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# THE CANADA MEDICAL RECORD.

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## *Original Communications.*

*Valedictory Address to the Graduating Class, delivered at the Tenth Convocation of the Medical Faculty of Bishops College, by JAMES C. CAMERON, M.D., M. R. C. P. I., Professor of Medical Jurisprudence and Lecturer upon Diseases of Children.*

GENTLEMEN OF THE GRADUATING CLASS,—It is now my pleasing duty, on behalf of the Medical Faculty of this University, to congratulate you upon the successful completion of your collegiate course, and your admission into the ranks of the medical profession. The daily round of lectures, the hard and weary nightly grinds, the feverish anxieties and dreadful uncertainties of Examination day, are at last all safely over, and to-day you hold in your hands the just and substantial reward of four years' diligence and attention. We congratulate you heartily upon the creditable examination you have passed, and we welcome you cordially into our number as professional brethren and colleagues. But, though your College duties are now at an end, and you stand here graduates in Medicine, let me remind you that your life-work has only just begun; hitherto you have pursued your studies under the constant guidance and direction of your teachers—now you must pass from under their supervision and control and rely

upon your own resources. You have studied hard heretofore, you must study hard still; you must press on, the world will not wait for you; science is advancing with rapid strides, earnest thoughtful men are pushing their investigations in every department; new facts are accumulating, new theories springing up, new methods of treatment elaborated; if you would keep abreast of the times, you must study long and well, and familiarize yourselves with the progressive labors and discoveries of others. The physician who is content with what he already knows, and thereupon ceases to study, voluntarily drops from the ranks, and is soon left far behind; in the medical profession you cannot stand still, you must either advance or retrograde. But, while studying with diligence and regularity, do not over-estimate its importance, and fall into the error of supposing that book-learning alone can ensure success in your profession; reading may certainly make you well-informed men, it can never of itself make you skillful men. An eminent Professor was once asked by a young graduate what he would recommend him to do, in order to secure success in the profession. "Three things," replied the Professor, "1st, observe; and 2nd, observe; and 3rd, observe." Careful observation is the only road to success; it is the magic key which unlocks the mysteries of Nature and reveals her secrets to the studious inquirer. Train the eye, the ear, the touch daily; take pains to investigate every case entrusted to your care

thoroughly and systematically; observe everything, consider nothing as too trivial or minute; then, after having collected all your data, sift the evidence, and bring reason and common-sense to bear in forming your conclusion and determining a rational line of treatment. Endeavor always to treat your patient rather than his disease. Do not allow yourselves to degenerate into the mere routine practitioner, i.e., into a kind of peripatetic prescribing machine; but, regarding each case as a sort of vital problem, strive to bring to its solution not only competent knowledge, but also your reason and good sound common-sense; and then, as ripening experience comes apace, and advancing years add dignity and authority to your opinions, your self-evident knowledge and skill will excite the admiration, and win the respect and esteem, of your professional brethren and the community at large.

When you enter upon the practice of your profession, you will at once be thrown into contact and competition with other medical men. Remember that you are fellow-workers; let no unseemly rivalry or jealousy mar your friendly relations—act always with courtesy and consideration, strive to follow the golden rule; never slander, depreciate or condemn a *confrère* behind his back, but rather defend him; and remember that there is such a thing as damning by faint praise, and that a curl of the lip, a contemptuous smile, a shrug of the shoulder, may do far more damage to a *confrère's* reputation than an open charge; such means, I need hardly say, are far more despicable because more treacherous. When called to a case in consultation, aid your *confrère* to the best of your ability, and loyally, cheerfully and honorably accept the responsibilities which ordinarily attach to the consultant.

In the practice of your profession, gentlemen, you have certain well-defined duties to your patients—there is, in fact, an implied contract existing between you. On their part, trust and confidence are placed in you, all that they hold nearest and dearest are entrusted to you, health and happiness, sickness and suffering, honor and reputation, the issues of life and death, are placed in your hands; while on your part, in accepting these grave responsibilities, you are bound to possess a competent knowledge of your profession, to devote due care and attention to your patients, and to exercise in their treatment your very best skill. In your professional relations you enter the family circle, sickness often rudely tears off the society-mask and

discloses the inner life of your patients. You know the shadows that darken many a home, the hidden sorrows that imbitter many a life; weighty secrets, important confidences are committed to your care. And thus not only the lives, but often the fortunes and prospects of individuals, the peace, honor and happiness of families, the welfare of communities, may rest in your hands. Upon your prudence and caution great interests hang, beware how you betray them; beware lest you violate the sacredness of professional confidence. As the family physician, you will frequently become not only the medical adviser, but also the trusted counsellor and friend—one whose advice is sought in times of difficulty or distress—one who must at times cheer, sympathize, comfort or support. While, then, you strive to be skilful and accomplished in your profession, do not forget that, when human skill is of no more avail, sympathy and kindness may temper a blow you cannot ward off, or lighten a sorrow you cannot avert.

Let me urge upon you not to begin practice with too great mercenary inclinations; if money-making is your aim in life, I fear you sadly missed your vocation; you should really, gentlemen, have chosen some other calling. Undoubtedly the laborer is worthy of his hire, and people as a rule do appreciate kindness, attention and skill, and gratefully remunerate them as they deserve; while you need, therefore, feel no hesitation in expecting or receiving a fair equivalent for your time and labor, be not discouraged or disheartened if you do occasionally meet with inconsiderateness and ingratitude; but you should endeavor to sink as far as possible the money aspect of the question, and go forth into practice seeking rather how you may best be of use in the world, how you may best combat disease and alleviate pain and suffering. Do not become so strictly professional in your manner and habit of thought as to look upon your patients as merely so many interesting specimens or examples of disease that are to be merely examined, diagnosed, prognosed and treated *secundum artem*; but in your professional dealings with them remember always that they are frail and human, with feelings and sensibilities like yourselves. Make allowance for fretfulness and irritability, be gentle, kind and patient with them; make them feel that you are sorry for their sufferings while you are doing all that you can to relieve them. Kind words and tender sympathy go a long way in the sick room. Prejudiced or thoughtless

people are fond of characterising doctors as hard-hearted pitiless men, generally fond of hacking and cutting and giving pain. Even the Poet-Laureate, in a recent poem, has gone rather out of his way to describe an imaginary medical ghoul. While this is undoubtedly a libel on the great majority of the profession, there is, at the same time, a coloring of truth in the accusation. Familiarity with suffering is said to breed contempt, and thus blunt the sensibilities, and eventually harden a man. It all depends upon yourselves, however. If you enter practice thinking always of the loaves and fishes, if you treat your patients in a strictly professional manner, if you repress your natural sympathies and hold yourselves aloof, remaining impassive and cold as marble, then, most assuredly you will become hardened and callous; but if you always aim at doing good for the love of it, if, while relieving suffering you allow sympathy and kindness to temper every word and act, then, day by day, your hearts will expand with benevolence and love, and you will become purer, nobler, better. Strive to be as a ray of sunshine in every home; let the sick brighten at your entrance; let the little ones long for your visits; then, when your life-work is drawing to a close, when you are old and grey, men and women grown, whom you have watched and tended from infancy, will love and revere you with the tenderest affection and esteem.

As medical men, you have important duties to the community at large. Not only must you seek to cure disease in the individual when it exists, but you must strive to forestall its onset and prevent its spread. No branch of medical science is progressing more rapidly than Preventive Medicine. Hosts of keen observers are studying epidemics, investigating their origin and spread, seeking to discover the specific causes of infectious diseases, and the best methods of destroying or removing them. Vast progress has been made of late in Sanitary Science; impure air, impure water, impure food, impure milk, bad ventilation, bad drainage, have been repeatedly, in fact almost invariably, recognised as playing a large part in the origin and spread of disease; sanitary precautions have been devised, and, when faithfully carried out, have cut short epidemics and saved thousands of valuable lives. Those fearful scourges, typhus and small-pox, are now practically under control; and, judging from the recent interesting and important experiments of Pasteur, we shall,

some day, be able to protect our patients from the ravages of scarlet fever as successfully as we now do from small-pox. A vast field for original research is open to every one of you, gentlemen; those of you who settle in country districts will have even greater opportunities for the investigation of infectious disease than your city brethren; for you can there investigate the circumstances attending the origin and spread of disease far more accurately and satisfactorily than you could in crowded localities where so many fallacies must be guarded against. Let me urge upon you to neglect no opportunity of contributing your mite to the rapidly accumulating stores of knowledge in this most important subject.

There is yet another important matter to which I would like very briefly to direct your attention. As medical jurists your services will be continually invoked to aid the law in furthering the ends of justice; let your influence be impartially cast on the side of right and truth; never allow your judgment to be warped by personal or mercenary considerations. In many directions, the law is slowly but surely yielding to the demands of advancing scientific knowledge, and is being amended and remodeled in conformity with more correct ideas of true justice and humanity. In no case is this more strikingly manifested than in the treatment of the insane. Thank God, the day has gone by when unfortunate sufferers from mental disease were indiscriminately classed as dangerous lunatics and committed to gaols and asylums—why?—simply to get rid of them. As the result largely of the constant agitation kept up by the members of the medical profession, it is at last dawning upon the public mind that insanity is not a special dispensation of Providence, inscrutable and irremediable, but is in reality the result of morbid processes chiefly affecting the brain, just as bronchitis is the result of morbid processes affecting the respiratory tubes. Insanity, therefore, is a disease, and, like other diseases, is amenable to suitable treatment; moreover, as in other diseases, some cases can be cured, some can be only improved, while others are beyond the reach of our present knowledge and skill. Would that the name "Lunatic Asylum," with all its painful associations of ignorance, incompetence, cruelty and neglect, could be forever swept away and forgotten! I sincerely trust that the day may not be far distant when, to the triumph of education, civilization and common humanity, special hos-

pitals will be established for the treatment of mental and nervous disease, which will be quite as important and quite as successful as those similar institutions for the treatment of eye, ear, chest and other forms of special disease. The medical profession has labored hard to rescue the helpless insane from the degradation and misery to which they had been consigned, and to mark out the true limits and conditions of civil and criminal responsibility. Much has been accomplished in the past, but much still remains to be done in the future; let me enlist your sympathy and support in this great work.

Time will not permit me, gentlemen, to enlarge further upon the vast fields of usefulness which are now open to the thoughtful, studious and conscientious physician. Wherever your lot may be cast, there is much to do, your opportunities are great; remember always the sacredness and responsibility of your profession; be just and upright, patient and self-sacrificing; let your mission be one of beneficence and comfort; strive to emulate the sunbeam brightening and cheering the cottage of the poor and lowly, as readily as the mansion of the powerful and rich.

Gentlemen, your Alma Mater this day enrolls you among her sons, and sends you forth into the world bearing her name: your reputation is her reputation, your success is her success; guard well the charge we this day entrust to your care. Go forth into the battle of life, bearing aloft the motto "Excelsior," ever onward and upward, and may success attend your efforts. In the name of your Professors, in the name of the University, God-speed and fare you well.

#### ON THE TREATMENT OF TAPE-WORM, (*TÆNIA SOLIUM*).

By DR. CASSELS, Three Rivers, P. Q.

Persons afflicted with tape-worm are comparatively rare in Canada, and there is little doubt that the great majority of our medical practitioners pass a lifetime at busy practice without meeting with the disease perhaps half a dozen times; consequently it is not to be wondered at that, when a doctor is called upon to treat an isolated case of the kind, even the most able man may find it difficult, if not impossible, to effectually expel this parasite.

The standard authorities enumerate a vast variety of remedies supposed to be, and many of which

actually are, efficacious; but it is one thing to know the names, and quite another to understand the best way of applying them.

Having several times been consulted by brother practitioners, who found themselves troubled by cases of this description, I venture to send you this short article on the subject, hoping that it may prove of service to some of the junior members of our profession.

I have been fortunate enough to have had a better opportunity of getting experience on this matter than most Canadian medical men, inasmuch as sixteen years ago I was for two years and a half in the military hospital at Valetta, Malta, as dispenser, where there was always, at a low estimate, from 3 to 5 cases of the disease in the wards, on an average. The garrison consisted at that time of several thousand men, together with a proportionate number of women and children, and although, during part of the year, the troops were served with, if I remember rightly, one salt ration (consisting of equal parts of beef and pork) per week, the military surgeons were generally of opinion that the prevalence of tape-worm was more due to the water (which is rain water preserved in tanks, there being very few natural springs on the Island) than to the pork, especially as there was no difference in the number of cases during the summer months, when the salt food was discontinued.

