralgia. He said that by using a hook, or an elevator, after section of the nerve, this might be drawn out of its canal and then nipped off. This was done to preclude the possibility of the re-establishment of union, which would lead to the return of neuralgia.

The details of his methods of operating were then given. The inferior dental nerve was exposed by suitable incisions, and then looped up and cut. He had operated on twelve patients, operating in all twenty-four times. Sometimes, when the infra-orbital had been cut, the neuralgia had attacked the inferior maxillary, and vice versa.

THE ETIOLOGY PATHOLOGY AND TREATMENT OF WHITE SWELLING OF JOINTS.

Dr. Pancoast, of Philadelphia, read this as the title of his paper, and then spoke on various subjects more or less associated therewith. He first showed samples of black silk for sutures, which he preferred to the ordinary white silk, because the latter commonly contained impurities from lead salts. He then described his method of operating for varicocele, in which he employed a zinc button, and exerted great force in the tying of the ligatures. Here also he used strong black silk. Forty cases of amputation at the metacarpo-phalangeal articulation were then instanced. In these he had, contrary to the method commonly in vogue, employed a volar flap. The success had invariably proved gratifying.

A case of removal of a large steel body from the antrum was next related. The patient recovered. An instrument for cutting strictures was described, and the mode of its employment shown. Deep incision was condemned as leading to a large, firm, intractable cicatrix. Twenty one cases were successfully operated on with this new instrument.

A pathological specimen was exhibited, showing the result of exsection at the shoulder-joint. A new capsule had formed six months after the operation, at which time the patient had died of alcoholism. The articular lesion was a rheumatic arthritis. Dr. Pancoast also presented a specimen illustrating successful exsection at the hip-joint. In this case, likewise, a new capsule of very perfect nature had been formed after six months. An-

other specimen was then demonstrated. It consisted of the femoral condyles which had been removed in a case of telescopic fracture of both inferior extremities. The cartilage had been exposed *intra vitam*, but it never became inflamed, macerating away gradually. He next showed a specimen of osteitis of the femur, which showed breaking-down of the bone near the femoral condyles, without involvement of the adjoining articular cartilages.

Various diagrams illustrative of knee joint lesions were exhibited. Dr. Pancoast emphasized the fact that ligaments would not stretch normally. But when altered by inflammation they readily gave way. Injected specimens of joints were passed around for inspection. These showed the absence of vascular filling in the cartilaginous portions of the articulations. Cartilage, he said, was nourished by the surrounding and adjoining tissues, not by a vascular supply. An experiment was then performed which illustrated effusion taking place into the hip-joint, and its consequent action. The great principle in the treatment of articular affections was rest, and not extension. The latter often had bad effects from irritation of the synovial membranes, which were the chief seat of disease.

In the stage of spastic muscular contraction of such cases, tenotomy and myotomy were recommended as tending to relieve the spasm. In the advanced stages exsection alone could be relied upon. Extension would only aggravate the disease in those stages, because the synovial structures would be additionally irritated by the extending force. The hot iron was recommended as the most efficient revulsive in articular affections. Rest, he said, must be enforced, and suitable anti-phlogistic treatment combined with this, was far superior to any apparatus for permanent extension.

BATTEY'S OPERATION IN EPILEPTOID AFFECTIONS.

By Dr. J. Marion Sims, of New York. Battey's operation, he said, like all innovations, had had to fight its way; but he had no doubt, from the favor it had already received, both in this country and in Europe, that the time would soon arrive when it would be recognized as a legitimate operation. He had performed it eleven times; the first four cases occurring before he adopted the antiseptic method, and the last four operations being performed with full antiseptic precautions. As Listerism had rendered the operation of ovariectomy one of the safest in the whole domain of surgery, he saw no reason why it should not do the same for Battey's operation. On this occasion he desired to report the last four cases upon which he had operated. Three of these were cases of epileptoid convulsions associated with the menstrual molimen, and the other was one of hystero-epilepsy of a peculiar and unique character.

All the operations were done antiseptically and

by abdominal incision. After some general remarks on the operation, Dr. Sims described his own method of procedure as follows: "I use the simple abdominal incision, as we usually make it for ordinary ovariectomy, midway between the umbilicus and symphysis pubis. The patient lies flatly on the back, with her knees a little flexed, and an incision three inches or three and a half inches long is made between the recti muscles down nearly to the pubic bones. As soon as this is done, and before the peritoneal cavity is opened, the Sims uterine elevator is introduced into the cavity of the uterus (whether in a normal position or otherwise), and it is raised by the instrument locked at right angles, and the fundus is held firmly just above the symphysis pubis by an assistant, who holds the handle of the locked instrument immovably until the operation is completed. The peritoneum is now opened, and the fundus uteri is found in contact with the lower end of the abdominal incision. The fundus is grasped, the finger passed along the Fallopian tube on one side until the ovary is reached, at the same time that the fundus of the uterus is turned by the elevator to the opposite side from the ovary that we are reaching. With the fore and middle fingers the ovary is brought to the surface, the pedicle ligated, and the ovary removed. Then, by rotating the handle of the elevator to the opposite side, the other ovary is elevated correspondingly nearer the external incision, when the fore and middle fingers are passed along the Fallopian tube as a guide until the ovary is found and brought to the surface and treated in the same manner as the first. After we are satisfied that the peritoneal cavity is dry and cleared of all coagula and all oozing blood, we proceed to close the external incision by sutures." Great stress was laid on the importance of perfect antiseptic precautions.

ON TREPHINING,

by Dr. W. T. Briggs, of Nashville, Tenn., Chairman of the Section on Surgery and Anatomy. He directed attention to a surgical procedure, than which none was older in the history of the science or the art of medicine—*preventive trephining*. The word trephining Dr. Briggs used in a comprehensive sense, and the operation, by whatever instrument effected, was a means to an end, and that end was the removal of fragments of the skull. He then directed attention to the importance of treating injuries of the head properly, especially such as involved fracture of the skull. After making slight reference to the history of the operation, he spoke of the mutability of opinion concerning many important subjects pertaining to medical science such as blood-letting and lithotomy, and the same could be said concerning trephining; but at the present time there was a revolution in progress in favor of the procedure. The earliest authentic information

concerning the instrument was found in the writings of Hippocrates, although it was known to have been performed as a religious rite in prehistoric times.

There were, according to European authorities, three classes of surgeons holding distinct views with reference to the procedure under consideration: First, Those who absolutely rejected the trephine; second, Those who, while recognizing its great value, regarded it solely as a *curative* agent; and third, and by far the smallest class, Those who accepted the instrument as a valuable prophylactic agent, and urged early resort to it in such cases as, from the nature of the injury, seemed to demand it in order to avert threatening danger.

The position taken by Dr. Briggs was, that trephining was not a dangerous procedure if resorted to before the secondary effects of traumatism were developed, and he then considered the object to be attained by its performance. In the opinion of most authors it should be restricted to cases in which there is immediate danger from compression caused by pus, extravasated blood, or fragment of bone, and each of these conditions was then discussed somewhat in detail, and the conclusion reached that the surgeon should not wait until the characteristic symptoms of such lesions were well-marked before operating, but that the operation should be performed for the purpose of preventing the occurrence of inflammation, and the serious consequences by which it might be followed. Statistics showed that of 106 cases, two-thirds were saved by *preventive* trephining. Of the forty-two cases whom he had trephined, thirty-eight recovered. The deductions from such facts were: 1. Extensive comminuted depressed fractures of the skull were almost invariably fatal without operative measures. 2. Curative operations were but little better than the expectant plan of treatment, and 3. Preventive trephining offered the best chances for a successful operation. Dr. Briggs then discussed the question of the treatment of punctured and simple fractures of the skull, fractures of the external and of the internal table, and stated as the essentials to success 1, full antiseptic precautions; 2, the use of the conical trephine; 3 entire *removal* of all loose fragments of bone; 4, special attention for the purpose of securing perfect drainage, the open wound treatment being his favorite method.

SPHYGMOGRAMS, WITH NOTES OF AUTOPSIES.

The sphygmograph, said Dr. H. R. Hopkins, of Buffalo, had been twenty years before the public, but had not yet received any general endorsement. Even experts could not interpret its readings accurately. There are, however, qualities in the pulse which are not perceptible to the touch, and in detecting these the sphygmograph can accomplish very much when more perfectly made and more carefully studied. The speaker then showed

some tracings which he had made. These tracings were of cases of locomotor ataxia, cardiac dropsy, endarteritis, Bright's disease, and of normal pulses. The pressure at which the tracings were taken was not given, as it was not thought necessary. The speaker believed that the tracings indicated characteristic peculiarities in the circulatory system of each disease. The tracings were taken by a modification of Pond's sphygmograph. It was asserted that a peculiar trace might be found for many chronic diseases. A description of the post mortem appearances of the several cases whose tracing was shown was given.

The rule was given to mistrust the accuracy of the instrument when it failed to give a sharp angle to the tidal wave. Several other cautions were given, but much hope of attaining valuable results held out by the careful use of a good instrument.

(To be continued.)

ANTISEPTIC INHALATIONS IN PHTHISIS.—Dr. Muller, a Berlin chemist, lays claim to the priority in the employment of antiseptic inhalations in the treatment of phthisis. He states that he recommended inhalations of borax and salicylic acid in a case of phthisis in 1876, and that his suggestion was carried into effect by Dr. Sachse, of Berlin, with remarkable success. He was led to make this suggestion by the theory, that in plmonary phthisis a portion of the lungs is in a state of decomposition, or of alkaline fermentation; and as similar processes in open wounds are controlled by antiseptics, so the inhalation of antiseptics might be expected to exert an inhibitory action on the morbid process in the lungs, and thus effect a cure. He recommended for the purpose salicylic acid, which was made easily soluble by the addition of borax. This combination is quite as powerfully antiseptic as the benzoate of soda, and is, he believes, preferable to it, because it acts more energetically on the alkaline fermentation in the lungs, and produces no deleterious effects. The solution he recommended was 750 parts water, 25 parts salicylic acid and 19½ parts borax.

Dr. Sachse, in an open letter confirms the claims of Dr. Muller, and states that he has since employed the borax-salicylic acid inhalations in a number of cases, of which he gives brief accounts, with on the whole, very satisfactory results. He uses a solution of two parts borax, 2½ parts salicylic acid, and 100 to 150 parts hot water, and orders the inhalations to be practised morning and evening for five or ten minutes, instructing the patients not only to inspire deeply, but particularly to make deep and prolonged expirations. The inhalations often caused, at first, cough and a slight burning sensation in the neck, and some of the patients complained of loss of appetite, due to swallowing

a good deal of the fluid; in such cases the solution was diluted with an equal quantity of hot water until the patients became accustomed to it. The taste of the solution is bitter and very unpleasant. No hæmoptysis occurred in any of the cases after inhalations.—*Physician and Patient.*

SALICYLATE OF SODA IN ACUTE RHEUMATISM.—It is at present impossible to distinguish those cases who are likely to take *salicylate of soda* with rapidly good effects and without any unpleasant results, from those who are intolerant of it. According to Dr. S. J. Sharkey, persons in great pain, and with high fever and in whom there is not, when the treatment is commenced, any complication, are, as a rule, the most favorable cases for it. Still, slight cardiac or pulmonary complications should not preclude its use. Any one who has seen many cases of acute rheumatism treated by salicylate of soda must allow that its discovery as a cure for that disease is a triumph of empirical therapeutics, which has probably had but few parallels in the history of medicine.

SPAYING.—The *Medical News* (Mich.) says, in commenting on this operation: The mention of spaying, or rather oophorectomy, the more euphonious synonym, leads us to enquire why this blessing should be confined to the women. Has not man sexual glands which lead him into difficulties, local, constitutional and social, scarcely less grievous to be borne than those which the woman suffers because of her ovaries? And yet the voice of neither Battey, nor Sims, nor Trenholme nor Pallen has a word for him. He is allowed to suffer untold miseries which the slight and dangerless operation of castration would relieve him from. Who is there that will arise and be the first to remove the human testicle and thus divide the honors with him who first removed the human ovary? Here is an opportunity for fame.

ACONITE IN PNEUMONIA.—The *Practitioner* records four cases of pneumonia which were supposed to have been cut short by means of aconite. The drug was given in minim doses of the tincture every half hour for four hours, and then in the same dose every four hours. The administration was begun on the first day, when there were crepitant rales, cough and rusty expectorations, and seemed to have an abortive effect. It is supposed to be especially indicated in the first stage of the inflammation.—*Mich. Med. News.*

HEAT APOPLEXY.—The following simple treatment is highly commended by Dr. Dedricksen. Have ice applied to the nape of the neck and head, and give 15 minims of liquid extract of ergot and 3 minims of tincture of aconite every hour.

ONTARIO MEDICAL COUNCIL.

Minutes and Proceedings.

FIRST DAY.

The first annual meeting of the newly elected Medical Council was held on the 13th ult., and following days, in the College Buildings, Bay St. The meeting was called to order by the Registrar, Dr. Pyne, who intimated that the first order of business would be the election of a President.

