

Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science,
Criticism and News.

Vol. IX
No. 2.

TORONTO, OCTOBER 1, 1876.

Price 30 Cents.
\$3 per Annum

CONTENTS.—(Index next page.)

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal. It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonin and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

C. GILBERT WHEELER, Professor of Chemistry.

S. P. SHARPLES, State Assayer of Mass.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

"I hereby certify that I have made a chemical examination of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

"I have made a careful analysis of the contents of a bottle of your *quinidine*, *cinchonine*, and *cinchonidine*."

In no other form are contained the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better anti-periodic than Quinine; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive or delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks; but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,
April 13, 1875.

Gentlemen. I cannot refrain from giving you my testimony regarding CINCHO-QUININE

In a practice of twenty years, eight of which were in connection with a drug store. I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and I have never been disappointed in my expectations.

JNO. Y. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily *quininized* by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,
J. R. TAYLOR, Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate, and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZE, M.D.,
Marengo, Iowa

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate.

G. INGALLS, M.D.,
Northampton, Mass

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, Texas

We will send a sample package, for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce on receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF
Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead,
Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc

Price List and Descriptive Catalogue furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists,
(SUCCESSORS TO JAMES R. NICHOLS & Co.)
BOSTON, MASS.

INDEX TO CONTENTS.

Original Communications.

Gastric Ulcer—with Suppression of Urine for 30 days—by W. B. Geikie, M.D., F.R.C.S., Toronto. 37
 Mal-Assimilation in its relation to Idiopathic Arteritis—by H. P. Yeomans, M.D., Mount Forest. 39
 Perineal Section for Retention of Urine—by A. McKay, M.D., L.R.C.P., Edin., Ingersoll. 42
 Puerperal Mania, by J. H. Garner, M.D., Lucknow. 42
 Syphilitic Eczema—by Chas. Black, B.A., M.D., Mount Forest. 44

Correspondence.

Vaccination, D. Chamberlain, 45
 Curtailment of Disease,—Pro. Bono Publico 45

Selected Articles.

The Relation of Locomotor to General Paralysis of the Insane. 46
 British Medical Association :—
 Address in Medicine, extracts from 49
 " Surgery, 50
 Extirpation of the Uterus in Ovariectomy 53
 Quinine as an Aëbolic 54
 Ulceration of the Frænum Linguae in Whooping-cough 54

Can Port-Wine Marks be Cured? 54
 Removal of Button from Bronchus. 54
 Sulphate of Cinchonidia.—Unilateral transpiration.—Placenta Prævia, Treatment,—Milk as a Vehicle for Pot. Bromide.—Gall Stones Discharged through the Side.—Torsion and Ligature. Question of Operation in Peri-typhlitis, how to decide.—Local Treatment of Chronic Dysentery.—New Appliance for Bloodless Operations.—Removal of Spleen—Curious Incompatibility. Removal of Hair-pin from Bladder. 58

Editorial.

Provincial Board of Health 58
 Woman as a Physician 58
 Medical Conference 58
 Synthetic Method of Producing Salicylic Acid 58
 Convention of American Medical Colleges 58
 Notes and Comments 58
 New Instruments 58
 International Medical Congress 58
 Book Notices 58
 Births, Marriages and Deaths 58

MÖLLER'S
 PUREST NORWEGIAN GOD-LIVER OIL.



DR BESCHE, Physician in ordinary to H. M. the King of Sweden and Norway, says: "It is the very best ever prepared for medicinal purposes."
 ARBOTS SMITH, M.D., M.E.C.P., North London Consumption Hospital, says: "It is more easily assimilated and is productive of more immediate benefit than the other kinds of oil are."
 DR. RUDDOCKS, M.D., L.R.C.P., M.R.C.S., says: "We are glad to be able to give our emphatic recommendation to so pure a preparation."
 J. MARION SIMS, M.D., New York, says: "I have prescribed it almost daily, and have every reason to be perfectly satisfied with it."
 DR. L. A. SAYRE, New York, says: "Moller, of Christiania prepares an Oil which is perfectly pure, and in every respect all that can be wished."
 N. B. SANDS, M.D., New York, says: "It is remarkably free from impurities."

W. H. Schieffelin & Co., NEW YORK.
 Sole Agents for United States and Canada.

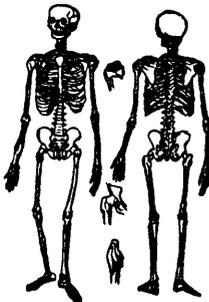
MICROSCOPES.

JAMES W. QUEEN & CO.,
 924 Chestnut-St., PHILADELPHIA.

KEEP constantly in stock, the most complete assortment of MICROSCOPES and ACCESSORIES to be found in any house in the WORLD. In addition to their own Manufactures, they have always on hand Stands and Objectives by Powell & Lealand, Ross, Crouch, Hartnach, Nachett, etc., etc.; and being the exclusive Agents, for the United States, of MESSRS. R. & J. BECK of London, keep in stock all the productions of these most eminent manufacturers. Also, over

10,000 PREPARED OBJECTS:
 IN EVERY DEPARTMENT OF THE SCIENCES.

An illustrated and priced catalogue, of 118 pages, will be mailed to any address on receipt of Ten Cents. Address as above.



Anatomical Models and Osteological Preparations.

SKELETONS, SKULLS, MICROSCOPIC PREPARATIONS.

Special attention is hereby called to the fact, that we can supply a number of MEDICAL WORKS and CHARTS, either American, English or French Publications, at second-hand, at greatly reduced prices.

ORDERS FOR THE IMPORTATION OF BOOKS TAKEN.

Letters will be promptly answered and catalogues sent. Address

RUDOLPH BERENDSOHN, 202 William Street, New York.

WILLING & WILLIAMSON'S NEW MEDICAL WORKS.

PAGET.—Clinical Lectures and Essays, by Sir James Paget, Bart. Edited by Howard Marsh, F.R.C.S., \$5.00.

WAGNER.—Manual of General Pathology. For the use of students and practitioners in Medicine. By Ernest Wagner, M.D., \$5.50.

BILLROTH;—General Surgical Pathology and Therapeutics, in fifty lectures. A text book for students and physicians. Translated and revised from the sixth German edition; by Chas. E. Hackley, M.D., \$5.00.

HOSPITAL PLANS.—Five essays relating to the construction, organization, and management of Hospitals. Contributed for the use of the Johns Hopkin's Hospital of Baltimore, \$6.00.

VAN BUREN & KEYES.—Diseases of the genito-urinary organs, with Syphilis. With engravings and cases, \$5.00.

SEQUIN.—Medical Thermometry and Human Temperature. By E. Sequin, M.D., \$3.50.

SALTER.—Dental Pathology and Surgery. By J. A. Salter, M.B., F.R.S., \$4.50.

TAYLOR.—Syphilitic lesions of the osseous system in infants and young children. By R. W. Taylor, M.D., \$2.50.

LORING.—Determination of the refraction of the eye, by means of the ophthalmoscope, 50c. net.

LOOMIS.—Lectures on the respiratory organs, heart and kidneys. By A. L. Loomis, M.D. \$5.00.

RINGER.—A handbook of Therapeutics. By Sidney Ringer, M.D., 4th ed., \$4.24.

WILLING & WILLIAMSON,

12 King Street East, Toronto.

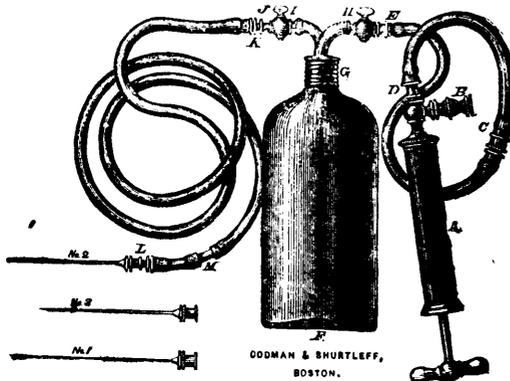
PNEUMATIC ASPIRATION,

After the Manner of Dieulafoy.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."
 "I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."
Dieulafoy on Pneumatic Aspiration, pp. 21, 24.