I may mention here that both Wood in his "Practice of Medicine" and Vogel in his "Children's Diseases" assert that females are more subject to the complaint than males; this, however, is not borne out by my experience, for, during the time I speak of, many hundred men were treated, and, as well as I can remember, only two or three cases in females.

Another point was that the long train of symptoms, as laid down by the standard authorities, were never present; at the most there was an uneasy feeling, hardly amounting to pain, at the pit of the stomach, more marked after a long fast, perhaps a furred tongue and bad breath, with some languor in the morning, and a capricious appetite; but in very many cases the only symptom was the infallible one of pieces of the worm continually passing per anum.

Common as the disease was, it was very important that the treatment should be prompt and effective, and to this end all sorts of combinations were tried. Very excellent results were sometimes obtained from kusso, and from bask of the pome-

granate root, and seeds of the fruit, but their action was not always sure, more especially kusso, which, when fresh and pure, is very reliable, but deteriorates rapidly when kept any time, and, from its expense, is apt to be adulterated.

After many trials, the following was found to be the best mode of procedure :

When a man was admitted with tænia, he was allowed no food after dinner the day of his admission ; that evening he was given a full dose of compound infusion of senna with one or two drachms of rochelle salts. The senna was found to clear the mucus from the intestines and expose the worm better than any other purge. The following morning, after the bowels were well cleared out, and the man had fasted 15 or 18 hours, he was given from 1½ to 2 drachms of kamale powder, together with the same quantity of ethereal extract of male fern. This was given in the following way : the kamala was first suspended in an aromatic mucilage and the male fern added. Just before giving it to the patient this mixture was poured into half a teacupful of warm milk and taken while hot. An hour or so afterwards, half an ounce each of castor oil and turpentine were given.

The rationale of the treatment is as follows : The worm is made hungry, and exposed by clearing the mucus from the bowels, then the remedy is given in hot milk, as the animal is particularly fond of that article of diet ; the turpentine is to give the coup de grace, if required, and the oil to remove him from the patient.

It is necessary to carefully examine the worm passed to make sure that the head has come away ; otherwise all the trouble is for nothing, as, no matter how many feet are removed, the worm re-grows very rapidly, and in a short time will be as troublesome as ever. It is easy to distinguish the head after having seen one. To the naked eye it appears as a white point on which, with a small power magnifying glass blackish suckers may be detected. Between these is a conical proboscis surrounded by a double circle of hooks, so small that they are invisible unless with a glass of considerable power. The neck is several inches in length, not jointed, and remains attached to the head.

If the directions I have given are strictly observed, in the great majority of cases the patient will be cured, although occasionally it is necessary

to repeat the operation in a week or ten days, when the head has been left behind.

Very often, however, I have found that, in cases where a second dose was required, some irregularity or deviation from the prescribed routine had been committed.

Particular care must be taken to use good samples of kamala and male fern ; the kamala especially is very hard to get pure.

## ON SOME POINTS OF CONTEMPORARY INTEREST.

By C. E. NELSON, M.D., New York.

*Scavengers, and sewer-gases.*—In a large metropolis, these cannot be dispensed with ; if they are well constructed (as in London), in conjunction with the most improved “stink-traps,” charcoal trays, &c., sewers may be very beneficial ; if inefficiently built, of poor materials, with useless traps (as in New York), they may be productive of a certain amount of *malaise*, but hardly of severe disease : many of these cases of so-called town *malaria* were probably contracted in country watering places, from evening exposure ; and the cases of typhoid fever, from drinking foul cistern water in country hotels ; they return to town sick and wearied ; on the return these persons probably rarely take the accustomed out-door walk, so, being confined in rooms which often are superheated, they become languid, and the implanted seeds (now it is called “germs”) of *malaria* develop into lingering, and sometimes fatal disease. It is surely improper to include these cases in the city’s sick list (considering they were contracted in the country), attributing them to our sewer-system. Our watering-class population commit many imprudencies in the country that they would not dream of doing in town, such as sitting outside the house during the evening, when the air is raw and damp ; they do not take pattern by the farming class, who never dream of sitting outside their houses in the evening. *Drinking milk* in large quantities, this is “*de rigueur*” with town people, thinking it would not be “the country” if they did not do so ; farmer families rarely drink milk, knowing how it goes through the dirty fingers of cow-boys ; it, however, deranges the stomach and digestion. When the city boarders have drunk and gorged themselves sick, then a doctor is called in, whose medical education may be none of the highest.

*Water-closets and privies.*—The former are very convenient, and can hardly be dispensed with in a large city; but, likely the privy system, at a little distance from the house, is the best.

*Stationary wash basins* in the rooms.—These often are the means of diffusing sewer-gases through the houses, but not to the extent that is generally imagined; keeping water in basins and bath-tub might obviate that, the water absorbing the gases.

*Dirty cabins, dung-heaps* at the door, or in the house, may not be prejudicial, as the door is being continually opened, the cabin is in the midst of glorious air; then again, animal manure is not unhealthy as to odor, it containing ammonia; stable helpers (even in cities) are as healthy as any other class of men.

*Hygiene and Boards of Health, Quarantine.*—The two former of these are found in the larger cities of the more advanced nations, especially in the "temperate zone:" it is a question whether they have done much good; according to the newspapers, which usually photograph the truth,—"no." As to *quarantine*, that is especially beneficial in a negative way, i. e., keeping out disease, but no curing it. We, of New York, complain that Southern (and foreign cities in the tropics, as Havana) cities are not kept clean, thereby engendering repulsive diseases; they might with reason retort, mentioning our "high rate of mortality;" because after all what does it matter what name is given to the disease (yellow fever, or diphtheria), as long as it is fatal; summer diarrhoea and teething kill as well as cholera.

*Diphtheria* caused by *bad odours* and *defective drainage*.—I cannot exactly subscribe to this theory; I rather think that our ward-school system (crowding dirty children of all classes and constitutions together) is at the bottom of this. A healthy child goes to school, gets in contact or catching distance of an infected child, comes home, takes sick, communicates disease to other younger children in the family, several of which may die; then people go smelling around the house, and if there is a dead rat or so behind the wainscotting, they forthwith blame our (exceedingly laborious and painstaking) Board of Health about "sewer gases!" Perhaps also an inefficient doctor has been called in.

*Typhoid fever* may possibly be caused by sewer gases, but it is not perfectly certain.

*Typhoid types* of acute disease may originate

from sewer-gases, but these two last conditions (fevers, and typhoid types supervening on other complaints) are more likely partially caused by close ill-ventilated apartments, and also by inferior kinds of food. *Malaria* may possibly be induced by sewer-gases; it is likely *intensified* by that agency.

*Increased rate of mortality in tenement house districts.*—I think this is due to the fact principally, that there are more poor people than rich; also, that there are more people occupying a room (merely as regards simple numbers) in tenements than in rich houses. Send away the bulk of the tenement house population, leaving merely as many people in a tenement house as there would be, on an average, in a rich house, it is a question whether any more would die in the former than in the latter: of course, there is a little difference as regards buying delicacies, getting good food, wines, &c. The laboring men, who live in tenements, go to their work every morning, perfectly healthy, although of course they are in the fresh air most of the day; the mothers pass through their confinements about as well as rich ladies do.

*Are vile odours unhealthy?*—Doctors are divided on this question; bad odours are very unpleasant, but I do not think they are fatal—witness the men who work in rendering, and other such establishments; also those who work in gas-housest sewers, the former "night-men," who used to clean out privies (now called soil-vaults).

*A country village* with no sewer, or water-pipe system, no house water-closets, is more likely healthier (apart from the country air) than a town which contains those conveniences of civilization the dirty water and manure thrown out over the fields hurt no one.

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## *Progress of Medical Science.*

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### DEATH FROM BROMIDE OF ETHYL.

Dr. R. J. Levis, of Philadelphia, the distinguished advocate of Bromide of Ethyl, recently lost a patient under this anæsthetic at the Jefferson Medical College Hospital, Philadelphia. The patient was about to be operated upon for stone in the bladder, but died as the first incision was being made. Dr. Levis was present during the administration of the anæsthetic, and no doubt exercised every known precaution.

## A LECTURE ON PERITONITIS.

Delivered at the College of Physicians and Surgeons, N. Y.

By ALONZO CLARK, M.D., LL.D.,

Professor of the Principles and Practice of Medicine.

(Reported for the *Hospital Gazette*.)

This disease is important from the great extent of the membrane, which is arranged in the form of an irregular sac, with no openings of any great importance. It is important in its connections with liver, intestines and stomach, for when a viscus is inflamed and the inflammatory action reaches the surface it will involve the serous membrane of that viscus, and consequently when a membrane is inflamed the action will proceed to a limited extent to the viscus. As regards degree, this serous inflammation stands next to *arachnitis*. This is not very common inflammation, much less frequent than the inflammation of pleura and pericardium. Pleurisy is most common of all. To me it seems that peritonitis is most common in mountainous districts. I think I have seen more of this disease in Vermont than in all other places together, including hospital practice. I shall consider peritonitis under four heads. 1st. Sporadic peritonitis. 2nd. Peritonitis from perforation. 3rd. Puerperal peritonitis. 4th. Chronic peritonitis, which is almost always associated with tubercles. We may have any of the three products of serous effusions, but there will always be plastic exudation which will be found more posteriorly on account of the supine position which these patients assume. In the ordinary forms there will be serum and fibrin. Pus is very rarely found alone. In the chronic form the plastic effusion will be organized in layers, the greatest quantity on the surface of intestines. Tubercles will be usually found in connection with the organized matter. Purulent effusion is frequent in the 2nd form of the disease.

## SPORADIC PERITONITIS.

The rule is that this is a very painful disease, and that the pain begins at one point and spreads rapidly. This symptom is observed early in the disease. A chill does not commonly occur. The pulse does not feel the influence of the disease until a later period, as a rule. I believe that we have no acute inflammation where the pulse runs up as high as it does in peritonitis. Constipation of an unyielding character exists in the height of the disease. This is as complete as if produced by some obstacle in the intestinal canal. The inflammatory condition extends just through the muscular coat of the intestinal canal (the same plexus of vessels supplying both the muscular and peritoneal coats). When a muscle is inflamed it cannot act, and to this paralysis is to be attributed the constipation; as long as the intestines are in this condition cathartics can only do harm by exciting inflammatory action in the mucous coat. This constipation lasts the whole time that the inflammation is severe.

Vomiting frequently begins in the early stages of this disease, and is due to reflex action of par vagum. The contents of stomach are first thrown up, then the greenish "*spinach-like matter*," whose color and appearance is due to biliverdine. The explanation of this fact is not known, but it occurs in other diseases. Gaseous extension or tumefaction of abdomen called tympanites or meteorism is present in first twelve hours. This gas which is chiefly C O<sub>2</sub>, is contained in the intestinal cavity and not in the peritoneal cavity. It does not readily escape, and this forms one of the differences between this and other diseases. The tympanites is one of the most common and marked symptoms of the disease. The countenance becomes pale, with the expression of calmness; features are somewhat pinched. This condition is known as the "*Hippocratic countenance*." The mind is generally clear. The urinary secretion is not generally affected, but there may be inability to pass urine from adhesions of the bladder. There is no special condition of tongue, sometimes slightly furred.

The causes are: 1st. The obscure causes which produce inflammation.

2nd. Perforation of stomach, colon or vermiform appendix. Perforations of stomach are from two causes.

1st. Perforating ulcer, which occurs near the pylorus and sometimes partly in the stomach and partly in the duodenum. This ulcer appears like a little "well," and causes thickening of tissues to the extent of  $\frac{1}{4}$  in. When perforation takes place the contents of stomach pass into the peritoneal cavity and persons die in 12 or 16 hours, though they often live to the second or third day. There may be ulceration of stomach without endangering life, as in spinal or aphthous sore mouth of children. They are not of common occurrence because ordinary inflammation does not produce them. This, however, must not be taken for the erosion caused by the solvent action of the gastric juice after death. In protracted diseases this erosion does not take place because it is not apt to be taken to any extent previous to death. Some years ago an ulcer was found in a Bellevue patient 3 in. by  $2\frac{1}{2}$  in. extending to pancreas and liver and producing erosion, and opening two large vessels of the liver, which gave rise to fatal hemorrhage.