Dr. Clark moved, seconded by Dr. Edwards, that Dr. Allison be President of the Council for the ensuing year. *Carried.*

Dr. Brouse nominated Dr. Bergin as Vice-President. Dr. Grant seconded the motion, which was *carried.*

In the absence of Dr. Allison, the President, the chair was taken by the Vice-President.

COMMITTEES.

Dr. Bray moved, seconded by Dr. McCammon, "That Drs. McCargow, Spragge, Lavell, Wright, Henderson, Morden, and the mover constitute a Committee on Credentials." *Carried.*

Dr. Grant moved, and Dr. McCammon seconded, "That the Committee to nominate the various Standing Committees of the Council be composed of the following members:—Drs. Lavell, Henderson, Brouse, Spragge, Burns, Mostyn, Edwards, Macdonald, Bray, Burrirt, Williams, Logan, McCargow, and Geikie." *Carried.*

After an adjournment of half an hour the Committee reported the following appointments on the various Standing Committees:—

Education.—Drs. Wright, Grant, Brouse, Clark, Logan, McCammon, Edwards, Burns, Bray, Williams, Geikie, Lavell, Burrirt, Morden, and Macdonald.

Finance.—Drs. Mostyn, Irwin, Henderson, McCargow, and Douglas.

Registration.—Drs. Spragge, Vernon, Geikie, Lavell, Mostyn, and Edwards.

Rules and Regulations.—Drs. Brouse, Clark, Spragge, Wright, and Logan.

Printing.—Drs. McCammon, Morden, Burrirt, and Clark.

The report was adopted with an amendment adding the name of Dr. Burns to the Committee on Finance.

The Council adjourned at 6 p.m., to meet again at 8 o'clock.

In the evening Dr. Lavell called attention to the fact that many of the members were absent, and that as absent members sometimes asked to have certain matters reconsidered at the next sitting, he suggested that some measures be adopted to pre-

vent this waste of time. Dr. Clark coincided with his views.

Dr. H. H. Wright moved, seconded by Dr. Lavell, "That any matter once decided upon shall not be reopened during the current session, except on a vote of three-fourths of those present in its favour." *Carried.*

THE EXECUTIVE COMMITTEE.

Dr. Geikie moved, "That the following gentlemen constitute the Executive Committee of the Council for the ensuing year:—President and Vice-President *ex officio*, Drs. Wright, Lavell, Husband, Bray, Burns, Edwards, and the mover." He thought it highly necessary that this most important Committee should be larger and of a more representative character than had been the case in the past. This would tend to make it more popular with the profession, and there would be no difficulty in collecting the annual dues. A great deal of money would have been saved which had been expended in law suits in the past, if the Committee had been larger and had more fully represented the whole profession.

Dr. Clark thought it would be better to leave the motion in abeyance until there was a fuller attendance of the members. It was usual to appoint this Committee at a later stage of the session. He did not consider it necessary to have a large Committee, as at the best they were expensive, and he believed it to be in the interest of efficiency as well as economy that the numbers should be kept down. He claimed for the last Executive that it had performed its work well.

Dr. Burns thought that the last Committee did not fully come up to what was required or expected of it.

Dr. Lavell was in favour of leaving the matter over till the report was received from the Executive Committee. If there was an Executive Committee appointed it should be representative so far as the Schools were concerned. He thought they could do without a Committee of this kind entirely, if they performed their work carefully in Council.

After some further discussion, the motion was allowed to stand as a notice of motion to come up for consideration next-day.

MATRICULATION EXAMINATION.

Dr. Burns moved, "That on and after July 1st, 1881, in lieu of the matriculation examination heretofore in force the Council accept the Provincial intermediate High School examination, with Latin included as a compulsory subject, and that upon presentation of the official certificate of having passed the said examination to the Registrar, and the payment of fees the holder of the same shall be entitled to register as a medical student." To his mind the proposed change would have many advantages, not the least of which was that it would

be economical to the Council in saving the sums now paid to the matriculation examiners. It would be economical to the students, inasmuch as they could pass the examination in their own High Schools, or wherever they received their education. It was uniform throughout the whole Province. The Central Board of Examiners held its meetings in Toronto, and at a certain fixed time of the year, so that there would be no difficulty in that respect. It was perfectly secret, consequently perfectly free from the charge of favouritism. It was also an elevation of the standard as a comparison with the present examination would show, and it had the effect of grafting the system of elementary medical education upon the governmental system. By accepting the High School Standard it would prove a mutual assistance, as it was but reasonable to expect that if the Council endorsed the Government in this matter they would be benefited in return. No one would deny that they had a perfect right to receive assistance from the Government, and they would have a better claim to it if they endorsed the Government standard of teaching. It was a great advantage to a medical man to have an elementary college training, in fitting him for his profession. The proposed Intermediate examination had been largely adopted by Queen's College and Victoria University. There was no doubt about its lessening the labours of the Council. It might be objected to if it opened the doors to the study of medicine to a very much larger number than it was proper to encourage to study for the profession, but such an excuse would not have any real effect in the actual working of the system.

Dr. Macdonald, in seconding the motion, believed the examination proposed would be a superior one to that now in practice. He thought it would make the approach to the profession if anything a little more difficult. He was told by High School teachers that the Government intermediate examination was a higher standard than that required for the College of Physicians and Surgeons. He moved that the subject be referred to the Education Committee. Carried.

Dr. Macdonald moved:—"That the diploma or certificate in Arts of McGill College, Montreal, and Bishop's College, Lennoxville, be accepted as a certificate of registration as a student of medicine by this College, on the payment by the possessor of the certificate of registration of matriculation fee imposed by the College." On motion the resolution was referred to the Educational Committee.

The Council then adjourned to meet at 10 o'clock next day.

SECOND DAY.

The Council met at 11 a.m., Dr. Bergin, Vice-President, in the chair. The minutes of the previous meeting were confirmed.

PETITIONS.

A large number of petitions were presented by the members, having reference to the recent examinations, changes of curriculum, and other matters, and on motion they were received and referred to their several committees.

Dr. McCargow moved "that one-half the fees be returned to students who fail to pass the examination of the college, the full fees to be paid on their application for re-examination."

Dr. Geikie moved in amendment that three-fourths of the fees be refunded.

Dr. Burns moved that two-thirds be refunded.

After some discussion the matter was referred to the Finance Committee.

Dr. Geikie moved "that the registrar be instructed to furnish the medical journals published in Toronto with a full digest of the proceedings of the Executive Committee after each meeting. He moved this to meet the reasonable demand of the profession throughout the country."

Dr. Wright moved in amendment "that the minutes of the Committee shall be open to the press to take such information as they wished." Carried.

Dr. Geikie gave notice of motion that the by-law relating to elections be modified, so far as the same refers to the duties of returning-officers, so as to direct such officers to admit candidates and their scrutineers, when the voting papers are opened, should they desire to be present.

Several other motions were allowed to stand for future discussion.

COMMITTEE ON CREDENTIALS.

Dr. Bray presented the report of the above committee, as follows:—

1. That the elected members are:—

Western and St. Clair Division—Dr. Bray. Gore and Thames—Dr. J. A. Williams. Saugeen and Brock—Dr. R. Douglas. Malahide and Tecumseth—Dr. Edwards. Erie and Niagara—Dr. McCargow. Burlington and Home—Dr. J. D. Macdonald. Kings and Queens—Dr. Allison. Midland and York—Dr. J. H. Burns. Quinte and Cataraqui—Dr. C. W. Irwin. Newcastle and Trent—Dr. H. C. Burritt. Bathurst and Rideau—Dr. Mostyn. St. Lawrence and Eastern—Dr. Bergin. Homœopathic representatives—Drs. Logan, Henderson, Morden, Vernon and Husband. *Appointed Members*:—Ottawa University—Dr. Grant. Victoria University—Dr. Brouse. Queen's University—Dr. McCammon. Trinity College—Dr. Spragge. University College—Dr. Ellis. Toronto Medical School—Dr. Wright. Trinity Medical School—Dr. Geikie. College of Physicians and Surgeons—Dr. Lavell. Albert College—Dr. Clark. Regiopolis College—Dr. Phelan.

