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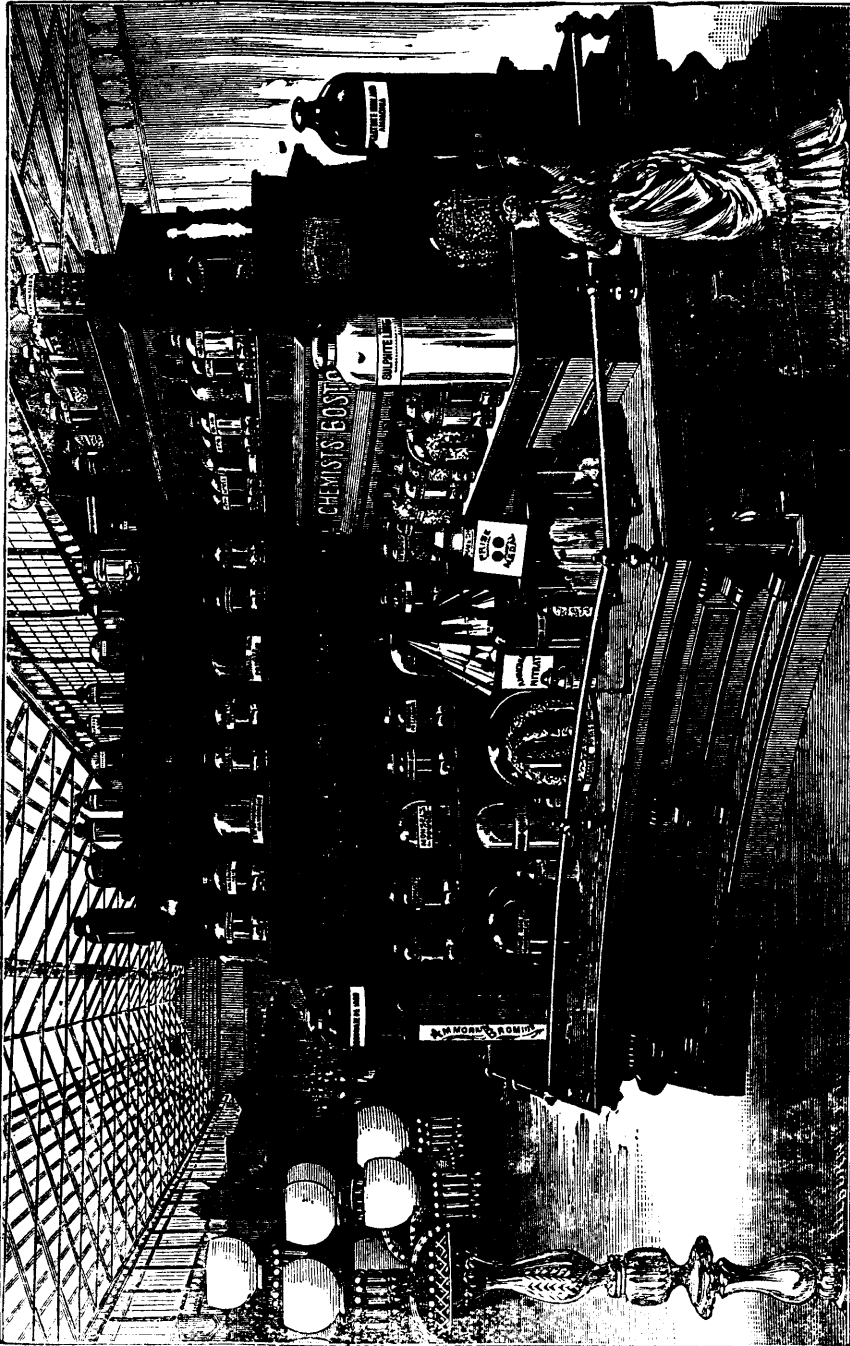
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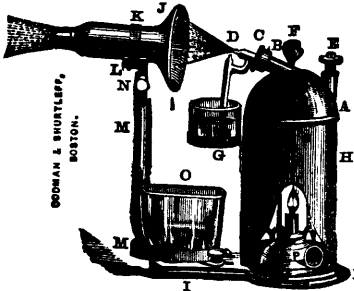


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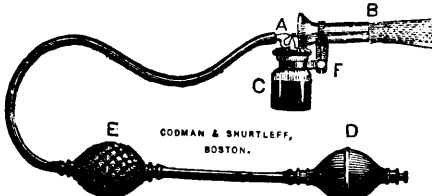


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THE CANADA LANCET.

A MONTHLY JOURNAL OF

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CASE OF GUN-SHOT INJURY OF THE BRAIN—RECOVERY.

BY JOSEPH A. FIFE, M.D., HASTINGS, ONT.

The following interesting case is, I think, worthy of being placed on record.

On the 14th December, 1876, I was called to see James Anderson, aged fourteen years, (son of David Anderson of this village,) who was injured by the explosion of a gun. He had gone out on a pier in the river to shoot ducks, having an old shot-gun which he had very much overloaded both with powder and shot. When he fired, the gun barrel burst, leaving the breach-pin fast to the stock. About eight inches of the breach-end of the gun-barrel was blown away so that it could not be found. The rest of the gun-barrel, over two feet long, was projected backward, and the end of it entered his forehead just above the left eyebrow. The broken end of the barrel passed through his skull, and penetrated about three inches into the brain. The boy instantly fell, and some persons who were looking at him went to see what had happened, and found the gun-barrel so firmly fastened in his head that it stood up like a stake planted in the ground. In a few minutes Dr. Clarke, of this village, arrived and extracted the gun-barrel, which he said required firm traction to do. I arrived on the spot immediately after its removal from the wound. A large quantity of brain substance that was broken up bulged out and blood flowed freely. The boy was carried to his father's house. The quantity of brain that was broken up and removed, was estimated by myself and others present to be at least half a tea-cupful. We removed several fragments of bone that were most easily detached, made a pad of a piece of soft cotton cloth, laid it over the bulging brain, and applied a bandage around the head. His

pulse was very weak, and appeared as if it would soon cease. There was quivering of the body, and the legs moved convulsively.

The explosion occurred at half-past five o'clock, p.m. I remained beside him all night. During the night his pulse became stronger and fuller, and in the morning had increased to 100 per minute. I then removed most of his hair, and applied snow in a bladder, and cold cloths to his head; this had the effect of lowering the pulse to about 85. We continued to make cold applications to his head, being careful to avoid chills. We used no other dressing to the wound than a cloth wet in water. At subsequent dressings four fragments of bone were removed. His room was kept at a temperature of between 60 and 65 degrees. During his recovery he was kept on light nutritious diet, and occasionally, when required, a saline purgative was administered.

For several days at first, when fast asleep or when arousing from sleep, the patient talked incoherently, but this passed off as soon as he was spoken to. I might here state that the patient was, previous to the accident, a strong, healthy, active boy.

Jan. 8th, 1877.—He was able to get up, dress himself, and walk about the house. At this time the integument was rapidly forming over the wound, and further attendance was discontinued.

Jan. 31st.—I was again requested to see him, and found him in bed, suffering from severe headache. The skin had formed quite over the wound, which was now full, or bulging, instead of depressed, as it had been when there was an opening for the matter to discharge. I made an incision through the integument, and then passed a probe one and a quarter inches into the brain substance in the same direction as the gun-barrel had entered. At the depth indicated a small abscess was found, and more than a teaspoonful of pus escaped. This afforded immediate relief to the pain in his head. Matter continued to escape for several days, and he steadily improved. He is now going about the village in good health, and as far as I can see, without any injury to his mental powers. The skin has again formed over the opening, and the margin of the bones are forming thick and smooth edges as if they would close, at least partially, over the opening.

At the time of the explosion there was consider-

able powder lodged in the patient's face. On the fourth day after the accident the particles of powder produced suppuration; most of the skin peeled off, and with it much of the powder came away, but there is still considerable left, which will mark his face. It is now twelve weeks since the accident occurred, and he is apparently well except that the bone has not yet formed over the opening.

VESICO-VAGINAL FISTULA WITH RETROVERSION OF THE UTERUS.

BY P. O'KEIF, M.D., OCONTO, WIS.

Mrs. L. at 38, called at my office about July 1st, 1876, on account of an incessant dribbling of urine, which she said commenced after her last confinement, July 1874. She was in labour thirty-six hours, arm presenting. The physician in attendance delivered her, using a corset lace as a tractor. In about two weeks after her confinement the urine began to trickle away constantly. Her physician treated her for paralysis of the bladder and continued to do so for more than a year, of course without the slightest benefit; he then advised her to give up treatment as there was no hope of cure. She consulted some others however, but they all seemed to agree with her former attendant.

On making a digital examination I found the os uteri directed forwards, showing retroversion of the uterus; passing the finger over the cervix it passed through an opening into the bladder high up in the anterior cul de sac. On introducing a speculum and replacing the uterus, a vesico-vaginal fistula, half an inch in diameter, circular in form, part of its circumference being formed by the anterior surface of the cervix, was exposed. I explained to the patient her condition and proposed an operation. I heard no more from her until October when her husband called to tell me she was prepared to have me operate. On the 11th October, ether being administered, the patient was laid upon the operating table in Sim's position, and my modification of Sim's speculum introduced. I began to operate by paring freely the edges of the fistula, with a long-handled tenotome. After hemorrhage had entirely ceased, five double threads of fine silk were introduced

by means of short fully curved needles held in Sim's needle forceps. A piece of fine silver wire being hooked into each of these, the thread was drawn through leaving the wire in its stead. The edges of the wound were now brought in apposition, the wires twisted, cut off half an inch from the wound and bent down so as not to wound the opposite vaginal wall. The operation being now completed, the bladder was syringed with warm water, and a sigmoid catheter being introduced, the patient was put in bed, where she remained for eight days, when I allowed her to remove the catheter and sit up or walk about the house cautioning her not to allow the bladder to become distended. On the twelfth day after the operation the sutures were removed and union found complete. I was kindly assisted in the operation by Drs. Coleman and Paramore of this City.

In a few weeks after the operation I reduced the retroversion of the uterus and applied Albert Smith's pessary which keeps it in its proper position.

The following is the modification of Sim's speculum above referred to. It consists of three blades. One of these, similar to a Sim's, is fixed to the handle. Across the convex surface of the base of this, at its junction with the handle, a piece of metal is bent so as to form nearly a semi-circle. Its extremities are about two and a half inches apart and from one of these to the other, it is grooved to contain the bases of the other two blades, which are fixed to slide in the groove, but can only slip out at the ends. When the speculum is closed which it is for introduction, these plates meet on the back of the first plate, so that the speculum in this condition is only the width of the Sim's blade, but by means of a thumb-rest attached to each blade it can be slid outward in the groove above described so as to form a speculum of any width from $1\frac{1}{4}$ to $2\frac{1}{2}$ inches at the base and a corresponding width at the apex. The blades are held in whatever position they are placed by thumb-screws, and the instrument is widened before traction is made on the handle.

London is threatened with a severe small-pox epidemic. To encourage re-vaccination among her subjects, the Queen has caused all members of her household to be re-vaccinated, and the fact to be published by the press.

Correspondence.

DOUBLE UNDERGRADUATESHIP AND
DOUBLE GRADUATION.

(To the Editor of the CANADA LANCET)

SIR,—As so much has been said [by parties evidently ill-informed in regard to the disallowance of *Double Graduateship and Double Undergraduateship* in British Universities will you kindly publish the following short extracts from letters from a large number of these seats of learning.

The question put to each University addressed was the same, viz: whether a student might not proceed at the same time to his degree in it and in the University of London—he of course complying with the curriculum and passing all the required examinations in the respective Universities.

The reply from the University of Edinburgh to the effect that “no University, or examining body in this country (Great Britain) would object to any candidate for its degrés, taking also degrees or licences from other “examining, or examining and teaching bodies,” has been already published in the daily papers.

“University of Cambridge, England, February, 11, 1877.”

There is nothing to prevent a student who is proceeding to a degree in this University from proceeding also, *pari passu*, to a degree in London. It is frequently done. . . .

(Signed), J. D. LIVEING.

“University of Oxford, February, 11, 1877.

There is, as far as I know, no reason against the student graduating in Oxford and at the same time matriculating and graduating in London . . . For London (University) he has to go through a certain course, which he can do certainly, consistently with the Oxford course. . . .

(Signed), H. M. ACKLAND.”

“University of Glasgow, Feb. 13th, 1877.

A student qualifying himself for the Medical Degrees of this University, may at the same time qualify himself for the degrees of the London University.

(Signed), T. MOIR, Reg'r.”

“University of Aberdeen, Feb. 14, 1877.

A candidate could therefore pass his matriculation examination at the University of London, and thereafter study here, and take our degree, and the degree of the University at London besides. . . .

(Signed), JAS. S. BRAZIER.”

“University of St. Andrews, Feb. 13, 1876.

We require our graduates to reside two years at a University,—as, however, the University of London does not require a residence, I think it would be possible to take the M. D. of London and St. Andrews at the same time. . . .

(Signed), J. B. PETTIGREW.”

“Queen's University, Dublin Castle,

14th Feb., 1877.

I do not think a student could find any difficulty in arranging his curriculum so as to fulfil the requirements of both Universities, and thus qualify himself to take a degree in both universities. . . .

(Signed), JOHNSTONE STONEY.”

Comment is unnecessary. Our national University cannot, if it would, pursue a narrower or more exclusive course than the University of London, on which it is modelled.

Yours, &c.

M. D.

Toronto, March 15th, 1877.

SURGEONS IN THE ALLAN LINE.

To the Editor of the CANADA LANCET.

SIR,—I have just received this month's number of the CANADA LANCET. I see it is quite an improvement on former ones; and contrasts very creditably with the miserably “got up” *London Lancet*. Some of our physicians, to-day, were complimenting the CANADA LANCET on its very respectable appearance.

I see you have an article on the “Surgeons in the Allan Line.” I held an appointment in the Line during the last twelve months; but when I came home last time and learned how matters were shaping, I was so disgusted that I determined on resigning, if I could get something that would allow me time to read for M. R. C. S. Fortunately my ship laid up for repairs, so I came down to London a perfect stranger, and in a week, through an advertisement in the *Lancet*, I secured the House-

Selected Articles.

REVACCINATION.

Is it necessary to revaccinate every seven years? Is there such a thing as "experimental testing" of susceptibility or non-susceptibility of the system to small-pox by revaccination? Does the failure of revaccination signify that the person in whom the operation has failed is insusceptible to small-pox? Such is a sample of questions which have of late been sent to us from various sources—questions which, judging from the columns of several of our contemporaries of the daily press, would appear to exercise at the present moment certain of the general public as well as of the profession. It is not quite easy to understand how any doubt should exist on the several matters to which these questions refer, seeing the abundant and ready sources of authoritative information (notably Dr. Seaton's "Handbook of Vaccination") accessible with regard to them. The fact remains, however, and we proceed to answer the questions categorically.

First, there is no evidence to show that revaccination, once efficiently performed at or after puberty, need ever be repeated. On the other hand, the frequent repetition of revaccination which has become common during alarms of small-pox, is distinctly to be deprecated. Such repetitions are, as a rule futile; they are wasteful of vaccine lymph when lymph is most precious; they tend to unsettle the minds of people regarding some of the best-established facts as to the preservative power of vaccination; and (which ought to be all-sufficient for the profession) they are unnecessary. The official memorandum of the Local government Board on revaccination says: "Revaccination once properly and successfully performed does not appear ever to require repetition." The nurses and other servants of the London Small-pox Hospital, when they enter the service (unless it be certain that they have already had small-pox), are invariably submitted to vaccination, which in their case generally is revaccination, and is never afterwards repeated; and so perfect is the protection that, though the nurse live in the closest and most constant attendance on small-pox patients, and though also the other servants are in various ways exposed to special chances of infection, the resident surgeon of the hospital, during his forty-one years of office there, has never known small-pox affect one of these nurses or servants. Some thoughtful practitioners are of opinion that the occurrence of severe general diseases after revaccination, such as enteric fever, may weaken the protective influence of revaccination, and that where this has happened, and generally where, long after revaccination, a person is brought into immediate contact with small-pox, a second revaccination is desirable. This is, however, a very different thing from the promiscuous

Surgeonship in the North Kensington Provident Dispensary. I saw a communication from the "Board of Trade" to the effect "that if a ship took a sufficient number of passengers to put her under the 'Passenger Act,' or more properly the 'Merchants' Shipping Act,' that Canadian surgeons of recognized colleges would be allowed to take medical charge." But where the difficulty arose, was when there were only a few passengers the ship was not put under the "Act" previous to sailing, then, in that case, the Canadian surgeon was disqualified from taking charge; the "Board of Trade" considering him capable, it appears, of taking charge of four or five hundred, but not of thirty or forty. When I came home last time, I found this to be the state of things, as stated and understood by the authorities in Liverpool. The Allan Co'y were then waiting for a reply from the "Board of Trade" as to the truth of the difficulty I have just mentioned, viz., "whether Canadian surgeons from recognized colleges could legally take medical charge of a 'short ship,' that is one carrying an insufficient number of passengers to put her under the 'Merchant Shipping Act.'" The reply had not been received when I left, but it appears by your Journal to have been an unfavorable one for Canadians. You must understand, that in a "short ship" the company do not go to the expense of putting her under the "Act," because it is not necessary, although they may do so if they like. This often occurs in winter, with few passengers, so it was intimated to me when I came home last time, that if I wanted to go again, I should have to pay £3. 0. 0., to put the ship under the "Act," as she was going out as a "short ship." I was informed that the surgeon who sailed the previous week had done this. This, you will agree with me, was monstrous for the Canadian—for he could ill afford it out of his £9. 0. 0. a month. It is quite time Dr. Hodder's motion was pushed by the Canadian Government.