2nd. Stomach may be perforated by cancerous disease, and then it is rapidly fatal. These are the only causes of perforation of stomach. Perforation of intestine at duodenum may result from an ulcer, and is much the same as perforation of the stomach; this form is *less rapid*. I have never seen an instance of perforation of jejunum. Perforation of ileum may happen in *typhoid* fever near the ileo-cæcal valve; pain will first be felt on the right side low down. The whole colon is susceptible to perforation during acute *dysentery*, or from *ulcers* or cancerous disease. The ulcer is very much like that in stomach. They are *circular*, and have been known to surround the intestine. Ulceration may

be produced by a calculus in the gall bladder, but these generally pass into intestinal tube. The most common seat of perforation is at the vermiform appendix. In this sac a great quantity of substances taken with the food have been found at the post-mortem examination. The most common cause is faecal accumulations, which fill the sac and cause ulceration, though I cannot recall a case of peritonitis in children under 14 years which did not occur from perforation at vermiform appendix.

The pain begins at R. I. fossa and extends along the transverse colon; this disease always yields to treatment and seems subdued, but soon breaks out again with greater severity. In healthy persons there is a tendency to adhesion and to form a sac to contain the effusion for a day or two, but as it accumulates the sac breaks and so produces the symptoms over again. This feature seems to be distinctive of perforation at vermiform appendix. The effusion which is purulent gives rise to dullness. In a few instances the disease is not fatal, the pus being discharged by some opening.

Peritonitis is apt to be confounded with *bilious colic*; this is not an inflammation, and is not attended with any paralysis of muscles of intestines, but depends upon an unusual contraction of the muscular fibres. There is no increase in the frequency of the pulse for some hours, while in peritonitis this happens early. Colic is relieved by pressure in beginning, but there is some tenderness after a while. No tympanites as in peritonitis. Obstruction of intestines is taken for peritonitis, but here there is no increased pulse.

Under proper treatment a considerable number will recover, but whatever is done must be done with energy, as the natural duration of the disease is "four days." Blood-letting both general and local has been practised to a considerable extent in the treatment of this disease. Dr. Armstrong proposed blood-letting, followed by a full dose of opium, as the latter perpetuated the effect of the bleeding; but, while he looked upon both as necessary, if he could have but one he preferred the opium. Drs. Palmer and Child of Vermont treated their patients by the Armstrong method in 1844 with success. When I first adopted this mode of treatment eight recovered, the ninth died. The rule is to give as much opium as the patient can take without being narcotized. Begin with gr.ij. to iv. every two hours until the symptoms of narcosis begin to show. In the case of a hospital patient grs. iv. were given and the dose increased gr. j. every hour until a gr. xii dose was taken. One objection to this plan of treatment is that it requires the attention of the physician, who should always administer the opium himself. It is not important which preparation of opium you use, but use the same from beginning to end. If pills are used they should be freshly made up every twelve hours. You are to give the opium by its effects and not by quantity; these effects are *sensible contraction* of the pupils, marked reduction in the frequency of respiration, diminished frequency of pulse,

gentle perspiration of skin, *itching* of the mucous membrane of the *nose*, and easy but very much protracted sleep, from which patient may be easily aroused. The pain first disappears. Tympanites continues until inflammation is subdued. Let the bowels alone for one week longer, as they will move when inflammation subsides. The influence of opium is to be kept up until peristaltic action is re-established. The dose may then be diminished and when a spontaneous movement occurs it may be suspended altogether. A full dose may be required at night to produce sleep. I believe I have seen peritonitis from perforation cured by opium. In this form there seems to be a tendency for sealing up, and the opening gives time for this healing process to be more complete. No other mode of treatment has been successful. Strong coffee and the cold effusions are to be used as antidotes in poisoning from opium. With a fair amount of caution and these two antidotes you will not likely be to lose a patient. I do not know of a single death produced by opium in this disease.

#### PUERPERAL PERITONITIS.

This form of the disease, called also *puerperal fever* and *metro-peritonitis*, occurs in lying-in women, although it may occur independent of *parturition*. It is liable to happen within thirty days of the occurrence of parturition, but generally within the first week, and greatest liability on the *second or third day*. This disease and its associate metritis are believed to be contagious for those in the same condition. There is no doubt but that it may be conveyed by the physician, although this is denied by Dr. Meigs, of Philadelphia. This disease has some connection with the cause which produces *erysipelas*. We rarely hear of one case alone, it is much more apt to be *epidemic*, and the effusion is *purulent*. The fatality of the disease, until lately, was enormous. In Bellevue Hospital not more than one in twenty-eight recovered. Now we have much better results, and the disease is much more manageable in private practice. Metro-peritonitis is much more commonly attended by a chill. It is far less often attended by pain, and this leads to mistakes in the diagnosis. The paralysis of muscular coat of intestines is not so great, and hence constipation is not so obstinate, and cathartics are not forbidden. The other symptoms are quite regular. The inner surface of uterus is always inflamed in puerperal peritonitis, so that I have given the name of *endometritis* to this condition. On examination there is found a pasty secretion on the walls of the uterus, which resembles thick *glue* and of the color of *beef brine*. Sometimes the whole interior of the organ is lined with this adventitious material, made up of blood, pus, and fibrin, formed into fibers, not unfrequently with cells. This indicates a most *intense* form of inflammation. The uterine sinuses may be inflamed and purulent matter deposited in their cavities. Pus is then mingled with the blood, and all the symptoms of pyemia are present. From this symptom it

has been called *purulent uterine phlebitis*. These uterine sinuses open on the inner surface of uterus by valvular mouths, situated where the placenta was attached. The inflammation passes over these mouths very readily into the veins and it is this which makes the disease so dangerous. The *lymphatics* of the uterus take on the same kind of action and those in the neighborhood of the round ligament are subject to purulent inflammation. The ovaries are enlarged and covered with lymph. There are evidences of inflammation in Fallopian tubes; purulent matter exudes by pressure. The fibrinated extremities are deeply congested and covered with lymph. In some instances the Graaffian vesicles are destroyed by this process. Puerperal fever, in which peritonitis is the leading feature, is much more easily cured than puerperal fever with metritis, the difference being in the purulent effusion. The symptoms of this are suppression of the lochia for twelve or twenty-four hours, pulse frequent and very small, *extreme prostration like that in pyemia*, impaired digestion. The *perspirations* constitute the chief features of the disease. These take place after six to ten days, or in the second week. The first is usually preceded by a chill, but after this they come on without any reference to the chill. They seem to be conservative in their action, for without these the elimination of pus cannot take place. Abscess of the breast, or broken breast, may result from the sympathy of the breast with the uterus. Again an abscess may occur in the iliac fossa, and obtain a great size, so as to open spontaneously, or require opening. The woman dies in a few days from the depressing influence of the pus upon the nervous system. The opium treatment is used in cases where peritonitis is a most prominent element. In Bellevue Hospital five out of six were cured by this treatment. Besides the opium, these women took a few doses of ver veride to diminish frequency of pulse. Norwood's mixture of veratrum may be given, dose gtt. v, when the opium has reduced respiration but not the pulse. It produces great nausea, attended by prostration and a tendency to syncope. Alcoholics are to be used when such effects are produced. It is a very good treatment to give opium and ver viride in alternate doses, and this is all that is necessary. In *metropéritonitis* opium does not serve any important purpose, and it is useless to give it, except to *soothe* the patient. Leeches to the vulva or perinæum and bleeding promoted to a great extent. Opium grs. j or iij every two or three hours. Injections of warm and tepid water into vagina and uterus. The veratrum viride treatment has been introduced and is successful. During the period of purulent infection quinia sulph. grs. (xv per day) combined with morph. sulph., to reduce irritability. If there is a tendency to the formation of abscesses food and stimulants will be necessary.

#### CHRONIC (OR TUBERCULAR) PERITONITIS.

A somewhat rare disease, usually dependent upon *tubercles*, but sometimes upon *cancer*. Occurs

mostly in young persons, say from *ten to twenty-five* years of age. Is very insidious in its approach, and not usually made out until far advanced. The symptoms constitutional are those of pulmonary tuberculosis, viz: paleness, emaciation, loss of strength, and frequency of pulse. *Constipation of Bowels* alternates with Diarrhœa, which is easily explained by the lesions existing. The peristaltic action being hindered by the glueing of the intestines together, fœces accumulate. These in short time inundate mucous membrane, and produce a free watery secretion, which constitutes the diarrhœa. The cause of irritation being removed by this discharge, the bowels become quiescent, and constipation again ensues, and soon. The bowels are persistently tumefied and tympanitic. Tubercles (miliary) are on or under the pleura, and a low grade of inflammation is set up. A thin layer of fibrinous exudation is poured out on surface of pleura. This speedily becomes organized. Upon this new tissue another exudation takes place and this in turn receives another, and so layer after layer is formed until the contents of the abdomen become so welded and hidden in the exudation that it is impossible to distinguish anything with certainty. Although tubercles almost invariably exist in the lungs at the same time it sometimes happens that their symptoms are not well developed, and the phthisis may be far advanced without cough or other rational signs of its existence. As a rule the treatment can only be palliative. (Yet Dr. C. has seen two cases recovered.) We know tubercles *can* be softened and absorbed. There is no theoretical reason why recovery should not occasionally take place. Fresh air, nutritious diet, cod liver oil, tonics, stimulants (in moderation), with counter irritation (iodine being preferable), are the chief remedial agents. The afternoon fever may be controlled by quinine and acidi sulph. arom.—*N. Y. Hospital Gazette*.

#### LECTURE ON MEASLES.

BY ALONZO CLARK, M.D., LL.D.,

*Professor of Principles and Practice of Medicine, College of Physicians and Surgeons, New York.*

I call your attention now to another of the eruptive diseases—measles. A disease so mild in many cases that the family do not call a physician; and yet so severe in many as to make a pretty large mortality in a city like New York. You will be surprised, perhaps, to hear, if you know anything about the course of measles as it most commonly presents itself, that the mortality here is two, three, or four hundred a year, varying very much; down below a hundred many years, and up to two or three hundred, or more, some years. The explanation of this lies partly in the fact that measles is a more prevalent disease than scarlet fever. If you look into the medical register, or any medical journal that reports the number of

contagious cases that occur in the city week after week, you will see almost invariably that measles is two or three times ahead of scarlet fever in the number of cases.

It is, then, sometimes a very grave disease ; at other times a very mild disease. I will describe it to you in the same manner that I did scarlet fever, by marking the several stages.

It is only to be had by contagion. It does not arise *de novo*, even from decomposing oat-straw ! A western physician made this a source of measles for the young members of the army in the late war ; but there is no good ground for the opinion that I can see. Measles is obtained from measles, and from nothing else.

The period of incubation is not definitely fixed. Indeed, it *is* fixed, and we have ascertained that it is *irregular* ; that it is uncertain. As for example, Dr. Buell, who lived in New York a good many years ago and moved to San Francisco, recited to a medical society his experience with reference to a house down town, in College Place. College Place was then a place of residence ; it is now a place of stores. At a boarding-house there a lady with two or three children was so unfortunate as to have measles break out among them. As soon as it made its appearance, the boarding-house mistress, conscious that it would injure her business by causing other boarders to leave, required this one to go out of the house. The room was left unoccupied for a week, when another family came in to occupy it with children also. In seven days from the time they entered that room measles broke out in the family. The landlady drove this family away and another took its place, and in seven days after the third family came in measles broke out among their children, so that for two particular instances seven days was the period of incubation. But there are other instances that can be quite as well marked in which it goes on to eight, nine, ten, or even to fourteen days. The period is given very variously by the different persons who have written about the disease. As for example, Holme makes it from seven to fourteen days ; Williams, from six to sixteen days ; Rilliet and Barthez, five to thirty, and even fifty days ; and they are very good authority. Their statements are received as statements made on careful observation.

I should doubt very much whether it has an incubation of fifty days ; at the same time I cannot limit possibilities in the matter.

When, then, it makes its appearance in different persons, at a variable period after exposure it has its stage of invasion, and this is pretty long for an eruptive disease ; the longest of them all, three to four days. It is rarely ushered in with a chill, though cases are recorded in which a chill did occur as the first symptom. There is commonly, before anything very marked is observed, an indefinite feeling of not being well ; *malaise*, as the French call it. And then comes a little febrile action, which increases day by day, and with that

febrile action a redness of the eyes, and a little watery condition of them. The tears are secreted, and then there is the extension of the inflammation that was at first confined to the membrane of the eyes. On the outer membrane of the eyes it extends into the nose and into the fauces, and so down gradually into the breathing-tubes. You have, in a word, a catarrh, and the catarrh, when it is fairly formed, is attended by a peculiar cough in most of these children. The French have called it the "iron" cough ; a harsh, coarse cough. The eyes run a good deal ; the nose is a little busy in that same business. There is some headache ; the temperature is elevated moderately, and this condition continues for a period of from three to four days. The invasion of small-pox is two days ; the invasion of scarlet fever from six or seven hours to twenty-four ; the invasion of measles three to four days. The child is not very sick during this period of invasion, as a rule ; though, as I told you, there is considerable fever, the temperature rising to 102°, or it may be to 103°.