In only two cases were protests entered. The

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	Bottles 100 pills	Bottles 500 pills		Bottles 100 pills	Bottles 500 pills
ACID, SALICYLIC, See Salicylic Acid.			CALCIUM SULPHIDE, 1-10, 1-4, 1-2 & 1 gr.	75	3 50
ACONITIA, 1-60 gr.	75	3 50	CALOMEL, 1-10, 1-2, 1, 2 and 3 grs.	50	2 25
ALOES, U. S., 4 grs.	50	2 25	CALOMEL, 5 grs.	60	2 75
ALOES AND SASSAFETIDA, U. S., 4 grs.	50	2 25	CALOMEL COMPOUND.	2 grs.	60
ALOES AND IRON, 3 grs.	50	2 25	{ Antim. Sulph., Hydrarg. Chlor. Mite, aa 1-2 gr. }		
{ Pulv. Aloes Soc., Extract Conil., aa 1-2 gr. }			{ Resin. Guaiac., 2 grs. }		
{ Ferri Sulph., Exsic., Pulv. Zingib. Jam., aa 1 gr. }			CALOMEL AND OPIUM.	80	3 75
ALOES AND MASTIC (Blinner, Lady Webster's).	60	2 75	{ Hydrarg. Chlor. Mite, 2 grs., Opli, pulv., 1 gr. }		
ALOES AND MYRRH, U. S., 2 grs.	75	3 50	CAMPBOR AND HENBANE.	60	2 75
ALOES AND NUX VOMICA, 2 grs.	75	3 50	{ Camphora, 1 gr., Ext. Hyoseyani, 1 gr. }		
{ Pulv. Aloes Soc., 1-12 grs. }			CAMPBOR, HENBANE AND VALERIAN, 2 1-2 grs.	60	2 75
{ Ext. Nucis Vom., 1-2 gr. }			{ Campora, Pulv., Ext. Hyoseyani, Ale., aa 1 gr. }		
ALON, 1-10 and 1-5 gr.	50	2 25	{ Ext. Valeriana, 1-2 gr. }		
ALON, 1 gr.	1 50	7 25	CAMPBOR, MONO-BROMATED.	1 25	6 00
ALON, 1 gr.	75	3 50	CAMPBOR, MONO-BROMATED.	3 grs.	1 55
ALTERNATIVE.			CAMPBOR, MONO-BROMATED.	5 grs.	1 85
{ Pulv. Opli, Pulv. Ipecac., aa 1-8 gr. }			CANNABIS INDICA EXTRACT.	1-2 gr.	1 25
{ Pil. Hydrarg., 1 gr. }			CANNABIS INDICA EXTRACT.	1 gr.	1 75
AMMONIUM MURIATE, 2 grs.	60	2 75	CATHARTIC COMPOUND, U. S.	60	2 75
AMMONIUM MURIATE, COMPOUND.	1 50	7 25	CATHARTIC IMPROVED.	60	2 75
{ Ammonii Murias, 1 gr. }			{ Ext. Colocynth. Comp. pulv., 1 gr. }		
{ Pulv. Opli, Acid. Benzoi., aa 1-32 gr. }			{ Jalape pulv., Res. Leptand., aa 1-2 gr. }		
{ Ext. Glycyrrhizae, Pulv. Avacae, aa 1-4 grs. }			{ Ext. Hyoseyani, Ext. Ferri, aa 1-4 gr. }		
{ Camphora, 1-50 gr., Ol. Anisi, 1-32 m. }			{ Res. Podoph., 1-4 gr., Ol. Menthae Ppp., 1-2 gr. }		
{ Antim. et Pot. Tart., 1-60 gr. }			CATHARTIC VEGETABLE.	3 grs.	60
This is the BROWN MIXTURE of the U. S. P.			{ Ext. Col. Comp., pulv., 1 1/2 grs. }		
with the addition of 1 gr. Ammonium Murias.			{ Res. Podophylli, 3-8 gr. }		
AMMONIUM VALERIANIC, 1 gr.	1 00	4 75	{ Res. Leptandra, 1-8 gr. }		
ANTHELMINTIC, See Santonin and Calomel.	1 25	6 00	{ Jalape pulv., 1-4 gr. }		
ANTI-BILIOUS.	75	3 50	{ Aloes, Socotrin pulv., 1-2 gr. }		
{ Ext. Coloc. Comp., 2 1-2 grs. }			{ Ext. Hyoseyani, 1-4 gr. }		
{ Res. Podophylli, 1-4 gr. }			{ Ol. Menthae Ppp. }		
ANTI-CHILL.	1 00	4 75	CERIU, OXALATE.	1 gr.	1 00
{ Chinoidine, Ferri Ferrocyanidum, 1 gr. }			CERIU, OXALATE.	2 grs.	1 50
{ Ol. Piper. Nic., aa 1 gr. }			CHARCOAL, WILLOW.	2 grs.	60
{ Acid. Arsenosum, 1-80 gr. }			CHINOIDINE, 1-2 and 1 gr.	60	2 75
ANTI-DYSPETIC, 4 grs.	1 00	4 75	CHINOIDINE, 3 grs.	75	3 50
{ Strychnia, 1-40 gr. }			CHINOIDINE, POWDERED, PURIFIED, 1 gr.	60	2 75
{ Ext. Belladonnae, Pulv. Ipecacuanhae, aa 10 grs. }			CHINOIDINE, POWDERED, PURIFIED, 2 grs.	75	3 50
{ Pil. Hydrarg., Ext. Colocy. Ferri, pulv., aa 2 grs. }			CHINOIDINE, POWDERED, PURIFIED, 5 grs.	1 00	4 75
ANTI-PRURIIC.	1 00	4 75	CHINOIDINE, POWDERED, PURIFIED, 5 grs.	1 50	7 25
{ Cichonidie Sulph., 1 gr. }			CINCHONA BARK ALKALOIDS. See Quinine List.		
{ Ferri Sulph. Exsic., 1 1/2 gr. }			CINCHONIA (ALKALOID), See Quinine List.		
{ Res. Podophylli, Gelsem., aa 1 1/2 gr. }			CINCHONIA, SULPHATE. See Quinine List.		
{ Strychnia Sulph., 1-32 gr. }			CINCHONIA, SULPHATE. See Quinine List.		
{ Oleocressa Capici, 1-10 gtt. }			COCA EXTRACT, 1 gr.	65	3 00
APERIENT.	1 00	4 75	COCA EXTRACT, 2 grs.	95	4 50
{ Ext. Nucis Vom., 1-5 gr. }			COCA EXTRACT, 3 grs.	1 25	6 00
{ Ext. Hyoseyani, 1-2 gr. }			CODEIA, 1-16 gr.	1 75	8 50
{ Ext. Coloc. Comp., 2 grs. }			CODEIA, 1-5 gr.	2 50	12 38
APHRODISIAC.	1 85	9 00	CODEIA, 1-2 gr.	2 50	17 25
{ Ext. Turnerae Aphrodisiaca, 2 grs. }			COLOCYNTH COMP. EXTRACT.	1 00	4 75
{ Phosphorus, 1-100 gr. }			COLOCYNTH, IPECAC AND BLUK.	1 00	4 75
{ Ext. Nucis Vomice, 1-3 gr. }			{ Pil. Hydrarg., Ext. Coloc. Comp., pulv., aa 2 grs. }		
ARSENIOUS ACID, 1-50, 1-40, 1-30 & 1-20 gr.	50	2 25	{ Pulv. Ipecacuanhae, 1-6 gr. }		
ASSAFETIDA, 2 grs.	50	2 25	COOK'S.	2 grs.	60
{ Assafetida, 1 1-2 grs., Pulv. Saponis, 1-2 gr. }			{ Pulv. Rhei, Pulv. Aloes Soc., aa 1 gr. }		
ASSAFETIDA, U. S., 4 grs.	50	2 25	{ Hydrarg., Chlor., Mite, 3-4 gr. }		
{ Assafetida, 3 grs., Pulv. Saponis, 1-2 gr. }			{ Pulv. Saponis, 1-4 gr. }		
ASSAFETIDA COMPOUND, 3 grs.	50	2 25	COPAIBA, 3 grs.	75	3 50
{ Assafetida, 2 grs. }			COPAIBA AND OLEO-RESIN CURBE, 2 grs.	75	3 50
{ Ferri Sulph. Exsic., 1 gr. }			{ Pil. Copaiiba, 1 gr. }		
ASSAFETIDA AND NUX VOMICA, 2 grs.	75	3 50	{ Oleo-Resina Cubebe, 1 gr. }		
{ Assafetida, 2 grs. }			COPAIBA AND OLEO-RESIN CURBE, 5 grs.	1 25	6 00
{ Ext. Nucis Vom., 1-4 gr. }			{ Pil. Copaiiba, 3 grs. }		
ATROPIA, 1-120 gr.	75	3 50	{ Oleo-Resina Cubebe, 2 grs. }		
ATROPIA, 1-60 gr.	1 00	4 75	CORROSIVE SUBLIMATE, 1-100, 1-40, 1-30 & 1-20 gr.	1 00	4 75
BELLADONNA EXTRACT, 1-20, 1-8, 1-4, 1-2 gr.	50	2 25	CROTON OIL, 1-2 gr.	1 25	6 00
BISMUTH SUBNITRATE, 2 grs.	1 00	4 75	DAMIANA EXTRACT, 3 grs.	60	2 75
BISMUTH SUBNITRATE, 5 grs.	1 50	7 25	DANDELION EXTRACT, 3 grs.	60	2 75
BISMUTH SUBNITRATE, 5 grs.	50	2 25	DIGITALIA, PURE, 1-60 gr.	75	3 50
BLUE PILL, U. S., 1-2, 1 and 3 grs.	60	2 75	DINNER ('CHAPMAN'S'), 4 grs.	60	2 75
BLUE PILL, U. S., 2 grs.	75	3 50	{ Pulv. Aloes Soc., Pulv. Mastiches, aa 1 1-2 grs. }		
BLACK PILL COMPOUND.			{ Pulv. Ipecacuanhae, 1 gr., Ol. Peacocki, — }		
{ Pil. Hydrarg., 1 gr., Pulv. Opli, 1-2 gr. }					
{ Pulv. Ipecac., 1-4 gr. }					
CAFFEINA, CITRATE, 1 gr.	3 75	18 50			

BE CAREFUL TO SPECIFY McKESSON & ROBBINS'.

McKESSON & ROBBINS' GELATINE-COATED PILLS.—PRICE LIST CONTINUED.

	Bottles 100 Pills	Bottles 500 Pills		Bottles 100 Pills	Bottles 500 Pills
SALICIN					
SALICYLIC ACID, 5 grs.	2 00	9 75	SUMBUL EXTRACT, 1 gr.	3 00	14 75
SALICYLIC ACID, 3 1/2 grs.	1 75	3 50	SYMPHYTIC (ROBERTS, MODIFIED), 1 gr.	1 50	7 25
SALICYLIC ACID, 5 grs.	1 25	6 00	{ Ferric Iodidum Vir. 1-2 gr. }		
SALICYLIC ACID WITH MORPHINE.			{ Lactucarium, 1-2 gr. }		
{ Acid. Salicylicum, 2-1/2 grs. }			{ Ext. Opil., 1-10 gr. }		
{ Morphine Sulphas, 1-12 gr. }			{ Ext. Cicutae, 1-1/2 grs. }		
SALICYLIC ACID WITH MORPHINE.	2 00	9 75	TARTAR EMETIC, 1-100, 1-20 and 1-4 gr.	50	2 25
{ Acid. Salicylicum, 5 grs. }			TONIC (DR. AIKEN'S). See Quinine List.		
{ Morphine Sulphas, 1-8 gr. }			TRIPLEK.	1 00	4 75
SANDAL WOOD EXTRACT (McK. & R.), 1 gr.	2 00	9 75	{ Ext. Aloes, 2 grs. Pil. Hydrarg., 1 gr. }		
SANDAL WOOD EXTRACT (McK. & R.), 3 grs.	3 00	14 75	{ Podophyllin, 1-4 gr. }		
SANTONIN, 1 gr.	1 00	4 75	TRIPLEK (DR. FRANCOIS).	1 00	4 75
SANTONIN AND CALONEI.	1 25	6 00	{ Pulv. Aloes Soc. Pil. Hydrarg. }		
{ Santonin, Hydrarg. Chlor. Mite, aa, 1-2 gr. }			{ Pulv. Scammonil. Ol. Tigli. }		
{ Theobroma Cacao. }			{ Pulv. Myrrhæ. Ol. Carol. }		
SQUILL COMPOUND, U. S.	60	2 75	VALERIAN EXTRACT, 3 grs.	1 00	4 50
STRYCHNINE, 1-100, 1-60, 1-40 & 1-80 gr.	50	2 25	ZINC, OXIDE, 1-2 gr.	60	2 75
STRYCHNINE COMPOUND.	1 00	4 75	ZINC, PHOSPHIDE, 1-6 and 1-4 gr.	75	3 50
{ Strychnia, 1-100 gr. }			{ PHOSPHIDE, 1-2 gr. }	1 00	4 75
{ Phosphorus, 1-100 gr. }			ZINC, PHOSPHIDE & EXT. NUX VOMICA.	1 00	4 75
{ Ext. Cannab. Indic., 1-16 gr. }			{ Zinc Phosphidum, 1-10 gr. }		
{ Ginseng, 1 gr. }			{ Ext. Nucis Vomice, 1-4 gr. }		
{ Ferri Carb., 1 gr. }			ZINC, VALERIANATE, 1 gr.	95	4 50
SULPHUR IODIDE, 1-25 and 1-10 gr.	50	2 25			

Our Pills are procurable from all respectable Druggists, or sent by mail direct from New York, in Boxes of 100 and 500, upon receipt of the price, whenever it is impossible to obtain McKesson & Robbins' at your Druggists'.
Private formulas of 2,000, or over, made and coated to order.