Yours truly,

T. GRANVILLE HOCKRIDGE.

London, Eng., Feb. 21st, 1876.

Dr. H. A. Martin (*Boston Medical Journal*, Feb. 1, '77,) says that, during the sixteen years in which he supplied humanized vaccine virus, he was continually troubled by the complication of erysipelas. Since he has supplied only the bovine virus he has had no complaint of erysipelas.

revaccination which has come into fashion in periods of epidemic small-pox; and, although probably an unnecessary precaution, it need not be discouraged.

Next, as to the success or non-success of revaccination as a means of determining the susceptibility of an individual to small-pox, the notion is wholly fallacious. Revaccination succeeds equally well upon the well-vaccinated as upon the ill-vaccinated, and vaccination is as successful after small-pox as revaccination after primary vaccination. The local effects of revaccination may be produced again and again in the same individual. Dr. Seaton says on this subject, "The local results obtained by the revaccination of any individual give us absolutely no information whatever as to the constitutional condition in which the revaccinated person was with regard to liability to contract small-pox." It has frequently been argued, and is indeed often to be heard said now, that if a revaccination cannot be made to take, or if it take only in a modified way, it is evidence that the constitution would not at the time take small-pox; whereas, if a complete local result follows, it may be assumed that the protection of the primary vaccination had worn out, and that the person was in danger, or at all events in more danger than in the former case, of taking variolous infection." The erroneousness of this view is proved by certain facts derived from revaccinations in the Wurtemberg and our own army, and which show, if the view had been correct, that 319 out of every thousand persons who had had small-pox, 310 out of every thousand who had been well-vaccinated, but only 281 out of every thousand who had been ill-vaccinated, were in present danger of small-pox; and of the soldiers (not recruits) in our own army, 541, 485, and 237 would represent the ratios in the three classes respectively, which is clearly a *reductio ad absurdum*. Our knowledge that revaccination exhausts the exceedingly limited liability to small-pox that may exist, or may recur, after primary vaccination, rests upon a broad basis of observation. but we are unable in any given case to judge of the existence of this liability from the effects or non-effects of the operation.—*The Lancet*.

SUBCUTANEOUS SECTION OF THE NECK OF THE THIGH-BONE.

Mr. B. E. Brodhurst contributed a paper (*Clin. Soc., London*), in which two cases were fully reported, and seven others, also operated upon by himself, were referred to. In each of the two cases the right thigh was flexed upon the pelvis, and the knee was crossed over the opposite thigh in such a manner as to close the vagina and to interfere with the evacuation of the bladder. As a

consequence of this position excoriation of the thighs, with considerable discomfort, constantly occurred; whilst the shortening of the limb in one instance to the extent of seven inches, and in the other to the extent of four inches, rendered it necessary that artificial support, such as sticks or a crutch, should be used in walking. In the first case the patient's age was eighteen when she first came under Mr. Brodhurst's care in 1864. As the result of an accident at eight years of age, hip-joint disease had been established, followed by suppuration, and eventually by bony ankylosis, with the the thigh flexed and adducted. Mr. Brodhurst divided the neck of the femur subcutaneously. The external wound was an inch and a-quarter in length, and the knife was then passed down to and over the neck of the femur; it was then withdrawn, a small strong saw was introduced, and the bone divided immediately above the trochanter. The saw was then reapplied, and a small portion of the bone removed. The wound healed by first intention. The limb was placed semiflexed on an interrupted splint. In six weeks the patient walked with help, and bore some weight on the foot. Fair motion of the limb in all directions resulted, and still remained, twelve years after the operation. In the second case the girl was aged 16, and had bony ankylosis at the hip-joint, with great flexion and inversion of the thigh. Inflammation had commenced nine years previously, and was followed by abscess. Mr. Brodhurst, in this case, made the external wound only just large enough to admit the small saw with which the neck of the femur was divided. The bone was exceedingly solidified and thickened, felt like ivory, and twenty minutes were occupied in completing the section. There was some hæmorrhage. After section the limb could be fully extended, but extension was painful, and consequently, for several days the thigh was kept slightly flexed. Suppuration took place, and an abscess formed at the junction of the upper with the middle third of the thigh. The splint was removed, and extension was then made by means of weights. In about three months the patient could walk and bear her weight on the limb. Mr. Brodhurst had done eight similar operations, some with the smallest possible opening, others with an opening about an inch in length, and he "had always found that where the opening was small, and there was, in consequence, stretching and bruising of the adjacent soft structures, suppuration followed; but that where more room was allowed for the necessary movements in dividing the bone, healing took place very rapidly." A large opening was therefore desirable to prevent injury to the soft structures, but it need not be placed so as to correspond, when the operation was complete, with the section of the bone. "The subcutaneous character of the operation did not depend so much on

the size as on the position of the wound." In some cases which had been recorded, after operation, the deformity had remained. The wound should then have been enlarged, and either a wedge-shaped or circular piece of bone removed, or the operation of Mr. Gant, of division below the trochanter, should have been chosen. Where the bone was very hard, it should be divided with the saw; the chisel of Volkmann, as used by Mr. Maunder, should be reserved for cases where the bone was tolerably soft. Where the ankylosis was fibrous the bone was soft and divisible with the chisel; but it was undesirable to resort to a cutting operation when deformity might be removed with the use of the knife

ANKYLOSIS OF HIP-JOINT: SUBCUTANEOUS SECTION OF SHAFT OF FEMUR.

Mr. Croft exhibited a patient whose case, he said, bore upon the question of the respective merits of dividing the femur above or below the trochanter. The man was a clerk, aged 22. In June, 1875, he felt pain at the hip. Until then, he had felt quite well, except that three months previously he had contracted gonorrhœe. The discharge ceased soon after the pain at the hip began, and never reappeared. Two months before the pain commenced, he fell from a height of about five feet on to his hip. There was swelling about the hip and thigh at the end of June: and in the groin at the end of July. In August, there was a great pain on moving the hip, and no starting pain at night; the end of that month there was a large abscess. In October, the abscess was punctured, and a large quantity of greenish pus was let out. The discharge lasted until February, 1876; it then ceased and a sound scar formed. In March, he walked about with the help of a chair. On May 29th, he was admitted into St. Thomas's Hospital; he had never had rigors nor cough. On admission he was thin and perspired easily; his appetite and secretions were natural. The thigh was rotated outwards, so that the neck of the thigh-bone touched the rim of the acetabulum. On June 23rd, the ankle formed by the thigh and the middle line of the trunk was 140 degrees. On July 3rd, the patient was examined under chloroform by Mr. Croft and Mr. MacCormac. No motion could be produced, and it was concluded there was bony ankylosis. On July 12th, the shaft of the femur was divided below the trochanter by Mr. Croft, in the presence, amongst others, of Messrs. Adams and Gant. This operation was chosen because, had section of the neck of the femur been adopted, the incision must have been made through old scar-tissue, whilst there were also adhesions in front of the bone which would have formed obstacles to the use of the saw at that spot. Further, Mr. Croft did not wish to obtain

any movement of the limb. The operation was an antiseptic one; the opening in the skin was as small as possible, and the wound was dressed antiseptically. A good deal of suppuration at first occurred at the site of the operation, but a free drainage was established, and the patient then continued to improve. Now there was firm bony union at the line of section. The case was interesting from the nature of the operation. It was unique in being an operation done with the saw below the trochanters in an adult. Probably, if the wound had been closed hermetically directly after the operation, there would have been no suppuration. The saw and knife which were used were both dipped in carbolic solution before the operation.

Mr. Barwell regarded the employment of antiseptics as of great importance, and cited two cases in neither of which did suppuration or pain exist. With respect, however, to the choice of instruments, he thought that the dust left from the use of the saw was liable to irritate the wound and set up suppuration. As the operation was one of convenience merely the percentage of deaths was too high to warrant its adoption. But with the use of the chisel and the antiseptic method the risk was reduced to a minimum, and with antiseptics the subcutaneous method was not so imperative. Mr. Barwell then referred to the various modes of operation that had been adopted, and said, that whatever might be the ultimate result of any operation its value must depend upon the presence or absence of suppuration.

Mr. Gant thought the views taken by members were too mechanical, the most important point being the conditions that were most favourable to the operation. Adam's operation was not adapted to two conditions of the disease—viz., where there was scrofulous disease of the joint, in which case the neck of the thigh-bone was gone, or was not sufficiently vascular to unite; and, in the second place, where the neck was much enlarged by deposit due to chronic rheumatic affection. These facts induced him in 1871 to recommend division of the neck just below the trochanter, and two cases were referred to in which this measure was followed by success. As to the operation, neither Barton's nor Sayre's could be called subcutaneous. The saw could not be set aside for the chisel. His operations had been recently successfully performed by Prof. Pancoast, and Mr. Maunder agreed with Mr. Gant in not regarding Mr. Broadhurst's case a subcutaneous one. He thought the rivalry between the chisel and saw a wholesome one. In his opinion, the saw was preferable for section of the neck of the thigh-bone when it was desirable to establish a false joint by simple linear section of the bone, and on account of the possibility of suppuration, he thought this would ultimately be the only case in which the saw would

be used. Mr. Croft's case did not appear a favourable one for the use of the saw; and in only one out of his own eight cases did he use that instrument, and the patient, though done in June, was not well yet. In nine cases where the chisel was used suppuration had only occurred in two.

Mr. Furneaux Jordan stated that he was the first to perform subcutaneous division of the neck of the femur by Adam's method. This was in a young woman with strumous disease of old date, with great flexion and adduction of the affected limb. A punctured wound was made and the neck of the bone was divided with a strong saw. The operation was not strictly subcutaneous, and no antiseptic precautions were used, but, nevertheless, the case did well.

Mr. Bryant also thought that Mr. Brodhurst's cases could not be called subcutaneous. He had a good opinion of the subcutaneous operation, and four cases in which he had performed it with a small valvular incision was made, the operation occupied only two or three minutes, no suppuration occurred, and the recovery was rapid. Mr. Bryant then said, that when the neck exist, Adam's operation was better than division below the trochanter, but if it were present, Gant's or Barton's. With regard to the instrument, he thought that the choice of chisel and saw seemed to depend upon the fancy or whim of the operator.

Mr. Brodhurst said that none of the operations could be strictly subcutaneous, and that it did not matter whether the incision was one or one and a quarter inches in length. He had also operated with a small wound, merely a puncture three times. He had operated on nine cases in all, in three with a small incision, in the others with one of about one inch. A full incision gave greater freedom of movement and prevented any suppuration arising from bruising of the parts.

Mr. Callender suggested that the operation should be called "valvular," as "subcutaneous" was certainly an incorrect definition.—*Med. Press and Circular.*

tissues), the patient gave a cry and threw up his arms; the pulse returned to the wrists; the natural hue and temperature to the nose, lips, etc.; and consciousness returned, so that he could hear, understand, and give intelligent replies to my questions. Three hours afterwards he was again in a state of collapse; and this time I injected eight minims into the median vein, with the same result as before. In an hour and a half, he was again in a state of collapse, and died before I could find a vein to inject. In this case, the diluted liquid ammoniæ was injected, although Dr. Halford recommends now to dilute with equal or two parts of water. The effect after each injection was almost instantaneous—certainly under one minute after each. Although life was not saved, it was prolonged for six hours; for I am satisfied that the patient would have been dead within five minutes of the time I first injected.

The case is instructive from a medico-legal point of view, for there was perfect return of consciousness after the somewhat prolonged period of perfect unconsciousness; and this might be an important thing in the case of signing wills, identifying murderers, or giving last instructions to relatives summoned from a distance, etc.

There was no appearance of sloughing, although the undiluted liquor ammoniæ fortior (*B. P.*) was used; and I am convinced that the danger of sloughing need never be an impediment to its use in ordinarily skilful hands; and if, after baring the vein, a few drops of oil be poured over the wound before inserting the nozzle of the syringe, that danger is reduced to a minimum.

My case was a lad aged 15, weighing over 11 stone and measuring 6 feet 1 inch. He died on the 7th day of the fever. The eruption had been well marked; but on the fifth day it began to assume a livid hue, and severe jactitation set in. There was no suppression of urine at any time, and the throat was unaffected. The highest temperature recorded in the case was 103.4 deg. Fahr. R. D. PINNOCK, M.B., Melbourne, Victoria.—*Brit. Med. Journal.*

INJECTION OF AMMONIA INTO THE VEINS IN COLLAPSE.

On a recent occasion, I injected ammonia in a case of collapse from scarlet fever. The patient had been unconscious and at the time of injection there was no perceptible pulse at the wrists; the respirations were about six to the minute; the arms up to the elbows were livid and cold, as were also the nose, lips, and ears. After five minims of the liquor ammoniæ fortior had been injected into the median cephalic vein (previously laid bare and separate from surrounding

MODERATE DRINKING.

Sir Henry Thompson presided at a public meeting of the National Temperance League on the 7th of February, and gave his opinion against moderate drinking. "Our controversy," he is reported to have said, "is with the great mass of people who believed that alcoholic or fermented liquors were good and necessary articles of diet for men, women, and children;" and again, "he doubted whether, in many cases, or perhaps in any case, alcohol was valuable in the dietary of healthy people." Men of a convivial turn will attri-

bute such cold views of the use of alcohol and fermented liquors to dyspepsia or some other physical inability to enjoy them. But they are the views of a man of large special experience, and should have great consideration. Sir Henry admits that for purposes of very exceptional work, muscular or nervous, a man might use alcohol, and, further, that the effect of it on persons is so different that no dogmatic rule can be laid down for everybody. There is a moderation in this language which befits a medical speaker, and which, in our opinion greatly adds to its strength. Sir Henry's views on the use of these articles in what he considered moderate quantities in diet have long been before our readers, and constitute a most valuable contribution to the study of lithiasis, one of those errors of assimilation which we believe to be at the root of a great deal of disease in middle and advanced life. Dr. Richardson refuted the notion that alcohol gave warmth and strength. By accelerating the action of the heart, it gives rise to excessive muscular action and waste of tissue.

There is a difficulty in defining "moderate" drinking, as Sir Henry Thompson said. And it is almost equally difficult to be moderate in speaking about this subject, though we are convinced that medical men will do good in proportion as their speech is judicial and scientific. We doubt whether it is right to say that moderate drinking is the parent of excessive drinking. But what is moderate drinking? We can best get at a notion of it by saying what it is not. Drinking early in the day is not consistent with moderate drinking. The man who begins the day with "a soda and brandy" has very little respect for his constitution; and if he does not alter his habits, they will alter his health. Odd glasses of beer and glasses of spirit in a forenoon do not come within the range of moderate drinking. They will shew themselves in some rotundity of feature or figure, or alteration of colour, some dyspepsia, or lithiasis, or rheumatism. That is not moderate drinking which adds fifteen or twenty beats to the pulse, or which flushes the face. Finally, all casual drinking is bad, presumably, and not moderate drinking. The system will not receive food merely as a matter of conviviality at all sorts of odd hours. Still less will it receive with impunity drink in this way. Drinking which disturbs sleep, either by making it heavy, or by driving it away, is not moderate. For want of thought on these points many people who would be shocked to be considered immoderate, charge their blood and tissues with drink so continuously that the system, though never saturated with, is never free from, alcohol. Moderate drinking is that which consists with a clean tongue, a good appetite, a slow pulse, a cool skin, a clear head, a steady hand, good walking power, and light and refreshing sleep. It is associated with meals, and is entirely subordinated to more convenient and

less objectionable forms of food. That such drinking produces drunkenness has yet to be proved, as it has yet to be proved to be essential to health.—*The Lancet*.

FRACTURE OF CERVICAL SPINE; STRICTURED URETHRA; PUNCTURE OF BLADDER; POST-MORTEM AP- PEARANCES.

(Under the care of Mr. Christopher Heath.)

For the following notes we are indebted to Mr. Gould, surgical registrar.

G. P—, aged thirty-six, a very intemperate man, fell down twelve steps while drunk on Sept. 2nd, 1876. He was at once rendered unable to move his arms or to walk, and was carried to bed. After about half an hour he "fainted," and remained unconscious for about fifteen minutes. He then continued restless and sleepless until the date of his admission, Sept. 3rd.