Then comes the eruption. The eruption appears upon the upper part of the body first, and gradually descends to the lower part, just as scarlet fever does in the majority of cases, and yet there are exceptions. Measles may break out all over the body, or it may break out upon the back first, but the general rule is that it appears upon the neck and face first, and gradually descends. It takes it about two days to reach the feet in the greater number of instances.

The character of the eruption you may get an idea of from this portrait, and notice particularly the condition of the eyes. They are red, and so are the fauces and the bronchial tubes and the nasal passages—all reddened by this catarrhal inflammation. This eruption is sometimes called crescentic. I believe this is a fair representation of it, and you will hardly find a crescent in any of these spots of eruption. It is better described as being irregular in shape, varying somewhat in size, but rarely larger than a bean—sometimes in some degree linear and curved, but always varying. Every particular case of measles will give you a multiple form of eruption ; it does not occupy, as the scarlet fever eruption does, all the skin. There will be healthy skin along between the several spots ; red eyes, and a peculiar eruption of a dingy color, not bright red. The eruption lasts in any one spot about four days, and the whole eruption about six or seven days, it disappearing on the feet after four or five days of continuance, as it does upon the upper part of the body in the same period. You observe there is no difficulty in distinguishing the eruption of scarlet fever from the eruption of measles. They are both produced by numerous slightly elevated little points, the loops of the capillaries of the skin, but the irregular patches of measles and the darker hue of the eruption are sufficient to distinguish it from the continuous eruption of scarlet fever.

In a mild case, as in scarlet fever, the fever

gradually diminishes after the eruption appears, but in a bad case the fever continues and the temperature rises. The bad cases are made by certain complications. As, for example, there is the hemorrhagic form of measles, in the old time called black measles. The patches take on a dark, ecchymotic color—not so marked as ecchymosis, but still approaching it. In this case, as in the hemorrhagic cases of scarlet fever, the danger becomes very great, and the chances of recovery of course are diminished. In certain other instances there is a tendency to gangrene, particularly about the mouth; and in the female, the vagina, and sometimes about the anus. And this gangrene comes to be a very grave matter. It is exceptional, fortunately.

Then, again, you have a form of measles that resembles, in its general symptoms, that form of scarlet fever I described to you under the name of scarlatina maligna. The child appears to be overwhelmed by the poison that produces the disease. The nervous system seems to give way. He becomes delirious and comatose, perhaps awakening occasionally from his coma, making a shriek, a hydrocephalic cry, though there is no hydrocephalus.

You observe, then, that measles, though in a greater number of cases a very mild disease, can take on very grave symptoms.

When the period of desquamation occurs, there is a noticeable difference between the desquamative scales of scarlet fever and measles. They are branny in measles, and branny for the most part in scarlet fever, but the scales are larger in scarlet fever than in measles, as a rule. Sometimes in measles you have it in great quantities. I have scooped it up in teaspoonfuls from the sheet on which the patient lay. There is nothing of the glove-form of exfoliation in measles.

There is, as a sequela of measles, a very considerable amount of ozæna, as it is sometimes called—a bad catarrh; running at the nose; the eyes retain their redness frequently for a considerable time; the cough holds over, and may continue for some months. And persons have been known to pass into phthisis, tuberculous disease of the lungs, out of measles.

As to the treatment of measles, the mild cases hardly require any. The catnip-tea that the mother gives is as about as good as anything. And when you come to the severe complications you are baffled very much, because you can hardly find anything that will have much influence over it. If it is the hemorrhagic form, why, then, iron and the vegetable acids, together with the supporting effects of quinine and food, will probably do more for you than anything else, if you can save the case at all. If it is attended by gangrene, there is nothing that has as good a reputation as quinine, and you of course support the power of the patient by alcoholics as far as your judgment will require. In the malignant form I do not believe you will find any medicine do much good. If ergot has

the control that it has the reputation of having over the capillary circulation, it may be possible that it may have some effect upon this form of disease. It has not been tried, so far as I know, and I do not know that it would be useful. Cold to the head, cold to the body as the temperature becomes more and more elevated, is certainly admissible and desirable, to reduce the temperature to a safe point at any rate; and in measles the temperature rises in the bad cases sometimes to  $106^{\circ}$  or  $107^{\circ}$ .

There are a few things more to be said regarding measles. I neglected to say to you that another name for it is morbilli. Among the symptoms is rather a curious one; an odor like that which comes from the nest of mice—a mouse-odor. In any case of pretty full eruption you will be likely to find it.

Among the sequelæ will be found, not unfrequently, indeed pretty commonly, a certain amount of nasal catarrh, and this may continue for some weeks after, and associated with that, very commonly, is a pulmonary catarrh. One of the features of the disease, and with its early development, is this catarrhal affection of the mucous membrane of the eyes, nose, and breathing-tubes, and this holds over in a considerable number of cases, and not unfrequently gives some anxiety, and the anxiety is in a few cases well founded, for this disease and typhoid fever are followed more frequently by phthisis than any of the other acute affections that I know—by a tubercular phthisis. Still the vast majority of persons who have measles recover from it wholly.

This ophthalmia is sometimes the occasion of some trickery. I was, a great many years ago, in company with a gentleman from the south. His eyes were red and inflamed to a certain extent, and I saw at once that it was a peculiar relic of the measles. After dinner the entertainer's son asked me what that young gentleman had better do for his eyes. He had been to an advertiser, and the advertiser had informed him that it would cost him \$500 to be cured, and the friend asked me whether it was worth while to pay it. When I learned who it was that he had applied to, I told him certainly not, but to go to Dr. Delafield, the father of my colleague (who was then giving considerable attention to the eyes), and let him put him under the regular treatment. He had sent word to his father to forward to him the \$500 as a fee that he had to pay to cure his eyes. Instead of it, however, at my advice, he went to Dr. Delafield. Dr. Delafield applied around the eyes some veratrum ointment, and in five, six, or ten days, he was all right, and the fee was \$10. This advertiser had tricked him in this way. When he urged that \$500 was a large sum to pay, the advertiser replied: "The medicine is so expensive. You get the medicine and I will treat you for very much less." He gave him, therefore, a prescription for an ounce of veratrum, which at that time cost about \$500. He called on one druggist with the prescription. The druggist said: "I have not that

amount, but I can procure it for you." Well, what will it cost?" "Four hundred and seventy-five dollars."

He went to another, and what would it cost? He had not that quantity, but he could get it for him. What would it cost? Four hundred and eighty dollars. And, after trying three or four times, he went back to the advertiser and said he could not do any better, and the advertiser was getting ready to use a few grains of this ounce that he had prescribed.

Occasionally wry-neck follows measles. The muscles of the neck get stiff and contracted, and turn the head. That is rather a wearisome thing when it occurs. It occurs exceptionally, and frequently requires a good deal of patience on the part of the physician, and I cannot tell you of any particular prescription, or any method of treatment that is of special aid.

Anasarca not unfrequently follows scarlet fever. It is a very much less frequent sequela of measles, and yet it does from time to time occur, and acts in the same way, with the same symptoms, the same developments with reference to the tendency to convulsions, the tendency to the production of inflammatory action, particularly about the heart and pericardium, and will require the same treatment. But its unfrequent occurrence will give you a little satisfaction. That is, as you are coming to the end of a case you will not consider that, as a matter of course, this cedema or anasarca is to occur.—*New York Medical Record.*

## THE OPIUM-HABIT—A POSSIBLE ANTI-DOTE.

By E. R. PALMER, M.D.,

*Professor of Physiology, University of Louisville.*

It is not my purpose to enter into a lengthy dissertation upon this "social evil;" yet such a dissertation would be by no means inappropriate, seeing how great is the evil of the opium-habit, and how poor and insufficient the literature bearing on its treatment and cure. No people so well know the uniform evil effects of opium-eating as the medical fraternity. De Quincy and others have founded the pernicious notion among the laity that there is a something far more exhilarating, far more divine in the intoxication produced by opium than in the commoner intoxication of alcohol.

Few people, comparatively speaking, need look beyond personal experience to know that the poet has not been niggard of his coloring when singing the praises of the rosy juice. The majority of mankind has too vividly imprinted in memory the clouded intellect, headache, and nausea following bibulation to bow unqualified assent to the poet's ecstatic verses recounting the virtues of "the generous wine." On the contrary, happily, so far as we Americans are concerned, what the vast majority of us know of the opium-habit is gained from

hearsay, and is, as is well known to the doctor, unreal in the extreme. It has been my lot, like that of most practitioners, to come in contact with opium-eaters, and I will positively affirm that I have yet to see one who even approximated in his nature the "happy-go-lucky" character of the drunkard. Opium-eating is a curse without any qualifying dispensation—a black cloud in a sunless life. Unlike alcohol, it cannot be said of opium that its constant use improves the vital powers of the enfeebled. No debates as to its food properties ever have or ever can be held. It is simply a powerful drug, useful in time of great physical distress, and pernicious beyond the power of pen to portray when once it fastens itself upon the mortal frame as a daily necessity.

To be able to cure the opium-habit has been the laudable ambition of many a worthy doctor and the vaunted claim of many a blatant quack. I believe that so far as the literature of medicine goes to-day we have no remedy with any claims whatsoever as a curative of this habit. Those doctors who have succeeded in reforming any of its victims have, I believe I am safe in saying, done so by aiding the weak resolves of their patients with their own strong will and influence. If any medical man has yet discovered a *cure* for opium-eating, I am sure the medical world is not aware of it.

Recent experience has led me, in view of the facts just stated, to hope that I have discovered a cure. What it is and how I came to use it may be briefly told as follows: In looking over the different remedies which various drug-houses have kindly donated to the University Dispensary, I read upon the back of a bottle of fluid ext. of coca, made by Parke, Davis & Co., that this drug "produces a gently excitant effect; is asserted to support the strength for a considerable time without food; in large doses produces a general excitation of the circulatory and nervous system, imparting increased vigor to the muscles as well as to the intellect, with an indescribable feeling of satisfaction amounting altogether sometimes to a species of delirium, not followed by feelings of languor or depression," etc., etc. At this time I was treating in private practice an obstinate case of cardiac irregularity due to a somewhat dissolute life, and not amenable to either belladonna, digitalis, or tonics. I started the patient on coca. From dropping one beat in every four, his heart went, with increasing doses of the drug, to one in seven, one in twenty-one, one in thirty-eight, and finally a cure. The absolute relief and cheer that a good, big dose of coca imparted to this patient were wonderful to observe. I had hardly begun with this case before a similar but even worse case of cardiac exhaustion, with irregular action, offered at the University Chest Clinic for treatment. To be brief, he got coca and got well. In both cases hypochondriasis was a marked symptom, and was speedily cured.

In March last I was sent for in great haste by

the proprietor of a neighboring saloon, and on my arrival was told that "a chap" had just gone to his room from the saloon in a fearful fix. "He looks," said the publican, "as if he had been on a terrible spree, and needs a doctor mighty bad." I was shown to the gentleman's room, and was struck at once by his peculiar appearance. He told me frankly that he was an opium eater; that he had not taken a drink for months; but that this morning, feeling so badly from morphine, he had gone to the saloon and taken a brandy cocktail, which, however, did not stick. He protested that he was dying, and altogether was in a sorry plight. I subsequently learned his dose was three grains of morphine several times a day. I tried various remedies for a day or two, and by moral suasion got him to reduce the dose very materially, but much to his discomfort. About the third day of my attention I bethought myself of the coca and ordered it for him. Imagine my surprise upon meeting him the next day with fine spirits and a record of only one fourth of a grain of morphine taken since my last call. This was the end of the case. He took the coca for some days, and entirely broke off from opium. His statement was that whenever he felt depressed or bad he took a good, big dose of the medicine, and in a few moments was all right.

My second case was so striking in its results and is so recent that I hardly feel justified in reporting it. It is as follows: Upon the 18th of the present month a gentleman sent for me. I found him in bed, looking like a consumptive. He at once told me that he was an opium-eater, and that he had reached a point where thirty grains of morphine daily were necessary to supply the cravings of his perverted nature. He said that he was now trying to break off, and wanted me to help him. I told him of what the coca had done, and with a few cheerful words prescribed it for him. The next day I found him still taking morphine, although in small doses, as he had not been able to find the coca. Upon the following day he had had but one dose of morphine in eighteen hours (one fourth grain) and plenty of coca. He was hopeful and cheerful. The next day I failed to see him, and on calling the day following the servant met me at the door with the statement that he was well, and had gone down street. This much I can say for the last case, that when I last saw him he looked like another man, so light and cheerful was his face, and so free from the evidences of opium.