WE invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—

Fig. 68.



CODMAN & SHURTLEFF, BOSTON.

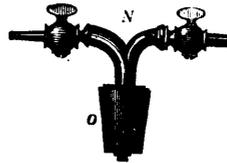


Fig. 69. The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force-pump, and vice versa, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—See *Dieulafoy on Aspiration, pp. 276, 278.*

2nd. The employment in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3rd. The substitution, for the ordinary oiled silk valves of other apparatuses, of a kind indestructible both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.
 In his work on Pneumatic Aspirations, Dieulafoy shows the harmlessness of the Aspiratory Puncture and its great superiority to the exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Scrofulous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

APPARATUS.

- No. 1. Air Pump—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, &c., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions. \$18 00
 - No. 2. The same, without receiver and with rubber stopper (See Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions. 16 00
 - No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, tubes, &c., in case. 14 00
 - No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional. 8 00
- The foregoing are the product of our own factory, and are warranted in every respect.*
 Also, Dieulafoy on Pneumatic Aspiration, post-paid, by mail, on receipt of..... 5 00
 Full description on application.

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, postpaid, on application.

CODMAN & SHURTLEFF,

Makers of Surgical Instruments, 13 and 15 Tremont Street, BOSTON.

N.B.—See our other advertisement in alternate numbers of this journal.

J. H. GEMRIG,

MANUFACTURER OF
SURGICAL
 AND

ORTHOPÆDICAL INSTRUMENTS,
 109 SOUTH EIGHTH STREET, PHILADELPHIA.

Aspirators, Axilla Thermometers, Hypodermic Syringes,
 Nelaton's Catheters, Plaited Satin Sewing Silk for
 Surgical purposes, Hawksley's Metallic
 Stethoscopes, Elastic Stockings,
 Apparatus for Club Foot,
 Bow Legs, Spine
 Diseases, &c.

Illustrated Catalogue and Price List sent on application.

THE CENTRAL PHARMACY.

J. WRIGHT & CO.,

Chemists and Druggists,

(Corner of Queen and Elizabeth Streets, Toronto.)

HAVE on hand the following new remedies which will be sent to any address in all quantities,

Cincho-Quinine, Mono-Bromide Camphor,
 Guarana, Jaborandi,
 Croton-Chloral Hydrate, Salicylic Acid,
 &c., &c., &c.

Special attention given to Physicians' prescriptions for Office use, such as Elixirs, Fluid Extracts, Pills, Syrups, etc.

Elixir Ferri et Calcis Phosphatis Co.

LACTO-PHOSPHATES.

FORMULA OF DR. DUSART, OF PARIS.

Compound Elixir of Phosphates and Calisaya,
A Chemical Food and Nutritive Tonic.

THIS elegant preparation combines with a sound Sherry Wine and Aromatics, in the form of an agreeable cordial, 2 grs. Lacto-Phosphate of Lime 1 gr. Lacto-Phosphate of Iron, 1 gr. of Alkaloids of Calisaya Bark, Quinine, Quinine, Chinchonine, and fifteen drops of free Phosphoric Acid to each half ounce.

In cases convalescing from adynamic fevers, in all conditions of depraved nutrition from indigestion and mal-assimilation of food, in nervous prostration from mental and physical exertion, dissipation or bad habits, in chlorotic or anæmic women, and in the strumous diathesis in adults and children, —it is a combination of great reliability and efficacy, and it may be taken for a protracted period without becoming repugnant to the patient.

When Strychnine is indicated the officinal solution of the Pharmacopœia may be added, each fluid drachm making the 64th of a grain to a half fluid ounce of the Elixir,—a valuable combination in dyspepsia with constipation and headaches. This compound is prepared with great care, and will be maintained of standard purity and strength. Prepared by

T. B. WHEELER, MONTREAL, D. C.

SOLD BY ALL DRUGGISTS.

HORATIO G. KERN,
MANUFACTURER OF
SURGICAL AND DENTAL
INSTRUMENTS, &c.

ESTABLISHED 1837.

THE subscriber would again remind the Medical and Dental Profession that he still continues to manufacture his celebrated Instruments, in all the various branches Assiduous attention to the details of the business, which an experience of thirty-five years has afforded, has enabled him to make many improvements in his

Unrivalled Extracting Forceps,

Both as regards their quality and adaptation to the purposes for which they are intended, a desideratum which will be appreciated by all wishing to purchase Instruments, that are reliable and of long and well established reputation.

ASPIRATORS.

(A new Instrument.)

- Aspirator, No. 1, Six Tubulated Needles, assorted.....\$25.00
- Aspirator, No. 2, " " " " 18.00
- Aspirator, No. 3, " " " " 12.00

All the Latest Improvements and Novelties.

All orders entrusted to his care will be promptly attended to.

Catalogues furnished on application.

HORATIO G. KERN,

No. 21 North Sixth St., Philadelphia.

Oct., 1873.

Electro-Medical Instruments
and Batteries.

FLEMMING & TALBOT,

No. 814 FILBERT STREET, PHILADELPHIA.

HAVING largely increased our manufacturing facilities, we are now prepared to furnish the finest work, with the latest improvements, on reasonable terms.

Portable Galvanic, Faradic, and Caustic Batteries, with complete applying apparatus, and Electrodes and Conductors, in all their varieties, constantly on hand.

Contracts made for the erection of permanent batteries in hospitals, colleges, and private offices.

A full supply of Electro-Medical Books always in store. Communications by mail promptly attended to. *Send for Catalogue.*

JOSEPH DAVIDS & CO.
CHEMISTS & DRUGGISTS,

Wholesale and Retail Dealers in

DRUGS, CHEMICALS, TRUSSES,

SURGICAL APPLIANCES, &c., &c.

PROPRIETOR OF DAVIDS' MOTH-PROOF LINEN BAGS.

QUEEN'S OWN BOUQUET.

171 KING-STREET EAST, TORONTO.

Surgeon's Pocket Case for Sale—cheap.

A Surgeon's Pocket Case, entirely new, containing the following Instruments—Silver Catheter, male and female combined, and Caustic Holder, Curved Bistoury, Probe Bistoury, Scalpel, Tenotomy Knife, Gum Lancet, Hamilton's Artery Forceps, Exploring Needle, Grooved Director, Pair of Scissors, 2 Silver Probes, 6 Needles, Skein Silk, &c. Price \$18.

Address M.D., "LANCET" Office, Toronto.

* * * * Sugar-Coated Pills are more soluble than Gelatine or Compressed Pills.—Prof. Remington's paper read before American Pharmaceutical Association, Boston, 1875.

WARNER & CO'S PHOSPHORUS PILLS.

PHOSPHORUS is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

LAPSE OF MEMORY, IMPOTENCY, SOFTENING OF THE BRAIN, LOSS OF NERVE POWER, PHTHISIS, PARALYSIS AND NEURALGIA.

The Pilular form has been deemed the most desirable for the administration of Phosphorus It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

This method of preparing Phosphorus has been discovered and brought to perfection by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

Its use in the above named complaints is supported by no less authority than Prof. Delpach, Prof. Fisher, of Berlin, Dr. Eames (in the *Dublin Journal*), Dr. Burgess and Dr. Hammond, of New York. The special treatment indicated in these cases is—1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3rd. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish. 5th. The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.

☞ PILLS SENT BY MAIL ON RECEIPT OF LIST OF PRICES. ☞

Pil Phosphori, 1-100 gr. in each,	Price per 100
Pil Phosphori, 1-50 " " "	\$1 00
Pil Phosphori, 1-25 " " "	1 00
Pil Phosphori Comp.	2 00
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, 1/4 gr.	2 00
Pil Phosphori, et Nucis Vomicae,	
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, 1/4 gr.	2 00
Pil Phosphori, et Ferri et Nuc. Vom.	
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., 1/4 gr.	2 50
Pil Phosphori, et Ferri et Quinae	
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 2 gr.	2 50
Pil Phosphori et Ferri et Nuc. Vom. et Quinae,	
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	2 50
Ext. Nuc. Vom., 1-8 gr. Quinia Sulph., 1 gr.	