	Bottles 100 Pills	Bottles 500 Pills		Bottles 100 Pills	Bottles 500 Pills
CINCHONA BARK ALKALOIDS.	1 90	9 25	QUININE, SULPHATE, 1 gr.	1 80	8 75
{ Quinine Sulph., 1-2 gr. }			QUININE, SULPHATE, 1 1-2 grs.	2 80	13 75
{ Quinidine Sulph., 1-2 gr. }			QUININE, SULPHATE, 2 grs.	3 45	17 00
{ Cinchonine Sulph., 1-2 gr. }			QUININE, SULPHATE, 4 grs.	6 20	25 50
{ Cinchonidine Sulph., 1-2 gr. }			QUININE, SULPHATE, 5 grs.	8 60	42 75
CINCHONA, SULPHATE, 3 grs.	95	4 50	QUININE, SULPHATE, 5 grs.	8 60	42 75
CINCHONA, SULPHATE, 5 grs.	1 35	6 50	QUININE, SULPHO-CARBOLATE, 1 gr.	3 15	15 50
CINCHONIDE (ALKALOID), 1 gr.	95	4 50	QUININE, SULPHO-CARBOLATE, 2 grs.	3 75	18 50
CINCHONIDIA (ALKALOID), 2 grs.	1 55	7 50	QUININE, SULPHO-CARBOLATE, 3 grs.	6 50	32 25
CINCHONIDIA (ALKALOID), 3 grs.	2 05	10 00	QUININE, SULPHO-CARBOLATE, 5 grs.	10 25	51 00
CINCHONIDIA, SULPHATE, 1 gr.	3 00	3 75	QUININE, VALERIANATE, 1-2 gr.	1 90	9 25
CINCHONIDIA, SULPHATE, 2 grs.	1 35	6 50	QUININE AND ALOES, 1 gr.	1 60	7 75
CINCHONIDIA, SULPHATE, 3 grs.	2 00	9 75	{ Quinine Sulphas, 3-4 gr. }		
CINCHONIDIA, SULPHATE, 4 grs.	2 50	12 25	{ Pulv. Aloes Soc., 1-4 gr. }		
CINCHONIDIA, SULPHATE, 5 grs.	3 00	14 75	QUININE AND ARSENIC, 1 gr.	1 90	9 25
CINCHONIDIA, SULPHATE, 1-4 gr.	75	3 50	{ Quinine Sulphas, 1 gr. }		
"HOSPITAL QUININE," 1-2 gr.	60	3 75	{ Acid. Arseniosum, 1-30 gr. }		
"HOSPITAL QUININE," 1 gr.	1 25	6 00	QUININE AND CAPSICUM.	1 90	9 25
"HOSPITAL QUININE," 1 1-2 gr.	1 65	9 50	{ Quinine Sulph., 1 gr. }		
"HOSPITAL QUININE," 2 grs.	2 50	12 25	{ Pulv. Capsicil., 1-4 gr. }		
"HOSPITAL QUININE," 3 grs.	3 75	18 60	QUININE AND IRON BY HYDROGEN.	1 90	9 25
"HOSPITAL QUININE," 4 grs.	5 00	24 75	{ Quinine Sulphas, 1 gr. }		
"HOSPITAL QUININE," 5 grs.	6 25	31 00	{ Ferrum Reductum, 1 gr. }		
The unbleached, crystallized, combined alkalooids of Cinchona bark (Cinchona alone separated) containing fifty per cent. pure Quinine Sulph.			QUININE AND IRON, CARBONATE.	1 90	9 25
IRON & CINCHONIDIA, CITRATE, 2 grs.	75	3 50	{ Quinine Sulph., 1 gr. }		
IRON & CINCHONIDIA, CITRATE, 3 grs.	1 10	5 25	{ Ferric Iodidum, 1-2 gr. }		
IRON & QUININE, CITRATE, 1 gr.	1 95	4 50	{ Ferric Iodidum, 1 gr. }		
IRON & QUININE, CITRATE, 2 grs.	1 35	6 50	QUININE AND STRYCHNINE.	1 90	9 25
IRON & QUININE, CITRATE, 3 grs.	1 90	9 25	{ Quinine Sulphas, 1 gr. }		
IRON, QUININE AND STRYCHNINE.			{ Strychnia, 1-60 gr. }		
{ Ferrum Reductum, 1 gr. }			QUININE, ARSENIC AND NUX VOMICA.	1 90	9 25
{ Quinine Sulphas, 1 gr. }			{ Quinine Sulphas, 1 gr. }		
{ Strychnia, 1-60 gr. }			{ Acid. Arseniosum, 1-60 gr. }		
NEURALGIA, (DR. GROSS), 3 75	18 50		{ Ext. Nucis Vomice, 1-4 gr. }		
{ Quinine Sulphas, 2 grs. }			QUININE COMPOUND.	1 90	9 25
{ Morphine Sulphas, 1-20 gr. }			{ Quinine Sulphas, 1 gr. }		
{ Strychnia, 1-30 gr. }			{ Ferrum Reduct., 1 gr. }		
{ Acid. Arseniosum, 1-20 gr. }			{ Acid. Arseniosum, 1-32 gr. }		
{ Ext. Aconiti, 1-2 gr. }			QUININE COMPOUND AND EXT. DANDELION.	2 25	11 00
NEURALGIA (GROSS), as above, without Morphine	3 50	17 25	{ Quinine Bi-Sulph., 1-1/4 grs. }		
PHOSPHATE IRON, QUININE & STRYCHNINE.	1 90	9 25	{ Ferric Sulph., Exsic., 3 grs. }		
{ Ferric Phosphas, 2 grs. }			{ Acid. Arseniosum, 1-24 gr. }		
{ Quinine Phosphas, 1 gr. }			{ Extract Taraxacil., 1-1/4 grs. }		
{ Strychnine Phosphas, 1-60 gr. }			QUININE COMPOUND AND STRYCHNINE.	1 90	9 25
PHOSPHORUS AND QUININE.	2 25	11 00	{ Quinine Sulphas, 1 gr. }		
{ Phosphorus, 1-50 gr. }			{ Ferrum Reductum, 1 gr. }		
{ Quinine Sulph., 1 gr. }			{ Strychnia, 1 gr. }		
PHOSPHORUS, IRON AND QUININE.	2 50	12 25	{ Acid. Arseniosum, 1-30 gr. }		
{ Phosphorus, 1-100 gr. }			QUININE, IRON AND NUX VOMICA.	1 90	9 25
{ Ferric Carb. (Vallet's), 1 gr. }			{ Quinine Sulph., 1 gr. }		
{ Quinine Sulph., 1 gr. }			{ Ferric Carb. (Vallet's), 2 grs. }		
PHOSPHORUS, IRON, QUININE & NUX VOM.	2 50	12 25	{ Ext. Nucis Vomice, 1-4 gr. }		
{ Phosphorus, 1-100 gr. }			QUININE, PHOSPHORUS AND IRON. See Phos-		
{ Ferric Carb. (Vallet's), 1 gr. }			phorus, Iron, &c., above.		
{ Quinine Sulph., 1 gr. }			QUININE, PHOSPHORUS AND NUX VOMICA.	2 50	12 25
{ Ext. Nucis Vomice, 1-2 gr. }			{ Quinine Sulphas, 1 gr. }		
PHOSPHORUS, QUINIA, IRON AND STRYCHNINE.	2 50	12 25	{ Phosphorus, 1-60 gr. }		
{ Phosphorus, 1-100 gr. Ferric Reduct., 1 gr. }			{ Ext. Nucis Vomice, 1-40 gr. }		
{ Quinine Sulph., 1 gr. Strychnia, 1-60 gr. }			QUININE, PHOSPHORUS AND NUX VOMICA.	2 50	12 25
QUINIDIA, SULPHATE, 1 gr.	1 60	4 75	{ Quinine Sulphas, 1 gr. }		
QUINIDIA, SULPHATE, 2 grs.	1 90	9 25	{ Phosphorus, 1-60 gr. }		
QUINIDIA, SULPHATE, 3 grs.	2 50	12 25	{ Ext. Nucis Vomice, 1-4 gr. }		
QUININE, BI-SULPHATE, same sizes and prices as Sulphate, see below.			QUININE, QUASSIA AND NUX VOMICA.	[2 25	11 00
QUININE BROMIDE, 1 gr.	3 15	15 50	{ Quinine Sulph., 1 gr. }		
QUININE BROMIDE, 2 grs.	4 50	22 25	{ Ext. Quassia, 1 gr. }		
QUININE BROMIDE, 3 grs.	6 25	31 00	{ Ext. Nucis Vomice, 1-4 gr. }		
QUININE, CARBOLATE, 1 gr.	3 15	15 50	TONIC (DR. AIKEN'S).	1 90	9 25
QUININE, SALICYLATE, 1 gr.	3 15	15 50	{ Quinine Sulph., 1 gr. }		
QUININE, SULPHATE, 1-4 gr.	85	4 00	{ Acid. Arseniosum, 1-50 gr. }		
QUININE, SULPHATE, 1-2 gr.	1 05	5 00	{ Ferrum Reductum, 2-3 gr. }		
			{ Strychnia, 1-50 gr. }		

NOTE.—The advantages of a perfect coating of Gelatine are so obvious that many imitations of our Pills have been placed upon the market and called by different names, calculated to deceive the Profession as to their merits. We would call the attention of Physicians and Druggists to this fact, and request them to specify McK. & R.'s in their prescriptions and orders.

BE CAREFUL TO SPECIFY MCKESSON & ROBBINS'.

IMPORTANT TO PHYSICIANS!

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known not usually considered, except in prescriptions, when this difficulty is overcome by the addition of Acid; and the further fact that **Bi-Sulphate of Quinine** is soluble in **only 10 parts of water** is as little appreciated.

• MCKESSON & ROBBINS have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **BI-SULPHATE OF QUININE PILLS**, and offer the same to the profession, confident that they will stand any test for solubility and prompt action. Physicians will please always specify **MCK. & R. Bi-Sulph. Quinine Pills**, and they will not be disappointed in results.

Note.--With no reference to *respectable* druggists, we would say that cases have come to our knowledge and have been noted, where other pills have been substituted on prescriptions for ours.

POWDERED PURIFIED CHINOIDINE.

Containing all the Non-Crystalizable Alkaloids of Cinchona Bark.

Price to the Trade, - - - 10 ozs., 35 cents per oz.

Similar preparations have been lately offered in market AT HIGH PRICES under different fancy appellations, and claims made for the same as of equal efficiency with Quinine.

As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail one ounce upon receipt of FIFTY CENTS.

IMPORTANT NOTICE.

MCKESSON & ROBBINS' PILLS may be mailed direct, to druggists, from our own establishment, or from those who carry complete lines of our pills, in boxes of 100 and 500 each, upon receipt of list prices, less 25 per cent. discount, adding 2 cents per 100 for postage.

OUR **QUININE, CINCHONIDIA** and **MORPHINE SALTS** may be mailed direct by us, in bulk, in tin boxes, at an expense of 5 cents per ounce, or 12 cents for 5 ounces. Remittances from those who have no account with us may be made by Post-Office Orders, or in postage stamps.

RECENT ADDITIONS TO OUR LIST OF GELATINE-COATED PILLS.

IODOFORM, IRON AND QUININE, No. 1, { Iodoformum, 1 gr., Ferri Protocarb., 2 grs. } { Quinæ Sulph., 1-2 gr. }	3 75	18 50
IODOFORM, IRON AND QUININE, No. 2, { Iodoformum, 1-2 gr., Ferri Protocarb., 1 gr. } { Quinæ Sulph. 1-4 gr. }	3 15	15 50
IODOFORM AND NUX VOMICA, (Iodoformum, 1 gr., Ext. Nucis Vomice, 1-4 gr.)	1 60	7 75
IODOFORM, IRON AND NUX VOMICA, { Iodoformum, Ferri Redactum, aa, 1 gr. } { Ext. Nucis Vomice, 1-4 gr. }	1 60	7 75

MCKESSON & ROBBINS,

Wholesale Druggists and Manufacturing Chemists,

91 FULTON ST.,

NEW YORK.

SPECIFY MCKESSON & ROBBINS' Oval Shape. Complete Coating.

first was that of Dr. Freeman against the return of Dr. Macdonald for the Burlington and Home Division, on the ground that the returning-officer refused to allow himself or agent to be present at the counting of the voting papers. The Committee could find no law saying whether the counting of the ballot should be secret or not, and they returned Dr. Macdonald elected. The second protest was that of Dr. Day against the return of Dr. Irwin, on the ground that the latter was only elected by the casting vote of the returning-officer, and as several of the votes cast in his favour were bad, a recount was demanded. On the recount the vote stood, Dr. Day 36, Dr. Irwin 40, and the election of the latter was sustained.

Dr. Clark thought it would be better not to adopt the report until legal advice was obtained as to the question of residency, and until it was found out whether or not these votes were bad, as had been decided by the Committee. It was possible that a lawsuit might result from this election, and it would be well not to proceed too hastily.

Dr. Bergin was of opinion that if a voter changed his place of residence he was not disfranchised in the division which he had left until, as specified by the Act, he had notified the Registrar of his change of residence. The only guide for the returning-officer was the voter's lists, and they were not expected to perform the functions of a judge in the matter.

Dr. Wright moved that the report be referred back to the Committee, with instructions to regard the residence of a registered practitioner of medicine as the place where the voter resides at the time of the election.

After some discussion on the resolution the Committee rose and reported progress and the Council adjourned.

The Council reassembled at three o'clock, the President, Dr. Allison, in the chair.

The late President, Dr. Macdonald, stated that a writ of *Mandamus* had been served upon the Registrar to compel him to accept the registration of Mrs. Emily H. Stowe. The complainant set forth that she had been practicing since 1850. A communication had been received from her solicitor, Mr. Meek, and in reply he had been referred to the Registrar, who had the right, under the statute, to decide whether Mrs. Stowe's claim was valid or not. The matter was referred to the Registration Committee.

MEETING OF COUNCIL, EXAMINATIONS, ETC.

Dr. Macdonald introduced a by-law fixing the time for holding the annual meeting of the Council on the second Tuesday in June in each year. The by-law was passed through the different stages and declared carried.

Dr. McCargow introduced a by-law to fix the

time for holding the professional examinations, which was referred to Committee of the whole.

The first clause fixed the date for holding the professional examinations on the first Tuesday in April for the next five years.

The second clause provided for the advertising of the examinations one month before being held.

The by-law was passed through committee and adopted in Council.

The President announced that Dr. O'Reilly invited the Council to visit the Hospital on Thursday at 12:30 p.m.

PUBLIC HEALTH.

Dr. Grant offered the following resolutions:—

1. That the members of this Council are of opinion that there is no subject of greater importance to the well-being and prosperity of the Dominion than that of public hygiene.

2. That in order to keep pace with the scientific progress of the age, and give greater evidence of an earnest desire to promote sanitary measures, this Council is of opinion that a Central Bureau of Health should be established at the Capital, under the control of the Federal Government.

3. That as a Central Bureau of Health meets with the unanimous voice of our profession in Canada, it deserves the well-timed consideration of the Federal Government.

4. It having recently transpired that a grand Congress of Hygiene will assemble in September next at Turin, and an invitation having been extended to all governments to send a representative; that Sir Charles Tupper, at present in England, be requested, on the part of our profession, to attend that meeting, and thus give evidence of our desire to promote the advocacy of the best possible means to lessen mortality and guard public health.

The mover considered that the subject of public health was one of great interest to the profession and the public throughout the Dominion, and he had prepared resolutions with a view of impressing upon the Government the importance of adopting some legislation in reference to it.

Dr. Brouse said the subject had engaged the attention of other Governments, as France, Germany, England, and the United States. In the latter country, at a recent meeting, the Federal Government was called upon to legislate on this subject. A Bureau on Sanitary Science had been established at Washington, and quite a sum of money had been devoted to the purpose of carrying out its object. Medical men were not simply satisfied with having a Bureau, but they demanded that there should be a Department of Health, as in Germany, England, and other countries. In England since 1844 no less than 48 public health Bills had been passed in Parliament, and it was shown by the returns that through the establish-

ment of hygienic laws the death rate in London alone had been reduced from 42 to 21. He thought the Ontario Government also should take steps to legislate on this question. It was the great question of the age, and its importance would be urged with greater force upon the attention of legislative bodies in the future.

The Chairman concurred in the views expressed, and the resolutions were carried unanimously.

THE TREASURER'S REPORT.

Dr. Aikins, through his son, submitted his financial statement for the year, May, 1879, to July 1880, containing the following balance sheet:—

<i>Income</i> —	
Balance in bank from last meeting.....	\$3,658 76
Assessment dues, fines, registration fees, &c.....	1,724 14
Matriculation fees.....	1,470 00
Fees from candidates for professional examinations.....	3,180 00
Bank accommodation.....	1,667 77
Interest from bank on current account.....	51 62
	\$11,752 29
<i>Expenditure.</i>	
Remuneration of members at last council.....	\$1,105 62
Accounts ordered to be paid at last meeting—	
Examiners.....	1,656 61
Other accounts.....	1,566 78
Official salaries.....	1,000 00
On building account—Principal.....	1,834 00
Do.....do —Interest.....	360 00
Maturing notes.....	1,700 00
Matriculation examination expenses.....	379 11
Professional examination expenses.....	1,101 95
W. Smith, prosecutor—Fines received.....	366 14
Miscellaneous.....	347 15
Balance in Bank.....	345 53
	\$11,752 29

The aggregate amount of the accounts incurred during the year which your Registrar will present for payment is stated by him to be in the neighbourhood of \$4,000; this includes the remuneration of members of the Council for attendance this session. To meet this sum there is to your credit in the Bank of Commerce \$345.53.