These are very brief and slender claims upon which to base a claim of discovery: and while I might supplement them by several cases of ordinary hypochondriasis relieved by the agent in question, I do not deem it worth while, as my only desire is to direct professional attention to the administration of coca in the treatment of the opium-habit.

Erythroxyton coca is a native of the eastern slope of the Andes. It is cultivated in the tropical valleys of Bolivia and Peru. The greatest of care

is given to its culture by the natives. An idea of its importance as an agricultural product may be gained from the fact that the duties upon coca in Peru amount yearly to four hundred thousand dollars. The Peruvians are pre-eminently a despondent, an unhappy race, and coca is their balm. To them it is a relic of departed days of glory, and under its benign influence they enjoy in dream and delirium the halcyon days of Monco Capac.

Professor Steele, of the American Pharmaceutical Association, from whose article upon Coca I glean these facts, says: "Coca is both salutary and nutritious; in fact, the best gift the Creator could have bestowed upon the unfortunate Indians. They always carry a bag of leaves suspended from their necks, upon which they draw three times a day with as much pleasure and delight as a connoisseur in tobacco smokes a fragrant Havana. It imparts brilliancy to the eye and a more animated expression to the features, agility to the step, and a general appearance of animation and content." Indeed, one can scarcely read Prof. Steele's article \* without wishing to test the virtues of this great antidote for the blues. The ordinary dose for adults of the fluid extract is a tablespoonful.

#### CHIAN TURPENTINE IN THE TREATMENT OF CANCER.

The *Lancet*, for March 27th, 1880, contains a paper by Professor John Clay, of Birmingham, on "The Treatment of Cancer of the Female Generative Organs by a new method." The remedy he uses is Chian Turpentine, and, although his experience extends over a period of only twelve months, yet, from the results which have been obtained from its use during that time, the author asserts that an amount of relief has been secured to the patients put under its influence which has not been afforded by any other mode of treatment hitherto employed. In the first case in which it was tried it was given in doses of six grains, with four grains of flowers of sulphur, every four hours. The patient was 52 years of age, and suffered from scirrhus cancer of the body and fundus of the uterus. Hemorrhage was excessive, and pain in the back and abdomen agonizing, and the cancerous cachexia was well marked. The patient apparently had not long to live. The uterus was extensively destroyed by the cancer, and its cavity admitted three fingers. On the fourth day of treatment by the Chian turpentine the patient reported herself greatly relieved of the pain. The os was found quite contracted, hardly admitting the index finger, and the surrounding cancerous infiltration was much diminished. At the twelfth week examination was made, and the parts felt ragged and

\* Proceedings of the American Pharmaceutical Association, 1878, pp. 774-778.

uneven, and did not bleed on roughly touching them. Several cicatricial spots were seen per speculum. There was no pain or hemorrhage, and the general health was improved. Other three cases are recorded in the paper, showing similar results from continued use of the drug, the os uteri speedily becoming contracted, and its tissues assuming a more natural and healthy condition. The author concludes that the best method of administration of the Chian turpentine is to give it uncombined; that its effects are more rapid and more marked when given alone. Whatever be the ultimate results of further experience of this drug, he believes there can be no doubt that in these diseases of the uterus it is a most valuable remedy. In the early stages of cancer, it may be affirmed that a speedy cure may undoubtedly be expected, while in advanced cases of the disease, if the surrounding structures are not too much involved in the destructive process, an ultimate cure may reasonably be hoped for.

#### HOW TO USE IODOFORM IN CHANCROID.

From Keyes's Venereal Diseases :

Unquestionably the most efficient local application for these chancroids is iodoform, and its application pure, in powder or mixed into a paste with glycerin and scented with essential oils, is rarely painful. But respectable people will not use iodoform. Its peculiarly penetrating and tenacious odor is unmistakable. Those who have once smelled it upon any one else fear disclosure from the very fact of using it, and most of those who are unfamiliar with it at first soon get to abhor it. In spite of all this it remains the most efficient local application for chancroids too old to burn, and by a careful person can be often so used as to escape all the disadvantage attaching to it.

Nothing will disguise the odor of iodoform. Oil of peppermint is perhaps the best of the aromatic oils for the purpose. Many other sweet-smelling oils have been used. These are combined with powdered iodoform in ointment with various greasy excipients, or the powder is rubbed into a paste with glycerin and then scented. The misfortune is that the odoriferous principle is more volatile than the iodoform, and, aided by the heat of the body, soon leaves the odor of the iodoform supreme. Applications of iodoform dissolved in ether or chloroform have been recommended. Their application is painful, the solvent evaporates, and the odor exhales as strongly from the fine dust left precipitated over the surface of the ulcer as if it had been at first deposited there in its natural state.

Still iodoform is too good a substance to be given up. Those who do not object to the odor can use it freely as a powder, or rubbed into a paste with glycerin. Others may use it undetected if their chancroids are sub-preputial and the prepuce reasonably long. The sores must be washed and

dried. A little fine iodoform dust is then taken upon a narrow piece of card and scattered over the ulcerated surfaces. The prepuce must now be carefully pulled forward and a piece of absorbent cotton placed in its orifice. No portion of the iodoform must be allowed contact with the clothes or the fingers of the patient. He must be careful, upon urinating, to pull out the cotton gently, retract the prepuce only enough to disclose the meatus, and put in a fresh piece of cotton immediately. He must change his dressing frequently at home, and use great care in his washings, not to let the water which has run over the sores touch any part of his person or of his clothing. By using such precautions the most fastidious patient may employ this valuable remedy without betraying himself.

#### BROMIDE OF ETHYL AS AN ANÆSTHETIC.

A discussion on this subject took place at the last meeting of the *Société de Chirurgie* of Paris. Considerable interest attaches to the debate, from the eminent position on the Continent of several who took part in it. M. Terrillon opened the subject with his experience. He said he had used bromide of ethyl as a general anæsthetic in fourteen cases. The anæsthesia lasted from eight minutes to an hour. The results obtained were : 1. At the commencement, when he used a large dose of five or six grammes, there was little irritation and less suffocation than in administering chloroform, anæsthesia supervening in about a minute without convulsion. Muscular relaxation takes place in from two to four minutes. In most patients the excitement was less than with chloroform, and instead of clonic there were only tonic convulsions. The face, conjunctiva, and neck, were congested, and a sweat sometimes supervened; the pupils were moderately dilated, the pulse always quickened, and each time the bromide was added the acceleration increased. 2. During the anæsthetic stage the intermittances must be very short, and the napkin not entirely removed. The pulse becomes very rapid and small, 125 per minute. The face is congested and covered with sweat. The respiration, which is quickened by the bromide, is sometimes obstructed by mucus collecting in the pharynx, and breathing is stertorous and roaring. The patients attempt to swallow, and the mucus must be removed by a sponge on a whalebone stem, introduced to the back of the mouth. Thus, instead of chloroformic anæmia, we have congestive phenomena. 3. The waking is very rapid. Patients can answer questions in less than a minute, and have no desire to vomit. Vomiting sometimes occurs during the sleep; most of the patients vomit after administration of the bromide as after chloroform. From these facts, M. Terrillon thinks bromide of ethyl is preferable to chloroform for simple anæsthesia, if it is desired to be

rapid, and to last only a short time. If, on the contrary, we require to push it to the point of muscular relaxation, it cannot be so considered. If accidents occur they will probably be in connection with the respiration, and will be such as we may ward off, and which do not take us by surprise. like those due to chloroform. M. Berger thought that some caution was required when the anæsthesia had to be long continued. He had been struck with the ease by which death occurred in animals, which was more rapid in rabbits than with any other anæsthetic. In one case of anæsthesia in man, under M. Gosselin, the bromide of ethyl did not give good results on account of the agitation during the anæsthesia and the subsequent vomiting. M. Verneuil had seen a case where general anæsthesia was produced, even before it was wanted. He was about to remove a small tumour from the vicinity of the nose in a woman fifty years of age, and recourse was had to a spray of bromide of ethyl as a local anæsthetic, but he had scarcely commenced before the inhalation of the vapour caused general anæsthesia. As a local anæsthetic he considered the bromide of ethyl valuable, and had obtained good results from its use. M. Lucas-Champonnière had given the bromide in small doses to lying-in women: the results resembled those of chloroform, but were more disagreeable both to the patient and the attendants. M. Nicaise had seen very good effects from local anæsthesia by bromide of ethyl, when it was desired to use the thermo-cautery or red-hot iron.

It is evident from this debate that the use of this substance as an anæsthetic requires further experimental observations. Sufficient has been adduced to show that it has a certain value, but we are not, at present, disposed to accept it as superior to those tried agents, chloroform, ether, bichloride of methylene, or nitrous oxide. A more thorough investigation than appears yet to have been accorded, will place bromide of ethyl in its proper position.—*Dublin Med. Press, June 9, 1880.*

### THE STRONGEST MAN IN THE WORLD.

At Reno, in Nevada, according to one of Mr. R. A. Proctor's letters to an English journal, there now lives a man who is probably the strongest in the world. His name is Angelo Cardela. He is an Italian, age 38 years, 5 feet 10 inches in height, and weighing 190 lbs. He is a laborer, of temperate habits, but not objecting to the moderate use of malt liquors and light wines. In personal appearance he is not remarkable, but "merely a good-natured-looking son of Italy, with a broad, heavy face, a noble development of chest and shoulders, and large fleshy hands." His strength was born with him, for he has had no athletic training. This strength does not reside in his hair by any means, but apparently as much in

his bones as in his muscles. At any rate, he differs from other men chiefly in his osseous structure. Though he is not of unusual size, his spinal column is double the ordinary width, and his other bones and joints are made on a similarly large and generous scale. He has been known to lift a man of two hundred pounds' weight with the middle finger of his right hand. The thing was done as follows: The man to be lifted stood with one foot on the floor and arms outstretched, his hands being lightly grasped by two friends, one on each side, to preserve the balance of the body. "This slight assistance," we are assured, "had no tendency to raise the body being merely to keep him from toppling over." Cardela then stooped down and placed the third finger of his right hand under the hollow of the man's foot, on which he was balancing, and with scarcely any perceptible effort raised him to the height of four feet, and deposited him standing on a table near at hand. It is said that two powerful Irishmen, living near Verdi, in Washoe County, Nevada, waylaid Cardela with intent to thrash him; but he seized one in each hand, and beat them together till life was nearly hammered out of them. He is, however, of a quiet and peaceable disposition. His strength seems to have been inherited, for he states that his father was even more powerful than he is himself.

### RINGWORM OF THE SCALP.

Dr. MacLeod (Dundee), after failing to cure an obstinate case of ringworm by various remedies—as ascetic acid, carbolic acid, oil of cade, oil of stavesacre, etc.—found it yield readily to a mixture of iodine and oil of tar in the proportion of two drams to one ounce painted over the patches three or four times. This plan has been recommended by Professor McCall Anderson.—*Lancet.*

### PROF. BALL'S PRESCRIPTION IN EPILEPSY.

Ammon. bromid., sod. bromid., aa equal parts; take two to five grams twice daily (with food). Ext. bellad., tinct. oxid., aa .02 gram; make a pill; two pills to be taken morning and evening.—*Ibid.*

### IODIFORM AND GOITRE.

In 1843 Bouchardat recommended iodoform as a substitute for tincture of iodine and iodides, and gave it in pastilles and pills. In 1848 Glover followed his example, curing two women who had goitre by internal and external treatment combined. He gave it internally in the dose of thirty to forty-five centigrams (4.6 to 7 grains) a day in three or four pills, making inunction upon the tumor at the same time with a pomade containing iodoform.—*Trousseau's Therapeutics.*

## THE TREATMENT OF SUMMER DIARRHŒA.

An interesting lecture on the summer diarrhœa of adults, by Dr. Horatio R. Bigelow, of Washington, D.C., is reported in full in the *Philadelphia Medical and Surgical Reporter*. We reprint the portion of it relating to the treatment of the disorder, as likely to be of practical service to many of our readers at this time of year :

In all cases where we have reason to suppose that there is undigested food in the alimentary tract it is good practice to exhibit at the very commencement a dose of castor-oil and opium. This somewhat nauseous admixture may be rendered palatable by combining with it compound tincture of cardamoms, oil of gaultheria, pulverized acacia, white sugar, and cinnamon water. Should there be extreme pain or cramp, a spiced hop poultice (hops, cinnamon, cloves, linseed, and brandy) over the abdomen gives much relief, while the subcutaneous injection of vi.-x. minims of Magendie's solution will quiet pain and nausea. If the stomach is incapable of retaining the oil it should be administered as an enema. A persistent diarrhœa should be treated with powders of oxide of zinc with bicarbonate of potash, or with gallic acid and opium. Where the anæmia is marked, the debility extreme, and the diarrhœa malignant, in the sense that some anæmias are said to be malignant, there is no more desirable mixture than the elixir of calisaya bark and aromatic sulphuric acid. If the tendency be to cholera, quinine and ergot, or carbolic acid, should be given with hot brandy punches, with laudanum, or the subcutaneous injection of the hydrate of chloral. The simple uncomplicated diarrhœa that one meets so often in the summer will usually yield to a little chalk mixture, with tincture of krameria; when more severe we may use a mixture of tincture of opium, spirits of chloroform, alcohol, and spirits of camphor. An enema of the sulphate of copper before breakfast is useful in many cases of great tenesmus. As a general rule, when sent for to attend a case of cramps resulting from unripe fruit, or anything of that nature, I order a castor-oil enema at once, with the immediate application of a hot spiced hop poultice over the abdomen. If necessary I add a subcutaneous injection of morphine, and leave the patient with the assurance that he will be well in a few hours, and that nothing more will be necessary. If an adult patient comes to my office complaining of an active diarrhœa attributable to no other cause than that of heat and over-exertion, I order him a few powders of the oxide of zinc and bicarbonate of potash, to be followed by a mixture of the elixir of calisaya and sulphuric acid.