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

WILLIAM R. WARNER & CO., Manufacturing Chemists,

No. 1228 Market Street, Philadelphia.

Warner & Co's Standard Preparations for sale by

ELLIOT & CO., Wholesale Druggists,
TORONTO, CANADA

HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS.

Ninety-Third Annual Announcement, 1876-77.

FACULTY OF MEDICINE:

- CHARLES W. ELIOT, LL.D., President.
 CALVIN ELLIS, M.D., Prof. of Clinical Medicine, Dean.
 JOHN B. S. JACKSON, M.D., Prof. of Pathol. Anatomy.
 OLIVER W. HOLMES, M.D., Professor of Anatomy.
 HENRY J. BIGELOW, M.D., Professor of Surgery.
 JOHN E. TYLER, M.D., Professor of Mental Diseases.
 CHARLES E. BUCKINGHAM, M.D., Professor of Obstetrics and Medical Jurisprudence.
 FRANCIS MINOT, M.D., Hersey Professor of the Theory and Practice of Medicine.
 JOHN P. REYNOLDS, M.D., Instructor in Obstetrics.
 HENRY W. WILLIAMS, M.D., Prof. of Ophthalmology.
 DAVID W. CHEEVER, M.D., Prof. of Clinical Surgery.
 JAMES C. WHITE, M.D., Professor of Dermatology.
 ROBERT T. EDES, M.D., Prof. of Materia Medica.
- HENRY P. BOWDITCH, M.D., Assis't. Prof. of Physiology, and Instructor in Surgery.
 CHARLES B. PORTER, M.D., Demonstrator of Anatomy, and Instructor in Surgery.
 FREDERIC I. KNIGHT, M.D., Instructor in Percussion, Auscultation and Laryngoscopy.
 J. COLLINS WARREN, M.D., Instructor in Surgery.
 REGINALD H. FITZ, M.D., Assistant Professor of Pathological Anatomy.
 WILLIAM L. RICHARDSON, M.D., Instructor in Clinical Obstetrics.
 THOMAS DWIGHT, JR., M.D., Instructor in Histology.
 EDWARD S. WOOD, M.D., Assistant Professor of Chemistry.
 HENRY H. A. BEACH, M.D., Assistant Demonstrator of Anatomy.
 WILLIAM B. HILLS, M.D., Instructor in Chemistry.

Other Instructors:

- GEORGE H. F. MARKOE, Instructor in Materia Medica.
 FRANK W. DRAPER, M.D., Lecturer on Hygiene.

THE FOLLOWING GENTLEMEN GIVE SPECIAL CLINICAL INSTRUCTION:

- FRANCIS B. GREENOUGH, M.D., and EDWARD WIGGLESWORTH, JR., M.D., in Syphilis.
 JOHN O. GREEN, M.D., and CLARENCE J. BLAKE, M.D., in Otology.
 HENRY R. CHADWICK, M.D., and WILLIAM H. BAKER, M.D., in Diseases of Women.
 CHARLES P. PUTNAM, M.D., and JOSEPH P. OLIVER, M.D., in Diseases of Children.
 SAMUEL G. WEBBER, M.D., and JAMES J. PUTNAM, M.D., in Diseases of the Nervous System.

THE plan of study was radically changed in 1871.* Instruction is now given by lectures, recitations, clinical teaching and practical exercises, distributed throughout the academic year. This year begins September 28, 1876, and ends on the last Wednesday in June, 1877; it is divided into two equal terms, either of which is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction. Instead of the customary hasty oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during his period of study.

DIVISION OF STUDIES.

- For the First Year—Anatomy, Physiology and General Chemistry.
 For the Second Year—Medical Chemistry, Materia Medica, Pathological Anatomy, Clinical Medicine, Surgery and Clinical Surgery.
 For the Third Year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere, may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class, must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

- At the end of the first year—Anatomy, Physiology and general Chemistry.
 " " second year—Medical Chemistry, Materia Medica, and Pathological Anatomy, Clinical Medicine, and
 " " third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

Examinations are also held before the opening of the School, beginning September 27th. Students who do not intend to offer themselves for a degree will also be received at any part of the course, for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine, additional facilities for pursuing clinical, laboratory and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches:—Physiology, Medical Chemistry, Pathological Anatomy, Surgery, Auscultation, Percussion and Laryngoscopy, Ophthalmology, Otology, Hygiene, Dermatology, Syphilis, Psychological Medicine, Electro-therapeutics, Gynecology and Obstetrics.

Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of its laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M.D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

FEES.—For Matriculation, \$5; for the Year, \$200; for one Term alone, \$120; for Graduation, \$30; for Graduates Course, the fee for one year is \$200, for one Term, \$120; and for single courses such fees as are specified in the Catalogue. Payment in advance.

Members of any one department of Harvard University have a right to attend lectures and recitations in any other department without paying additional fees.

For further information, or Catalogue, address DR. R. H. FITZ, Secretary, 108 Boylston Street, Boston, Mass.

* In and after September, 1877, an examination on entrance will be required. For particulars see Catalogue.

SAVORY & MOORE, 143, New Bond Street, London, beg to call the attention of the Profession generally, to some of the later preparations brought out in England, the purity, and uniform strength of which can be guaranteed.

GENUINE PANCREATIC EMULSION and PANCREATINE

The reputation of these preparations is now so thoroughly established, that they may be said to be the only remedies of the description recognized and prescribed by the leading members of the Medical Profession. No small portion of their popularity is to be ascribed to the fact, that they are palatable to the most fastidious, keep good in all climates, and are readily miscible in water, milk, &c. In all cases where Cod Liver Oil fails to afford relief, or cannot be retained by the stomach, Pancreatic Emulsion and Pancreatine are the *only remedies* to supply its place, increasing weight, and ensuring strength and appetite; whilst in many cases they prove a most valuable adjunct to the Oil, which they assist in digesting.



PANCREATINE WINE.

A most pleasant vehicle for administering Cod Liver Oil, with which if shaken, it readily forms an Emulsion. This preparation was prescribed by itself will be found to be a powerful assistant to digestion, and as a remedy for this purpose is largely used in England.

PANCREATISED COD LIVER OIL: A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

PEPTODYN, the New Digestive, Digests all kinds of Food—the FARINACEOUS, FIBRINOUS, and OLEAGINOUS, (being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.)

Five grains of the Powder digests—100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch.

BEST FOOD FOR INFANTS, As Supplied to the Royal Families of England and Russia. Feeding Infants on the best, i. e. the most nourishing and easily digested Food, has recently occupied much of the attention of the Profession, and the fallacy and danger of employing *Starck*, in the form of *Corn Flour* and other *high-sounding titles*, has been repeatedly pointed out.

This Food resembles Mother's Milk more closely than any other kind, containing the highest amount of nourishment in the most digestible and convenient form.

DATURA TATULA, for Asthma and Chronic Bronchitis.

Recommended by the Profession as a remedy of great power and usefulness in cases of short and difficult breathing, spasmodic coughing, &c. Grown only by Savory and Moore, and prepared in all forms for smoking and inhalation.

Wholesale of Messrs LYMAN, CLARE & Co., and Retail of the Principal Druggists in the Dominion and America.

UNIVERSITY OF BUFFALO.

Medical Department.

SESSION OF 1876-77.

PRELIMINARY TERM opens October 4th.

REGULAR TERM opens November 1st, and continues sixteen weeks.

Ample Supply of Dissecting Material.

CLINICAL LECTURES in Buffalo General Hospital, and in Buffalo Hospital of Sisters of Charity.

FEES: Matriculation, \$5; General Ticket, for all Lectures for Regular and Preliminary Term, \$100; or, Perpetual Ticket, \$150, (good for two or more entire sessions); Graduation Fee, \$25.

For circulars or further information, address

THOS. F. ROCHESTER, M.D., Acting Dean,

Buffalo, New York.

John Reynders & Co.,

(Late of Otto & Reynders,)

No. 309 Fourth Avenue, New York,

(UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS.)