The report was referred to the Finance Committee.

On motion of Dr. Clark, seconded by Dr. Macdonald, it was resolved, "That in future the Treasurer of the Council shall be required to give security for \$2,000, and two additional sureties in \$1,000 each." Carried.

The council again went into Committee of the whole on the Report of the Committee on Credentials.

Dr. Bray, in reply to a question, stated that the books kept by the Registrar determined the residence of a voter.

Dr. Wright moved that the report be re-committed with instructions to take the residence of a voter to be the place at which he resides at the time at the election. Lost.

The report passed through Committee.

In Council, Dr. Wright moved his amendment, which was lost on the following division:—

Yeas—Drs. Burritt, Clark, Douglas, Geikie, Mostyn, Williams, Wright—7. Nays—Drs. Bergin, Bray, Brouse, Burns, Edwards, Grant, Henderson, Husband, Irwin, Lavell, Logan, Macdonald, Mordey, McCammon, McCargow, Spragge, and Vernon—17.

The council then adjourned.

THIRD DAY.

The council met at half-past ten a.m.: after routine,

Dr. Burritt moved that the tariff adopted by the Newcastle and Trent Medical Association be sanctioned by the Council.

Dr. Bergin said he saw only one objection to the tariff, and that was that it was too low. After some discussion the matter was referred to a committee consisting of Drs. Vernon, Brouse, and Macdonald. The committee subsequently recommended the adoption of the tariff.

Dr. Macdonald moved, seconded by Dr. Bergin, "That it be an instruction to the Registrar to permit none of the numbers by which students under examination are distinguished to be divulged." He stated that frequently the numbers were made known, and the candidates who unfortunately did not pass fell into discredit. Carried.

Dr. Macdonald moved, seconded by Dr. McCammon, "That it be an instruction to the Education Committee to consider the propriety of examining on certain subjects in the final course orally as well as written, instead of by written examinations as at present, and that the final return of the examiners should be made within two weeks." The resolution was referred to the Education Committee.

RULES AND REGULATIONS.

The report of the Committee on Rules and Regulations was presented, recommending the appointment of a Special Committee of the Council for the purpose of framing a new set of rules for future guidance. The report was adopted in Committee of the Whole, and a committee was appointed consisting of Drs. Wright, Clark, and Burns.

The Council then adjourned and proceeded to the Toronto General Hospital, and after visiting the various wards partook of an excellent lunch provided for them by Dr. O'Reilly. The members of the Council expressed themselves as well pleased with the general appearance and management of this institution.

The Council re-assembled at 3 p.m., the President in the chair.

A letter was read from John McCrimmon, of Kincardine, claiming registration in Ontario, as he was duly registered in Great Britain. Referred to the Registration Committee.

EXECUTIVE COMMITTEE.

Dr. Bray moved, seconded by Dr. Geikie, "That the Executive Committee of the Council for the ensuing year consist of the following gentlemen:—The President and Vice-President, Drs. Lavell, Wright, Geikie, Burns, Burritt, Edwards, Mostyn, Husband, and the mover and seconder."

Dr. Clark moved in amendment that the Executive Committee consist of Drs. Burns, Macdonald, Edwards, Husband, Allison, and Bergin. He moved this on the score of economy. He had calculated that the Committee proposed by Dr. Bray would cost \$138 a meeting, which at six or seven meetings in the year would be from \$800 to \$1,000. His Committee he calculated would cost \$68 a meeting.

Dr. Geikie said that the majority of the profession required a large committee.

Dr. Grant said that the appointment of territorial men as proposed by Dr. Clark would give general satisfaction.

Dr. McDonald said that the Committee had always been large until last year, when it was made small in order to save money.

The amendment was carried.

APPOINTMENT OF OFFICERS.

Dr. Grant moved, seconded by Dr. Bergin, that Dr. Aikins be re-appointed treasurer of the Council.

Dr. Bray moved, and Dr. Burritt seconded, "That Dr. Burns be appointed Treasurer."

Dr. McCammon would support Dr. Aikins, as there had been no charge brought against his management of the finances. It looked as if the territorial men were determined to carry everything from the school men in making appointments.

Dr. Brouse said that when Dr. Aikins was first appointed he took the position without emolument, and on more than one occasion had advanced funds in order to keep the Council afloat. As he had not resigned it would be better to re-appoint him. Dr. Burns had already been honoured by the Council in being placed on the Executive Committee.

Dr. Geikie did not think that Dr. Aikins' management of the finances could be found fault with. Still he thought it was wrong to appoint a school man to the position of treasurer permanently, on account of the influence he might exercise in favor of his particular school on the students who came to him to pay their fees.

Dr. Burritt would favour the election of a treasurer to whom they could not impute any motive of advancing the interests of any school represented by him.

Dr. Clark supported Dr. Aikins' re-appointment. If it were found that Dr. Aikins had used his position for the aggrandizement of his school he would be the first to have him removed.

Dr. Lavell thought that Dr. Aikins had husbanded the resources of the Council, and had faithfully discharged his duties as treasurer. When a treasurer had performed his duty faithfully and well, it was hard to throw him overboard in the manner proposed.

Dr. McCargow paid a high compliment to the manner in which the accounts were presented to the Finance Committee. He felt bound, however, in deference to his constituents, to vote for an outside man.

Dr. Bergin said the question was not one of representation, but simply whether the treasurer had been an efficient officer and had done his duty by the Council. He did not think they should do an injustice to a faithful servant by listening to the many complaints and reports that had come to their ears, and having regard to the state of their finances, he did not think it would be wise to "swap horses while crossing a stream."

Dr. Grant's motion was carried on the following division:—Yeas—Drs. Bergin, Brouse, Clark, Grant, Henderson, Husband, Lavell, Macdonald, Morden, Mostyn, McCammon, Vernon, and Wright,—13. Nays—Drs. Bray, Burritt, Douglas, Edwards, Geikie, Logan, McCargow, and Williams—8.

Dr. Bergin moved "That Dr. Robert A. Pyne, son of the retiring Registrar, be appointed to the position." Carried.

The President read a communication from a firm of City Solicitors on behalf of Dr. Day, who was defeated by Dr. Irwin in the recent election for the Quinte and Cataraqui division. The Council were advised that unless they saw fit before the close of the present session to rescind the illegal decision arrived at, sustaining Dr. Irwin in his seat, an injunction would be filed in the Court of Chancery to obtain for Dr. Day recognition of his legal rights.

The matter was laid over till a subsequent sitting.

Dr. Grant, seconded by Dr. Mostyn, moved a resolution to the effect that unregistered medical practitioners of five years' standing be admitted to an examination on the practical subjects, at the next meeting of the board of examiners, and if found competent, they could avail themselves of the privileges of the Council. The matter was referred to the Education Committee.

Dr. Bray moved, seconded by Dr. Burns,— "That in the opinion of this Council the Legislature should be approached on the first favorable opportunity with a view of having the Medical Act so amended as to shorten the duration of the term for which each Council is elected, making such term three instead of five years, in deference to the widely expressed wish of the profession." A great many medical men throughout the Province were of opinion that the term of five years was too long, and he had been requested to bring the motion before the Council. Lost.

Dr. Burns moved, seconded by Dr. Bray, that hereafter no examiners should be appointed from the Medical Council. Lost.

Dr. Wright moved, seconded by Dr. Bergin,—“That a circular be issued and sent to every member of the College by the Registrar as soon after the close of the present session of the Council as conveniently may be, setting forth fully the present financial condition of the Council, showing the amount of arrearages of assessment and the necessity for immediate payment of these arrearages. Also calling the attention of members of the College to the necessity of notifying the Registrar of each change of residence by a member of the Council, and also to that clause of the Imperial Act under which registered practitioners under that Act can demand registration by this Council. Carried.

The Council adjourned at six o'clock, and repaired, in a body, by special invitation, to the residence of Dr. Fulton, where they were met and received by the editorial staff of the LANCET, Mayor Beaty, and a few private friends, partook of lunch and spent a very pleasant evening.

The Vice-President took the chair at 8.30 p.m.

Dr. Burns wished to say in reference to his recent candidature for the position of treasurer, that he consented in deference to the expressed wish of a majority of the territorial representatives, who felt that a school man should not hold the position. Personally, he had no objection to the present incumbent of the position; he had no desire for the office, but he could not resist the application, especially as there was no other eligible territorial representative resident in the city.

FINANCE COMMITTEE.

The report of the Finance Committee was presented by Dr. Mostyn. It recommended the payment of accounts amounting in all to \$3,065.14. The expenses of the Executive Committee for the year were \$462, and the item of law expenses amounted to \$447.22. The Committee recommend that in future one-half of the fees should be returned to all unsuccessful candidates. Also, that the indebtedness of the Council, \$3,065, be met by borrowing the money.

Dr. McCammon moved in amendment that in future the full fee be charged, but that unsuccessful candidates be allowed a second examination free of charge. Carried.

The report as amended was then adopted and the Council adjourned.

FOURTH DAY.

The Council re-assembled at 11.30 and adjourned till the afternoon, to allow the Committees to prepare their reports.

The President took the chair at 3 p.m.

Dr. McCargow presented a petition from E. B.

Riley, medical student of Hamilton, complaining of the recent change of curriculum requiring a four years' study after matriculation, instead of three years as required by the old announcement of 1876-7, and asking to be allowed to come up for his final after having attended lectures for three years. The petition was granted.

Dr. Macdonald read a communication from the Under Secretary of State in reference to the steps which are being taken in the matter of the proposed change in the Imperial Medical Act. The letter stated that correspondence was going on between the Dominion and the Imperial Governments on the subject.

A communication was read from the Treasurer, calling attention to the fact that, in 1879, Dr. Kennedy had received \$25 in excess of the amount to which he was entitled for his services as an examiner. The letter was referred to the Executive Committee, with instructions to collect the amount.

A communication was read from Dr. Day, asking the Council to furnish him with a list of votes struck off which were polled in his favour at the recent medical territorial election held in the Quinte and Cataraqui division, and to state the reasons why each vote was struck off. The communication was laid on the table.

Dr. McCammon moved, seconded by Dr. Bergin, “That Mr. Dalton McCarthy, Q.C., be appointed solicitor for the Council.”

Dr. Macdonald moved that Messrs. Crooks, Kingsmill & Cattanach be the legal advisers of the Council.

Dr. Clark did not see any necessity for changing the counsel. The firm of which Hon. Mr. Crooks was a member had been the solicitors of the Council for years, with good satisfaction. Besides, this connection might be very desirable to the Council if they wished to bring any matters before the Ontario Legislature.

Dr. Bergin said that if they had to retain Mr. Crooks in order to get Parliamentary work attended to, they had better get rid of him at once.

The nomination of Mr. McCarthy was carried by 12 to 6.

Dr. Douglass moved, and Dr. Bray seconded, “That in order to give more general satisfaction throughout the different territorial districts, deputy returning-officers be appointed in each subdivision.” The motion was referred to the Executive Committee.

BUREAU OF HEALTH.

Dr. Clark proposed the following resolution:—“That in the opinion of this Council, while it is very desirable that a Central Bureau of Health for this Dominion should be established at Ottawa, the Provincial Government of Ontario should make some provision at an early day for promoting the

public health in this Province by providing for some central organized body, such as the Government may deem best, with functions similar to the Imperial Boards of Health of most European countries, and the State Boards of Health of most of the United States, chiefly for the purpose of educating the people in health matters, obtaining information in reference to the public health and for perfecting as far as possible, the returns of vital statistics." Carried.

INCREASED REPRESENTATION.

Dr. Geikie moved, seconded by Dr. Mostyn, "That in the opinion of this Council a very considerable increase in the number of territorial representatives will greatly conduce to its popularity, and to securing, as its due, the fullest sympathy and confidence of the profession and the public." The mover offered the resolution entirely in the interest of the profession, and without any private motive to serve.

Dr. Lavell was not opposed to an increase of representation, but it would have to be well considered. There was an inequality, and he was willing to rectify it as squarely as could be done. He would be glad if they could go the Legislature and ask for a change, but they would need to be united and go as one body, or the Government would send them back to reconcile their views and present a united measure.

Dr. Bergin said that it was not in the interest of Dr. Geikie that there should be an increase in the territorial representation, and he was merely throwing a sop to them. He was tickling them with a straw, and he had abandoned his allegiance to the schools.

Dr. Geikie called attention to his statement that he had no personal interest in supporting the resolution.

Dr. Bergin accepted the statement. He thought the present time was inopportune for a change in representation. If they approached the Legislature in the present state of feeling they would be almost sure to meet with failure.