If the diarrhœa be due to constipation, we have nothing better than a pill of extract of nux vomica, extract of belladonna, with extract of physostigma. These should be taken regularly to overcome the habit, which is due probably to a relaxed condition of the muscular coat of the bowel. The anæmia of

malaria attended with diarrhœa is admirably treated with a pill containing chinoidine, sulphate of iron, and the resin of podophyllum. Astringents, as we usually understand the term, are of no possible avail. They do not reach the seat of the disease. An ordinary bilious diarrhœa, not due to catarrhal or obstructive jaundice, will generally yield to a pill containing Turkey rhubarb, resin of podophyllum, and blue pill, with a little hyoscyamus, to prevent griping. After decided action has resulted we may put our patient upon a mixture containing dilute nitro-muriatic acid. The diarrhœas preceding attacks of icterus are treated with a pill of purified ox bile, sulphate manganese, and podophyllum, or with the hydrated succinate of the peroxide of iron. In the reflex diarrhœa due to intense heat, with excessive mental excitement, we have a remedy above all others,—finely powdered ice applied to the whole length of the spine, in one of Dr. Chapman's ice bags, for one or two hours at a time, has a wonderful and immediate effect. It relieves the hyperæmia of the nerve centres, tranquillizes nervous irritability, overcomes insomnia, and checks the diarrhœa. In diarrhœas generally, attended with great nervous prostration we have nothing in medicine of half the value. In these cases the great object to be attained is to subdue as rapidly and completely as possible the hyperæmia of the spinal cord and sympathetic ganglia, and re-establish the healthy equilibrium of the circulation; and, while the future may demonstrate the way in which this may be accomplished by galvanism, we have not now any means of reaching the automatic nervous centres comparable to that of ice applied along the spine, together with heat to the general surface. With this we may give bromide of lithium and calisaya, or the elixir of calisaya, quinine, and strychnia.

## DOUBLE PNEUMONIA AND ABORTION.

Dr. L. A. Rutherford reports the following interesting case to the *Medical and Surgical Reporter*. The case is of so great interest that we publish it in full :

On the 14th of March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot; both cheeks flushed; eyes suffused; respiration about twenty-three; pulse 120. Complained of severe pain in both sides of the chest, Cough constantly. Both sides dull on percussion right side more involved. Respiratory murmur at upper part of both lungs very loud, as compared by some fine crepitation. Tongue very broad and flat, deeply furrowed in centre, base covered with a dense dirty, brownish fur; lips red; breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one drachm doses, to be given every three hours. Five grains of extract of quinine every six hours. Eleven a. m. next day pulse

was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin  $103\frac{1}{2}$ . Ordered poultice to be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once, and repeated in four hours. At 9 p. m. saw the patient; complained of diarrhoea. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhoea a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisting of milk. Dextro-quinine was given only twice during the night. On the morning of the twelfth symptoms much improved, though the dullness was as great, but heat and restlessness abated somewhat; diarrhoea under control. During the next two days the acetate of ammonia was continued in one drachm dose, every four hours, five grains of dextro-quinine to be given three times a day.

On the fifteenth I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently, in small quantities. Tincture of veratrum was given in small doses every hour. Four o'clock I saw her again; was told that labor pains were on her. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hemorrhage, and before I left the house the foetus was expelled, minus the placenta. The shock this abortion inflicted on the system was fearful; she became semi-comatose, pulse went up to 150, small and thready, breathing diaphragmatic. Several convulsions then came on. Hard ones were on her in twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put about as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and poured it down her throat. This was repeated in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced to forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day I found, to my surprise, that there was very much less solidness of lung than at any other time since I first saw her. I removed the placenta with a hook this day: but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time on the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases, both of double pneumonia, pleuro-pneumonia; intermittent fever, and allied diseases.

## BISMUTH OINTMENT.

Dr. Sweet writes to the *Medical Summary*: I wish briefly to call the attention of my medical brethren to the value of the sub-nitrate of bismuth as an external application. Whenever Erasmus Wilson recommends the oxide of zinc ointment, I use the bismuth, and with much more satisfactory results. I do not know what has been the experience of others, but I have found the zinc ungt. too stimulating for any acute eruptions. But the bismuth fulfills the indications perfectly. Mixed with cosmoline or fresh lard, in almost any proportion, it is a sovereign remedy for eczema, herpes, intertrigo of infants, and anything where there is an abraded or irritated surface. A short time since I succeeded in healing an extensive ulcer of the leg which had resisted other treatment. It is also an excellent application for piles, applied as an ungt. externally, or injected in the form of a solution—a teaspoonful to a few ounces of water or other fluid.

## THE COOL AIR AND WATER TREATMENT OF MEASLES.

The *Allgemeine Med. and Central Zeitung*, No. 29, 1879, contains an abstract of a long article by Dr. Kaczorowski, of Posen, on the discovery (!) made by him that cool air and sponging with cool water have no such disastrous effect in measles as old writers taught, but, on the contrary, relieve the distress of the disease and hasten recovery. This may be news in Poland, but we hope it is not in this country. Various able writers, among whom we signalize, for his earnest statements, Dr. Hiram Corson, have for years advocated it in this journal and in the *Transactions of the Medical Society of this State*. The old treatment of close rooms and warm drinks ought forever to be banished. They cause a more intractible form of disease, retard convalescence, and render the sequelæ more serious.—*Med. and Surg. Reporter*.

## REMOVAL OF STRONG ODORS FROM THE HANDS.

Ground mustard mixed with a little water is an excellent agent for cleansing the hands after handling odorous substances, such as cod-liver oil, musk, valerianic acid and its salts. A. Huber states that all oily seeds when powdered will answer this purpose. In the case of almonds and mustard, the development of ethereal oil under the influence of water may perhaps be an additional help to destroy foreign odors. The author mentions that the smell of carbolic acid may be removed by rubbing the hands with damp flaxseed meal, and that cod-liver oil bottles may be cleansed with a little of the same or olive oil.—*Druggists' Circular*.

# THE CANADA MEDICAL RECORD,

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EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND

ASSISTANT EDITORS:

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JAMES FERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

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## DECISION RESPECTING THE RIGHTS OF QUALIFIED ONTARIO DRUGGISTS PRACTISING IN THE PROVINCE OF QUEBEC.

A case which has created considerable interest for some time among our Pharmaceutical friends in this Province is that of the Pharmaceutical Society of Quebec (Province) *vs.* John C. Bennett, in which a final decision has at last been reached. The circumstances are briefly stated by the *Canadian Pharmaceutical Journal* as follows:

Mr. John C. Bennett, of Brantford, was registered a member of the Ontario College, on June 14th, 1879, by virtue of his having served as apprentice and assistant prior to the passing of the Pharmacy Act. Shortly after the above date he commenced business in Montreal, but was quickly summoned by the Quebec Society, and on trial was fined five dollars and costs for unlawfully using the title of "Chemist and Druggist." He still continued business, and was again subjected to a legal ordeal with a like result. He then signified his intention of carrying the matter to a higher tribunal, and the case was brought up before the Superior Court; but the decision of the Police Magistrate was sustained. Mr. Bennett, who throughout has endeavored to maintain his position with a pertinacity more creditable to his pluck than profitable to his purse, next applied for an injunction to restrain the Pharmaceutical Society from further prosecution, and asking that the Quebec Act be declared unconstitutional and *ultra vires*, as being an interference with trade and commerce. Judge Rainville, before whom the case was argued, dismissed the petition, holding that pharmacy is only a branch of medicine, and comes under the jurisdiction of the Provincial Legislature. The petitioner was by no means satisfied with

this judgment, and consequently exercised his right to appeal. The case came up on March 22nd, before Chief Justice Dorion and Justices Monk, Cross and Baby. It was merely another edition of the suit entered by the College here against certain general traders in the vicinity of Hamilton. The attempt to upset the Pharmacy Act of Quebec, was however, equally unsuccessful with the effort to prove the Ontario Act unconstitutional.

Chief Justice Dorion remarked that the questions arising upon the division of powers between the Dominion and the Local Legislatures were surrounded with very great difficulty. The appellant here urged that the Quebec Pharmacy Act of 1875 was unconstitutional, on the ground that the Act was an infringement upon trade and commerce, a subject which falls exclusively within the jurisdiction of the Parliament of Canada. The Court was against the appellant on this point. In many instances the exercise of the powers confided to the Local Legislatures must trench in some degree upon the powers entrusted to the Dominion Legislature, just as the exercise of the powers given to the Federal Legislature must trench to some extent upon the powers assigned to the Local Legislature. There was an example of this in the recent case of Cushing & Dupuy, where the bankrupt laws passed by the Dominion interfered in some degree with provincial procedure. The Privy Council treated the question in a comprehensive manner, and held that the Confederation Act, in assigning to the Dominion Parliament the subjects of bankruptcy and insolvency, intended to confer also the power to interfere with civil rights and procedure so far as a general law on the subject of insolvency might affect them. A great many of the powers given to one Legislature must incidentally conflict with the powers given to the other. Thus, the police regulations requiring the doors of saloons to be closed at a certain hour had been held not an infringement upon the powers of the Federal Legislature to regulate trade and commerce. The proper rule was this, that wherever power was given to one Legislature for a certain object, and the exercise of that power incidentally trespassed upon the powers assigned to the other Legislature, the incidental power was included in the power for the main object. Here pharmacy was a local subject, and the Act, in so far as it touched the subject of commerce, was merely incidental to the larger power, and was not unconstitutional. The judgment would therefore be confirmed.

Dr. J. A. Grant of Ottawa writes us with reference to Dr. Bessey's paper on the treatment of Psoriasis by Vaccination, published in our February number. He directs our attention to an article published by him eighteen years ago in the London *Medical Times and Gazette*, in which he reported several cases treated for the first time in the same manner as that followed in Dr. Bessey's case.

#### WYETH'S PEPTONIC PILLS.

This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach.—The results of their use have been so abundantly satisfactory, that we are confident that further trial will secure for them the cordial approval of the Medical Profession.

Pepsin, pancreatin, vegetable ptyalin, or diastase, lactic acid, and hydrochloric acid with milk sugar—such are the component parts of lactopeptine. Surely the physiologist must contemplate a formula like this with satisfaction; for it embraces the most important of his discoveries relative to digestion, and shows how the fruits of his researches may be made to do good service in the department of practical therapeutics.

This is the age of physiological medicine, and the New York Pharmacal Association has certainly proved its ability to meet the requirements of the time by bringing lactopeptine before the profession. The name of its manufacturers is sufficient warrant for the purity of this preparation, while its worth as a medicine in the treatment of dyspepsia is attested by practitioners of well-known ability.

#### TENTH CONVOCATION OF THE MEDICAL FACULTY OF BISHOP'S COLLEGE.

The Tenth Annual Convocation of Bishop's College Faculty of Medicine was held in the Synod Hall, Montreal, on the 12th of April. The attendance was very large, the spacious hall being crowded, the ladies being present in large numbers. The presence of His Honor Dr. Robitaille the Lieut.-Governor of the Province of Quebec, for the purpose of having the *ad eundem* degree of C.M., M.D., conferred upon him, gave additional interest to the proceedings. About three o'clock the Chancellor, Mr. R. W. Henneker, entered the Hall, accompanied by the Lord Bishop of Quebec, His Honor the Lieut.-Governor, Dr. Robitaille, and took seats upon the dais. On the platform also were the following members of the Faculty:—Canon Norman, Vice-Chancellor; Rev. Principal Loble, D.C.L.; Dr. A. H. David, Dean of the Faculty; Dr. F. W. Campbell, Registrar; Drs. Kennedy, Wilkins, Kollmyer, Cameron, Simpson, Armstrong, Proudfoot, Wood, Drs. Kerry and Kannon, graduates, were also present.