Manufacturers and Importers of

SURGICAL

AND

Orthopaedical Instruments,

SKELETONS,

AND

ANATOMICAL

PREPARATIONS.



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

Our Illustrated Catalogue and Price List mailed on application, enclosing twelve cents for Postage.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX. TORONTO, OCT. 1ST, 1876. No. 2.

Original Communications.

GASTRIC ULCER—WITH ENTIRE SUPPRESSION OF URINE FOR SEVERAL WEEKS.*

BY W. B. GEIKIE, M.D., F.R.C.S., EDIN.; L.R.C.P., LOND.;
PROF. OF MEDICINE AND CLIN. MEDICINE,
TRIN. COLL., TORONTO.

Miss ———, aged 22, a young lady of rather robust appearance, although a member of a family not at all vigorous in constitution, had been complaining for some time prior to October 1st, 1875, when I was called to see her for the first time.

Inability to take much food—pain in the region of the stomach, with occasional sickness, and vomiting after eating, were the symptoms complained of. Suspecting mischief in the stomach I enjoined the greatest possible care as to diet, regulating the quantity carefully, and directing the avoidance of anything which would tend to keep up, or increase the existing irritation. I prescribed milk and lime water from time to time in small quantities, as a drink, and a mixture, containing salicin and bismuth. Under this simple treatment, the symptoms very soon presented a marked improvement. But the patient having unthinkingly, and without my being consulted, employed herself in some slight housework, became sick while so engaged, and having vomited a large quantity of dark-coloured fluid, fell on the floor in a state of syncope.

On being summoned I saw at once that excessive hemorrhage from the stomach had occurred. The real and most serious nature of the case, only strongly suspected hitherto, was now certain; one or more ulcers of the stomach being undoubtedly present. The quantity of blood vomited at this time was very large, not less than from 2 to 2½ pints.

I at once enjoined the most absolute rest, and directed the most careful regimen. As a drink, nothing but milk and lime water, and this in very

small quantities at a time, and no solid food of any kind was to be taken. A mixture was prescribed containing a few drops of turpentine, and a little salicin with mucilage, the whole dose being a small teaspoonful. As much tenderness over the epigastrium was now complained of, it was ordered to be painted with fluid extract of Belladonna.

All the symptoms underwent a favorable change—very little vomiting occurring, and what there was, only very slightly tinged with blood. The epigastric pain greatly abated, and as time passed on the quantity of milk taken was gradually increased and began to be not only well borne, but much relished. Strict rest was continuously maintained on the sofa by day and in bed by night, and notwithstanding the alarming hemorrhage at first, the case seemed highly promising.

The hemorrhage had blanched the patient much, and notwithstanding the improvement in digestion, and the subsidence of the more marked gastric symptoms, she became somewhat puffy about the face and limbs. Her urine was, however, passed pretty freely, and was of normal sp. gr. and not albuminous. By attention to the action of the skin, and by continuing to strengthen the system, the slight anasarca condition passed away; but as it did, singularly enough the gastric symptoms began to reappear. A number of weeks had now passed, and as the patient's digestion had improved and her sufferings abated, she ventured of her own accord upon a very little of such food as was on the table from time to time, and Christmas time being near, went so far, very foolishly, and quite unknown to me, as to eat a few nuts and raisins, and a little plum pudding. I had very often cautioned her and her friends about the danger of any indulgences whatever, but the excuse was that she was so much better, and that very little had been taken of anything beyond what was allowed. But shortly after tasting the Christmas luxuries, the gastric symptoms returned, and became again painfully urgent. Sickness and vomiting once more occurred on taking even a very small quantity of the food which had been of late agreeing so well with her, and the epigastric pain again became very severe.

This marked and rapid increase of gastric irritability most unmistakeably shewed that the reparation, which appeared to have begun, had ceased, and that ulceration was again making perhaps rapid

* Read before the Canadian Medical Association in Toronto, on the 17th of August.

progress. Vomiting became troublesome now even when nothing had been taken, and the swallowing of a small teaspoonful or less, of any fluid however bland, at once gave rise to it.

Under this now gloomy state of matters, I determined, as in the cases given by Flint and others, to confine my patient strictly to bed, and to support the system for a time by rectal alimentation exclusively.

She took to bed on the 15th of January, and had three injections given daily, occasionally four; but three were found to be as many as could be retained at all satisfactorily. These consisted of an egg well beaten up and mixed with a little fresh sweet milk, in all about three ounces. More than this could not be retained, and some of this, small as the quantity was, drained away; occasionally beef tea and mutton broth were tried instead of the milk and egg, but the latter was better retained than any other. Within two or three days the pulse became very small although not frequent, and the temperature of the body seemed to sink somewhat, particularly at the extremities. The mind also gradually became dulled, and the patient wandered a good deal, complaining sometimes but little, but sometimes a great deal, of thirst. To relieve the latter, a morsel of ice was occasionally put upon the tongue. The epigastric tenderness became excessive, and I had again recourse to the painting with the fluid extract of belladonna, and afterwards to a blister, with much advantage to the symptom.

The secretion of urine had continued natural, although decreasing in quantity as time wore on, and on February 7th, 23 days after she had been constantly in bed, I found on inquiry that there was very little passed, and on the 8th still less, and from this date there was complete suppression of this secretion up to 9th of March—or for *thirty days*.

During the greater part of these thirty days the skin had an urinous smell—the characteristic elements of the secretion being evidently eliminated vicariously by this channel, and so thoroughly was this the case, that beyond a pain in the head at times, and more or less mental dulness, the latter not noticeably greater than before the suppression, no signs whatever of uræmic poisoning were present at any time. This suppression of urine for so long a period is one of the special features of

this case, for the sake of which, shall I call it unique symptom, I have detailed it to the Association. Some might imagine that deception might have been practiced in this matter; but this was from first to last guarded against most scrupulously.— Besides, there were no hysterical manifestations of any kind in this case, and the patient and her friends were all extremely solicitous to have the secretion reappear, and at once on the 9th of March, when about 1½ ozs. of a whitish strong smelling fluid passed from the bladder, informed me with great delight of the circumstance. I communicated with Dr. Austin Flint, of New York, on the subject; his prompt and full reply stated that he had never met with an instance of such prolonged suppression without signs of uræmic poisoning being present.

As to the condition of the stomach after the patient was kept in bed, I found the absolute rest from the taking of food, and the entire rest of the body, very beneficial. The tenderness became less and less. Then she began to crave the juice of a large Malaga grape occasionally, and also a little, and very little, fresh lemon juice—a few drops being sucked from the fresh cut surface of the lemon. These were much relished, and appeared to be not only grateful but very beneficial, and for many days the patient swallowed nothing else. As the vomited matter on her taking to bed was more or less copiously tinged with blood, I gave her in powder on the tongue a very little tannic acid with a little salican and acacia every three hours with marked benefit. The tinging of the mucus at once lessened, and soon passed away under its use. Digestive power shewed signs of returning after she had been about three weeks in bed, and beginning with a teaspoonful or less, by the 16th of February she had become able to take by the mouth 6 ozs. of good milk daily, rendering unnecessary the continuance of the injections.

Nothing passed the bowels, beyond the draining away of part of the injections, from the 15th of January until the 19th of April, when they once more began to act naturally. This is another noteworthy feature of this, to me, most interesting case. After the 9th of March, when the urine first reappeared there was for some weeks only occasionally a small quantity passed. For instance, from the 8th of April to the 19th there was none, but on the 19th it began to flow for the first time

with a somewhat natural frequency, having made it three times on that day, and ever since then, this function has been fully re-established.

I will not detain the Association with further details of this case or its treatment. Suffice it to say, that with ups and downs, the ups happily predominating, the patient has gone on improving. She now suffers somewhat unless very careful—but is able to walk out and to go from home a little, is under a careful regulation of her diet—only milk and rolled biscuit being tolerated as yet, and a gentle tonic of bitter with chalybeate. She is steadily gaining in strength, and as the progress so far is marked and continuous, perfect restoration to health is at least hoped for.

MAL-ASSIMILATION IN ITS RELATION TO IDIOPATHIC ARTERITIS.