On admission he was quite conscious. He was found to have complete motor paralysis of the left leg and of the extensor muscles of both arms and forearms, his respiration was entirely diaphragmatic; he complained of a little numbness in the hands and left leg, but there was no distinct paralysis of sensation; he had a sense of constriction round the upper part of abdomen; priapism only partial; pupils were equal and acted to light, no facial paralysis; some tenderness all down spine, but most marked over the sixth cervical vertebra; no displacement was detected. Dr. Gowers saw the patient, and noted, in addition to the loss of power of the extensors of the arm, that the power in the deltoid and flexors of the elbow was good on each side; that there was the slightest possible movement of the flexors of right fingers, none of the left; decided loss of faradaic irritability in the left ulnar nerve, and in all the muscles supplied by it, not in the right; little change in the other muscles; the reflex action much diminished in the left leg. There was involuntary passage of fæces and retention of urine. On passing a catheter, two strictures were found, the posterior of the two only admitting a No. 1. Thirty ounces of urine were drawn off; the urine was acid, and free from albumen and sugar. Ordered five grains of calomel as a purge. He remained in the above condition until the night of the 5th, when he became noisy, restless, and delirious. A chloral and morphia draught was administered. The urine dribbled away, but on the 7th a catheter was passed to relieve retention. He also had another dose of calomel (five grains). He had now gained a little power in his arms, and could bend and extend his elbows more freely. Priapism only slightly marked. On Sept. 9th he complained of pain starting from his toes, and then

spreading all over his body, but especially running up to the back of his neck; the pain intermitted every few minutes, and continued to do so until his death.

Sept. 11th.—Temperature 102.2°. Unconscious; pupils regular, size of pin's head. Mr. Heath, being unable to introduce a catheter, punctured the bladder through the rectum in the ordinary way, and tied in the canula. The urine was bloody, ammoniacal and very offensive. Instructions were given to have the bladder syringed out with warm water twice a day.

13th.—Patient is in a drowsy state, at once aroused by a touch or by being addressed.

16th.—Quite conscious. Lies with arms at right angles to trunk. Numbness on back of left hand and over left leg; elsewhere the sensation is perfect. Dr. Gowers examined the patient, and found that the electric irritability of the abductor indicis and of the interossei of left hand and of left ulnar nerve had quite disappeared. The biceps and deltoid much weaker, but presented no loss of irritability. Pupils contracted, the left being a little the smaller; slight ptosis of left eyelid. Breathing quiet; no cyanosis; chest resonant; no râles. Tongue dry.

On the 23rd it was noted that the movement in the arms had decidedly improved; pupils slightly contracted. The canula was removed from the bladder and replaced by a gum-elastic catheter. The next day he said he felt weaker; he refused his food, and in the afternoon vomited:

25th.—Much weaker, tongue dry and brown; takes nothing but brandy. No cyanosis; no râles; chest resonant to base; extremities cold; urine very bloody. Profuse perspiration, limited to right side of face, was noticed. He died just before noon.

The temperature was taken daily, and was constantly raised, but only slightly, ranging from 99.2° to 102.2° on one occasion, being generally under 101°. The pulse was never over 72.

Autopsy—Spine: The body of the sixth cervical vertebra was crushed in front, and the right anterior transverse process broken from the body, and the tip of the right articular process fractured. The posterior common ligament was partially lacerated. These injuries allowed the fifth cervical vertebra to fall forwards on the sixth. The spinal cord was examined by Dr. Gowers, whose report is as follows:—"Dura mater of the cord firmly adherent to the disturbed cervical vertebra, and a little thickened at the spot; no other sign of inflammation; a few extravasations of blood outside dura mater in vicinity of adhesion; inner surface of dura mater and pia mater normal. The spinal cord, on its external aspect, was natural, there being no sign of laceration or contusion opposite fracture; the consistence was, however, slightly lessened. Section here showed extensive disorganisation; grey

and white substance broken up, and mingled with small extravasations of blood. The microscope showed abundant 'granule corpuscles.' This change was equal in the two sides of the cord, and extended from the seventh to the eighth pairs of nerves. A little higher, opposite the sixth pair, the cord was scarcely damaged, slight irregularity in the outlines of the anterior grey cornua being the only abnormality. Lower down, between the eighth cervical and first dorsal pairs, the left anterior cornu alone was damaged, the right side being normal in appearance. Below the first dorsal pair the cord appeared healthy. All the anterior roots of the nerves appeared healthy to the naked eye, but on microscopical examination those of the seventh pair were degenerated on the left side, almost healthy on the right. In the first dorsal pair the degeneration was slighter, and was also chiefly on the left side. This left-sided affection of the anterior cornu in the lowest cervical region, and left-sided degeneration of the anterior roots, corresponds with the loss of electrical reaction in the left ulnar nerve observed during life." There were two strictures in the urethra. The bladder was greatly hypertrophied and congested; the puncture was seen to be exactly in the centre of the trigone. Ureters dilated; kidneys large, deeply congested, and swollen, with numerous whitish streaks of commencing suppuration scattered through the cortex. Recto-vesical pouch of peritoneum normal, not wounded by the trocar. Heart, liver, and spleen healthy; lungs emphysematous. There was slight superficial collapse of the posterior part of the lower lobes; no sign of recent bronchitis.

In some clinical remarks on this case, Mr. Heath referred to the rarity of recovery in cases of injury to the cervical spine, death occurring either from bedsores, ulceration of the bladder, or, most frequently, from congestion of the lungs due to imperfect aeration. The above case was an example of diaphragmatic respiration, the chest-walls being paralysed; but the opposite condition had been witnessed by the students in a recent case of pistol-shot lodged in the spine, where the diaphragm was paralysed, or at least did not work, whilst the other inspiratory muscles were intact. As the strictured condition of the urethra rendered it impossible to relieve the bladder by catheter, Mr. Heath had no hesitation in tapping the distended bladder per rectum, thereby making a dependent opening, by which the urine flowed away as fast as it was secreted, without decomposing. Mr. Heath said that he regarded the result as so satisfactory that he would be inclined to adopt the practice in any other case of spinal injury of a hopeless character, rather than have recourse to constant catheterism with all its difficulties and dangers.—*The Lancet*.

Rev. Mr. Talmage says that King Asa had the gout, and the doctors killed him (2 Chron. xvi. 12, 13.)

THE THERAPEUTICS OF HEADACHE.

Clinic by Prof. Smith, New York.

GENTLEMEN,—We take up to-day the therapeutics of certain forms of headache, a very important subject. Head-ache may be divided into organic and functional; but I believe you will get a better idea of the treatment by dividing the cases according to the causes.

You will remember we took up purely neuralgic headache at the last lecture.

A headache, when due to nervous disturbance, such as occurs in hysterical or excitable subjects, if associated with plethora, often yields to a saline cathartic. The most agreeable is the solution of citrate of magnesia, and should be given, a full bottle of it on an empty stomach. In addition, it is well to give one of the bromides combined with valerian. The following prescription I frequently use:

R. Sodii bromid $\bar{3}$ vi.
Elix. valer. amm. $\bar{3}$ iv.

M. Sig. $\bar{3}$ i. every hour until relieved.

If such nervous headache be associated with anæmia, after relieving the immediate attack with the bromide and valerian prescription, give iron, and give it for weeks, until there is a decided improvement in the patient's condition. Always give the iron after meals. In these anæmic cases it is often advisable to stimulate the heart's action. For this purpose I have found the following useful:

R. Amm. muriat $\bar{3}$ ss.
Tinct. actæa racemos. Aquæ.aa. $\bar{3}$ iij.

M. Sig. $\bar{3}$ ij. after meals in a wine-glass of water.

If there be despondency and depression of spirits, phosphorus, with nux vomica, is a good combination. The unpleasant taste of the phosphorus has been overcome by being made into sugar-coated or gelatine-coated pills. I frequently prescribe a pill containing phosphorus gr. $\frac{1}{8}$, with ext. nux. vomica, gr. $\frac{1}{8}$ t. i. d., with the happiest results. The pills can be obtained of any reliable druggist. This despondency is apt to occur in those who have been overworked mentally, or are harassed by business cares, or who suffer great mental anxiety. If, in addition to these symptoms there be sleeplessness, I employ the following pill:

R. Camph. pulv.....gr. xxv.
Ext. cannab. ind..... gr. x.
Ext. hyoscyami.....gr. xx.

M. Div. in pill No. x.

Sig. One at night. Repeat in two hours if necessary to produce sleep.

It is important to attend to the general health of the patient. Remove all causes of excitement; encourage exercise in the open air; let the food be

simple but nutritious; let the sleeping-room be large and well ventilated; in short let the patient be surrounded by the best possible hygienic influences. These general remarks will apply to almost all forms of headache.

SICK-HEADACHE.

I usually recognize two forms of sick-headache, (so called), the one neuralgic in character, as hemicrania and trifacial neuralgia, the other a dyspeptic headache. In the neuralgic variety the pain in the head precedes the nausea, while in the dyspeptic variety the pain in the head succeeds the dyspeptic symptoms. In the neuralgic, vomiting does not relieve the pain, while in the dyspeptic an emetic or laxative often removes the pain in the head by removing the cause. In addition to the treatment given in a previous lecture for neuralgic headache, which often occurs at intervals of a few days, or a week or two, sometimes coming on at sunrise and disappearing at sunset, I have good results from the use of guarana, or paullinia sorbillis, as it is sometimes called. I give it usually in powder, grains fifteen every fifteen minutes, until six doses have been taken. It is best given in a little sweetened water; and if six doses do not relieve, do not continue it; it will probably not relieve. It is well to give these powders in any headache (not malarial) of long standing and prone to return at certain intervals.

MALARIAL HEADACHE.

Malarial poison may produce pain in any portion of the head, but the most frequent locations are the sub-occipital region, the frontal, and on either side (hemicrania). Begin your treatment by the use of quinine. If distinctly periodical, give ten or fifteen grains two or three hours before the expected attack. It may be necessary to push the quinine in divided doses until cinchonism is produced, and kept up for several days, and then gradually diminish the dose. If the pain still continues to recur, and it frequently will, resort to arsenic and belladonna, five-drop doses each of Fowler's solution and tincture belladonna, after meals, increasing the Fowler's one drop each day until œdema arsenicalis is produced. This will seldom fail to give relief.

HEADACHE FROM GOUT.

I have found the following prescription beneficial in a headache dependent on gout:

R. Vin. colch. sem..... $\bar{3}$ iij.
Lithii bromidi. $\bar{3}$ ss.
Syr. zingib $\bar{3}$ ss.
Aq. cinnamomii, q. s. ad..... $\bar{3}$ vi

M. Sig. $\bar{3}$ ss. in a tumbler of Vichy water every four hours.

Such patients will be benefited by the regulation of the hygiene, tonics, a partial discontinuance of stimulants, particularly those which have been found by experience to aggravate the gouty symptoms.

SYPHILITIC HEADACHE.

It is hardly necessary that I should tell you that the headache of syphilis is more severe at night, and is quite apt to awaken the patient after twelve by its increasing severity. The use of calomel in one-tenth grain doses every hour, for twelve hours immediately preceding the time that it awakens the patient, gives more rapid relief than the ordinary constitutional treatment. The calomel treatment may be continued for two or three days, then stopped, and iodide of potassium given. I usually begin the iodide in fifteen grain doses, after meals and gradually increase it until iodism is produced, or irritation of the stomach occurs, provided the symptoms do not yield earlier. It may be necessary to push it to 350 or 400 grains a day before the symptoms yield.

RHEUMATIC HEADACHE.

The headache of rheumatism is characterized usually by tenderness of the scalp, which is increased on pressure or motion. Use the mild faradic current on the scalp, and internally the following:

R. Potass. iodidi,
Amm. muriat.....aa. ʒ iss.
Infus. humuli.....ʒ vi

M. Sig. ʒ ss. four times a day in a wine-glass of water.

In some cases of rheumatic headache, which have not yielded to the above treatment, I have found bromide of ammonia in twenty grain doses every two hours effectual.

URÆMIC HEADACHE.

There is another form of headache which is of great importance as a symptom of serious disease. The pain in the head may be the first evidence you will obtain that there exists renal disease, and that you really have to deal with uræmic headache. The judicious plan of treatment in such cases has for its object the removal of the abnormal amount of urine from the system. To accomplish this, you may call into action one or all of the three great emunctories of the body, the kidneys, the intestines and the skin. Make the kidneys act if you can, apply dry cups over the region of them, and give internally the following:

R. Potass. acetat.....ʒ vi
Infus. digitalis.....ʒ vi

M. Sig. ʒss every three hours.

The infusion should be made from fresh English leaves. Give this until the kidneys act freely, if

you can make them do it within twenty-four hours. You cannot always rely on this, however. If the kidneys do not act freely and the headache is not relieved within twenty-four hours, give a saline cathartic. A treatment almost domestic, and often very effectual, is to put an ounce of cream-tartar in a quart of water, and have the patient drink this in eight or ten hours.

ALCOHOLIC HEADACHE.

The headache of acute alcoholism, or inebriety, follows a debauch. The first indication is to remove the alcohol from the intestinal canal. For this give of rhubarb and magnesia calcined, each half a drachm, then give as follows:

R. Spts. amm. aromat.....ʒ ij.
Tinct. camph.....ʒ iss.
Tinct. hyosciami.....ʒ iiss.
Spts. lav. comp. q.s.ad.....ʒ ij.

M. Sig. ʒj. every hour until the headache is relieved and then give capsicum gr.ij. and quinine gr.ij. before each meal for several days. If there be sleeplessness give:

R. Sodii bromid.....ʒ ss.
Chloral hydrat.....ʒ iiss.
Syr. aur. cort.....ʒ ss.
Aquæ.....ʒ iiss.

M. Sig. ʒ ss. at night, repeat in two hours if necessary to produce sleep.

DYSPEPTIC HEADACHE.

Dyspepsia is a frequent cause of headache.

If there is indigestible food in the stomach, and it has been there for some time, give an emetic, as mustard and warm water, or sulphate of zinc gr. xv., and remove it. If there is evidence of indigestible food in the alimentary canal, beyond the stomach, give gr. xx. of rhubarb and magnesia each, and remove it from the bowels. If the headache be frontal, and the pain is located immediately over the eyes, give dilute nitro-muriatic acid in ten-drop doses, well diluted, after meals. If the pain is located about the roots of the hair, give an alkali before meals. as gr. xx. bicarbonate of soda or magnesia. The dyspeptic headache oftentimes is confined to these regions, but spreads over the entire head. In such cases I combine an acid with an alkali, and add to these nux vomica, as in the following prescription:

R. Sod. bicarb.....ʒ iiss.
Ac. nitro-mur. dil.....ʒ ij.
Tinc. nuc.....ʒ iss.
Syr. aurant. cort.....ʒ vi.
Aquæ, q. s. ad.....ʒ vi.

M. Sig. ʒ ss. after meals in a wine-glass of water.

If there be gastric pain, a mild counter-irritant as a mustard plaster to the epigastrium, will often

relieve the pain in the head as well as the pain in the stomach. If flatulence be a troublesome symptom, give the following :

- R. Bismuth subcarb. ʒ iss.
Tinct. nuc. vom. ʒ iss.
Tinct. card. co.,
Spts. lav. comp. aa q.s.ad. ʒ iv.

M. Sig. ʒ ij. before meals in a wine-glass of water.

If there be constipation, the following pill may be given, one in the morning :

- R. Aloes pulv. ʒ ss.
Ext. nuc. vom. gr.v.
Ext. belladonna gr.iv.
- M. Div. in pill No. xv.

In some forms of headache associated with stomach indigestion, I have found small doses, often repeated, of tinct. nux vomica effectual. I give a single drop every fifteen minutes, and continue this two or three hours, if necessary. In other cases, where the headache comes on soon after a meal, and seems to depend on stomach digestion, large drops of pepsin are effectual. Give a half drachm saccharated pepsin in a wine-glass of sherry wine, t. i. d., and let it be taken during meals.

HEADACHE FROM CONGESTION.

Cerebral congestion as a cause of headache may be divided into two varieties, active and passive. These claim almost directly opposite plans of treatment. In the active variety the patient should be kept in a darkened room, perfectly quiet, cold and evaporating lotions applied to the head. A saline cathartic may be given, and the following prescription :

- R. Sodii bromid. ʒ iiss.
Fl. ext. ergot. ʒ iiss.
Syr. zingib. ʒ ss.
Aq. aurant. Flor. q.s.ad. ʒ iv.

M, Sig. ʒ ss. every two hours.

If the skin be hot and dry, and the pulse full and rapid, give Fleming's Tinc. Aconit. Rad. gtt. ij. every two hours until the heart's action is sensibly diminished. Sometimes a hot mustard foot-bath will give relief.

The passive congestion variety demands a different mode of treatment. In many cases this variety is found associated with cardiac disease, and most frequently where there is cardiac dilatation. Hypertrophy gives rise to the active variety. Improve the condition of the blood by the use of iron, quinine, bitter tonics, alcoholic stimulants, good food, and stimulate the heart's action by the use of the following :

- R. Tinct. digitalis. ʒ iii
Spts. amm. aromat. ʒ vi.
Spts. lavand co.,
Syr. simp. aa q. s. ad. ʒ iii.

M. Sig. ʒ i. every four hours.

ANÆMIC HEADACHE.

Cerebral anæmia produces a headache, which is often mistaken for the passive cerebral congestive form. It is often associated with general anæmia, nervous exhaustion, and may occur in heart disease in consequence of enfeebled heart power, such as is met with in enlargement with dilatation, fatty degeneration, and myocarditis. Improve the general condition of the patient, and stimulate the heart's action as recommended in the passive cerebral congestive variety. Nitrate of amyl will relieve the immediate headache. Let the patient inhale three to five drops of it on a piece of cotton, placed within one nostril while the other is held closed. When associated with nervous exhaustion, I employ the following :

- R. Strych. sulph gr.ss.
Tinct. ferri. chlor. ʒ ij.
Glycerinæ. ʒ ss.
Infus. gentian q. s. ad. ʒ vi.