The proceedings were opened by the CHANCELLOR delivering the following address:—

On this the completion of the first decade of this Medical School, I feel particular pleasure in occupying this chair. Ten years of faithful work is a sufficient guarantee that our Medical School is well founded. The report of the Faculty will give the record of the work done during the past year. I can only express my deep regret that our friend Dr. David should have felt himself obliged to retire from the active duties he has so well fulfilled in the past, and, at the same time, to congratulate him on the fact that he has earned the good opinion of his confreres, so that they have thus determined to associate his name permanently with the work he and they have taken in hand. I wish now to add a few words as to University work in general, and that of our own University in particular. That the work of superior education is gaining in the estimation of the public of all nations must be evident to the looker-on, and that University work is more widespread in its action and influence is equally apparent. The older Universities of the Mother country have enlarged their field of study by the introduction of subjects but little thought of or known in former times. Physical Science, and other cognate subjects, are now accessible to students, and the throwing open of College fellowships to competitors in the great English Universities has given a stimulus to University life scarcely dreamed of a few years ago. In fact, the Universities of England are gradually becoming what the term itself implies: seats of learning,

concentrating a turning into one whole the entire mental resources of man. In these great centres each man may now follow the special course of study for which he has a call or deems himself fitted. But to bring about this large result an almost unlimited supply of money has been required. In some countries the State has controlled the Universities on the ground that, as every man is a member of the State, so his education is more or less a matter of State interest, and this, of course, reminds us of the position of the citizen in ancient times. Our condition in Canada is very different from this. What the State does for us is simply to aid voluntary effort. It does not even inquire as to whether the result corresponds with the outlay. It would, indeed, be almost impossible, until we become a more concrete people, to have one uniform system. Our three different Universities of the Province of Quebec prove at a glance our diversities of language, creed and origin. Laval is French in character, McGill mostly Scotch and non-denominational, Bishop's College denominational, and, to the extent of its means, a copy in its Arts course of Oxford and Cambridge. The great want in Canada is money—the means to establish more than a very few chairs. In Bishop's College we have at the present time represented the so-called "Learned Professions," with an Arts course in addition. It is clear, therefore, that, if viewed from the standard of what a University should be, it is but a nucleus. We do aim, however, though our work is not broad nor varied in extent, to do that work well and thoroughly, so that those who have passed through our hands may prove themselves to be men of thought and action, fitted to cope with the peculiar difficulties which surround life in this new and ever-growing country. Beyond the special technical pursuits of Divinity, Law and Medicine, our means are applied to the study of language, and as language lies at the base of all knowledge—without which knowledge itself is inconceivable—we think it better to apply ourselves to language for the present rather than to attempt too much. And if the study of the Earth, of the Heavens, of Chemistry, and of matter generally is important—which we readily admit—yet language must be held to be of even greater importance, as containing within itself not only the means of interchanging thought between man and man, but of recording for all future ages the thoughts, discoveries, arts and sciences of each age, and everything relating to nature itself. Again, without language we could have no revelation of God's will, and we are brought back to first principles when we say that language is the main distinction between man and the brute creation. Recent discoveries, through the reading of the tablets found in the Assyrian monuments, have brought to light the fact that 1,000 years before the call of Abraham, there were enlightened people with a knowledge of astronomy and mathematics, keeping records of the events of their period, of the traditions of their origin, of the Creation itself, the Deluge, and the other incidents of the early

history of the world which we find recorded in the book of Genesis. With these people of a far distant age government was reduced to a system; the relations between rulers and people were defined; education was fostered; libraries were collected, and the tablets themselves (the books of the period) were studied with marginal references. Surely this study can yield to none in interest, and yet it is the language study of which I speak which has brought about these discoveries. I do not pretend to say that Bishop's College as yet has its chair of philology, or that it can boast a Max Muller amongst its professors, but I do say that we are endeavoring to walk in one branch of the great University system, and that, not the least important branch, when we make a special effort to teach soundly and well the often-abused but most important ancient classics. But I must bring these remarks to a close, commending the great cause of superior education to your hearty sympathy and support. One or two words in conclusion before the real work of this Convocation begins. The College and School at Lennoxville have been sadly afflicted during the past year by an access of typhoid fever, which has been unfortunately fatal in a few, happily a very few cases. As may well be supposed, none, not even the immediate relatives and friends of the sufferers, have been more grieved and pained than the authorities of the College. Immunity from sickness, except that which is at times epidemic, has been one of the boasts of Bishop's College and Bishop's College School, but the blow has come at last when least expected, for at the time of the annual Convocation in June last, for granting degrees in Arts, nothing could exceed the apparent healthiness of the students and scholars. On the emergency arising it was thought expedient to call in a commission of medical men to examine and report on the probable cause of the outbreak, and the report of this commission has been published. The authorities of the College feel deeply grateful to these gentlemen for so readily coming to their aid under the circumstances, and it is a matter worthy of remark, that this commission was formed from what may be termed rival medical schools, both McGill and Bishop's College being represented. These gentlemen worked together in perfect harmony, and used every effort to ascertain the cause of the outbreak and to suggest remedies. They have been more successful in the latter than in the former part of their work, for the true origin of the outbreak is still a mystery. At the same time, the remedies applied to the drainage and ventilation of the College and School buildings and premises will, I feel confident, render a naturally most healthy site proof against any recurrence of the disaster. I can scarcely explain how fully I feel the kind sympathetic aid of these gentlemen, and I believe I express the sentiments of our whole body.

Dr. F. W. CAMPBELL, the Registrar, then read the following :

## REPORT OF SESSION 1880-81.

The number of matriculated students for the session 1880-81 was 32, being five in excess of last year. Of this number four were from the Province of Ontario, one from the United States, one from Porto Rica, and 26 from the Province of Quebec. Ten of this number were from the City of Montreal, where, it is but reasonable to suppose, the School and the facilities which it offers for learning are best known.

The Faculty deeply regret that, early last summer, Dr. David, owing to failing health, tendered the resignation of his chair of Practice of Medicine and his office of Dean. The former was accepted with regret, but the Faculty declined to accede to the latter request, and they are pleased to be able to state that he still continues to occupy the position he has so ably filled for the past ten years.

The fact that this is the tenth annual Convocation naturally suggests a review of the past decade, and without entering fully into the history of the School during that period, it may be said, in spite of many obstacles, we have made a solid foundation. The labor involved has been great, pecuniary reward there has been none, but to those who have been with the Faculty since its organization, the outlook to-day is brighter than it ever was before. The superstructure is about to be raised, and that it will assume fair proportions before the next decade ends is assured, we feel satisfied, from the enthusiasm which pervaded the class of 1880-81.

The Faculty have for several years had the pleasure of presenting at the annual Medical Convocation "The Wood Gold Medal" to the student who has attained the highest number of marks in both the primary and final examinations. This year they are proud to be able to announce the founding of another Gold Medal, to be known as "The Robert Nelson Medal." The name of "Nelson" is one that has been well known in medical circles in Montreal during the last 50 years, and this medal is founded by Dr. C. Eugene Nelson, of New York, a descendant of the family, in memory of his late father, Dr. Robert Nelson, who died at Staten Island, New York, in March, 1873. A word or two may not be out of place concerning the man in whose memory this medal has been founded. Dr. Robert Nelson was born near Sorel, in this Province. Commencing the study of medicine in Montreal, he was, as was the custom in those days, apprenticed to Dr. Ryan, and afterwards to Dr. Arnoldi, with whom he subsequently acted as assistant. After some time he commenced practice on his own account, residing in St. Gabriel street. He represented the Eastern District of Montreal in Parliament for several years; was Health Commissioner during the terrible outbreak of cholera in this city in 1832 and 1834; was President of the Medical Board, and Physician to the Hotel Dieu Hospital.

In the year 1837, along with his brother, the late Dr. Wolfred Nelson, he became implicated in the Rebellion, and was obliged to take refuge in the United States. In 1838 he headed an incursion into Canada, which met with disastrous failure. For some years he remained in Vermont, following his profession, but subsequently removed to New York City, where his reputation as a surgeon, first made in this city, brought him fame and fortune. It seems peculiarly fitting, therefore, that his son should establish, in connection with a Canadian College, a medal in memoriam of his late father, and that he should select Bishop's College as the favored one, inasmuch as the first name which was enrolled as a student of medicine on the Registration Books of this faculty on its establishment, in 1871, was "Wolfred Nelson," a grand-nephew of the deceased.

The Faculty also have pleasure in making the announcement that they have established a scholarship, which they have, in honor of their venerable Dean, named "The David Scholarship." This scholarship will consist of one full set of the Final Classes, delivered at the College, and will become the perquisite of the student who each year attains the highest number of marks in the Primary Examinations.

Ever solicitous of the welfare of its graduates, and proud to chronicle their success, the Faculty is pleased and proud to be able to state that Dr. Chandler, who this time last year in this hall graduated, taking "The Wood Gold Medal," has recently received the appointment as House Surgeon to the Brooklyn Hospital, containing 150 beds, after a competitive examination with 21 candidates. Dr. Foley, the Final Prizeman of last year, has been, since September last, following the practice of the London Hospital, London, Eng.

The following is the result of the examinations:—

Passed in Botany—Jabez B. Saunders, Montreal, prize; Edgar O'B. Freleigh, L'Orignal.

Passed in Practical Chemistry—Wm. Albert Mackay, St. Eustache, Q., honorable mention.

Passed in Practical Anatomy—Frank M. R. Spendlove, Ayer's Flats, Q.; honorable mention; William Caldwell McGillis, Montreal; Charles S. Fenwick, Montreal.

Passed in Materia Medica—Charles Dexter Ball, Stanstead, Q.; Edgar O'B. Freleigh, L'Orignal, Q.; William A. Mackay, St. Eustache, Q.; James A. Shepstone, Brantford, Q.

Passed in Physiology—William Patterson, Montreal; William A. Mackay, St. Eustache, Q.

Passed in Chemistry—Charles Dexter Ball, Stanstead, Q.; William Patterson, Montreal; William A. Mackay, St. Eustache, Q.

Passed in Anatomy—William Caldwell McGillis, Montreal; Charles S. Fenwick, Montreal.

Passed in Hygiene—Heber Bishop, B. A., Marbleton, Q.; Frank M. R. Spendlove, Ayer's Flats, Q.; Ninian C. Smillie, Montreal; Robert H. Wilson, Montreal; Walter de Moulpied,

Montreal; Eleuterio Quinones, Porta Rica; William Patterson, Montreal; Wm. A. Mackay, St. Eustache; Wm. C. McGillis, Montreal.

Passed in Medical Jurisprudence—Ninian C. Smillie, Montreal; Heber Bishop, B.A., Marbleton, Q.; Charles S. Fenwick, Montreal.

The following gentlemen passed their primary examination, which consists of Chemistry, Practical Chemistry, Materia Medica, Physiology, Anatomy, Practical Anatomy and Hygiene, arranged in order of merit:—Frank M. R. Spendlove, Ayer's Flats, Q., 1st class honors and primary prize; Eleuterio Quinones, Porta Rica; Joseph Arthur Rochette, Quebec; Wm. C. McGillis, Montreal; Chs. S. Fenwick, Montreal.

The following gentlemen passed their final examination for the Degree of C.M., M.D., consisting of the Practice of Medicine, Surgery, Obstetrics, Pathology and Medical Jurisprudence:—Frank M. R. Spendlove, Ayer's Flats, Q., Wood Gold Medal. (This medal is awarded to the graduate who has attended at least two full sessions in the Faculty, and has obtained the highest number of marks in both the primary and final examinations.) Robert H. Wilson, Montreal, final prize; Walter de Moulpiéd, Montreal, and Eleuterio Quinones, Porta Rica, 1st class honors, 75 per cent; Joseph Arthur Rochette, Quebec, and Wm. C. McGillis, Montreal, 2nd class honors, 60 per cent.