BY H. P. YEOMANS, M.D., MOUNT FOREST.

Traumatic arteritis may arise from wounds or injuries to arteries. Idiopathic arteritis, including diffuse and chronic, in its several stages of atheroma and calcareous degeneration, is a primary affection arising from some constitutional cause generated within the system. Of both these varieties dry gangrene is a symptom. In the acute it is the result of the formation of coagula in the arterial canal, and in the chronic it is a consequent of the structural degeneration of the arterial coats. The determination of the primary causes of arteritis has in some degree been prevented by the difficulties in observing the relation of cause and effect in its production.

It is not my object in this paper to offer a full solution of these difficulties, or advance any new theories, but briefly to direct your attention to some of the processes of mal-nutrition operating as exciting causes. Arteritis, like other caco-plastic diseases, depends either upon a disordered condition, a disordered distribution, or upon the accumulation of morbid products in the blood, and an accurate knowledge of the extent to which these causes are operating, will be our safest guide in treatment and prognosis. In chronic arteritis the fibrinous deposits, atheroma, ulceration, and ossification, are the result of mal-assimilation, as it most frequently occurs after the middle period of

life in shattered constitutions, in those affected with scrofulous diathesis, in all of which the vitalizing powers are low. The older authors attributed it to venereal and mercurial poisoning; many recent writers have corroborated this view. Causes which operate in lessening the vitalizing powers of the system, affect the assimilative processes. In this way mal-nutrition is a primary cause of the deposition of morbid products. The various forms of degeneration, namely, the fibrous, the granular, the fatty and the calcareous, all present features of deterioration or degeneration in the scale of organizing power. Degeneration is exhibited in interstitial deposit. Fibrous degeneration principally affects the muscular structures, causing density by interstitial deposit. Granular deposit takes place in certain organs, as for instance in the kidneys, where it is observed as greyish-red, cheesy-like granular matter. Morbid ossification is the deposition of solid phosphate of lime in cartilaginous, fibrous, and fibro-cartilaginous tissue, and is also an interstitial deposit. All these forms of degeneration, which depend on causes that lower the vitalizing forces of the body, thus exhibit themselves as morbid products in the interstices of the various tissues and organs. Inflammation accelerates degeneration; mal-assimilation induces it. Inflammation is therefore the exciting cause, mal-assimilation the primary cause of all degeneration of tissue.

In diabetes we have an interesting example of the failure of the process of nutrition producing an accumulation of morbid products. In this disease, the process of nutrition evidently ceases with the conversion of the amylaceous constituents of the food into sugar, which instead of undergoing still further transformation into lactic acid, and thus supplying the C. & H. necessary for the formation of the elementary constituents of tissue, is retained in the blood in the form of diabetic or grape sugar, and in this form is excreted by the kidneys. This and similar morbid products of imperfect nutrition or assimilation, retained in the circulation, act as irritants. Thus lactic acid, generated in excess and retained in the blood, acts as an exciting cause of endocarditis, acute rheumatism and arteritis. As an example of mal-assimilation, the earthy salts, which through decay of the vital forces, have failed to be assimilated, produce ossification of arteries. Although common in old persons, it

is not restricted to them, having been observed in children of a scrofulous diathesis, in whom ossification of the bones had not proceeded far. Hodgson mentions a case of an infant 15 months old, in which the coats of the temporal artery were converted into a complete tube of calcareous matter. A remarkable fact in connection with arterial disease, alluded to by Rokitansky, is interesting in this connection, namely, that it confers an immunity from tubercle. In cases of tubercular disease of the lungs, we have seen concretions of phosphate of lime abundantly expectorated with the sputa. In these cases the phosphate of lime is the product of effete tubercle. It proves that tubercle has existed, and that it is disappearing. It results naturally where tubercle is cured by absorption. The animal matters being absorbed, the earthy matters passing through the epithelium of bronchial tubes, thus escapes. In post mortem examinations, these cretaceous masses are frequently found encysted in the lung.

Rheumatic affections furnish many illustrations of disease, from the accumulation of morbid products in the blood. Dr. Watson said, "rheumatism is a blood disease, that the circulating fluid carries with it a poisonous material which by virtue of some mutual or elective affinity falls upon fibrous tissues in particular." There have been many theories advanced, concerning the nature of the irritating and exciting cause of rheumatism. It was first suggested by Dr. Prout, and since verified by other observers, that all the phenomena of rheumatism are referable to the generation of lactic acid in the blood. The well-known experiments of Dr. Richardson, show the effect of lactic acid in inducing symptoms of acute rheumatism and endocarditis. In 16 experiments on animals, lactic acid largely diluted was injected into the peritoneal cavity. If the animals died, or were killed at a period when the symptoms denoted commencing inflammation, the endocardial membrane presented a brilliant vermilion colour, it had a velvety or villous appearance, and beads of lymph or fibrine were abundant. In those killed at a later period, the auriculo-ventricular valve was found thickened or œdematous. He says: "I have seen the segments of the tricuspid valves fixed in this swollen condition, resembling an injected uvula, and lying close to each other, so that when the heart was contracting, they must have cushioned against one another, thus fulfilling their

office of preventing regurgitation passively, *i.e.*, without tension or movement. In this œdematous stage if the valve be pricked with a needle a clear lymph fluid exudes, and by frequent prickings the valve structure, emptied of its effusion, collapses, and resumes a flaccid condition. At a later period the valves remained thickened but the red colour and the œdematous state were both reduced. Beneath the endocardial surface of the valve, there was a paleness as of coagulated effused lymph. Dr. Richardson noted that these morbid appearances induced by the introduction of lactic acid into the systemic circulation, were firstly confined to the *right side* of the heart, because, being absorbed by the veins it comes into contact with the inner surface of the right side of the heart first. In the pulmonic circuit it undergoes some loss, and entering the left cavity is less active in its effects, in other words so far as the heart is concerned the poison is derived from the systemic circuit and lost in the pulmonic. But in rheumatism the endocarditis is located principally in the left cavities of the heart. To account for this Dr. Richardson supposes that the poison in rheumatic carditis is a product of respiration, and is contained in the ærterial blood, hence it comes in contact first with the inner surface of the left side of the heart. Lactic acid therefore, as a product of mal-nutrition acts not only as the exciting cause of inflammation in endocarditis, but also in arteritis, since those who are constitutionally predisposed to rheumatic affections are also subject to arteritis.

The production of lactic acid in these affections depends on the same cause as that of sugar in diabetes, namely, mal-nutrition. A case recorded by Dr. Foster, as having occurred in the General Hospital, Birmingham, is an interesting evidence of the effect of lactic acid as a morbid product, and when administered as a therapeutic remedy in disease. A man 31 years of age, who had never suffered from rheumatism was admitted to the hospital to be treated for diabetes. On admission he voided 180 ozs. of urine daily, containing gr. 49 of sugar, *ad.* ʒj. He was ordered gtt. xv. doses of lactic acid 4 times a day. The next day the dose was increased and in the evening he complained of acute pains in the joints, which rapidly increased. The lactic acid was omitted, followed by cessation of the pains; the occurrence of the rheumatic pains being regarded as a coincidence, the lactic acid was repeat-

ed, followed as before by intense pains in the joints which were also red and swollen, presenting all the appearance of acute rheumatic arthritis. The lactic acid was again discontinued, and followed as before by marked remission of the rheumatic symptoms. After a few days lactic acid was repeated in smaller doses with the effect of producing a marked improvement in the quality of the urine. After a short interval the lactic acid was given in increased doses, followed as before, by a return of rheumatic symptoms, all the joints becoming red, swollen, painful, and hot, together with a copious perspiration, of acid reaction. This treatment was persevered in for four months until he left, cured of diabetes. The case is interesting, from the fact that the increased doses of lactic acid were invariably followed by all the symptoms of acute rheumatism. Lactic acid therefore, as a morbid product of mal-assimilation of amylaceous or saccharine compounds when present in excess in the blood, acts as an irritant, and exhibits its presence by causing morbid deposits in certain tissues, according to the laws of elective affinity, and thus we have rheumatic deposits and abnormal functions of corpuscles. An irritant substance therefore, the product of mal-assimilation, is capable of producing all the pathological appearances observed as characteristic of acute and chronic arteritis, such as ossification, ulceration, atheroma, fibrinous deposits, and the formation of coagula and coagulable lymph. One of the most frequent results of acute rheumatism is the tendency to thicken parts, and to cause opposing surfaces to adhere. The connective tissues, surrounding the diseased articulation are often found not only thickened but infiltrated with a loose coagulable lymph. In chronic rheumatic synovitis, fibrinous matter is effused on the inside and outside of the synovial membrane, and gradually becoming organized into fibroid tissue, thickens its substance, and renders it firm and gristly. As the disease advances the infiltration and thickening of the neighbouring structures increases. They become filled with a gelatinous lardaceous, white product in the midst of which fibrous tissue, capsules, ligaments or aponeuroses can no longer be recognized.