M. Sig. ʒ ss. after meals, in a wine-glass of water.

A word as to alcoholic stimulants. These are beneficial in headache dependent on cerebral anæmia. Champagne is specially a favorite form, and is much relished by those who suffer from nervous exhaustion. You should use caution in recommending it to such patients, as it may lead to serious results. Give it always as a remedy, and not as a beverage. A safe plan is to recommend brandy, a tablespoonful after each meal, and limit the champagne to one glass, and let it be taken with the dinner.—*Western Lancet.*

ORCHITIS TREATED BY PUNCTURING THE TESTICLE.

The treatment of acute orchitis by means of puncturing the testicle having within the past twelve months attracted a considerable amount of attention, the following notes, for which we are indebted to Mr. George Shaw, will doubtless prove of interest. The subjoined cases, as far as they go, certainly seem to present very satisfactory evidence of the value of puncture, while, according to Mr. Macnamara's wide experience, such instances are by no means rare.

CASE I.—H. C—, aged forty-one, a gold refiner, was admitted on Oct. 17th last with acute inflammation of the left testicle. He was a temperate man and a hard worker, but out of health in consequence of being constantly exposed to the nitro-hydrochloric acid fumes. On Oct. 11th he strained himself while at work, and shortly afterwards his left testicle became swollen and very painful, so that he was quite unable to continue his work, and, as the treatment he received at his

house did not relieve him, he was taken into the hospital. Ice was kept constantly applied to the inflamed gland, and the ordinary saline purgatives were administered. Under this treatment the symptoms subsided, but on the 24th, without any known cause, the orchitis returned, and, on the following day, during his visit to the hospital, Mr. Macnamara ran a grooved needle into the testicle, and allowed a few drops of serous fluid to escape externally along the groove, after which the instrument was withdrawn. The relief was both immediate and permanent; the inflammatory symptoms all passed away, and the patient left the hospital on Nov. 3rd, perfectly cured.

CASE.—Thomas W—, aged thirty-five, was admitted on Nov. 4th, suffering from long-neglected gonorrhœa and acute inflammation of the right testicle, the latter having come on suddenly on Oct. 29th, from which time he had been in very great pain. Immediately after admission, the house-surgeon, Mr. Poynder, passed a grooved needle into the testicle, and, after a small quantity of fluid had escaped externally, withdrew the needle. The patient alleged that within five minutes the pain had entirely gone, and did not return again from that time. He left his bed on Nov. 12th, and left the hospital cured on Nov. 20th.

In reference to these cases Mr. Macnamara remarked that they were fair examples of the effect produced by puncturing the testicles in acute orchitis. So far as he was concerned he was unable to determine in any given case if the inflammation was confined to the epididymis, or affected only the proper structure of the testicle; but it seemed to him scarcely probable that inflammation, if attacking one of these organs, would not extend to the other, and under any circumstances it followed, almost of necessity, that an effusion of fluid from the distended bloodvessels would escape into the tunica vaginalis, and perhaps, also, into the tunica albuginea. Every surgeon who had punctured the testicle in acute orchitis must have observed that the escape of a small quantity of fluid along the groove of the needle was not unfrequently followed by instant relief of the pain and a diminution in the hardness of the testicle, and it had always appeared to him that the relief was analogous to that afforded by diminishing the tension of the eyeball in acute glaucoma. Mr. Macnamara further remarked that he could claim to speak with some degree of confidence on this subject, for, some years ago while riding, he was thrown forward on the pommel of his saddle, and injured his left testicle. Symptoms of orchitis soon set in. Happily having been informed by his friend, Dr. Herbert Baillie, only a short time previously of the case of an artillery officer whose testicle had been punctured for orchitis after the plan recommended by Mr. Henry Smith of King's College, Mr. Macnamara got Mr. Culcliffe to run a

grooved needle into the inflamed and injured testicle. The relief in his own case was not only instantaneous, but permanent, and for these and other reasons he said he had never hesitated to employ the same treatment on his patients. He himself had never seen any but favorable results follow this mode of treatment, though, of course, he was not prepared to say it was always curative. He added that he felt himself under a personal obligation to Mr. Henry Smith for having introduced into modern practice the plan of puncturing the testicle in cases of acute orchitis, and he could with confidence recommend his pupils to follow this treatment in similar cases, because there are few diseases in which pain can be more effectually and speedily removed.—*The Lancet*.

CASE OF EXTRA-UTERINE GESTATION.

Mr. Thomas R. Jessop, F. R. C. S., Honorary Surgeon to the Leeds General Infirmary, reports an interesting case in the *Lancet*, November 4th, 1876:—

The patient was a married woman—mother of one child, twenty-six years of age, and of previous good health. * * * * *

The diagnosis of extra-uterine foetation having been ascertained, and the case admitting of no further delay, Dr. Jessop, on the morning of August 14th, 1876, and near the thirty-third week of utero-gestation, performed the operation in question.

The patient was placed under ether, and, after emptying the bladder, an incision was made in the linea alba, six inches in length, with the umbilicus in the middle of the wound. On reaching the abdominal cavity the back of the child was seen, covered with cervix caseosa, with the omentum lying like a cape over the head and shoulder. The cord, which was in full view of the wound, was tied, and a large well-nourished female child was removed from the abdomen. The child at first breathed so feebly as to give rise to some alarm, but an hour later it had acquired normal respiration. Its subsequent history is of importance no further than that it revived and flourished, until, in its eleventh month, it died of croup and pneumonia.

To return to the mother. The placenta was found lying like a coverlid over the entrance to the pelvis, and especially attached to the rectum and posterior abdominal wall. This fact was ascertained with the most jealous care, lest any rude manipulation should detach any portion of it. In the abdominal cavity some serum (a pint) was found, and feeble bands of lymph here and there distributed upon the intestines. The wound was dressed with six silver wire sutures, with as many intervening of silk, and the lower part of the wound, from which the umbilical cord was per-

mitted to protrude, was dressed on the principle of the pedicle in ovariectomy. The clamp used is the invention of Mr. Gough, and while it is not described, its excellence is commented upon by the surgeon.

The care bestowed upon the case in the after-treatment is deeply interesting. The patient was left in the operating room, and upon the very table used in the operation, for four days, lest removal should diminish the chances of recovery. She was nourished by judiciously administered enemata for a week before the stomach could retain anything but bits of broken ice. Morphia was given hypodermically for about six weeks. During the month following the operation the character of the discharge from the wound betokened the removal of the placenta, but during the second month the character of the discharge gradually became normal and small in quantity, when, at the expiration of two months, it healed, and the patient was soon dismissed.

[The article is quite lengthy, and enters into the literature of the operation, and will repay a careful perusal. Lest any one should ascribe the recovery to the skill displayed in the management of the case, the eminent surgeon is particular to point out that there were no complications to embarrass him.]—*Med. and Surg. Reporter.*

CHRONIC OVARITIS.

CLINIC BY PROF. THOMAS, NEW YORK.

The first case to which I invite your attention this afternoon, gentlemen, is Mrs. Ann S., colored; over thirty years of age, and sterile. On questioning her, we find that she has been married eleven years, but that up to four years ago there was no symptom present in her case, except the sterility. At that time she began to have a fixed pain in the right side, which has never left her, and we find that, in addition, she is now suffering dysmenorrhœa (the pain coming on before the appearance of the catamenial flow), back-ache, leucorrhœa, and marked irritability of the bladder. Now what is the diagnosis? This can only be accurately determined by physical exploration, in order to see whether there is any condition present that will account for the above symptoms. On making an examination per vaginam,* the patient being on her back, we find the cervix uteri normal in character and position, but that the body of the organ is bent forward; and by the use of conjoined manipulation (one hand being placed on the lower

part of the abdomen), we can distinctly map it out in the position of well-marked ante flexion. We are utterly unable to straighten this uterus; but just why this should be so, is not very evident. On continuing our examination we find on the right side of the uterus a hard mass, about the size of a horse-chestnut, which is movable, and excessively tender to the touch. The ovary cannot be felt on the left side. Now, placing the patient on her side, and introducing the uterine sound, bent to the proper curvature, we find that it is still quite impossible to reduce the flexion (or, at least, not, without using more force than we would be justified in doing). The diagnosis is, then, chronic ovaritis, with displacement, and irreducible ante flexion of the uterus. The ante flexion has probably existed ever since the patient was a young girl, but seems to have given rise to no trouble (except the sterility), until four years ago, when she must have had an attack of acute ovaritis (right) accompanied by displacement of the organ. We have, then, quite enough to explain all the symptoms of which the patient complains, viz.: dysmenorrhœa, pain in the right side, back-ache, leucorrhœa, and irritability of the bladder.

Now, as to the prognosis. This is very important when you are able to cure your patient, but it is of tenfold greater importance when you cannot do this. Why? Because it prevents the individual, if your advice is taken, from undergoing a long course of useless treatment and incurring much unnecessary expense. It is always the best course, in such cases, to tell your patient frankly that you cannot cure her; though sometimes this is a disadvantage to the physician, as she may go to some other medical man who will promise great things for her, and for the time being you will be thought to know very little about your profession. In the present instance nothing can be done except to regulate the patient's life, and warn her to avoid treatment which would probably do her a great deal more harm than good. She should be instructed to make use of warm vaginal injections, and to remove all weight from the flexed uterus by wearing her clothing suspended from the shoulders. In addition she might take such general tonics as are indicated, and she ought, if possible, to have complete rest at the time of her monthly periods.

UTERINE SUBINVOLUTION.—Mary M., aged 25, a native of France. She has been married more than three years, but has never given birth to a child at full term. Ten months ago, however, she had a miscarriage at about the fourth month, and she says she has never been well since. The principal thing that she complains of is a pain, seated, as she expresses it, "over the womb and running through to the back." She never misses a monthly turn, but the menses do not always appear exactly on the day anticipated (a matter of no consequence whatever). She loses less blood now than form-

* Patients are never examined before the class at Professor Thomas' clinic, unless there is some condition present which can be readily distinguished at a distance, such as an ovarian tumor or procidentia of the uterus.

erly at her periods, and immediately after the flow ceases she suffers from a severe pain, which continues for two weeks, and it is always accompanied by a leucorrhœal discharge. This post-menstrual pain, you will find, is very rare indeed. There is another form of so-called dysmenorrhœa, in which the pain occurs at a certain period between the catamenial epochs, but this intermenstrual pain is in reality a neuralgia, and ought to be classed as such. She suffers from constant irritability of the bladder, and has to get up two or three times every night to void her urine. An examination *per vaginam* reveals the fact that the uterus, slightly anteverted, is in a much lower position than normal, and is pressing forward upon the bladder. We find that it is also very large and flabby, and that the external os is quite patulous. Anticipating that fungoid degeneration of the mucous membrane of the uterus might be present, one of my assistants has carefully explored the cavity of the organ with a copper wire curette, but with a negative result.

Here, then, is a patient who was perfectly well, up to ten months ago, when she had a miscarriage, which has been followed by the above results. Subinvolution is, therefore, our diagnosis, by which term I would have you understand a statement of the condition which gives rise to, and satisfactorily accounts for, the phenomena present in any particular case. Many authorities would say that this patient is suffering from chronic metritis, but that is an expression which covers almost as much ground as hysteria, and ought to be discarded. For some reason or other, which it is impossible now to determine, the involution of the uterus after the miscarriage was interrupted, and the organ remained permanently enlarged, with its lining mucous membrane engorged with blood. The ovaries, also, were left much congested, and on account of their increased weight both have fallen down into Douglas' *cul-de-sac*, where they can be distinctly felt, somewhat enlarged and extremely tender to the touch; a fact which was not mentioned when the results of the vaginal examination were stated.

Subinvolution is a very difficult condition to cure, but we will put the patient on the following course of treatment: all superincumbent weight must be removed from the uterus, and she must be instructed to attempt no heavy work, and to rest during her menstrual periods. She will be ordered to make use of hot vaginal injections which contain a small quantity of some appropriate astringent, not for the purpose of curing the leucorrhœa which has been noted, but in order to prevent the vagina from becoming more flabby and relaxed than it is, and thus permitting the uterus to fall lower down. Internally she will be given ergot, in small doses (to avoid the nausea which it so frequently produces); though I must confess I have not much faith in its efficacy in these cases.

Ergot, as you know, has a marked effect on uterine fibroid and in arresting hæmoptysis. and as it is the only drug whose action is directly upon the uterus, it is worth while to give it a trial, at all events. In addition, she will wear a soft-rubber ring pessary, to act as a splint to the uterus, and take off some of the strain from the ligaments; and later on in the treatment a current of electricity, from a constant battery, will be passed through the organ (on account of its tonic and alterant effect), one electrode, in the shape of a cup, receiving the cervix uteri, and the other being placed on the abdomen. Relief in this case will necessarily be slow, but may perhaps be complete. For a perfect cure, however, we can only look to another pregnancy. The uterus would thus be given another chance for itself, and it is probable that, under more favourable conditions than before, complete involution of the organ might afterwards be accomplished.—*Medical Reporter.*

THORACENTESIS IN EFFUSIONS OF THE PLEURA.

Dr. Beverly Robinson read a lengthy paper on thoracentesis, in which he drew from the literature of the subject the advantages derived from it, and the cases in which it was indicated. He directed attention also to the subject of sudden deaths following this operation. The deductions which he arrived at were as follows: Thoracentesis was imperatively indicated where there was danger to life from pleuritic effusion. It should be performed at an early date, when the effusion was large, for the reason that it may prove fatal, if not by dyspnoea, by syncope, by twisting the aorta and impeding circulation, and by giving rise to œdema of the lungs.

Thoracentesis was also a justifiable operation in moderate effusions, even if they were not purulent, for the reason that a lung compressed by an exudation may become involved in caseous pneumonia, or it may be invaded with miliary tubercles, and, moreover, the effusion may result in adhesions which will bind down the lung and permanently cripple it. The pressure of the fluid on the lymphatics may prevent them from exercising their functions of absorption, or absorption may be impossible, from the fact that the pleura costalis and pleura pulmonalis may be so coated with lymph as to shut out the lymphatics completely. In regard to the objection which has been offered that if fluid be removed it will return, Dr. Robinson referred to a French authority, showing that, in twenty-five cases of aspiration performed in simple pleurisy, the fluid returned in only six. Reference was made to the influence, as a diuretic, which aspiration produced, and a case was cited in which

two gallons of urine were passed in the twenty-four hours following the operation.

In respect to thoracentesis during the febrile stage of pleurisy, it would seem that it does not, as a rule, increase the temperature, but, on the other hand, does, at times, lessen the intensity of the fever. Several observations have been made in which the operation of thoracentesis has been performed to estimate its effect, and it has been found, both in animals and man, that the puncture of the chest-walls with a sharp instrument is innocuous.

In regard to the danger of converting a sero-fibrinous exudation into a purulent one, Dieulafoy considers it a coincidence, and not the result of aspiration; and, in proof of this, cites several hundred cases in which the operation had been performed.

In regard to the relation of thoracentesis to sudden death, some important facts were adduced: first, that such deaths occurred in pleurisy when no operation had been performed; second, that the operation did occasionally bring about a fatal termination, but that such unfortunate accident might have been avoided if proper safeguards had been taken. The principal cause of death was embolism, caused by the dislodgment of emboli from the pulmonary veins; and, strange to say, this dislodgment took place not during the aspiration, but in washing out the chest with injections. The inference as regards the performance of the operation was to perform it before thrombi had formed, to inject fluid into the pleura with much care and in small amount.

The following post-mortem conditions have been found in patients dying suddenly: Vegetations of the valves of the heart, fatty degeneration of the heart, thrombosis of the heart, pulmonary, cerebral, and spinal embolisms, acute œdema of the lung, pulmonary congestion, ulcer of the stomach, ulcer of the duodenum, and ulcer of the gastro-epiploic artery. The final deductions by Dr. Robinson were that, inasmuch as the puncture of the walls of the chest by an aspirator-needle was a harmless operation, and any amount of effusion may become dangerous, it is justifiable, in all cases of pleurisy where fluid is present, to aspirate the chest, unless the patient be very feeble, and the effusion be small; in such case it may be wise to defer the operation. Again, if the effusion be extensive, it may be judicious to puncture the chest more than once, and draw off a moderate amount of fluid each time; so that all danger of acute œdema of the lung, of syncope, and of dislodgment of thrombi, be avoided.—*New York Med. Four.*

DEATH OF GURDON BUCK., NEW YORK.—The painful anxiety concerning the health of this distinguished surgeon has at last culminated in his death. This sad event occurred March 6, ending

a long and useful career. He was born in this city May 4. 1807. He graduated in the College of Physicians and Surgeons.

In 1837, he was appointed Attending Surgeon to the New York Hospital, which position he held up to the time of his death. On the death of Kearney Rogers he was made Attending Surgeon of the New York Eye and Ear Infirmary, which position he occupied for nine years. When the St. Luke's Hospital of this city, was being founded, he was the trusted adviser of the managing board, and the subsequent perfect administration of this noble charity has been in no small degree due to his individual exertions. After its organization he was appointed Attending Surgeon, the duties of which position he continued to discharge until 1868, when he resigned to accept a similar connection with the Presbyterian Hospital. He remained in active connection with this institution until a few months ago, when his rapid failing health rendered him unfit for duty.