Dr. Logan said there were three or four colleges having representatives in this Council, who had no more right to a seat than the chairman of a respectable literary institution. They were mere figure-heads, discussing medical subjects in which they had not the slightest interest in the world. The Council was in danger of being swamped by the representatives of these institutions, who, in reality, represent nobody.

Dr. Clark, as one of the nondescripts alluded to, did not think that any one on the Council should say to them whether they had a right to be there or not. Their presence there was not improper until they were forbidden by the Act. If it was intended to abolish the present order of things and seek for new legislation, he would favour representation by population.

The motion was lost by 11 to 10. Yeas—Drs. Bray, Burns, Burritt, Douglas, Edwards, Geikie, Irwin, Mostyn, McCargow, Williams. Nays—Drs. Bergin, Clark, Henderson, Husband, Lavell, Logan, Macdonald, Morden, McCammon, Spragge, Vernon.

Dr. Bray moved, seconded by Dr. Logan: "That it is expedient, in view of the increasing number of teaching bodies in the Province who send members to the Council, that a change in the Act should be made, and that a committee should be appointed whose duty it shall be to thoroughly enquire into this matter and report at the next meeting of the Council, with a view of making a change in section 6 of the Medical Act."

Dr. Clark pointed out that the representatives of these institutions represented large numbers of graduates.

Dr. Bergin admitted that the schools had a right to be represented, but favoured a readjustment of the representation and a further division of the territories.

Dr. Williams considered it anomalous that institutions only teaching arts, and not medicine, should be represented in the Council.

Dr. Macdonald said he would not increase the territorial representatives, but would restrict the school members by grouping two or three together.

Dr. Burritt pointed out in reply to Dr. Bergin's objection, that the passing of the resolution did not involve their going to the Legislature.

Dr. Logan said there were no facts to warrant the apprehension that the Legislature would not do the Council justice.

The resolution was carried by 11 to 8.

On motion, a vote of thanks was passed to Dr. Fulton for the previous evening's entertainment.

FINANCE COMMITTEE.

Dr. Mostyn presented the second report of the Finance Committee, which was adopted without amendment. It recommended that the annual fee be \$1; that \$100 and travelling expenses be allowed examiners, and \$50 additional to the examiner in anatomy. The amount of assessment collected last year was \$200 in excess of former years.

Dr. McCargow introduced a by-law to fix the allowance to members at \$10 a day while attending the Council, with reasonable travelling expenses.

Dr. Allison said that the funds would not meet such an allowance this session.

The by-law was finally adopted by 13 to 5.

REGISTRATION COMMITTEE.

Dr. Vernon presented the report of the committee. It recommended that Dr. Thrall and Miss Gress be not registered; that Mrs. Emily H. Stowe and Mr. Perras be allowed to register, also John McCrimmon on furnishing certificate of Imperial registration; and that the application of Mr. Lister be deferred.

The report was adopted.

EDUCATION COMMITTEE.

Dr. Lavell submitted the report of the Education Committee.

It recommended that the holders of A A certificates, McGill and Bishop's Colleges, be not accepted as having passed the matriculation examination of this Council; also that the same privilege be denied graduates from the Detroit Medical College; that Paul Cameron having only failed in botany, be passed his primary.

It recommended some changes in the curriculum and announcement. An important change in the matriculation regulations was one substituting, after the first of July next, the Government intermediate examinations for the matriculation examination. The registration of matriculation fee was passed at \$20.

The following examiners were appointed:—Anatomy—Dr. Sullivan, Kingston; Medicine—Dr. Eccles, London; Midwifery—Dr. Robertson, Toronto; Physiology, &c.—Dr. Tye, Thamesville; Surgery—Dr. Buckley, Prescott; Chemistry—Dr. Barrett, Toronto; Materia Medica and Botany—Dr. Stevenson, Strathroy; Jurisprudence—Dr. C. T. Campbell, London; Homœopathic Examiner—Dr. Hall, Toronto; Matriculation Examiners—Messrs. McMurchy and Knight. The report was adopted.

A cordial vote of thanks was passed to the late Registrar, Dr. Pyne, for the zeal and efficiency displayed in the discharge of his duties for the past seven years. The thanks of the Council were also tendered to Dr. O'Reilly for his invitation to visit the hospital; and to the President and Vice-President of the Council.

The Council then adjourned *sine die*.

DIGITALIS—HOW TO USE.—M. Simon, *Hop. des Enfants*, Paris, observes: Organic affections of the heart may manifest themselves under two forms, entirely different, which distinction it is necessary to have constantly in mind if you wish to give digitalis with advantage, and avoid its use where it may not only be of no benefit but even injurious. When the contractions of the heart, although irregular and unequal, are yet quite energetic, the pulse strong, the palpitations frequent and violent, especially when visceral congestions, accompanied with cephalic troubles and epistaxis, are present, you will give digitalis—not as a heart tonic, but as a heart moderator; and you must give it in comparatively large doses. When, however, the contractions of the heart are feeble and abortive, the pulse small and filiform, accompanied with a tendency to passive congestion, pulmonary engorgement, cyanosis, of a more or less permanent character; in cases in which the heart is dilated without being hypertrophied, or has undergone fatty degeneration, if you administer digitalis it must be with the greatest caution and reserve,

and only as a tonic—that is to say, in very small doses, and its use suspended as soon as possible. When, which is a rare thing with children, organic affection of the heart is complicated with œdema, albuminous urine, pleuritic effusion, or ascites, you may confidently expect the best results from the diuretic effects of the remedy, with the diminution of these effusions. You would, however, err, if in many of these cases you persevered in the administration of the remedy until you had accomplished the above results, for you will frequently see diuresis occur after the suppression of the drug, which, if continued, would have lost its action, or even produced results quite contrary to your expectations. At the same time, we can not too much insist on your using vigorously all additional means calculated to sustain the strength of your patient, such as massage, frictions to the surface, with or without the use of alcohol, repeated several times a day, and which will aid much in stimulating the capillaries and promote venous circulation.—*Ohio Med. Recorder*.

REPAIR OF EXSECTED FRAGMENTS OF NERVES, WITH RESTORATION OF FUNCTION.—At the recent Congress of German Surgeons (*Cbl. f. Chir.*, No. 188c), Gluck, of Berlin, read a paper on this subject based upon a long series of experiments upon animals, and going to show that plastic operations on the larger nerves can be undertaken with success. Parts of two neighboring nerves have been split off and united crosswise with each other; two entire branches have been cut through and then joined crosswise; and recently neuro-plastic operations have been undertaken with success. Gluck excised from the ischiatic nerve of a hen a piece two centimetres in length, and then, excising a somewhat smaller piece from the ischiatic of a rabbit, sewed it in the break, so as to take the place of the lost piece of nerve in the hen. Eleven days after the operation the wound, which had healed by first intention, was opened, and the implanted piece of nerve was found firmly united. When the ischiatic was pinched at a point above the place of operation, the muscles supplied by the nerve were moved to contraction. Central nervous conduction through the foreign piece of nerve was also established. A series of similar experiments showed that the species of animal from whence the foreign nerve was taken made no difference, nor did reversing the direction of the foreign piece of nerve make any difference. It was found essential to the success of the experiments that the wound made should heal by first intention, so that the newly-formed substance should not be more than a millimetre in thickness. Electrical conduction does not appear to be established so early as conduction of painful sensation or of pinching. Gluck thinks that the fibres responding to this excitation do not become regenerated so rapidly as the others.—*Med. Times*.

THE CANADA LANCET.

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

TORONTO, AUG. 1, 1880.

BROMIDE OF ETHYL.

This anæsthetic has been prominently introduced to the profession of Canada, by Dr. Hingston, of Montreal, who has been using it for some time in the Hotel Dieu, and in private practice, to the exclusion of other anæsthetics. A number of cases are given, in which its use has been found satisfactory, and we glean from the paper read before the Medico-Chirurgical Society of Montreal, Dr. Hingston's impressions. We give the following extracts from his paper :

"There would seem to be much similarity of action on the economy in the ethyls, methyls and formyls, and in their adaptability to anæsthetic purposes. Chloroform for many years held its sway, undisputed save by ether; and in the claims of each, the Atlantic ocean seemed to divide the two camps—British practitioners holding, in great measure, to the discovery of Simpson; and American practitioners to the anæsthetic of the Boston school. In Canada, chloroform has been more generally used. I may say, until within the past few years, it has been used almost exclusively in hospitals and dispensaries. As I have not had any serious accident in the administration of either anæsthetic, I have come to regard both with confidence, and without misgivings. Still, deaths are now and then recorded from ether, and more frequently still from chloroform; and in the hands, too, of the most competent. But I am satisfied these untoward results would be less frequent were the administrator of either anæsthetic to give his *undivided* attention to his work, and not occupy himself, as too often happens in surgical cases, with the doings of the operator.

A couple of years ago, at the recommendation

of Spencer Wells, I made use of the bichloride of methylene. It has the color, nearly the taste, and very nearly the smell of chloroform. I could see no difference in its action, and seeing no difference in its action but much difference in the price, discontinued it. Spencer Wells claims that vomiting is less frequent with the bichloride of methylene than with chloroform, but as I have not observed vomiting from the latter to be frequent when properly administered, I could see no difference in that respect."

Not long ago attention was drawn in the columns of the medical press, and chiefly by Dr. R. J. Levis, in the *Medical Times*, Philadelphia, to Hydrobromic Ether. Dr. Hingston procured a quantity of the new anæsthetic of Wyeth & Bro's preparation of Philadelphia, for trial. It was administered as he had been in the habit of administering chloroform, on a thick towel folded into a cone. The air was excluded as he had been accustomed, except in old persons, to exclude the air when giving chloroform or ether. But while never measuring the quantity of chloroform, nor watching the pulse, some attention was paid to these matters with the new anæsthetic, measuring the quantity and often noting the pulse.

He says "he was first struck with the rapidity of action of the bromide of ethyl as compared with ether or chloroform, in inducing complete anæsthesia; and more still with the suddenness of the return to consciousness. So sudden indeed was this return that it appeared to some of those present on certain occasions that the patient had not slept at all. In only one case was there difficulty in inducing anæsthesia. Upon a stout muscular young man an attempt was too suddenly made, and without any warning by my assistant, to bring him under the influence of the bromide. Considerable cerebral excitement was manifested, and the violent muscular resistance offered rendered proper application of the towel extremely difficult. This was the only exception to what was observed in all the other cases, and could have been easily avoided by making an equally rapid influence, but with a more thorough assent on the part of the patient, the greater ease with which this anæsthetic is inhaled facilitating its use. With the exception noted there was scarcely any emotion, and no struggling, save in the case of an infant, who could form no appreciation of the ordeal to which it was

being subjected. As is the case with other anæsthetics, there was increased rapidity of the heart's action, and greater general arterial tension, as Dr. Levis terms it. With the increased frequency of the heart's action, there is, as might be supposed, increased frequency in respiratory movements, but less than with ether or chloroform; and less heaving than with the nitrous oxide gas. In not one case have I noticed vomiting, and this alone would seem to give it a great advantage over chloroform, which, though occurring more frequently with the latter than it should, due in great measure to faulty administration, yet sometimes occurring notwithstanding every effort to prevent it."

"In the trial of the bromide of ethyl I, for the most part, disregarded the pulse, being firmly of opinion that when death does take place, the heart is always the last to register the untoward event, but when noted it was recorded either by my colleague, Dr. Brunelle, or the *interne* Mr. St. Jacques, or my student Mr. Bastian, or myself, but not by them or by myself, and for the reason given, with anything approaching that exactness which obtained in Paris when the anæsthetic was undergoing trial there."

A number of cases in surgical practice are then given, in which the new anæsthetic was administered with satisfactory results, and the Dr. concludes as follows:

"Bromide of ethyl has now, for a time at least, taken the place of other anæsthetics at the Hotel Dieu; and as no features of special interest have been observed, none are here recorded. In private practice I have had occasion to use it many times since I commenced its use at the hospital, and from my experience, so far, I am disposed to give it the preference over chloroform, on account of its milder and pleasanter action. Over ethyl, it has one great advantage; pure bromide of ethyl is non-inflammable. By the surgeon who adds, to his usual armamentaria, lamps and atomizers, that disease germs may be brought to understand: "So far shalt thou go, and no further," this quality of the new anæsthetic will be duly appreciated."

The conclusions at which he has arrived after a short, yet a sufficient trial are:

1st. That bromide of ethyl, or, as it is indifferently called, hydro-bromic ether, is an anæsthetic of great value.

2nd. That being less pungent than ether, and

less irritating than chloroform, it can be administered with greater facility than either.

3rd. That it is far more rapid in its action than ether, and even more rapid than chloroform.

4th. That the pulse and breathing are less influenced than with ether or chloroform.

5th. That there is less resistance and struggling on the part of the patient.

6th. That, judging by limited experience, vomiting is less frequent than after chloroform or ether.

7th. That in no case was there disposition to fainting.

8th. That it is eliminated from the body much more rapidly than any anæsthetic except laughing gas."