In the course of these transformations there is noticed, first of all, a change in the size and shape of the corpuscles. They become larger, rounded or oviform, and contain, instead of 2 or 3, a mass

of nuclei in their interior. In the blood, in inflammation also, the phenomenon of stasis is noted as primarily exhibited in connection with abnormal functions of the corpuscles. Changes then, in the cartilage and blood corpuscles, indicate the existence in the blood of irritating and inflammatory causes. Bouillard, who has met with a large number of fatal cases of endocarditis, noted the coagulation of the blood during life and the organization in the blood of new blood vessels. He found in endocarditis, numerous examples of coagula, adherent to the parieties of the cavity. Sir B. Brodie says, "Laviard, a celebrated French surgeon of the 18th century, found adherent coagula in the femoral artery, while performing amputation of the thigh in a case of acute arteritis." The same pathological appearances of acute arteritis were present in a case in which I amputated immediately below the origin of the profunda femoris, (and many can, no doubt, attest the correctness of these observations by their own experience). Bouillard says he found in cases of endocarditis, coagula, colorless, elastic and glutinous, closely resembling the buffy coat of inflammation. Gluge gives an interesting case, with the minute anatomy of a clot in a female, æt. 52. He says, "The left auricle was filled with a clot, surrounded by delicate membrane in the interior of which I distinctly traced capillary vessels forming a retiform plexus. Similar instances may also be found in the records of the pathological society, and in Dr. Hodgkins' catalogue of Guy's Hospital, London. The cases in which organized clots, or fibrinous coagula have been found by English observers, were connected with a cachectic condition analagous to what Rokitansky terms "the fibrinous crasis." In endocarditis the surface of the clot has been found more or less intimately connected with the endocardium, while the interior may in its turn be undergoing further changes, of an inflammatory or degenerative character. The fibrine has been seen in a granular condition breaking up, while the microscope exhibited exudation or inflammation corpuscles and fibro-plastic cells. Tuberculous concretions have also been found in the substance of these clots. However they gain that position, it must be before death.

All the phenomena lately observed and noted in connection with the formation of clots in peripheral veins, and of arterial emboli as the result of septi-

cæmia would be interesting subjects of revision in this relation did time permit. When we take into consideration the insidious approach of this disease, its marked character in the earlier stages, resembling in its symptoms rheumatism, the most excruciating pain always attending it especially in acute cases, the anxiety of the patient and friends, the urgent demands for relief, and finally the sure and certain serious results that follow, namely, death of the atrophied extremities and probably loss of life after intense suffering, during which life itself is a load to the patient and friends, who anxiously look forward to release in death, the study of the pathological causes of arteritis must be admitted of vast importance and interest to the practical physician, for, only by intelligently tracing out the fundamental principles of the causes of disease, can we expect to render valuable services to those who entrust their lives to our care.

PERINEAL SECTION FOR RETENTION OF URINE.

BY A. MCKAY, M.B., L.R.C.P. EDIN. & C. INGERSOLL, ONT.

In July last I was called to Mr. J. S., aged 26. Found the bladder greatly distended and the patient suffering acute pain from retention of urine. He contracted gonorrhœa five years ago, and ever since has had some difficulty in voiding urine, but neglected having anything done to give relief.

In trying to pass a catheter I found an unyielding cartilaginous stricture at the meatus, which would only admit a No. 7, and about $2\frac{1}{4}$ in. from the orifice, another slight obstruction, but on reaching the membranous portion of the urethra the smallest size could not be passed. I ordered a hip bath and hot fomentations to be kept constantly applied to the perineum, and chloroform was administered with a view to counteract any spasmodic action; after waiting a sufficient length of time for the anæsthetic to take effect, and after repeated attempts and failures to introduce an instrument, I thought it necessary to relieve the bladder in some other way.

Assisted by Drs. Scott and Kearns, the patient was again brought under the influence of chloroform, placed in the usual lithotomy position and the operation proceeded with. A No. 7 catheter was passed down to the stricture, and held firmly

in position; an incision was then made, about an inch and a quarter in length, extending to near the margin of the anus. The point of the sound was first cut down upon, and the incision carried cautiously backwards in the median line, until the stricture was divided, the catheter was then, after some difficulty passed into the bladder, and retained in position by strips of cotton fastened to a band around the body and thighs in the usual manner. There was slight dribbling through the perineal incision for 4 or 5 days.

The catheter was removed on the 14th day, and then introduced every morning for a fortnight, afterwards at intervals of 3 or 4 days until a No. 10 could be introduced with little trouble. The recovery was complete without an unpleasant symptom.

PUERPERAL MANIA.

BY J. H. GARNER, M.D., EDIN., LUCKNOW, ONT.

Puerperal mania is a kind of insanity that sometimes precedes parturition but generally follows it. It is a fortunate thing that it is comparatively a rare disease, as it is often very intractable. Some females have an attack after every confinement; but the disease can scarcely be considered hereditary. The premonitory symptoms are not marked by any regularity. After parturition the patient may suddenly commence to rave either at the end of a few hours or after a period of ten days, or a fortnight, and the following symptoms are gradually developed: General restlessness accompanied with twitchings in the arms and shoulders, an occasional tremor of the head. The eyes have a wild expression, and are sometimes bloodshot. The mind wanders strangely, and those that the patient loved tenderly in health are now most abhorred,—she will often threaten suicide, or attempt to destroy her child. Sometimes she has to be forcibly restrained from violent acts. The bowels are very sluggish; the pulse is not in general very rapid; often it is slow and weak. The appetite is generally poor, and sometimes the patient refuses to touch food. In some instances there seems a craving for unnatural substances; the appetite is never ravenous. The patient sleeps irregularly, and it may be at long intervals, starting up suddenly at all hours of the night, and often stealing away from the sleepy and exhausted attendant, perhaps in the

night clothes alone, or completely nude. If intercepted she generally uses threats, and foul language, curses those around, and is most obscene. In fact, extreme obscenity is a well-marked phase in the disease, and I have known ladies of the most modest character, who would revolt at an impropriety, use truly disgusting language. There may be great difficulty in keeping her clad, or she may be always trying to dabble in filth. There may be difficulty in passing urine, or it may be partially suppressed. I think it may be laid down as a rule that the secretions of the whole system are partially suppressed. It will be found sometimes that the vagina is dryer than natural, and the tongue is also not unfrequently dry and red. In my own practice I have not observed that there is any suppression of the lochia, and sometimes I found considerably too much. The causes of puerperal mania are obscure. The late Sir Jas. Simpson was not by any means decided on this point. In the case of Lady Mordaunt he gave no decided opinion when asked in court. Sir William Gull said it was of a nervous character altogether and rested in the sensorium. I cannot understand from what data he draws this conclusion, as the symptoms are clearly marked and point to a positive cause. His theory is in my humble opinion untenable, because as far as I know, it will be generally conceded that no nervous disease, when there is not local organic action of a more or less inflammatory nature, or an external injury, produces such a series of positive symptoms. To the causes of this disease I have paid some little attention, which I beg to lay before the profession. I consider puerperal mania to be produced by a greater or less degree of congestion of the cerebellum, accompanied with a low inflammatory action of that organ. This of course will affect the reasoning powers of the cerebrum through sympathy, and it will be apparent that the greater portion of the symptoms will be accounted for. I well remember the case of a Mrs. Armstrong, in this locality, who was labouring under this disease, and who ran away from a nurse and committed suicide by drowning herself. The autopsy showed the cerebellum much congested, there was about half an ounce of serous fluid between the hemispheres, and the pons varolii was turgid. On cutting into the cerebrum it was natural. The pneumogastric nerve seemed rather swollen within the skull. It is

believed by many that the animal propensities are located in the cerebellum, and this being so, the filthy language might be accounted for by the excited state of that organ. Again, the stomach, liver, and whole alimentary canal must be affected, if the vagus is compromised at, or near its origin. If more frequent opportunities of examining these cases *post mortem* were permitted, a great boon would be gained both by the profession and the public. It is much to be deplored that this innate abhorrence of the *post mortem* is so general. I shall now give the mode of treatment I have long followed in puerperal mania, and I can point to many cases that have become permanently well.