As a surgeon Dr. Buck was remarkable for boldness in operating and for thoroughness of detail in after treatment. His patient study of his cases was one of his peculiar traits. To cases of fractures he was particularly attentive, spending not unfrequently the greater part of the day in the wards of the New York Hospital in dressing them. As a result of such pains-taking he was enabled to revolutionize the prevailing system of treatment. To his personal study and exertions were due, more, perhaps, than anything else, the enviable reputation which this hospital so long maintained for the brilliant results of this class of injuries. The improvements which he made in the then existing apparatus are matters of surgical history. His method of treating fractures of the thigh by the weight and pulley was at once recognized by surgeons throughout the civilized world as the establishment of an original principle of the utmost value.

Dr. Buck was not only a bold, but an original operator. The various capital operations which are described in the periodical medical literature of the past thirty-five years abundantly prove the latter statement. Among these, what is now known as Buck's operation for œdema of the glottis holds a deservedly high rank. But in no department did he gain more laurels than in autoplasmic surgery. His devotion to this branch, during the latter part of his life, amounted to a passion, and his marvelous successes roused in him an enthusiasm which mocked the increasing infirmities of his age and his rapidly declining health. His work on "*Contributions to Reparative Surgery*," issued only within the last year, fully embodies his remarkable experience, and may be looked upon as the crowning effort of a most notable and distinguished career. * * *

For the past year or more his health began sen-

sibly to decline, and grave symptoms appeared, which were for the most part referred to kidney trouble. Finally the symptoms of uræmic poisoning became more and more marked, until he sank into coma, in which state he quietly passed away.

He was faithfully and lovingly attended to the last by his trusted medical friends and advisers, Drs. James R. Leaming and Alonzo Clark.

As a man, Dr. Buck was noted for his sterling integrity of character, his high sense of professional honor, his consistent Christianity, his charity to the poor, and his quiet devotion to his family. Can more of good be said of any one?—*Med. Record.*

SECONDARY HEMORRHAGE AFTER THE USE OF ESMARCH'S BANDAGE.—Prof. Esmarch thinks that the severe secondary hemorrhages after amputations, and the frequent hemorrhages after other operations in which his bandage is used are attributable, in many cases, to the use of too firm a constriction. The rubber tubes usually employed are too thick and hard, and too much force is exerted in applying them. The necessary consequence is a complete paralysis of the vasa-motor nerves, and hence obstinate hemorrhage after the removal of the tube. For some time past Prof. Esmarch has only used the tube in operations at the shoulder and hip-joint, and has found that he can obtain quite sufficient constriction in other operations by means of the elastic bandage alone.

Another cause of these secondary hemorrhages is the imperfect means employed to check the bleeding after operations. In operations for necrosis, Prof. Esmarch, before loosening the constricting band, fills the cavity in the bone, which he always makes trough-shaped, with charpie that has been soaked for a long time in carbolic acid, and applies Lister's antiseptic dressing. If the dressing is well applied, not a single drop of blood will ooze through it after the tube is removed. The charpie is left *in situ* for several days. In resections the tube is loosened before the wound is dressed, and all spiriting arteries are tied. In amputations Prof. Esmarch lays great stress on the importance of a circular cut through the muscles, so as to avoid cutting the arteries obliquely. When the limb is removed he seizes the gaping vessels one after another with a bull-dog forceps, which he leaves hanging to the stump until he has secured every vessel that he can see, and he then ties them with cat-gut ligatures. He applies the ligature to both arteries and veins, and believes that when the veins, are ligated the danger of secondary hemorrhage is greatly diminished. The rubber tube or constricting bandage is then removed as rapidly as possible; if it be gradually loosened the hemorrhage will be great, because the blood will be pumped into the arteries, but will be unable to flow back through the still

constricted veins. He then takes an irrigator filled with a weak solution of carbolic acid, iced, and douches the surface of the wound. The smaller vessels that still bleed are in this way easily seen, and seized with forceps, which are left hanging to the stump. When no more bleeding vessels can be seen, he proceeds to secure those that have been found with catgut. If the operator wait to tie each vessel as he seizes it, much time and much blood will be unnecessarily lost. Prof. Esmarch always has from thirty to forty pairs of forceps on his operating table, and all of them are sometimes in use before he begins to apply the ligatures.

Finally the iced douche is kept up until the capillary hemorrhage ceases, and the stump may then be dressed without fear. For several years none of his amputations or other capital operations have been followed by secondary hemorrhage.—*Med. Record.*

LACERATION OF THE FEMALE PERINEUM.—Dr. D. M. Stimson records (*Archives of Clin. Surg.*, July, 1876) the following case of this in which he successfully operated by a procedure devised by Dr. Willard Parker, who has employed it in seven cases with perfect success.

"Mrs. V., æt. twenty-eight, during first labour had her perineum torn completely through into the bowel, the rent extending two and a half inches up the recto-vaginal septum. The labour was instrumental and exceedingly difficult, her pelvis being contracted at the sub-pubic arch. An operation was performed two months after the accident, but it was unsuccessful.

"On May 10, 1876, I operated upon her, assisted by Drs. Geo. A. Peters, and Willard Parker, Jr., Willard Parker, Sr., being also present. The patient, having been duly prepared for the operation by warm douches and attention to diet and bowels, was etherized, placed in the position for lithotomy, and the parts were shaved. The sphincter ani was divided subcutaneously close to the coccyx on either side and the muscle stretched. I then dissected, from below upwards, the cicatrices from the ruptured surfaces, leaving the flaps thus obtained attached to the vaginal surface; and split the edge of the recto-vaginal septum so that raw surfaces might be obtained without loss of substance. Next I made a slightly curved incision, three inches in length, parallel to and three-quarters of an inch from the edge of the wound on either side, and carried it deeply enough into the ischio-rectal fossa to enable me to press the deepest part of the fissure together, by my fingers passed to the bottom of these cuts.

"A doubled silver wire was then carried from the bottom of one of the side cuts through the angle of the wound at the split septum to the side cut opposite, and the ends secured around a piece of elastic

catheter. The edges of the split septum were united by fine sutures both in the vagina and rectum; two more double wire sutures were placed in the wound and twisted over bits of catheter, one three-quarters of an inch nearer the surface than the first, and the third through the centre of the perineal mass. The cicatricial flaps were now trimmed, and brought together so as to form a valve of protection from vaginal discharges, after the idea of Langenbeck. Fine sutures were used also in bringing together the mucous membrane of the rectum; and lastly, the more superficial parts of the perineum were united by the ordinary silk suture.

"The patient was now placed upon her back in bed, her thighs separated widely, and a single thickness of sheet made to be the only covering over their upper parts. A Jacque's gum-elastic catheter was passed into the bladder, with conducting rubber tube; and a dose of morphine administered. The deep sutures were removed on the fifth day. The bowels were moved by castor-oil and enema on the tenth day. The catheter was retained until the tenth day.

"I have to-day, May 30, examined the patient, and find the recto-vaginal septum complete, the perineum entirely restored, and the patient can control the sphincter perfectly unless the bowels are loose.

"The distinguishing features of this operation are: *First*.—That the deep sutures draw in a straight line and a more secure coaptation of surfaces is thereby obtained. *Secondly*.—The side cuts relieve traction by dividing the transverse perineal muscles as well as skin and fascia. *Thirdly*.—Air is admitted freely to the wound, and 'poulticing' to a certain degree prevented."

A REMEDY FOR WHOOPING-COUGHs.—In twenty-five cases of whooping-cough, the author has been so exceedingly successful with his topical medication, that he has no hesitation in recommending it very warmly to the profession. His remedy is the following powder: R. Quin Muriat., 1.0; Ac. Salicyl., 2.0; Sacch. Alb., Sod. Bicarbon. aa, 0.5, (1 gramme = 15 grains. See JOURNAL AND EXAMINER., February, 1877, p. 172.) This powder is applied to the affected larynx by means of a laryngeal insufflator; the insufflations are made twice daily, and the above quantity of the remedy will last ten days. Consequently, at each application, about 0.05 quinine and 0.1 salicylic acid are used. The small dose of the powder being put in the open end of the insufflator, the patient is told to put out his tongue and to take a deep inspiration. At this very moment the tube of the insufflator is quickly put into the mouth far enough to get its curved end behind the epiglottis, and the powder is blown into the larynx. Although the children naturally struggled, they could be

managed by one person who had them on his lap and held their hands. Small children, of course, would not inspire just at the demand of the surgeon, who then had to wait and watch for the desired moment to insufflate the powder. But, for all this difficulty, the whole manipulation never occupied more than three minutes. When the powder actually was blown into the larynx it caused an attack of suffocation, so that this phenomenon may be taken for a proof of the successful insufflation.

The beneficial effect of the treatment was noticed within one week by a decrease of the attacks in violence and frequency. The time required for a complete cure varied from one to four weeks; in general older children and adults were cured more quickly than young children. And the writer thinks that the time necessary for a cure could perhaps be essentially shortened by more frequent insufflations of smaller doses, and by improving upon the *modus operandi*.—*Chicago Med. Jour.*

SULPHUROUS ACID WASH AS AN ANTISEPTIC IN COUNTRY PRACTICE.—Mr. John Balfour, strongly recommends (*Edinburgh Medical Journal*, Aug. 1876,) sulphurous acid wash originally advised by Dr. Dewar, as a valuable antiseptic for the use of the country practitioner, who may be called on at any moment to operate in slight cases without any assistance, and to perform a capital operation with such aid as may on the spur of the moment be available. He says he has now used it "for many years with great satisfaction in all cases of factory accidents, cuts, and lately in a case of amputation at the shoulder-joint. In the proportion of one in twelve of water, I find that it at once alleviates pain, minimizes suppuration, is easily applied, and facilitates dressing the wound, while it costs almost nothing. When the fingers are the parts injured, I have a large teacup filled with the wash put by the patient's side, and into this the injured part, covered with the thinnest rag to be had, is dipped as often as desired. Should the injured part be the hand or any other part of the body, it is supported on a pillow covered with gutta-percha tissue or oil-skin, and the wash applied by means of a little tow, which is allowed to remain in the cup."—*Am. Jour. Med. Sciences.*

TREATMENT OF SUFFOCATIVE GOITRE BY INJECTION OF IODINE OR THE USE OF SETONS.—Mr. Lennox Browne, of London, advises strongly against excision of the thyroid, which he ranks as a highly dangerous operation, from the fatality which has been shown to be associated with it even in such skilful hands as those of Dr. Watson. He finds that a much simpler procedure will be successful, cause the disappearance of the tumor, and at worst only leave a slight scar; and he gives six

cases of his own in support of his statements. The tincture of iodine may be injected, as recommended by Lucke, of Berne. In some cases it produces absorption, and in others suppuration; when the seton is used it is left *in situ*, so as to produce very long suppuration. In one case where the tumor involved the isthmus and left lobe of the thyroid, and was as large as an orange, injections of the tincture of iodine were practised three times on alternate days, about thirty drops being used. Suppuration was then invited by fomentations, and, when the abscess formed, two further injections were made into the side swellings. The discharge took place spontaneously, and continued for four weeks, pledgets of lint being introduced into the wound, so that it might heal from the bottom. About nine months afterwards there was no sign either of tumor or scar. In another case, a young woman of twenty-two had a general fibrous enlargement of the thyroid. Swallowing had become difficult and breathing was embarrassed. An injection of iodine was made at the first visit. Great pain was occasioned, and the patient passed a sleepless night. On the next day a seton was introduced and retained one month, and the effect was remarkably beneficial, free discharges ensuing, and the tumor diminishing in size most remarkably. A month later all discharge had ceased; there was no thickening perceptible, and the cicatrices were mere points. Her general health had also much improved. Mr. Brown has obtained very little advantage from electrolysis in these cases. Of eight cases thus treated, one only obtained real benefit. As auxiliary to the treatment he recommends the patients to finish up by a course of baths and waters at the Bromo-Iodine Spa of Woodhull. Mr. Brown says it is difficult to say in which class of cases iodine is to be preferred and in which the seton. When the tumor is substernal and causes dyspnoea, it is the extension of the disease behind the trachea and oesophagus that is the cause of the trouble. These bronchocele are usually small, and are always fibrous. The cystic bronchocele rarely embarrasses the respiration.—*Br. Med. Jour.*, Dec. 30, 1876.—(*Detroit Med. Review.*)

A NEW DISINFECTANT AND ANTISEPTIC.—At a meeting of the Society of Arts on Thursday last "On some Processes of Nature's Hygiene" was read by Mr. C. T. Kingzett, F.C.S. The paper was a very interesting one, and suggested important improvements in the production of antiseptics, disinfectants, and albumen of commerce. The reader's researches had for their immediate object the elucidation of the nature of the active principle which is formed when turpentine and other oils and substances underwent atmospheric oxidation, illustrating the results by certain chemical formula. It had been at first difficult to understand the virtues of the Eucalyptus as a preventive

of malaria, but the explanation was both interesting and simple. The various species of pine or fir trees all secrete oils, which might be considered as turpentine, and which, if allowed to remain in the tree, volatilised in great measure, and underwent oxidization in the atmosphere. In pursuing his investigations he found that when turpentine was exposed to a current of air in the presence of water oxygen was absorbed, part of the oil resinified, and the rest was oxidised into a compound, unstable in the presence of water, and splitting up thereby into peroxide of hydrogen and camphoric acid, the former of which had long been acknowledged to be one of the most powerful disinfectants known to chemists. The result of his experiments in the direction of the oxidation of turpentine was the discovery of a solution which he had christened "Sanitas," and which he claimed to possess a power of preservation and disinfection superior to that of its own components taken singly, and to that of any other known antiseptic or disinfectant, the presence of camphor and other bodies being conducive towards securing the result sought for. By a similar process Mr. Zuglei and himself had also been able to prepare a blood albumen of a whiteness and quality comparable to egg albumen, the use of which would restore a large amount of food to the market. This was the first instance on record in which a natural process of atmospheric purification had been imitated to perfection; until, in fact, there could now be repeated on a commercial scale, that which in pine and Eucalyptus forest constituted one of the most efficacious processes of nature's hygiene.—*Med. Press and Circular.*

THERAPEUTICS IN GREAT BRITAIN.—In reviewing a recently published treatise on the Theory and Practise of Medicine, Dr. W. Bathurst Woodman, of England, says: "As might be expected from Dr. —'s antecedents, pathology and prophylaxis are most carefully rendered and form a distinguishing feature of the work. As in all modern works on physic, the treatment of disease receives less attention in this treatise than its diagnosis and *post-mortem* phenomena. We think this is to be regretted on more grounds than one. The neglect of treatment on the part of orthodox practitioners is the stronghold of quackery. The self-dubbed Dr. Smellfungus, graduate of a college *in nubibus*, sees a patient, relieves his pains, gives him tranquil nights, and at least a few days of enjoyable life, whilst the graduate in honours of the old and celebrated universities, who is perhaps, in addition, Member or Fellow of the Royal College of Physicians or Surgeons, sends the patient away, or leaves him, after making an elaborate diagnosis, with some peppermint water, or some other equally futile prescription, which affords no relief either to his body or to his mind.

"Dr. —'s book is no worse than some others in this matter. It is perhaps rather better. But unless something be done to advance the study of rational therapeutics, quackery must and will flourish on our island."—*New Remedies*.

BROMIDE OF ARSENIC IN THE TREATMENT OF EPILEPSY.—Dr. Th. Clemens, of Frankfort-on-the-Main, has employed bromide of arsenic for twenty years in the treatment of diseases of the nervous system, and especially of epilepsy, and claims that he has obtained astonishing results with it. He uses the liquor arsenic. bromat., and gives one or two drops in a glass of water once, or, if necessary, twice daily. These minute doses may be given for months and even years, without producing the usual unpleasant effects of a long continued arsenical course. All his cases of epilepsy have been markedly relieved and improved by this remedy, but in only two cases has it produced a complete cure. In many cases of incurable epilepsy, complicated with idiocy and deformities of the skull, the fits were reduced in number from twenty in the twenty-four hours, to four or even two, a result that has been obtained by no other treatment. In connection with the bromide of arsenic, an almost exclusively meat diet is advised. The patients should be as much as possible in the open air in the daytime, and their windows be kept open at night. Unlike bromide of potassium, this remedy does not require to be given in increasing doses, and instead of interfering with digestion, improves the nutrition and strength. Dr. Clemens has employed the following formula since 1859, and thinks that it ought to replace Fowler's solution, which is irrational in its composition and uncertain in its action. This solution becomes stronger with time; the chemical union of the bromide with the arseniate of potash becoming more and more perfect.—**R.** Pulv. Arsenic, alb., Potassa. carb. c. tartar., aa dr. i.; coque cum aqua destil. lb. ss. ad solut. perfect. ; adde, aq. evaporat. restituta, aquæ distil. oz. xij., dein adde brom. pur. dr. ij., refrigerat. stet per sufficient. temp. ad. decol., S. liq. arsenic. bromat.—*Allg. Med. Central-Zeitung*, May 24th.