#### PRIZES.

Frank M. R. Spendlove, Ayer's Flats, Q., takes "The Wood Gold Medal"; Robert Henry Wilson, Montreal, takes the final prize; Walter de Moulpiéd, Montreal, takes "The Robert Nelson Gold Medal." This medal is awarded for the best special examination upon surgery (and for which only those who obtain first-class honors can compete), and the examination extended over three days, one day written, one day oral and one day practical. The competition for this prize was very keen. Frank M. R. Spendlove, Ayer's Flats, Q., gets the primary prize; Frank M. R. Spendlove, Ayer's Flats, Q., gets the senior dissector's prize; E. O'B. Freleigh, L'Orignal, Q., junior dissector's prize; J. B. Saunders, Montreal, botany prize.

Certificates of honorable mention will be granted to the following gentlemen:

Practical Chemistry—Wm. A. Mackay.

Chemistry—Chs. Dexter Ball.

Materia Medica—Chs. Dexter Ball, Eleuterio Quinones, E. O'B. Freleigh, Wm. A. Mackay, Jos. A. Rochette.

Physiology—F. M. R. Spendlove.

Hygiene—Heber Bishop, B.A., F. M. R. Spendlove, N. C. Smillie, R. H. Wilson, Walter de Moulpiéd.

Medical Jurisprudence—N. C. Smillie, Heber Bishop, B.A.

The oath of allegiance was next administered to the candidates for degrees by the Chancellor, after which the whole assembly sang the National Anthem.

Dr. CAMPBELL next administered the medical oath.

#### CONFERRING OF DEGREES.

His Honor Dr. Robitaille, and Professors Simpson and Cameron, immediately afterwards received their *ad eundem* degrees of C.M., M.D., amidst much applause. The graduating class were next presented, and received their degrees and diplomas, after which the gold-medal men and honor men were called up and received their well-earned prizes at the hands of His Lordship the Bishop of Quebec, who made a few pleasant and encouraging remarks to each of the fortunate winners.

The Valedictory was delivered by Dr. Walter DeMoulpiéd. He referred to the feelings of the student when he has reached that most important stage of his life, the receiving of his degree, when ceasing to be a student, he assumes the responsibility of his profession, and said that another work now lay before him and his fellow-graduates. Heretofore they have been under the guidance of Professors who directed them through the regular course of study; but now they were about to go forth amidst the cares and struggles of a world where they will have to forage, cull and elaborate for themselves. He then referred to the great amount of work there was cut out for men of the medical profession. He spoke of the drudgery there was in store for all young doctors, but they were amply repaid by the feelings they should entertain in spending their lives in the alleviation of pain and suffering. He advised the under-graduates to avoid in future what they had seen wrong in himself and brother-graduates, and to persevere with the same perseverance they had shown this session, remembering always that fortune favors the brave. He closed with an expression of thanks to the Professors for the benefits they had conferred upon them, and an appeal to his brother-graduates to work hard in their profession, remembering that they have the example of the great Physician to whom they all have at last to answer for their talents given and spent.

Professor CAMERON then delivered the address to the Graduates on behalf of the Faculty. This will be found among the original communications.

THE CHANCELLOR then called upon His Honor the Lieut.-Governor.

HIS HONOR on rising was received with much applause. He thanked the University for the honor just conferred on him, which he was as proud of as that which he received from his own *Alma Mater*, McGill. He pointed out the good work which the four Universities in the Province were doing, and wished them all possible success.

HIS LORDSHIP THE BISHOP OF QUEBEC, who is President of the College, also addressed some kindly words of encouragement to the students, and graduates now going forth to fight the battle of life. He impressed upon them the necessity of keeping up their studies so that they would do

honor and credit to themselves and their *Alma Mater*.

Rev. Canon Norman and Principal Lobley also made brief and practical addresses. The latter touching upon the recent outbreak of fever at the College, and the means which had been taken to prevent a recurrence of it. He said the College authorities were indebted in a great measure to the medical men of Montreal for the assistance rendered the College in a sanitary way.

This closed the proceedings, and the Convocation of 1880-81 came to an end.

#### DINNER.

In the evening Dr. Francis W. Campbell entertained at the "Metropolitan Club" the following gentlemen, to celebrate the tenth anniversary of the founding of the Medical Faculty of Bishop's College:—His Honor the Lt.-Governor of Quebec, Dr. Robitaille; Mr. Henniker, Chancellor of the University; Rev. Canon Norman, Vice-Cancellor of the University; Rev. Dr. Lobley, Principal of the University; Hon. Mr. Chapleau, Premier of the Province; Hon. Mr. Robertson, Provincial Treasurer; Hon. Mr. Lynch, Solicitor-General; Dr. R. P. Howard, of Medical Faculty of McGill College; Dr. Hingston, School of Medicine and Surgery; Dr. E. Lachapelle, Medical Faculty Laval University, Montreal; Dr. Gibson, of Cowansville, Dr. Robillard, of Montreal, the "Assessors" of the Faculty; Capt. Harry Shepherd, A.D.C. to His Honor the Lieut.-Governor; Dr. Robt. Craik, Drs. David (Dean), Kennedy, Wilkins, Perrigo, Kollmyer, Armstrong, Wood, McConnell, Cameron, Simpson, Proudfoot, and A. Laphorn Smith.

#### MCGILL UNIVERSITY—MEETING OF CONVOCATION.

The annual meeting for conferring of degrees in the Faculty of Medicine was held in the William Molson Hall on Thursday afternoon, 31st ult., the room being crowded.

Dr. Osler read the following list of honors in the Faculty of Medicine:—

The total number of students enregistered in this Faculty during the past year was 168, of whom there were from Ontario, 79; Quebec, 48; Nova Scotia, 5; Manitoba, 1; New Brunswick, 9; P. E. Island, 5; Newfoundland, 1; West Indies 1; United States, 19.

The following gentlemen, 36 in number, passed their primary examination on the following subjects: Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Botany or Zoology. Their names and residences are as follows:

Clarence E. Allan, East Farnham, Q.; Edson C. Bangs, Faribault, Minn.; S. A. Bonesteel, Columbus, Neb.; James C. Bowsér, Kingston, N.B.; C. O. Brown, Lawrenceville, Q.; C. E. Cameron, Montreal, Q.; J. W. Cameron, Montreal, Q.; A. M. Cattenach, Dalhousie Mills, O.; H. J. Clarke, Pembina, Dakota; W. C. Cousins, Ottawa, O.; W. J. Derby, North Plantagenet, O.; George A. Dearden, Richmond, Q.; J. J. Gardner, Beauharnois, Q.; James A. Grant, B.A., Ottawa, O.; James Gray, Brucefield, O.; Chas. B. H. Hanvey, Cleveland, O.; Joseph A. Hopkins, Cookshire, Q.; J. H. Harrison, Moulinette, Q.; R. J. B. Howard, B.A., Montreal, Q.; W. D. B. Jack, B.A., Fredericton, N.B.; P. N. Kelly, Rochester, Minn.; John S. Lathern, Yarmouth, N.S.; J. B. Loring, Sherbrooke, Q.; Robert K. McCorkill, Montreal, Q.; W. J. Musgrove, West Winchester, O.; Floyd S. Muckey, Medford, Minn.; T. Pierce O'Brien, Worcester, Mass.; T. A. Page, Brockville, O.; Allen P. Poaps, Osnabruck Centre, O.; And. J. Rutledge, Bayfield, O.; C. Rutherford, M.A., Waddington, N.Y.; W. McE. Scott, Winnipeg, Man.; George A. Sihler, Simcoe, O.; E. W. Smith, B.A., New Haven, Conn.; Andrew Stewart, Howick, Q.; W. E. Thompson, Harbor Grace, Nfld.

The following gentlemen, 38 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University. These exercises consist in examinations, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene; and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the Hospital:

S. A. Bonesteel, Columbus, Neb.; T. L. Brown, Ottawa, O.; Paul Cameron, Lancaster, O.; J. H. Carson, Port Hope, O.; W. Cormack, Guelph, O.; H. C. Feader, Iroquois, O.; H. D. Fraser, Pembroke, O.; E. C. Fielde, Prescott, O.; W. L. Grey, Pembroke, O.; C. M. Gordon, Ottawa, O.; J. B. Harvie, Ottawa, O.; H. E. Heyd, Brantford, O.; H. A. Higginson, L'Orignal, O.; D. W. Houston, Belleville, O.; J. J. Hunt, London, O.; G. E. Josephs, Pembroke, O.; W. A. Lang, St. Mary's, O.; E. J. Laurin, Montreal, Q.; Henry Lunam, B.A., Wakefield, Q.; R. T. Macdonald, Montreal, Q.; E. A. McGannon, Prescott, O.; Kenneth McKenzie, Richmond, Q.; F. H. Mewburn, Drummondville, O.; W. Moore, Owen Sound, O.;

W. C. Perks, Port Hope, O.; T. W. Reynolds, Brockville, O.; E. J. Rogers, Peterboro', O.; James Ross, B.A., Dewittville, Q.; J. W. Ross, Winthrop, O.; T. W. Serviss, Iroquois, O.; J. C. Shanks, Huntingdon, Q.; W. A. Shufelt, Brome, Q.; E. H. Smith, Montreal, Q.; W. Stephen, Montreal, Q.; A. D. Struthers, Philipsburg, Q.; J. E. Trueman, B.A., Woodstock, N.B.; G. C. Wagner, Dickinson's Landing, O.; J. Williams, London, O.

Of the above-named gentlemen, W. Cormack is under age. He has, however, passed all the examinations, and fulfilled all the requirements necessary for graduation, and only awaits his majority to receive his degree.

Mr. H. A. Higginson, of L'Orignal, has been taken ill since the examination, and is consequently unable to present himself.

Messrs. James Ross, E. J. Laurin, K. McKenzie, and A. D. Struthers, natives of the Province of Quebec, have fulfilled all the requirements for graduation, but await the completion of four years from the date of passing the matriculation before receiving the degree.

#### MEDALS, PRIZES AND HONOURS.

The Holmes Gold Medal for the best examination in the primary and final branches was awarded to James Ross, B.A., Dewittville, Q.

The prize for the best final examination was awarded to John W. Ross, of Winthrop, Ont. The gold medallist is not permitted to compete for this prize.

The prize for the best primary examination was awarded to R. J. B. Howard, B.A., of Montreal.

The Sutherland Gold Medal was awarded to C. E. Cameron, of Montreal.

The following gentlemen, arranged in the order of merit, deserve honourable mention: In the final examination, Messrs. Perks, Heyd, Laurin, Josephs, Grey, Shufelt and Rogers; in the primary examination, C. E. Cameron, W. L. Lathern, W. McE. Scott, and J. Gardner.

#### PROFESSORS' PRIZES.

*Botany*.—First prize, G. A. Graham, of Hamilton, Ont., and E. Gooding, of Barbadoes, W. I., equal. For the best collection of plants, J. C. McKee, of Port Colborne, Ont.

*Practical Anatomy*.—Demonstrator's prize, awarded to C. E. Cameron, of Montreal.

Dr. K. McKenzie then read the valedictory

address, and Prof. R. P. Howard delivered the address to the graduating class on the part of the Faculty.

#### WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1881.

We are a little late in calling attention to the excellent enterprise of Messrs. Wm. Wood & Co., of New York, in their Standard Library for this year. Their list for 1881 comprises the following valuable works:

I. *On Albuminuria*. By W. H. Dickinson, M.D.

II. *Materia Medica and Therapeutics of the Skin*. By Henry G. Piffard, A.M., M.D.

III. *A Treatise on Disease of the Joints*. By Richard Barwell, F.R.C.S.

IV. *A Treatise on the Continued Fevers*. By James C. Wilson, M.D. With an introduction by J. N. DaCosta, M.D.

V. *Rheumatism, Gout, and some of the Allied Diseases*. By Morris Longstreth, M.D.

VI. *A Medical Formulary*. By Laurence Johnson, A.M., M.D.

VII. *Disease of the Esophagus, Nasal Cavities, and Neck*. By Morrell McKenzie, M.D., London.

VIII. *Artificial Anesthesia and Anesthetics*. By Henry M. Lyman, A.M., M.D.

IX. *General Medical Chemistry*. A Practical Manual for the use of Physicians. By R. A. Witthaus, A.M., M.D.

X. *The Diseases of Old Age*. By J. M. Charcot, M.D. Translated by L. Harrison Hunt, M.D. With numerous additions by A. L. Loomis, M.D., etc.

XI. *Diseases of the Eye*. By Henry D. Noyes, M.D.

XII. *On Diseases of the Reproductive and Urinary Organs*. By Robert F. Weir, M.D.

The first year of Wood's Library gave excellent works, and well published. Those issued for 1880 far excelled the previous year, especially in the style of the binding and the character of the press work. This year we are promised a still further improvement, and, judging from the past, the promise is soon to be fulfilled. We are glad to know that our Canadian Medical men have very largely purchased this Library from its outset.