1st. If the patient is very unruly I use no ceremony in making her know she "must" do as she is told. Impress upon the husband and friends the necessity of this and obtain their assistance and co-operation. Argument is generally useless or worse, for there is cunning enough left and if the patient sees you are afraid of her, she becomes unmanageable. Always secure control of her and half the cure is accomplished; without it you are powerless. Tie the hands if requisite so as not to hurt, and make her know you are master of the situation and don't temporize.

2nd. Apply a seton to the nape of the neck, and leave it in for some weeks to keep up a continued counter-irritation; this will be found far superior to blisters.

3rd. By all means keep the bowels well relieved and for this purpose from one to 3 or 4 drops of croton oil in pills, or from a quarter to a grain of extract of elaterium, will often be found of great value. Frequently an enema of 3 or 4 ounces of castor oil in gruel is of great use in soliciting the bowels. If there is distension from flatus a teaspoonful of turpentine may be given. The foetid or ammoniated tincture of valerian is also beneficial. A passage once obtained the bowels should be kept open, but much purging is to be avoided as it produces weakness.

4th. If narcotics are used at all a grain of morphine in six pills may be given, one every hour. In general the less opiates the better.

5th. Another remedy I have used with beneficial results is bromide of potassium in 15 to 20 grain doses, thrice a day in any convenient menstruum. Both opium and chloral hydrate have almost invariably failed to relieve, and on many occasions

seemed to nullify former treatment by producing a sudden relapse.

6th. Let the patient have as much light easily digested nourishment as possible, and a glass of native wine every 2 or four hours. It will sometimes be found difficult to induce her to eat. Change of scene is often very useful when practicable, towards convalescence, but till recovery is considerably advanced it is not safe, as it might produce too much excitement. The return of the menses in some cases is a marked help, and in others gives little assistance.

SYPHILITIC ECZEMA.

BY CHARLES BLACK, B.A., M.D., MOUNT FOREST, ONT.

The treatment of the syphilodermata seldom presents many points of interest or novelty. The following case is no exception to this, except in the tolerance of large doses of potassium iodide and the marked effect of the mercuric chloride in completing the cure :

About three years ago, W. E., æt. 42, applied to me for advice for an eczematous eruption affecting the right leg. He gave the following history:—Ten years previous, when a soldier in England, he "caught the bad disorder," and was treated by the regimental surgeon. Some three years afterwards sores broke out on the face and legs, for which he was salivated. These reappeared at several intervals afterwards, affecting principally the right leg. He had not been free from the eruption for the last five years, with the exception of two short intervals, when he had "got it dried up with mercury." Upon examination, the following were noted: temperament lymphatic; assimilative functions evidently impaired; cachectic; bowels generally constipated; urine high colored; on the right leg, extending from the knee to the ankle, was an eczematous eruption, which, from his past history and general appearance, I diagnosed as syphilitic. Remembering the advice of Ricord, that it is in vain to expect satisfactory results in the treatment of syphilitic affections unless the patient is willing to submit patiently to a long course of medication, I told him that I could not benefit him much unless he was willing to submit to a course of treatment extending over nine months. As he had had experience of the rapid cure, he consented.

To correct the depraved condition of the system I prescribed pil. hydrarg. with pil. rhei co. three times a week, together with the following :

R—Acid nitro-mur., dil., gtt. xxx.
Infus. columbæ, ℥j.—Ter in die.

At the end of two weeks his general condition was much improved. The eruption had lost its dry, scabbed appearance, and was beginning to suppurate in several points. Substituted for the acid draught the following :

R—Syr. ferri iodidi, gtt. xxx.
Infus. quassia, ℥ss.—Ter in die.
To discontinue pills.

Two weeks afterwards—April 20th—leg suppurating profusely, fetor bad. Prescribed pot. iodide, grs. x, with fluid extract of taraxacum three times a day.

May 6th.—Not much improved; leg still discharging; fetor so bad that he is obliged to sleep in a separate room. Pot. iodide increased to 20 grs. three times a day.

20th.—General health good; leg covered with suppurating vesicles. Potash continued, to alternate with nitro-muriatic acid draught.

June 10th.—Some improvement; leg healing in parts; iodide of potassium increased to 20 grs. four times a day, with 10 grs. of lactopeptine at meals.

July 7th.—Marked improvement; the upper and lower thirds have almost healed, the skin looking clear and healthy. The middle third, however, presented a large, unhealthy, ulcerated surface. Notwithstanding he continued taking the iodide in large doses, this condition remained unchanged up to August 28th. Iodide increased to 25 grs. every four hours with fluid extract of taraxacum, ℥ij. in a glass of peppermint water.

September 8th.—No improvement; no disturbance from the large doses of the salt. Iodide continued till September, 25th. No change, ulcerated surface indolent, discharges unhealthy, but less fetid. Resolved to discontinue the iodide and give the following:—

R. Hydrarg. Bichlor, gr. iv. Ext. Taraxaci fld. ℥i, Infus gentianæ ad ℥viii. F. M.
Sig. Coch. Mag. ter in die.

Oct. 4.—Leg much improved, discharge healthy, and healing process going on rapidly. Medicine continued, to alternate with nitro-muriatic acid, draught and pills at night, as he complained of con-

stipitation due evidently to defective digestion. From this time to November 20, he rapidly improved, when the leg was entirely cured, being perfectly healthy in appearance. A year and a half afterwards there was no sign of re-appearance. I therefore regard the treatment as successful.

I can lay no claim to originality in the treatment of this case, as it is that followed and insisted upon by Ricord: It is, however, of interest in the following particulars, viz.,—the long course of treatment; the large amount of iodide of potassium taken without producing any functional disturbance; that there was a stage in the disease when the iodide failed to produce its therapeutic effects, and that then mercury exerted successfully its specific action. That the earlier exhibition of mercury would not have eliminated the syphilitic virus from the system, I am positive. Of this, its failure on previous occasions, is proof. To what extent the iodide treatment has effected this, it is of course difficult to determine, but, judging from results, its action has been satisfactory. This case shows, too, the importance of repairing the broken down constitution prior to beginning a course of specific treatment. In every case this is an essential element of success, as it is impossible, where the assimilative functions are impaired, for any remedy, however potent, to successfully exert its full therapeutic effects.

I may add that throughout the case, stimulants with the exception of ale, were interdicted. Antiseptic and stimulating lotions were used as adjuvants, with, however, very little benefit. Cleanliness, with cold water dressings seemed to be the best.

Correspondence.

VACCINATION.

To the Editor of the CANADA LANCET

SIR.—The excellent articles published in the *Canada Lancet* on the best mode of using vaccine lymph and how to secure the best protection against varioloid, has prompted me to give you a little of my experience on that most important subject. At one period my whole time and attention were given for several months, to the treatment of small-pox, varioloid and vaccination, during which by experimenting I became convinced that in order

to secure the best prophylactic effect from the use of vaccine lymph it is necessary to use it on both arms, or at least on both sides of the person. I found that after vaccinating one arm repeatedly after it had once taken well, it would not act on that side; but on applying it to the other, it would sometimes take nicely. My attention was drawn to this, or rather I was induced to try the experiment by noticing that four or five of my patients who were afflicted with varioloid had vesicles only on one side, and on enquiry I found that they were vaccinated on the side that was comparatively free from pustules. Subsequent experiments proved conclusively to my mind that there is more security in having a thorough vaccination by applying it to several parts of the body, and especially to both sides than there is in re-vaccinating at stated times during life. It is very evident that one half of the body may present the symptoms of disease, while the other is comparatively free from it. For instance every medical man of experience knows that a person may have cynanche parotidea on one side only, with all the different phases that the disease assumes, metastasis to the mamma, testicle, &c., which, however, does not exempt him from taking the disease (if exposed to it at another time) on the other side.