OVARIOTOMY AT THE SAMARITAN HOSPITAL.—The year 1876 has been the most successful on record at the Free Samaritan Hospital—the operation of ovariectomy having been performed fifty-five times with only five deaths. Forty of these were performed by Mr. Spencer Wells, with four deaths; seven by Mr. Bantock, with one death; and eight by Mr. Knowsley Thornton, without a death. The fifty-five cases include many in which both ovaries were found diseased and removed; and many of the operations were most formidable from the extent and nature of the adhesions. No case in which the diagnosis of ovarian tumour was made

was refused the operation, however bad the prognosis, provided the patient still wished to have the last chance when the extra danger of her case had been fully explained to her. We believe these are the best results yet published, either in hospital or private practice; and if there are any members of the profession who still have doubts as to the advisability of ovariectomy, we commend these cases to their consideration.—*Med. Times & Gaz.*

SUGGESTIONS FOR THE CURE OF ANEURISM.—Dr! Horace Dobell (*British Medical Journal*) makes the following original suggestions for the safe and rapid cure of aneurism: "Stop the circulation above and below the aneurism, and substitute for the fluid contents of the sac a substance insoluble in blood, solid at the temperature of the blood, fluid at a temperature low enough to allow of its being safely brought into contact with living tissues, and changing from liquid to solid without fail and with great rapidity, and which at the same time is light, innocuous, and unirritating. All these conditions are completely answered by either spermaceti, melting at 120 deg., or stearin melting at 130 deg.; and I submit to the consideration of surgeons whether there is any practical reason why an aneurism should not have its fluid contents withdrawn by an aspirator, and their place filled by melted spermaceti or stearin. Either of these substances would so rapidly and permanently solidify en masse as to be absolutely free from the danger inseparable from either 'active' or 'passive' clots being washed away when the blood-current is again allowed to flow; and the time occupied in their solidification would be so short as to remove all danger of damage from arrested circulation in the parts below the aneurism. I need scarcely add that the subsequent blocking of the artery above and below the aneurism will of course go on as usual."—*Louisville Medical Journal*.

DANGERS FROM SANTONINE.—In using santonine, it is well to bear in mind that comparatively small doses have produced convulsions of a somewhat grave character. A German contemporary lately reported a case in which poisonous effects were produced in a child two years old, by the ingestion of so small a dose as a grain and a half. Convulsions commenced in the face, and extended to the extremities, while the respiratory action was greatly impeded. Under warm baths, enemata, and artificial respiration, the patient recovered. The physician in charge of the case then instituted a series of experiments on the lower animals, and found that chloral and other inhalations controlled the convulsions produced by santonine. He naturally argues that the same treatment should be pursued in the human subject when a poisonous dose is taken.—*Med. Press and Circular*.

Medical Items and News.

INHALATION OF IODINE.—Dr. Seguin remarks: "I beg leave to say, also, that for more than fifteen years, I usually prescribe the inhalation of iodine in forms whose formulary may be found in many drug stores in this city. The most usual of these forms being that of a pillow containing aromatic plants, say seaweed, black walnut or fern leaves, etc., according to secondary indications. In this pillow is introduced a little bag or satchel containing a drachm or so of iodine, in as much of bran as will prevent the too rapid evaporation of the drug. When the satchel does no more smell of iodine it is refilled, and when the pillow begins to smell the pus-like odor peculiar to those cases, the herbs are also renewed. Let us remark *en passant* that the alteration of both is in proportion to the gravity of the affection. The pillow must be soft, and broad enough for the head and chest to remain upon it during the night tossings. The urine has to be tested for albumen during this treatment."—*Medical Record*.

RADICAL CURE FOR PILES.—Dr. A. B. Bowen, of Magnoketa, Iowa, writes: "In a recent number of *The Record*, my attention was directed to the treatment for *nævus* by hypodermic injection. From the similarity of the anatomical structure of the *nævus* to hemorrhoidal tumors, I was induced to try the remedy. In the latter I used carbolic acid and ergot (fluid extract) in equal parts, injecting from ten to fifteen minims of the solution into the spongy, vascular hemorrhoidal tumor. This was repeated about once a week for five or six times, when the tumor has entirely disappeared. I have tried this in several cases, and it acts like a specific."—*Pacific Med. & Sur., Four.*

PREVENTION OF AFTER-PAINS.—Dr. Le Diberder (*Ann. de Gynecolog.*) believes that ergot, suitably administered, has the power of preventing after-pains. He gives half a drachm in divided doses, directly after the expulsion of the placenta, with the object of bringing about a firm and consistent contraction of the uterus in place of the alternate contractions and relaxations to which he says after-pains are due. The *Dublin Med. Press and Circ.*, in commenting upon this statement, calls attention to the opinion of Sir Charles Locock, that after-pains were due to the retention of coagula, and that firm manual pressure upon the uterus to promote their expulsion was never followed by after-pains.—*Southern Med. Record.*

London is threatened with a severe small-pox epidemic. To encourage re-vaccination among her subjects, the Queen has caused all members of her household to be re-vaccinated, and the fact to be published by the press.

INCREASE OF UREA BY EXERCISE.—Dr. Pavy, from observations on Weston during his pedestrian feats in London, has found that during muscular exercise there is an increase of urea excreted. This increase, however, is inadequate to account for the work done. It simply accounts for the wear of muscular tissue. The work done represents the oxidation of carbo-hydrates and the production of carbonic acid and water. It will be remembered that Dr. A. Flint, from observations on Weston, some years since, reached conclusions supporting the doctrine of Leibig, that force—muscular, nervous, etc., results from the disintegration of the particular tissue in action. Flint and Pavy both found increase of urea during muscular exercise. The former maintained that this increase represented a force equal to the work performed; the latter maintains that this increase only accounts for the wear of muscular tissue. From a careful study of both series of observations, we think that Pavy is correct.—*Detroit Medical Journal.*

LOCAL TREATMENT OF PUERPERAL FEVER.—Dr. Fritsch, of Halle, strongly recommends the injection of large quantities of a carbolic acid solution (2 or 3 per cent.), so as to thoroughly wash out the uterus and vagina, and to completely distend the latter. To this end he throws in two, and sometimes three litres, *i. e.*, from four to six pints, the temperature of the water being at 25° R. (89° Fahr.). The uterus, after a thorough cleansing out, need not be injected oftener than three times in the twenty four hours; and after three or four days this need not be continued, but the cleansing and distension of the vagina must be repeated much more frequently and persisted in for a much longer time. Under this treatment not only are the local lesions soon ameliorated, but the febrile action, as indicated by the temperature-curves, abates. Prof. Schroder, on the reading of the paper, mentioned that Dr. Hildebrandt employed for injecting the vagina a glass tube, about as thick as a finger, each patient being provided with her own, which is broken on her recovery.—*Med. Times and Gaz., Nov. 18, from Allg. Wien. Med. Zeitung, Oct. 24, 1876.—Ibid.*

SULPHITE OF SODA AS A DRESSING.—Dr. Minnich, of the Venice Hospital, prefers the employment of the sulphite of soda to carbolic or salicylic acid, not only as a dressing for wounds, but also in erysipelas. It is much less inconvenient to use, and much cheaper. He applies it in the same way as Prof. Lister does the carbolic acid, and the solution employed consists of one part of the sulphite and one of glycerine to nine parts of water. Its beneficial effects have been proved in a great number of cases.—*Med. Times and Gaz., Sept. 23, from Gaz. des Hôp., Sept. 7.—Ibid.*

CHOOSING A PHYSICIAN—"To choose a physician," as Lady Mountcashel has well remarked, "one should be half a physician one's self; but as this is not the case with many, the best plan which a mother of a family can adopt is to select a man whose education has been suitable to his profession, whose habits of life are such as prove that he continues to acquire both practical and theoretical knowledge, who is neither a bigot in old opinions nor an enthusiast in new; and, for many reasons, not the fashionable doctor of the day. A little attention in making the necessary enquiries will suffice to ascertain the requisites here specified; to which should be added what are usually found in medical men of real worth—those qualities which may serve to render him an agreeable companion; for the family physician should always be the family friend."

CLEOPATRA'S NEEDLE.—This celebrated obelisk, which was many years ago presented to the English nation, is about to be removed from the sands of Egypt and erected on the Thames Embankment. The expense of transportation will be borne, it is stated, by "a distinguished and public-spirited surgeon," who does not wish his name made public till the work is accomplished. It is stated also that Mr. Erasmus Wilson is the public-spirited surgeon aforesaid.

COURT APPOINTMENTS.—The vacancy caused by the lamented death of Sir William Ferguson, Sergeant-Surgeon to the Queen, has been conferred on Sir James Paget, and the appointment of Sergeant-Surgeon Extraordinary to her Majesty has been given to Mr. Prescott G. Hewett, F. R. S., President of the Royal College of Surgeons; and Mr. J. Eric Erichsen, F.R.S., has been appointed Surgeon Extraordinary to her Majesty.

EXTRACT OF LOGWOOD AS A DISINFECTANT.—H. Mallory, of Ohio, says, for twelve years I have used Extract of Logwood for a disinfectant and deodorizer in cancer. I use it in the following manner:—Powdered logwood and hog's lard, of each, two ounces. To be mixed and made into a pomade, spread on lint and applied to the slouching ulcer; the effect is magical, all the odor will disappear in half an hour. The astringency of the logwood will suppress the discharge. No other known agent will fill the indications so well, and yet I have not found a single member of the profession who had any knowledge of the agent until I suggested it. Will some of your numerous readers give it a trial and report the results.

Dr. Warlomont, of Brussels, states that, out of more than ten thousand children vaccinated with animal virus, not one was attacked with small-pox during the severe epidemic of 1870.

NEW INSTRUMENT IN DIAGNOSIS.—Dr. Edgar Holden, of Newark, introduces in the *New York Medical Record* a new instrument for the early detection of disease of the lungs when the symptoms may be shown. It consists of a soft rubber tube, $\frac{5}{8}$ of an inch in internal diameter and two feet long, with simple end pieces of thin metal. When blown into with a little force a rushing noise is produced at its extremity. Forced inspiration gives the same sound. The ear of the physician being applied to the chest, the patient is directed to respire through the tube. The respiratory murmur is singularly magnified. The exaggeration of the internal sounds in their persons is such that comparison of the two sides is necessary to prevent misinterpretation. Local considerations and sound cavities are easily detected. The instrument is called a "resonator."

TREATMENT OF SCABIES BY CARBOLIC SOAP.—During the past six years, Dr. Buchanan, of Chatham, has been treating patients in the Medway Union Hospital, suffering from scabies, in the following manner. The clothing is disinfected. The patient is put into a hot bath, and then thoroughly soaped with carbolic soap (1 in 20) the lather being allowed to remain on for a quarter of an hour; at the expiration of this time, it is washed off and the patient thoroughly dried; one application is often sufficient to destroy the acari, but generally it takes three washings to effect a cure. In private practice, this treatment is far preferable to the old one by compound sulphur ointment, that remedy being almost as offensive as the disease.

NEW THERMO-CAUTERY.—Dr. Paquelin (*Lancet*, January 20) has devised a new apparatus for thermo-cautery, which is simple, handy and efficient. It consists of a hollow handle, insulated with wood to protect the hands from the heat, and is furnished with movable platinum heads, corresponding in form to the cautery irons found generally useful. Into these cauteries, which are hollow, after they have been heated to blackness in the flame of a spirit lamp, a blast of benzoline vapors introduced by means of an ordinary spray bellows, which at once raises to and maintains them at a state of vivid incandescence. The heat thus produced can be kept up for an indefinite time by slightly compressing the bellows occasionally.—*Med. Record*.

The gathering of the profession at Euston Station on Wednesday evening last to do honour to the remains of Sir William Ferguson on their transmission for entombment in Scotland was very large—estimated from 1,500 to 2,000. There was also a strong contingent of students chiefly King's men.

THE CANADA LANCET.

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TORONTO, APRIL 1, 1877.

HUNTERIAN ORATION.

In a recent English exchange we noticed an account of a large and brilliant assembly that honoured the members of the Royal College of Surgeons with their company during the delivery of the Hunterian Oration by Sir James Paget. The theatre of the college was overcrowded long before the time when the oration was announced to be delivered, and among the visitors were the Prince of Wales, the Duke of Argyle, the Duke of Westminster, Mr. Gladstone, M. P., the Bishop of London, Dean Stanley, Sir William Gull, Professor Acland, Professor Huxley, Professor Tyndall, Canon Barry, &c., &c. Upon the entrance of his Royal Highness with the President of the College, Mr. Prescott Hewitt, the whole assemblage rose and warmly cheered, and when Sir James Paget entered the cheers were renewed. Sir James, before commencing the oration on Hunter, said: "May it please your Royal Highness, Mr. President, my Lords and gentlemen, I have no doubt that the members of this College of Surgeons and the company present, will feel with me that it is my first duty to offer to your Royal Highness our best thanks for your presence to-day. In thus honouring the memory of John Hunter your Royal Highness makes us more than ever proud of being guardians of his museum and reputation; more than ever anxious to promote the true scientific surgery of which we reverence him as the founder; and we shall venture to believe that your Royal Highness approves the efforts of this College for the public welfare; for the promotion of the science by the cultivation of which our reputation and usefulness are maintained—on all these grounds, and on many others that need not be told

to-day, we venture to tender your Royal Highness our very respectful and grateful thanks."

Sir James then proceeded with his oration, and in commencing said that when he was favoured by his colleagues on the council of the College with the request to deliver the oration, he thought it right to study afresh the character of John Hunter, chiefly to see what were his motives in entering upon the work of his life, what his method of work, and to note some of the achievements to be read in the story of his life. The motives that first urged John Hunter to become a student in the ranks of scientific investigation were the necessities of earning his livelihood. He was the son of a Scotch farmer, and up to nearly the age of twenty years, he had shewn no inclination to follow any kind of study. At about the age of 17 it was proposed that he should become a cabinet maker, but the relative to whom it was proposed could not take him, or a cabinet maker he would probably have been, and his brother William being then a prosperous anatomist in London, John offered to assist him in dissection, with the proposal that he should go into the army, if he failed in this task. Thus from mere idleness, and by chance, John Hunter drifted into the career in which he was to become the greatest among the great, and the most renowned among the renowned men of the science. It was most remarkable that, with so vigorous a mind, John Hunter should not have felt and displayed in his younger days something of its power. He did not live in darkness, for his father was a shrewd man, his mother was an intelligent woman, his brother was a gifted man, and he had lived all his life up to the time he came to London, amid some of the greatest wonders of the organic world; but he passed everything by unheeded, until he came into the presence of men of science, when he found in his brother's work, the study for which he felt naturally fit. He first came to London in the year 1748, and his brother William was then a very keen observer of nature, a laborious collector, the first teacher of anatomy, and the founder of a school, second only to that of his brother John. Coming from a Scotch farm to London was to John Hunter like being born into a new world. He had a natural fitness for the study of living things, and this fitness was wholly intellectual; but he had no motive power until he had set to work, and then

his desire for knowledge gradually became an insatiable passion, and then he became possessed of a passion for collecting—a natural instinct for collecting and keeping—and his first great ambition was to have a great museum. He collected a vast number of things which must have been entirely useless to him, works of art, stuffed beasts and birds, until his house in Earl's Court must have looked like a huge curiosity shop. No man of science ever restricted himself in collecting, and this extensive collecting led John Hunter to a wider and deeper range of knowledge, led to, his gathering around him the collection in that college, a collection which formed the greatest and best museum of anatomy in the world. Another motive now pressed John Hunter forward in pursuit of a scientific life, beyond that which had caused him to enter that life. He was now master of all the arts in surgery, and he felt impelled outwards in a scientific career which he pursued with purity of life. He subordinated all things to study, and with a constant presentation of new objects, he became an ardent lover of nature. In him nature inspired no poetry, as in many men; he had a social love for nature, and his chief love was for the stores of truth which were hidden behind the veil of nature. To him the evidences of design in nature were clear, and the infinite variety of forms in which nature was presented, added fresh motives to his study. Passing on then, to speak of some of his characteristics, the orator said that the first thing that struck one was, the vast quantity of work Hunter did.

It was recorded of him by one of his pupils, that he rose with the dawn of day, and allowed himself only four hours sleep; by another, that he made an appointment at four o'clock in the morning. These were Hunter's habits for the last thirty years of his life. Then his amusements were what most men would call work. He said, "I will amuse myself with bees," and his essay taken even at the present time, was almost faultless. In his investigations regarding the development of the embryo in birds, he watched almost hourly for a long continued time a flock of geese which he kept, and the result of his studies in this particular, were not well-known until many years after his death. The range of his work came up to the time he devoted to it, and never before or since was there a student in so wide a range of science,

for he was a comparative anatomist of the highest order, one of the best physiologists, and a great practical surgeon, a surgeon of one of the large hospitals of London, and enjoying too a large practice. In all he did he was successful, and he pursued no study the area of which he did not enlarge, and in which he did not leave new facts upon record. In harmony with the character of Hunter's work was its simplicity, in the accumulation of facts and the building of them up. He was a man who knew nothing of logic, he worked with all his mind, but without art. His was a living force. He was not only a great discover, but an accurate one. It would indeed be difficult to find an inaccuracy in Hunter's facts, and if there were any inaccuracies they would be of reasoning, not of facts. When he generalized he gave the equivalent of—I believe—but he never added to that by the force of his own opinion, for he knew that strong conclusions were altogether apart from true scientific knowledge. He used to say to his pupils: "Don't take notes of this; I dare say I shall change it before next year," speaking on a matter still under investigation. Hunter was slow in publishing. He was forty-three years of age before he published his first work, that on "Teeth"; and his great work on "The Blood," at which he might have worked for forty years, beginning at his first studies, he only began to print at the time he died. His patience was only equal to his caution, and although he was aware that he was in danger of sudden death, yet he would stand as Abernethy had recorded of him, engaged for hours on a single dissection, watchful and patient for the truth to come and to clear up some mental cloud. The character of John Hunter was one of strong will, combined with strong love of truth. If there was one kind of truth that he loved best, it was that which could be ascertained. His chief renown in surgery was as the founder of scientific surgery. There had been excellent surgeons before him; but surgery as a science stood by itself and had little connexion with medicine. Between the two was Physiology, and Hunter brought the scientific method into practice of surgery, welding the lessons of science with the lessons of experience—with his mind he planned, with his hands he did the work, and he left behind him untold facts, illustrative of his thoughts and actions. He was very cautious in making deductions, for he knew the danger of reasoning from physiology into practical surgery.