If the above propositions are fairly stated it follows as an obvious corollary; that bromide of ethyl is one of the, and in some respects, the most valuable anæsthetic hitherto used. The Dr. confined his observations advisedly to the use of bromide of ethyl in surgery. What aid the accoucheur may obtain from it remains, in great measure, to be seen. Dr. Turnbull claims that, when used in tablespoonful doses when the pains are most intense and distressing, it gave as prompt relief as ether, and yet it did not interfere in the least with the expulsive efforts. The quantity given appears large, and would indicate that it had been administered as chloroform usually is in obstetric cases, largely diluted with air; whereas, in all Dr. Hingston's cases, he endeavored, save in old persons, to have the air excluded as much as possible.

THE ONTARIO MEDICAL COUNCIL.

The new Medical Council of Ontario is to be congratulated upon the character of the work which has been done at the recent meeting,—the minutes and proceedings of which will be found in another column. It is indeed most gratifying to all who are earnestly seeking the general good of the profession and the advancement of higher professional education, to find the new Council so harmonious, and so much inclined to throw aside all minor differences and to unite in the important work of reform. The obnoxious regulations which were a disgrace to any intelligent body have been completely overhauled and amended, or entirely swept away as appeared desirable; a new and better matriculation has been adopted, and a new

policy has been inaugurated, which if carried out, will not fail to command the respect and confidence of the entire profession. The adoption of the High School Intermediate examination in lieu of the present Council matriculation is of itself a great step in advance of the former state of things, and will be found to work well.

It was not to be expected that all the reforms for which the profession has been crying out, should be accomplished at once. It will be seen, however, that some that were refused in letter, have been carried out in spirit; for example, although the Council voted down the resolution that no examiners should be chosen from the Council, yet they were careful not to violate the spirit of the resolution by appointing any member of the Council on the board. This is the first time in several years that an entirely outside examining board has been appointed, and so long as this continues to be the rule, we see no occasion for pressing the motion. Again although the motion to increase the territorial representation was lost by the small majority of one, the Council passed a resolution to appoint a committee to enquire into the whole matter of representation and report at the next meeting. Some very plain language was also used during the debate in regard to colleges, without teaching bodies connected with them either directly or indirectly, sending representatives to the Council; and the representatives must have felt conscious of the weakness of their position when they took refuge in the ambiguous wording of the act as a justification of their presence in the Council. Personally we have not a word to say against these gentlemen; they are warm personal friends for whom we have the highest respect, but we feel that they have allowed themselves to be placed in a false position. The act must be amended in this respect, or there will be no end of college representatives on the Council.

We regret to learn that the Council is again threatened with another law suit. One of the crying evils of the old Council was that their decisions on all points of law were sure to lead them into a law suit, in which they as certainly failed. We do hope the new Council may escape this calamity. We fear, however, that the decision of the Council in reference to the contested election of Drs. Day vs. Irwin, for the representation of the Quinte and Cataraqui division, will eventuate in a law suit.

The matter entirely hinges upon the question of the residence of the voter. There can be no doubt that in law, a voter's residence means his domicile,—the place where his family resides and where he himself resides when at home. A man may be travelling about, and yet have a domicile in some Territorial Division, and in that division he has a right to vote. We understand that the Council decided the residence of a voter to mean the place where he is registered, according to the books of the Registrar, no matter if he resides in Kamtschatka. This is clearly wrong in law; if the voter removes to a different Territorial Division from that in which he was registered, he has a right to vote in the one to which he has removed, and if he goes to the United States or Kamtschatka he is disfranchised altogether. The Act states very distinctly 'that one member shall be elected from each territorial division by the registered practitioners *resident in such division.*'

In regard to the treasurership of the Council, that bone of contention for years, we regret very much the action of the Council, but as we have already said, we cannot expect all reforms to be carried immediately. No one expected Dr. Aikin's reappointment—not even his most intimate friends. We have no doubt, his absence in England had something to do with his retention in office in the face of the remonstrance of the Territorial representatives, and the profession, as some may have felt a delicacy in voting him out of office in his absence.

To some it may appear a very trivial matter to appoint the president of one of the medical schools to so important an office, and one so advantageous to the school to which he belongs; but we feel assured if the dean of any of the other schools in the Province were appointed, it would occasion a howl from those who are now so eager for the advantages which the position affords. In the words of our correspondent of last month: "If the Toronto School of Medicine needs such questionable means of support to hold its own, it must be weak, and the party who uses the means can be neither fairminded nor honorable."

ELECTRICAL INSTRUMENTS.—We desire to call the attention of the profession to the electrical instruments manufactured by Mr. Potter of Toronto. Those in need of such instruments will do well to correspond with him, or send for a circular.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The Triennial election of Governors of the College of Physicians and Surgeons, Que., was held in Montreal on the 14th ult. The following gentlemen were elected: Drs. Howard, Craik, David, F. W. Campbell, Robillard, Rodger, Lachapelle, Rottot, Trudel, Hingston, Church, Gibson, Ladouceur, Perrault, Prevost, Lafontaine, Laberge, P. E. Mignault, Lanctot, Austin, Worthington, Larue, Belleau, Marsden, St. George, L. Larue, Parke, Rinfret, (sr.,) Sewell, Lemieux, Marmette, Gingras, Simard, Michaud, Robitaille, Rosseau, Bonin, Ross, Gervais, and Desaulniers.

The Governors met on the 15th to elect officers. The following were chosen:—President, Dr. Howard; Vice-Presidents—Quebec, Dr. Lemieux; Montreal, Dr. Trudel; Registrar, Dr. Larue; Secretaries—Quebec, Dr. Belleau; Montreal, Dr. Campbell; Treasurer, Dr. Lachapelle.

WE have received a letter from Dr. Woolverton, Returning Officer for the Burlington and Home Division, in reply to Dr. Freeman's communication of last month, which was too late for insertion in the present issue. The Dr. explains the matter fully and removes all grounds of even the suspicion of favoritism on his part, in the recent election referred to.

BISHOP'S MEDICAL COLLEGE FACULTY.—The *Canada Medical Record* announces the following changes in the Faculty of Bishop's College:—Dr. David, Dean and Emeritus Prof. of Practice of Medicine. Dr. F. W. Campbell, Prof. of Practice of Medicine. Dr. Wilkins, Prof. of Physiology and Pathology, and Lecturer on Histology. Dr. Perrigo, Prof. of Surgery in place of Dr. Slack resigned. Dr. J. C. Cameron, Prof. of Medical Jurisprudence and Lecturer upon Diseases of Children. Dr. A. L. Smith, Demonstrator of Anatomy, and Dr. J. L. Foley, Assistant Demonstrator of Anatomy. Dr. Leprohon has resigned the Professorship of Hygiene in Bishop's College.

REMOVALS.—Dr. Brodie, of Montreal has removed to Honolulu, Sandwich Islands, where he intends to practice his profession. Dr. G. W. Nelson, of Mount Forest, has removed to Marbleton, Que., where at the solicitation of many friends he has commenced practice.

HURON MEDICAL ASSOCIATION.—Drs. McLean, Sloan, Campbell, and Stewart have been appointed delegates to the Canadian Medical Association, to be held in Ottawa on the 1st of September.

APPOINTMENTS. Dr. H. H. Wright has been appointed representative of the Toronto school of Medicine in the Ontario Medical Council, and Dr. U. Ogden on the Senate of Toronto University *vice* Dr. W. T. Aikins, resigned.

Dr. Adam H. Wright has been appointed associate lecturer on Physiology in the Toronto School of Medicine.

CORONER.—Archd. McLay, M.D., of Woodstock, has been appointed associate coroner for the County of Oxford.

Books and Pamphlets.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., F.R.S., Trinity College, Cambridge, with notes and additions by E. T. Reichert, M.D., Philadelphia, with 251 illustrations. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

This is an edition precisely similar to the one recently issued by McMillan & Co., but with the addition of some matter on Histology which the work required for American students, and also the introduction of cuts. The work is, in the present form, all that can be desired as an elaborate text-book on this interesting and important subject.

REPORT OF THE ROCKWOOD ASYLUM FOR INSANE. By W. G. Metcalfe, medical superintendent, Kingston, Ont.

REPORT OF THE LONDON ASYLUM FOR INSANE. By R. M. Bucke, M.D., medical superintendent, London, Ont.

The approach of the holiday season reminds us of Amédée Latour's aphorism: Patients are comparable to flannel, neither can be quitted without danger.

Births, Marriages and Deaths.

In Hamilton, on the 13th ult., Thos. White, M.D., in the 35th year of his age.

At Burlington, on the 5th ult., Dr. W. N. Campbell, late of New York, aged 31 years.

On the 16th ult., Dr. H. P. Smith, of Digby, N.S., in the 45th year of his age.

BEEF IRON AND WINE.

Extract of Beef, Citrate of Iron and Sherry Wine.

In this preparation are combined the stimulant properties of WINE and the nutriment of BEEF with the tonic powers of IRON, the effect of which on the blood is so justly valued. For many cases in which there is

Pallor, Weakness, Palpitation of the Heart,

with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. The peculiar feature of this combination is that it

COMBINES NUTRIMENT WITH STIMULUS.

In the majority of cases, along with failure of strength, and indeed as one cause of that failure, there is an inability to digest nourishing food. Hence it is very desirable to furnish nourishment in a form acceptable to the stomach, at the same time we excite this organ to do its duty. On the other hand, again, wine stimulus although needed, is ill borne if given by itself, producing headache, excitement, and other symptoms which may be avoided by the addition of nutritious substance, such as the ESSENCE OF BEEF.

Iron also can be taken in this way by the most delicate or sensitive woman or child, to whom it may be inadmissible as usually given. Prompt results will follow its use in cases of sudden exhaustion, arising either from acute or chronic diseases, and will prove a

Valuable Restorative for all Convalescents.

As a Nutritive Tonic it would be indicated in the treatment of impaired nutrition, impoverishment of the blood, and in all of the various forms of general debility. Each tablespoonful contains the Essence of one ounce of Beef, with two grains of Citrate of Iron, dissolved in Sherry Wine. With a view to making the article more palatable, a portion of the beef is in the first place partially roasted, as experience has shown that it is better borne by the stomach, and can be administered for a longer period when this is done.

Adult Dose:—One tablespoonful between meals, and when suffering from fatigue or exhaustion

Dose for Children should be reduced according to the age.

We trust physicians will be careful to direct our manufacture of BEEF, IRON and WINE, as numbers of persons make mixtures called by the same name, and claiming equal merit. We can only say the reputation of this medicine was created by OUR PREPARATION, and it is almost exclusively prescribed by our leading physicians.

JOHN WYETH & BROTHER,

CHEMISTS,

1412 Walnut St., Philadelphia.

HYPOPHOSPHITES
OF
LIME AND SODA
WITH
COD LIVER OIL.

This preparation represents in a convenient form one of the most efficient and popular remedies in cases of a Pulmonary Character, with tendency to Hemorrhage, Loss of appetite, Cough and especially when attended with Emaciation.

The Hypophosphites with Cod Liver Oil, may be given also with great advantage in Anemia, Chlorosis, to Nursing Mothers, and in all cases of Nervous Exhaustion and General Debility.

Since the first introduction of the "Hypophosphites of Soda, Lime and Iron," separately or combined, in the treatment of the large class of wasting diseases, (of which consumption is the most prominent and familiar type). The confidence of the medical profession in these articles has steadily increased.

Phosphorus itself, which theoretically is strongly indicated in these cases, as a stimulant to the nervous system, and thus indirectly as a promoter of nutrition, cannot be so disguised or sheathed with demulcents as to be tolerated by the stomachs of many patients who would otherwise be greatly benefited by its use. It must be chemically combined, and introduced into the system in such a form as to favor its absorption and assimilation. Precisely this is done when Hypophosphorus acid, with one or more of the alkaline bases above mentioned, is properly prepared. The stomach receives it without irritation; it is taken up along with other food and carried into the economy, to be there resolved, and to supply the waste which often constitutes the first link in a chain of morbid actions.

It is in cases of pulmonary disease, with emaciation, cough, debility, hemorrhage and the whole train of too-well known symptoms, that the benefits of this article are most manifest. In many other wasting disorders, both in children and adults, the same indications are presented.

The advantages derived from Cod Liver Oil in the same class of affections need hardly be dwelt upon. We use a strictly correct expression when we say that the tissues are "burning up" they are really being consumed to maintain the temperature—often much above the normal standard—the body. Cod Liver Oil takes their place as a fuel. By its introduction into the economy, and its consumption there, the living elements of the organism are enabled to retain their structure, and restored to their proper nutrition and functions.

By combining the Hypophosphites with Cod Liver Oil the latter in a finely divided state, by the peculiar process of emulsifying, and so disguised as to be inoffensive to even a delicate stomach, we are enabled to afford at the same time a stimulant to the nervous system, and a promoter of nutrition, as well as a fuel which takes the place of the wasting tissues.

It would be easy to dwell at much greater length upon the claims of this valuable combination on the favor of the medical profession and the public; but we feel assured that the foregoing brief statement, founded upon physiological and chemical facts, and borne out by the constantly increasing testimony of experience, will commend itself to those who give it their unbiased consideration.