His teaching was, that we should never reason from general principles, let alone practice from them, and it was an instance of the wisdom of his principles in this respect, that it was difficult to discover in his surgical work that he was at all a physiologist. Sir James touched upon numerous other subjects, *inter alia*, tying the common femoral for aneurism—but want of space must prevent us giving further extracts from this able essay.

COLORED LIGHT IN THE TREATMENT OF DISEASE.

The attention of the profession has lately been drawn to the consideration of the influence of different colored rays of light in the treatment of mental and bodily derangements.

Sunlight consists, as is well known, of three primary colors, red, blue and yellow, each of which has very distinct and characteristic properties. The yellow rays give us light; the red, heat, and the blue, actinic or chemical influence. It is under the influence of this ray that germination and vegetable life is sustained, as seeds are found not to germinate under the influence of light deprived of the blue ray. From a consideration of this fact, a deduction has been made by certain observers in the matter of the treatment of diseases of a germinal character.

Dr. Ponza, director of the lunatic asylum at Turin, has been making experiments at the suggestion of Padre Secchi with a view to test the action of certain colored lights upon patients suffering from mental alienation. The results attained by the use of the blue and red lights were remarkable, the former quieting and soothing the patients into a calm condition, and the red exciting to violence. In this connection it is not a little remarkable that red colors have the effect of exciting certain animals into a frenzy of rage, as has often been seen in the action of red sashes and shawls or flags upon bulls; also in the case of the male turkey, whose ire is at once aroused by the appearance of a child or other person in red apparel. The accounts received of Dr. Ponza's experiments and their results, are not sufficiently full to enable us to judge of the matter. It is believed, however, that should the results attained by Dr. Ponza be borne out by future experiments, we may

expect to make some very rapid strides in the treatment of mental derangements in the near future. While Dr. Ponza in Europe has been conducting experiments of this kind with encouraging results, it is announced by the American press that about eight years ago, the suggestions recently made to Dr. Ponza by the great Roman astronomer *Padre Secchi*, had been made by General Pleasanton, of Philadelphia, U. S., who had tried the experiments of mixed white and blue light in the construction of his graperies with marked results. Its good effect upon the development of plants, had been proven by many others to whom it was recommended by the General, and its influence being so remarkable, he next determined experiments upon animals prior to trying its influence upon the human family.

The experiments upon animals with mixed rays of light were to secure more rapid and perfect development. Pigs weighed heavier, calves grew more rapidly and matured more quickly, and broods of chickens showed more rapid development, increase of strength and activity.

Satisfied by experiment, of the stimulating influence of mixed blue and white light upon plants and lower animals, General Pleasanton appears to have directed his attention next to experiments of this kind on invalids, and tried to induce hospital attendants to make experiments with the sick under their charge, but without success, the uniform answer being *Quidquid innovare nolumus*. Experiments were made, however, in private houses, and among friends with satisfactory results, and a *brochure* upon the subject is expected from the pen of General Pleasanton.

In an article which appeared recently in an American paper, numerous facts are given which point to the beneficial action of colored light in debility, nervous exhaustion, and in mental derangements.

Thus far, however, on this continent, no attempts have as yet been made in the treatment of mental or bodily ailments by this system, or by the use of colored lights as an adjuvant to other treatment by scientific men, but experiments of this kind are expected, for the results of which we look forward with some interest.

In England happy results in the treatment of small-pox "for the prevention of pitting," have been attained in this way, but here the blue ray—

so rich in its stimulating influence on the growth of bodies—has been found prejudicial as favouring "pitting." For the benefit of our readers, we give verbatim a statement of the results of experiments made in this direction as given in an English paper as being, at least, suggestive in their character, and therefore worthy of perusal and consideration by those of our profession likely to be placed in charge of patients suffering from this loathsome disease:—

"May I be permitted to say, and give my reason for saying, that "pitting," the sad and permanent result of small-pox, ought rarely to be seen in any civilized country—or, at least, in any country possessing an advanced knowledge of natural science. Three things are facts. First, that poor people are "pitted" least, higher class people are "pitted" most, and no class of people are "pitted" under their dress. Poor people have less light in their homes, the higher class and patients in hospitals have plenty of light, and under the dress there is less light than in either case. In the ratio of light is the ratio of pitting. . . . It is the actinic influence of the blue rays which, causes "pitting." Yellow blinds drawn over windows will absorb all the actinic rays."

Of course the above is from an unprofessional contributor, and may not be regarded as authoritative, but it must be remembered that from the peasants of Göttingen, and later from the *milk herds* of the midland counties of England, the suggestions as to the protective virtue of *vaccina* were first drawn. Common observation goes to show that children and weak people thrive better in the sunlight. Bedrooms, nursery and sitting-room, or those in which the greatest portion of time is spent, should be on the south and eastern aspect of the building, so that the morning and noonday rays of the sun may shine into the apartment. This should be particularly observed and carried out in the case of persons afflicted with rheumatism. Sunbaths are also valuable aids in the treatment of some forms of disease occurring in delicate women and children. In some instances sand-heaps have been arranged under glass shades, very much like hotbeds or graperies, in which delicate persons are allowed to bask for a short time daily.

It is stated on the authority of Sir James Wylie, "that the cases of disease on the dark side of an extensive barrack at St. Petersburg have been uniformly for many years in the proportion of three to one, to those on the side exposed to strong light."

This statement is in strict accordance with com-

mon observation. It is well known that delicate persons have better health when occupying apartments on the south side of the house, and children thrive better when their nursery and playrooms are flooded with plenty of warm sunshine. It is also a notable fact that in school-rooms and colleges which are lighted from the south, the children are brighter, healthier and make better progress in their studies than a similar class of scholars pent up in cold, shady class-rooms looking north, into which the sunshine never enters.

We trust that some of our Canadian profession may be found ready to test the efficacy of colored light in detail in our hospitals and asylums, where only such experiments can be satisfactorily conducted. On a future occasion we may have something to say upon the merits of this plan of treating disease.

UNIVERSITY AFFILIATION.

The question of University affiliation still attracts a considerable share of public attention. Dr. Oldright is out with a flysheet on the subject, one paragraph of which is worth reproducing as a specimen of the kind of policy he and his friends would force upon the country. Speaking of the number of students who graduated in medicine in Trinity College last year he says "why should not the Legislature, the Nation adopt such a policy as would have obliged Trinity Medical School to send those whole 18 men up to strengthen the National University"? We can tell Dr. O., however, that whatever respect they may have for the National University, the young men of Ontario are not to be *coerced* in these matters.

The members of the Senate of the State University who have been instrumental in raising all this controversy, feel by this time that they have placed themselves in a false position, and would, no doubt, be glad of some pretext to cover up an inglorious retreat. It must be apparent to all that their position is untenable. The Legislature and the country will insist upon the Provincial University being open to all students, no matter where they have been educated, nor of what other university or Universities they are under-graduates. The Senate of Toronto University will be told very plainly that it has nothing on earth to do

with the status of students of other universities. Its business is to determine the curriculum from time to time, appoint examiners in the different faculties and confer degrees and honors upon every young man who wishes them, so long as he conforms to its curriculum and passes a satisfactory examination. The Senate will find plenty to do within its own legitimate sphere, without attacking other institutions engaged in similar work. Let it put its own house in order by increasing the curriculum and raising the standard of education. There is much need of improvement in that direction. The standard is at present, and has been for several years, much below that of some of the so-called *rival* Universities. Then may Toronto University expect to reap some advantage from affiliation, and draw to herself many young men who will be proud to acknowledge her as their *alma mater*. We still have every confidence in the Senate as a whole, and when the subject comes to be thoroughly understood in all its bearings, we have no doubt the right thing will be done. The discussion which has taken place has done a great deal in awakening an interest in University matters, and cannot fail to be productive of good results.

DISINFECTION.—An English exchange says: "A report of the medical officers of the Privy Council and Local Government Board throws discredit upon popular notions of disinfection." The conclusion reached is that the aerial disinfection, as commonly practised in the sick room, is either useless or positively objectionable owing to the false sense of security it is calculated to produce. To make the air of a room smell strongly of carbolic acid by scattering carbolic powder about the floor, or of chlorine by placing a tray of chloride of lime in a corner, so far as the destruction of specific contagion is concerned, is an utterly futile proceeding. The practical result of experiments goes to prove that dry heat, when it can be applied, is the most efficient of all disinfectants; that the old plan of stopping up crevices, and fumigating with sulphur and charcoal, is more efficacious than any other proceeding with more modern disinfectants; and that the use of carbolic vapor for disinfecting purposes should be aban-

doned, owing to the relative feebleness and uncertainty of its action." To these medical conclusions the experience of a wise nurse adds: "No patient who can positively be removed should spend night and day in the same apartment. One room may be thoroughly ventilated while the other is occupied. Many napkins, handkerchiefs, and other articles which are sent to the wash-tub, should go into the fire. Every particle of foul matter should be instantly removed from the sick room and all scraps of food should be at once taken away when the patient has finished his meal."

THE APPLICATION OF NITRATE OF SILVER TO ULCERS.—Dr. James Cuthill says (*Edin. Med. Journal*) that, when solid nitrate of silver is freely applied to an ulcer, a tough film is immediately formed, and the ulcerated surface is for the time being apparently sealed up. The benefit to be derived from such a proceeding, however, as most surgeons who have seen a little practice well know is only temporary, the pellicle becoming detached by the ulcerative process, leaving a sore frequently larger than the original one. A better plan, which he has practised in some cases with excellent results, is merely to score the ulcer with a finely-pointed pencil of the nitrate, or only to dot it lightly at intervals on the surface. The discharges getting free vent from the non-causticated points; no sloughing occurs, and a healthy pellicle spreads from the touched portions, just as ice forms on a pond of water.

DEATHS FROM SMALL-POX IN MONTREAL.—Deaths from small-pox from 14th January to March 3rd, 1877 (exclusive of city hospitals) were 173. Of these 15 were vaccinated, 57 were unknown and doubtful, and 101 unvaccinated; 27 refused vaccination from the public vaccinators. Nationality: French-Canadians, 156. British Canadians, 14; English, 1; Irish, 1; United States, 1. Sex—84 males, 89 females. No death from this disease has taken place where vaccination has been made by the public vaccinators, nor has anyone died who has been re-vaccinated. This report was furnished by Health Officer Radford.

The above accords with the following from the *London Lancet*, July 27th: "The Registrar-General calculates that but one death from small-pox was

registered last week among 114,000 vaccinated persons, whereas the proportion among the unvaccinated was one death in every 7,000 persons."

A FAREWELL COMPLIMENT.—At a meeting of medical men held in this city on the 6th ult., for the purpose of bidding farewell to our fellow citizen, Dr. W. F. Coleman, who is about to remove to St. John, N. B., it was unanimously resolved:—"That we embrace this opportunity of expressing our regret at parting with our esteemed friend and professional brother, Dr. Coleman of placing on record our high esteem for him, and our appreciation of his professional attainments and social qualities; and of wishing him every success in his future field of labor, where we feel assured that he will speedily establish himself and make many friends.

IMPROVEMENTS IN THE MONTREAL GENERAL HOSPITAL.—The recent improvements in the Montreal General Hospital will greatly increase the usefulness of this institution. In the new basement are the kitchen, milkroom, laundry, the servant's dining-rooms, &c. To the rear of the Hospital and in the range are located the surgery, the dispensary, waiting, consulting and medicinal storerooms. All the passages in the basement are of concrete and well lighted. The private wards are increased in size, and present a light and comfortable appearance. The operating theatre and lecture room, which for a long time was sadly in want of some alteration for the comfort and accommodation of medical students has been greatly improved. All the improvements have been carried on with an eye to economy, comfort and usefulness.

REMOVAL OF A LARGE TUMOR OF THE THIGH.—We have received a short account, with photograph, of a large tumor of the thigh, removed by Prof. McLean, of Ann Arbor, Mich., on the 7th of February last. The patient, a widow, was about 43 years of age. The tumor, which was on the left thigh, extended from Poupart's ligament to within four inches of the knee. It measured 36 inches in circumference, and weighed 14 lbs. The femoral vessels passed through the tumor, and were excised along with it from Poupart's ligament to Hunter's canal. Eighteen ligatures were applied the last of which came away on the 11th day after

the operation, and the patient made a safe recovery. The excision of the femoral vessels without consequent gangrene is an important fact.

COLLEGE OF PHYSICIANS AND SURGEONS, KNOXSTON.—The examination in connection with the above college, was finished on the 22nd ult. The following is the list:—Finals—Messrs. L. F. Miller, E. M. Higgins, S. S. Scovel, D. Phelan, T. Dumble, H. Hubbs, Jonathan Day, A. Hourigan, M. C. McNicol, G. Bowan, F. L. Holmes. Hospitals—Messrs. W. B. Kennedy and Clinton. Pro-dissectors—Messrs. J. McArthur, B.A., and Dennis Lynch. Primar'—Messrs. T. Beeman Kidd, Lewis and Evans.

A REMEDY FOR WHOOPING-COUGH.—Dr. Lasinski (Deutsche Med. Noehensahr), recommends the following as a topical application in whooping-cough. R Quin. Mur. grs. xv., Acid Salicyl, grs. xxx., Sacchar Alb. Sod. Bicarb. grs. viii, to be made into 20 powders; to be applied to the lungs by means of a laryngeal insufflator twice or thrice daily. The beneficial effect of the treatment was noticed within one week after it was commenced, and a cure was effected in a short time.

IODINE STAINS.—The stain caused by the external application of iodine may be removed by a lotion of carbolic acid. It will also remove the color of tincture of iodine without destroying its therapeutic properties.

AN EXPLANATION.—In regard to the illiberal treatment of Dr. Jenks, of Detroit, referred to in our last issue, it is due to Dr. Daniel Clark, President of the Ontario Medical Council, to state that he was not the member of the Council alluded to. Dr. Clark had no part nor lot in the matter, in fact knew nothing about it until some time after its alleged occurrence.

PROFESSIONAL.—The medical men in Ottawa purpose entertaining their fellow-practitioners who are members of Parliament, at a dinner, on Monday the 2nd of April.

Sir Hugh Allan has been advised that the regulation respecting surgeons with degrees from Canadian colleges not serving on board ships carrying the British flag has been rescinded.

AWARD TO MESSRS. BILLINGS, CLAPP, & Co., BOSTON.—The undersigned, having examined the products herein described, respectfully recommend the same to the United States Centennial Commission for Award, for the following reasons, namely: A very fine display of Chemicals, especially Carboric Acid, Propylamine (Trimethylamine), Chloride of Propylamine, and also of Pharmaceutical Chemicals, such as Citrates of Iron and Quinia, Citrates of Iron and Manganese, Citrates of Bismuth and Ammonium, Pyrophosphate of Iron, Bromide of Potassium, Bromide of Ammonium, Chromic Acid, Valerianic Acid, and many others. Commended for fine display and excellence of Chemicals.

F. A. GENTH.

[Signature of the Judge.]

Approval of group of Judges.—J. Lawrence De Wilde, E. Paterno, F. Kuhlman, Dr. V. Wagner, Charles A. Joy, J. W. Mallet.

WHITTIER, SON & Co.—This is the name of a new wholesale drug firm recently established in business in this city. The premises which are large and capacious, are situated at 102 Front St. The machinery required in the business is run by steam. They are now prepared to manufacture all kinds of sugar-coated pills equal to anything of the kind in any part of the world. Pharmaceutical preparations of all kinds such as extracts, elixirs, syrups, tinctures, alkaloids, &c., will receive special attention. It is the intention of the firm to utilize Canadian roots and herbs instead of importing them from the United States. The Podophyl. lum root to be obtained in Canada is equal, if not superior, to any other, and why not utilize it. The importance of this enterprising firm is one whose importance can not be overrated, as it promises not only to furnish retail chemists with articles of home manufacture which they have hitherto been compelled to import, but to build up an export trade out of Canadian products that have hitherto been allowed to go almost entirely to waste.

To hear the Hunterian Oration delivered by Sir James Paget in the theatre of the Royal College of Surgeons of England last week, it is computed that at least a couple of hundred were unable to obtain admittance; whilst to those who were fortunate enough to get inside it was an uncomfortable squeeze.

OBITUARY.—Dr. Hamilton, of Dundas, the subject of this obituary, was born in Lanarkshire, Scotland, in 1797. He was educated in Edinburgh University and received his diploma from the Royal College of Surgeons, Edin., in 1816. In 1818 he came to Canada, and after visiting different parts of the country finally settled in West Flamboro', where he died. Dr. Hamilton held a very high position in his profession, and was one of the most prominent men in his locality for many years. He took an active part in railway matters, having been at one time a director of the Great Western Railway, and up to his death was one of the consulting physicians for the company. He was also vice-president of the Canada Life Insurance Co., and held many other positions of trust. In politics he was conservative and once contested the county of Grey for parliamentary honors, but was defeated by Mr. Hogan, who was robbed and murdered on the Don bridge, Toronto. He was the recipient of many handsome testimonials from his fellow-citizens, for the eminent services he had rendered them in different situations. From 1869 to '72, he held the position of member of the Medical Council of Ontario, and will be remembered as having a kindly, social, and genial nature, which endeared him to all those with whom he came in contact. One of his sons, Dr. A. W. Hamilton, of Melbourne, Que., died about a year ago, and now he himself has gone to his grave full of years and honors, respected and revered by all who knew him. He leaves a wife and family of two sons and three daughters.

At a special meeting of the Hamilton Medical and Surgical Society, which was held on the 3rd ult., the following resolutions of regret and sympathy were unanimously concurred in by the members present:—

Moved by Dr. Rosebrugh, seconded by Dr. Case:—"That the members of the Hamilton Medical and Surgical Society, having heard of the decease of their late brother, Dr. Hamilton, of Flamboro', desire to express their great regret at the loss which the profession and the community have sustained by the death of one who has been so long a faithful and worthy practitioner and a useful citizen;" "That this Society tender their sincere sympathies to the bereaved family of our brother;" "That this Society do attend in a body the funeral of our

deceased brother," and "that the Secretary be instructed to forward a copy of these resolutions to the family of the deceased, and also a copy for publication."

We feel the deepest regret in noticing the death of Dr. McColl, who was an intimate personal friend. He was a man of rare talents, of a kind and amiable disposition, and gave promise of a long life of usefulness. He graduated in Trinity College, in 1871, and has practiced in Wallace-town since that time, with marked success.

PERSONALS.—Dr. G. S. Ryerson, of Trinity Medical College, Toronto, lately obtained the L.R.C.P. & S., Edin., and has since been appointed clinical assistant to Mr. Soelberg Wells, at the Moorfield Ophthalmic Hospital.

Dr. C. S. Murray, L.R.C.P., Edinburgh, has returned to Toronto after four years study of his profession, at the Medical Schools and Hospitals of London and Edinburgh. He has commenced practice in Toronto.

NOTICE.—We beg to announce that detective Smith is not our agent. Those who have paid him money on our account will please communicate with us at once, stating amount paid and date of receipt.

Reports of Societies.

TOLEDO BOARD OF HEALTH.

The regular monthly meeting of the Toledo Board of Health, was held on the 1st Friday of February, 1877. The total number of deaths for January were 42; 20 males and 22 females. From zymotic causes, 9; constitutional, 8; local, 12; developmental, 13; under one year, 10; one to five 6; five to ten, 3; ten to twenty, 2; twenty to forty, 7; forty to sixty, 6; sixty and upwards, 8. Annual ratio per 1000 inhabitants, 10.80.

Dr. Fisher, Health Officer, presented his annual report for 1876. In his general remarks he stated that the normal death rate as fixed by the highest authorities is 17 in every 1000 inhabitants, and that the death rate for Toledo in 1876 was considerably below, being about 14.80. The total number of deaths amounted to 740 in a population of about 50,000, or one death to every 67.56

of the population. The city was entirely exempt from any epidemic diseases during 1876. A few cases of small-pox appeared in the early part of the year, but were prevented from spreading by prompt action.

APPOINTMENT.—Denis Nunan, M.D., of Guelph, to be an Associate Coroner, for the County of Wellington.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.—The professional examination in the above college will take place in Toronto and Kingston, commencing on Tuesday, the 10th inst. The matriculation examination will take place on the 3rd.

A SAD CASE.—We regret to learn that Dr. McGeachy, of Iona, who had the misfortune to get his hands frozen during a cold night last winter, while on a visit to a patient in the country, has lost all the fingers of both hands.

The new building of New York Hospital, on 15th Street, was opened with great ceremony on the 16th ult. It is the largest and best appointed Hospital in existence at present. All the medical colleges are equally represented on its acting staff.

Births, Marriages, and Deaths.

In Toronto, on the 7th ult., M. E. Hodder, son of Dr. E. M. Hodder, to Minnie Frederika, eldest daughter of Dr. A. M. Ross, all of Toronto.

On the 22nd ult., B. Walden, Esq., M.D., of Kincardine, to Miss Ettie, only daughter of Henry Kennedy, Esq., of Delaware.

At Beaverton, on the 7th ult., Charles T. Noble, M.D., of Georgina, to Ann, daughter of the late Robert Johnston, Esq., of Beaverton.

At Springhill, Flamboro' West, on the 1st ult., James Hamilton, M. D., in the 80th year of his age.

At Wallacetown, on the 14th ult., Daniel S. McColl, M. D., in the 35th year of his age.

At Ottawa, on the 15th ult., Dr. Beaubien, suddenly of heart disease.

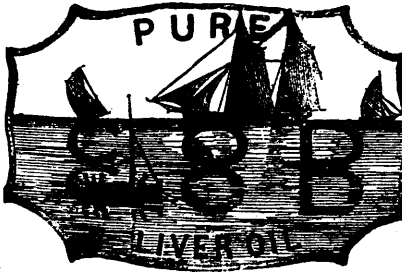
** The charge for notice of Births, Marriages and Deaths is fifty cents, which should be forwarded in postage stamps with the communication.

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Manufactured on the Sea-Shore, by HAZARD & CASWELL, from Fresh and Selected Livers.

The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly de-



void of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

The Three Best Tonics of the Pharmacopœia: IRON—PHOSPHORUS—CALISAYA.

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Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia.—This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonio-Citrate of Bismuth in each able-spoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

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Dr. George Hadley, Professor of Chemistry and Pharmacy in the University of Buffalo, in a carefully considered report upon its merits, concludes in these words:

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Always ready, no danger of breaking or spilling, besides being as safe and efficient in the hands of the novice as the adept. Made of Hard Rubber, it may be carried about the person as handily as a pencil case, and used regardless of time or place. Patented in the United States, England and Canada. Over 50,000 now in use in this country.

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Samples to Physicians free by mail on receipt of \$1.

In Press:

GYNECOLOGICAL TRANSACTIONS.

Volume I. being the Transactions of the American Gynecological Society at its first Annual Meeting, held in New York September 13, 14, 15, 1876, is now in press, and will be published in a few weeks by

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This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract as given by S. H. Douglas, Prof. of Chemistry, UNIVERSITY OF MICHIGAN, Ann Arbor:

"TROMMER EXTRACT OF MALT CO. :—I enclose herewith my analysis of your EXTRACT OF MALT: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diatase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

"In comparing the above analysis with that of the Extract of Malt of the GERMAN PHARMACOPŒIA, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

"Yours truly,
SILAS H. DOUGLAS,
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This invaluable preparation is highly recommended by the medical profession as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

By many American physicians, and among others by such foreign authorities (German, French, and English) as N. emeyer, Trousseau, and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of *Diatase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements of food.*

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE AND ONE HALF POUNDS of the Extract. Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of physicians is invited to the following combinations:

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TROMMER'S EXTRACT OF MALT, FERRATED.

Each dose contains four grains of the Pyrophosphate of Iron. Particularly adapted to cases of anæmia. PRICE, \$1.00.

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Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anæmic state following autumnal fevers in chlorosis, enlarged spleen, carbuncles, boils, &c. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. PRICE, \$1.50.

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TROMMER'S EXTRACT OF MALT, with HYPOPHOSPHITES.

Far superior to any of the "Syrups" of Hypophosphites, and invaluable in anæmia, scrofulous, tuberculous, and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, &c., it is very efficacious. This combination is, in certain cases, even more efficient in exhaustion from undue lactation than the Extract of Malt with Hops. PRICE, \$1.50.

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The experience of the late Sir J. Y. Simpson and others in the use of this combination of salts has been fully confirmed by more recent experience. Particularly recommended in anæmia dependent upon scrofula, phthisis, cancer, the syphilitic cachexy, enlarged spleen, and in chlorosis where iron alone has failed. Each dose contains one grain each of the Iodides of Iron and Manganese. PRICE, \$1.50.

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Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium, and Potassium. This combination of the most potent alteratives with tonics and restoratives has been successfully employed in the different forms of disease dependent upon the "modified scrofulous diathesis," as general perverted glandular action, disease of the bones and cartilages, catarrhal affections of the eye, ear, and nasopharyngeal mucous surfaces, eczematous, and other cutaneous eruptions, in rheumatic arthritis, scrofulous rheumatism, &c. PRICE, \$1.50.

MCGILL UNIVERSITY,

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FACULTY OF MEDICINE.

SUMMER SESSION—MAY 1st to JULY 21st, 1877.

The Medical Faculty established last year the first regular summer session, in which practical and demonstrative courses, and systematic clinical instruction were given. Forty students availed themselves of the advantages offered, and the diligence with which the classes were followed showed how much such practical teaching is appreciated.

The Faculty feels that the time is come, when the intermittent system, at present in vogue, of six months' work and six months' vacation, so prejudicial to the steady and continuous progress of the student, should be abandoned, and that at least nine months of each year should be spent in regular organized study. It is with this view that the summer session has been established, and the hope is here expressed, that all students will endeavour to take one or more of these extra sessions, the fees for which have been purposely placed so low as to be almost nominal.

As is only natural, the advantages offered by the city of Montreal, for the practical study of Medicine and Surgery are unequalled in the Dominion. In the wards of the General Hospital there are always, and more particularly in the summer months when navigation is open, a large collection of interesting medical and surgical cases. In the out-door department, there is a daily attendance of between 75 and 100 patients, which afford excellent instruction in minor surgery, routine medical practice, and diseases of children. The Eye and Ear department lately established, will afford an opportunity of studying practically, under skilled direction, these important branches.

The attendance of the Medical officers is systematic and punctual.

At the University Lying-in Hospital, Obstetrical cases are furnished to the students in rotation.

The Faculty has much pleasure in announcing the following courses for the summer session of this year.

CLINICAL INSTRUCTION at bedside, in the Montreal General Hospital. Daily } **DRS. DRAKE and MACCALLUM.**
12.30-2.

A limited number of dresserships and clinical clerkships, may be obtained on application to the attending and out-door Physicians.

MINOR SURGERY.—Bandaging, application of splints, hæmostatics, catheterism, &c. } **G. E. FENWICK, Professor of**
Six demonstrations of operative surgery on the cadaver. Wednesdays 10 a.m. } **Surgery.**

DISEASES OF WOMEN.—Methods of examining patient. Use of Speculum and } **D. C. MACCALLUM, Professor**
uterine sound. Disorders of Menstruation. Leucorrhœa. It causes and treatment. } **of Obstetrics and Diseases of**
Tumors of the Uterus. Displacements of the Uterus, &c. Mondays 11 a.m. } **Women.**

CLINICAL MEDICINE.—Lectures founded upon cases in the wards. Physical Ex- } **GEO. ROSS, Professor of Clin-**
amination of Heart and Lungs, with demonstrations. The Urine in disease. Tues- } **ical Medicine.**
days 10 a.m.

DISEASES OF CHILDREN.—Anatomical and physiological peculiarities of infancy } **WM. GARDNER, Professor of**
and childhood. Infantile Hygienics. Peculiarities of symptoms. Therapeutics } **Medical Jurisprudence.**
and Dosage. Consideration of the more common and important diseases of child- }
hood. Thursdays, 10.30 a.m.

OPHTHALMIC MEDICINE AND SURGERY.—Methods of diagnosis (with ophthal- } **F. BULLER, Lecturer on Oph-**
moscopic work) Common forms of diseases of the Eye and their treatment. } **thalmic Medicine & Surgery.**
Wounds and injuries of the Eye. Practical instruction in operations. Mondays }
9 a.m.

MEDICAL AND SURGICAL ANATOMY, demonstrations on Brain. Sympathetic } **F. SHEPHERD, Demonstrator**
system. Thorax and Abdomen. Hernia—inguinal and femoral. Surface markings. } **of Anatomy.**
Triangles of neck. Bladder. Urethra. Perineum. Larynx, &c. Fridays 10 a.m.

ELECTRO-THERAPEUTICS.—Electricity, varieties of Batteries. Animal Electricity } **WM. GARDNER, Professor of**
and Electro-Physiology, Electro-Diagnosis. The induced and constant current. } **Medical Jurisprudence.**
Modes of application. Medical Diseases in which Electricity is useful. Electrolysis }
and Galvanic cautery. Saturdays 10.30 a.m.

PRACTICAL PATHOLOGY.—Consisting of 20 demonstrations in the Autopsy room of } **WM. OSLER, Professor of Phys-**
the Hospital. Students will make the post mortems in rotation and receive practical } **iology and Pathology.**
instruction in the manner of performing them and keeping records of their observa- }
tions. Bi-weekly, 1 p.m.

All students desirous of attending the above course will be expected to register their names with Prof. Craik, (Registrar of the Faculty,) on or before the 15th of May, 1877, and pay in advance a fee of \$10. The fees will be devoted to the improvement and extension of the Faculty's Library and Museum, to which students can always obtain access. Certificates of attendance on the various courses will be given.

The following special courses will be conducted during the summer, and may be taken by unregistered students.

PRACTICAL CHEMISTRY—Including blow-pipe manipulations, qualitative analysis, } **G. P. GIRDWOOD, Professor**
toxicological investigations, &c. This course is the same as, and may be taken in } **of Practical Chemistry.**
lieu of, the sessional course during the winter. Fee \$12.00. Monday, Wednesday, }
Friday, 2-5 p.m.

PRACTICAL HISTOLOGY—Normal and Pathological, a course of 24 lessons. Micro- } **WM. OSLER, Professor of Phi-**
scopes, reagents and material provided. Fee \$20. Tuesday, Thursday, and Satur- } **siology and Pathology.**
day, 2.5 p.m. Extra hour for Laboratory work, Monday, Wednesday, and Friday, }
5-6 p.m.

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The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

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The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexion of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases.

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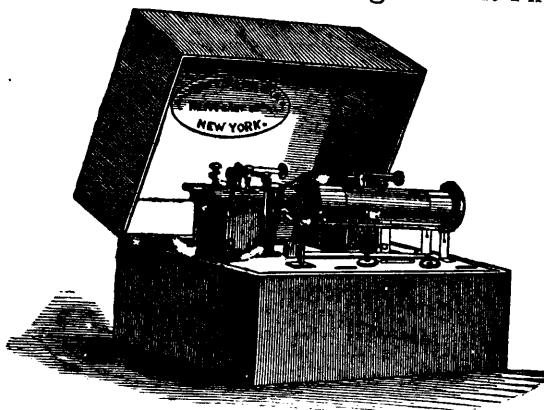
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SESSIONS OF 1877-78.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1876-77 will commence on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, October 3, 1877, and end about the 1st of March 1878.

Faculty :

ISAAC E. TAYLOR, M.D., Emeritus Prof. of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery.
FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
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WILLIAM M. POLK, M.D., Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
ALPHEUS B. CROSBY, M.D., Prof. of General, Descriptive, and Surgical Anatomy.
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The Spring Session will consist chiefly of Recitations from Text Books. This term continues from the first of March to the first of June. During this Session there will be daily recitations in all the Departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College Building.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
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Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	35 00
Dissecting (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter courses of Lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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" Taraxacum.....	"	0	07	" Rhei. Co.....	"	0	35	" Ferri Perchlor.....	"	0	40
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" Senna.....	"	0	30	Plumbi Acet.....	lb.	0	25	" Hyosciam.....	"	0	20
Gum, Aloes Soc.....	"	0	90	Potass. Acet.....	"	0	60	" Iodine.....	"	0	20
" " pulv.....	"	1	10	" Bicarb.....	"	0	35	" Nucis Vom.....	"	0	45
" Acacia, pulv.....	"	0	60	" Bromid.....	"	0	85	" Opii.....	"	0	24
Glycerine, pure.....	lb.	0	30	" Iodid.....	"	5	00	" Rhei Co.....	"	0	50
Ferri, Am. Cit.....	oz.	0	12	Pulv. Creta Co.....	"	0	75	" Valer.....	"	0	30
" et Quin. Cit.....	"	0	65	" " C Opio.....	"	1	00	" Verat Vir.....	oz.	0	20
" Citro. phos.....	"	0	18	" Ipecac.....	"	2	60	Ung. Hyd. Nit.....	lb.	0	20
Ferrum Redact.....	"	0	15	" " Co.....	"	2	25	" Zinc.....	"	0	60
Hydrarg, Chlor.....	"	0	10	" Jalapa.....	"	1	50	Vin. Ipecac.....	8 oz. bot.	0	40
" " C Creta.....	"	0	07	Quinæ Sul.....	oz.	3	90	" Antim.....	"	0	20

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