We would only say further, that this preparation, like every other bearing our name, is composed of the very best materials, and made up with the utmost care. We are, therefore confident that it will fully maintain our assertions in regard to it.

ADULT DOSE—One half to a tablespoonful three times a day. An hour before or after meals is the best time to take it.

Children may take one to two teaspoonsful as often. For Infants decrease in proportion to age.

Each tablespoonful contains six grains of chemically pure Hypophosphite Salts, manufactured expressly for this preparation, with scrupulous care and combined at once to avoid any chemical change.

SHAKE THE BOTTLE WELL BEFORE USING.

JOHN. WYETH & BROTHER,
CHEMISTS,
PHILADELPHIA.

COMPRESSED TABLETS

OF

CHLORATE OF POTASH.

*For Hoarseness, Bronchia, Irritation, Sore Throat,
Diphtheria, Croup, etc., etc.*

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves Hoarseness; and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognized by many of the most eminent Physicians.

As the taste of this article is not disagreeable, we have prepared it in the form of Compressed Tablets, thus giving the patient the full benefit of its action, undiluted with Sugar, Gum or other vehicles, which would not only prevent its effects, but which sometimes themselves offend the stomach.

The Lozenges usually contain about twenty-five (25) grains of gum and sugar, with two grains of the Chlorate of Potash, while each of these Pills contains simply five grains of the Chlorate, all of which dissolved in the saliva, acts on the affected mucous membranes.

If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as while the solution is but temporary, the tablet really acts as a continuous gargle.

In an exhaustive and interesting paper read before the Philadelphia County Medical Society, by Thomas M. Drysdale, M. D., (published in the *Medical and Surgical Reporter* of March 17th, 1877,) he gives a detailed statement of results of the administration of this salt. His experience in the treatment of very many cases, induces him to claim it as almost a specific in Diphtheria and Pseudo-Membranous Croup. He says "it is not claimed that it will cure diphtheria in every instance, for we will meet with malignant cases in all epidemics of acute infectious diseases which will resist every remedy, or, rather, where the patients are so thoroughly poisoned by the infection that they will die before any medicines can act upon them. But, in fact, so efficient did I consider chlorate of potassa, used in the manner which has been recommended, that I regard it quite as much a specific, if we may use such a word, for this disease, as is quinine in intermittents, or mercury in syphilis."

JOHN WYETH & BROTHER,

Manufacturing Chemists,

PHILADELPHIA.

WYETH'S DIALYSED IRON.

(*FERRUM DIALYSATUM.*)

A Pure Neutral Solution of Oxide of Iron in the Colloid Form. The Result of Endosmosis and Diffusion with Distilled Water.

PREPARED SOLELY BY

JOHN WYETH & BRO.,
PHILADELPHIA.

This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the *very best* mode of administering

IRON

in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of free acid, which is dependant upon the perfect dialysation of the solution. The samples of German and French Liquor Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron, by not giving rise to a blood red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior), the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Peroxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store to supply such an emergency.

Full directions accompany each Bottle.

In addition to the Solution, we prepare a Syrup which is pleasantly flavored, but as the Solution is tasteless, we recommend it in preference. Physicians will find our Dialysed Iron in all the leading Drug Stores in the United States and Canada.

PERRY DAVIS & SON & LAWRENCE,

General Agents for the Sale of

MESSRS. JOHN WYETH & BROTHER'S

ELEGANT PHARMACEUTICAL PREPARATIONS

In the Dominion of Canada.

DE DUDLEY'S EMULSION DE
 OF PURE
NORWEGIAN COD LIVER OIL
 PANCREATINE
 AND
DE LACTO-PHOSPHATE OF LIME DE

FORMULA.—Each fl. oz. contains six grs. of Pancreatine, sixteen grs. of Lacto-Phosphate of Lime, twenty-five pr. ct. of Glycerine, and fifty pr. ct. of Norwegian Cod-Liver Oil.

THE ONLY PANCREATIC EMULSION MADE IN AMERICA.

This preparation is respectfully submitted to Physicians, as being ALWAYS reliable. Although well aware that Cod-Liver Oil Emulsions have fallen into deserved disrepute, yet we are confident this will stand any test or trial it may be subjected to. It contains no GUM ARABIC, TRAGACANTH, ALBUMEN, SACCHARINE OR ALKALINE MATTER; therefore, it will not SAPONIFY, FERMENT, nor RANCIDIFY. The addition of PANCREATINE insures rapid and complete assimilation, enabling patients with very weak stomachs to easily retain and digest it. *Guaranteed to keep in any climate. Physicians supplied with samples (express paid) on application.*

DUDLEY & CO., Pharmaceutical Chemists,

Laboratory, 397 and 399 Pearl Street.

423 FULTON STREET, BROOKLYN, N. Y.

Messrs DUDLEY & Co. : *Dear Sirs*—Though your EMULSION has not been before the profession a long time, still I have used it quite extensively in my practice, and can truly say I think it one of the most elegant preparations of Cod-Liver Oil I have ever prescribed. I find it can be readily taken and borne by the most delicate stomach, and the PANCREATINE and PHOSPHATES make its administration desirable in a large number of cases other than phthisical. In fact, there are few cases of mal-assimilation and general debility in which its administration will not do good—and it gives me pleasure to recommend it to my professional brethren.

HOMER L. BARTLETT, M.D., Brooklyn, N. Y., Consulting Surgeon Kings County Hospital.

We are quite confident many physicians are deterred from prescribing Cod-Liver Oil Emulsions, simply because they are suspicious of the so called pure oil they are represented to contain. To prove that we use absolutely pure Norway oil, we respectfully submit the following guarantee:

Messrs. DUDLEY & Co. : *Gentlemen*—We hereby guarantee the Cod-Liver Oil we sell you, to be "TRUE NORWEGIAN COD-LIVER OIL," of our own direct importation.

W. H. SCHIEFFELIN & CO., 170 and 172 William St., New York.

John Reynders & Co.,

(Late of Otto & Reynders,)

No. 309 Fourth Avenue, New York,

UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,

Manufacturers and Importers of

SURGICAL

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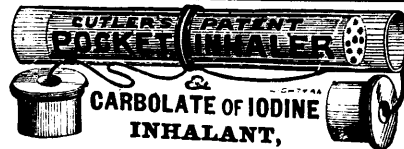
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PREPARATIONS.



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

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**CARBOLATE OF IODINE
 INHALANT,**

A REMEDY for all NASAL, THROAT and LUNG Diseases, affording relief in some cases in a few minutes.

This instrument is gotten up on an entirely new principle, and is well adapted to the treatment of all those diseases of the air passages requiring efficient inhalation. It is endorsed by many leading practitioners, and commends itself to all desiring an apparatus.*

Dr. George Hadley, late Professor of Chemistry and Pharmacy in the University of Buffalo, in a carefully considered report upon its merits, concludes in these words: "On the whole, this Inhaler seems to me, to accomplish its purposes, by novel, yet by the most simple and effectual means; to be philosophical in conception, and well carried out in the execution."

Always ready, no danger of breaking or spilling, besides being as safe and efficient in the hands of the novice as the adept. Made of Hard Rubber, it may be carried about the person as handily as a pencil case, and used regardless of time or place. Patented in the United States, England and Canada. Over 300,000 now in use.

Price \$1, including Inhalant for two months' use. Neatly put up and sent by mail free, on receipt of \$1.25. Extra bottles of Inhalant, 50c. Liberal discount to the trade. Kept by all druggists. Send your address and receive our descriptive circular, post-paid. Samples to Physicians free by mail on receipt of \$1.

W. H. SMITH & CO.,
 402 and 410 Michigan St., Buffalo, N. Y.

*See page 188 CANADA LANCET, Feb. 1st, 1880, on Carbolic Acid Spray in Coughs, Asthma, &c.



Shuttleworth's Fluid Extracts

Guaranteed of Standard Strength and Quality.

FLUID EXTRACT OF ERGOT.

This most important preparation is made the subject of special care and attention, not only in regard to the details of manipulation but the quality of the crude drug, which is perhaps the most important consideration. The finest ergot obtainable is always employed, and physicians using this extract may rely on producing the specific effects of the drug.

NEW REMEDIES.

Preparations of New and Rare Drugs.

ALSTONIA, Dita Bark.	BOLDO, Peumus Boldo, Leaves.
ARECA, Betel Nut.	CERCIS CANADENSIS.
AVA, Kava-kava Root.	CASCARA SAGRADA.
BAEL, Bael Fruit.	COTO, Coto Bark.
BERBERIS AQUIFOLIUM.	USTILAGO MAIDIS, Corn Ergot.
COCA LEAVES.	GRINDELIA ROBUSTA.
DAMIANA LEAVES.	JABORANDI.
DROSERA, Sundew.	KOOSO.
EVENING PRIMROSE.	MISTLETOE.
EUCALYPTUS.	RHUS AROMATICA.
FUCUS VESICULOSUS.	SANDAL WOOD.
GUARANA.	SUMBUL.
YERBA REUMA.	YERBA SANTA.
RUEBRACHO.	PENTHORUM SEDOIDES.
GOA POWDER. etc.	CHAULMOOGRA OIL, etc.

Chemically pure CHLOROFORM, ETHER, and OL. TEREBINTH, for Anæsthetic purposes.

CANADIAN MALT EXTRACT.

This is made by a recently devised process by which the greater portion of the Diastase is retained in an active condition.

Several combinations are manufactured:—MALT with PHOSPHATES, MALT with COD-LIVER-OIL and PHOSPHATES, and MALT with HYPOPHOSPHITES.

B. P. PREPARATIONS.

All the Official Compounds kept in stock, also a full line of Pharmaceutical Preparations generally.

GELATINE-COATED PILLS.

A full supply in stock.

Price Lists Forwarded on Application

E. B. SHUTTLEWORTH,

MANUFACTURING CHEMIST,

53 Front Street, Toronto.

Dr. J. Collis Browne's Chlorodyne

IS THE ORIGINAL AND ONLY GENUINE.

ADVICE TO INVALIDS.

If you wish to obtain quiet refreshing sleep, free from headache, relief from pain and anguish, to calm and assuage the weary aching of protracted disease, invigorate the nervous media, and regulate the circulating systems of the body, you will provide yourself with a supply of that marvellous remedy discovered by DR. J. COLLIS BROWNE (late Medical Staff), to which he gave the name of

CHLORODYNE,

and which is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is the best remedy for Coughs, Consumption, Bronchitis, Asthma.

CHLOROD effectually checks and arrests those too often fatal diseases—Diphtheria, Fever, Croup, Ague.

CHLORODYNE acts like a charm in Diarrhoea, and is the only specific in Cholera and Dysentery

CHLORODYNE effectually cuts short all attacks of Epilepsy, Hysteria, Palpitation, and Spasms.

CHLORODYNE is the only palliative in Neuralgia, Rheumatism, Gout, Cancer, Toothache, Meningitis, &c.

Extract from *Indian Economist*.

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

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

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

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

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

FROM DR. THOMAS SANDIFORD, Passage West, Cork.

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

FROM DR. B. J. BOULTON & Co., Horncastle.

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

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

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

CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

CAUTION.—The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words "Dr. J. Collis Browne's Chlorodyne."

Vice-Chancellor Wood stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the whole story of the Defendant, FARMAN, was deliberately untrue.

Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

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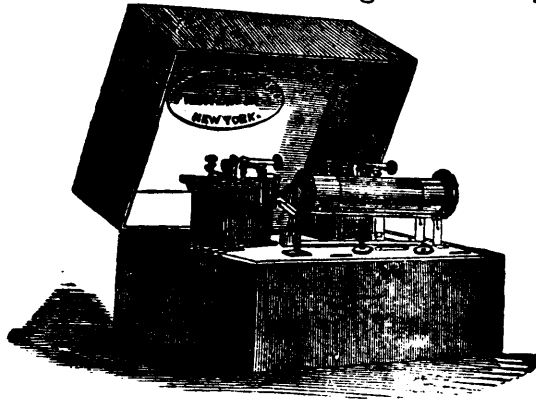
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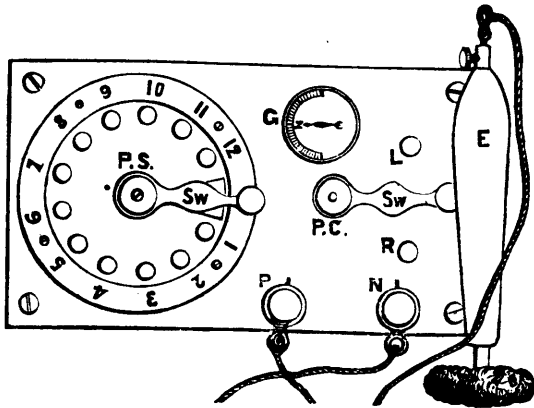
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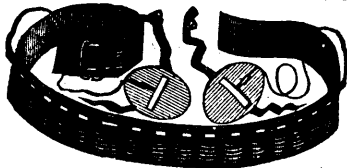
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