If we wish further illustration we can find it in the usual course of herpes zoster, which is usually confined to one half of the body, and ague is frequently found to effect one side of the person only. I do not wish to convey the idea that the two last mentioned diseases are contagious, but simply to show that a poison whether infectious or not, may exhibit itself on one half of the body while the other is comparatively free from it. Hence the desirability of vaccinating both sides of the body.

Yours, truly,

CHAS. CHAMBERLAIN, M.D.

Leamington, Sept. 12, 1876.

CURTAILMENT OF DISEASE.

To the Editor of the CANADA LANCET.

SIR.—The cause and cure of disease are subjects which should interest the public as well as the medical profession. It is a true saying that an ounce of prevention is better than a pound of cure, but unfortunately men suffering from disease are

generally more anxious for the disappearance of symptoms than careful for the removal of their cause. Fevers are propagated and perpetuated by defective drainage, &c., while the plague will hide itself for half a century in a bale of rags. Cleanse and drain the premises, burn the rags, and the disease disappears. It is a comfort to think that these matters of hygiene now receive more attention than formerly. But there is another cause of disease—the *sub'ective*; we mean the weakness of the body and its consequent liability to sickness. Many of the diseases which afflict the human race are caused by exposure, and poor nourishment, which, sapping the vital forces, leave men an easy prey to disease and death. Of course, we can never expect to find an elixir of life which will enable our frames to defy death, but much might be done to improve health and prolong life. The ancient Britons, we are told, only began to grow old at a hundred and twenty, while we get into our dotage some forty years earlier. If we lived as naturally as they did, we might in the course of generations, attain a much greater age than the present average. Now it is the duty of all men to do what they can for the physical advancement of their generation, but is it any less their duty to care for the welfare of generations yet unborn? One most important step towards the physical improvement of the race, would be the exercise of greater care in marriage. People with diseased heart or weak lungs will persist in marrying, and the consequence is—a weak offspring. Probably the seeds of half our diseases are transmitted from parent to child. And so it goes on in endless succession. Can nothing be done to stop this evil? Severe ills sometimes require severe remedies. The Romans destroyed at birth, infants who were weak or deformed. We do not advise that course to modern society, but we would suggest some check to promiscuous marriages which result in puny children. The Government indeed issues marriage licenses, &c., requires security from responsible persons that there is no legal obstacle to the contracting parties being joined together. But what does it all amount to? The treasury receives a few dollars, the issuer pockets his fee, and that is the end of the matter. It virtually means that a man has eight dollars to spare and does not care to have his banns called in church. This state of things ought to be improved, and perhaps the following suggestions may

not be out of place. Let the license be made *compulsory*, and let it be issued by a *medical man* whose duty it shall be to examine the applicant as an army surgeon does a recruit, and to reject him if any serious defect be present, such as unsound lungs, venereal disease, &c., and let such applicant be rigidly debarred from marriage. Doubtless regulations of this nature would cause many hardships and much disappointment, but in the course of a few generations, our descendants, reaping the benefits of ourself-denial in strong constitutions, and vigorous health, would look back to us and call our memories blessed.

We have written the above after some conversation with a medical friend, and we hope that it may suggest food for thought which may result in action.

PRO BONO PUBLICO.

Montreal, August 31, 1876.

Selected Articles.

THE RELATION OF LOCOMOTOR TO GENERAL PARALYSIS OF THE INSANE.

BY ALLAN MCLANE HAMILTON, M.D.

I desire to invite attention to the subject of sclerosis of the posterior columns of the cord, and its coexistence more particularly with that form of insanity known as general paralysis of the insane. Not only do these two conditions occur together more frequently than they are generally supposed to, but the former very often presents the most varied mental expressions, passing from simple irritability to marked dementia.

Leidesdorf has related one case in which general paralysis was preceded by spinal symptoms, and Maudsley speaks of other cases. Calmiel says that in many cases the changes proceed from the cord upwards, and Baillarger endorses the views of the last mentioned authority. From a consideration of the fact that sclerosis is nearly always progressive, and that locomotor ataxia is in many instances ascending, it is very probable that either an extension upwards of the morbid process, in such a way as not to involve the roots of the intercostal nerves, or, on the other hand, a simultaneous and general appearance of disseminated sclerosis in the cerebrum and cord, will very probably be attended by mental disturbance. In most of the autopsies that have been made, decided changes have been witnessed in the layers of the cortex; we may therefore assume that a lesion in the gray

cortical matter may be attended by intellectual perversion. Charcot has proved very conclusively, by the classical case of Mlle. V., that disseminated sclerosis can exhibit all the symptoms of general paralysis of the insane; that intellectual trouble, even including the delusions of wealth, or as Valentin calls them, the *delire des grandeurs*, may occur in patients of this class.

We find also that in these people there is often a great deal of emotional disturbance. Every one who has seen much of locomotor ataxia will recognise the melancholic attacks, or the great excitability. I have a patient in whom the spinal sclerosis has ascended so high as to greatly affect the origin of the intercostal nerves; and in her transitory attacks of mania are not at all uncommon. She becomes violent, hurls abuse at those around her, and talks only in French; her chosen language at ordinary times being the English. Charcot relates that Mlle. V. was subject to true attacks of lypomania, and had hallucinations of hearing and vision. She had delusions that those about her intended her death by poison. For twenty days she refused food, and it was found necessary to use the feeding tube.

With these things in mind, it is very reasonable to conclude that general paralysis is but the expression of disordered function produced by the same lesion that causes decided nervic trouble and locomotor perversion, when it is seated in the cord. The form of morbid alteration of the brain and its meninges, I think, has very little to do with the formation of any particular variety of insanity; that it is a matter of location rather than of alteration. In any of the lists of morbid appearances we will find all forms of altered structure,—meninges, gray and white substance,—are involved, and we do not find any two forms of insanity which present identical appearances. If you will consult Fox, which is the most complete work I know of, you will see that there is a great deal of confusion and irregularity of information that may be obtained from the examination of the insane brain.

Perhaps the morbid anatomy of general paralysis of the insane is more clearly settled than all the rest. Delaye, Foville, and Pinel (Grand Champs) found induration of the cerebral substance; Fox presents a plate illustrating the miliary sclerosis of general paralytics, and I myself have seen the same changes on isolated spots, varying in size from a small speck to the larger spots of colloid degeneration. That these appearances are the result of primary ischæmic trouble there is not much doubt. Fox is of the opinion that a prolonged spasm of the vessels and subsequent condition of degeneration, are the precursors of actual increase of the connective tissue. In the cord, clinical experience teaches us that conditions of altered vascularity precede sclerosis in every instance, and that marked functional changes are the forerunners of loco-

motor ataxia. In the brain the primary alteration of function, however slight, may be connected with decided interference with the intellectual processes, and sometimes when these patients die before the disease has extended, it will be exceedingly difficult to detect any alterations, either gross or microscopical, while in the cord, if ataxic symptoms have developed themselves in nine-tenths of the cases there will be seen unmistakable traces of induration.

Notwithstanding so many observers consider the lesions in general paralysis to be those of sclerosis, Calmiel, Poincaré, and Bonnet thought they were more often softening, and fatty degeneration; in fact, others take equally opposite views, but the great majority hold to the other doctrine. With the anatomico-pathological facts in mind, it is strange that the two conditions are not more frequently seen together. In my own limited experience I have seen several cases which presented an extension of the symptoms.

Obersteiner, in an excellent paper on Locomotor Ataxia and Mental Disease, considers that mental symptoms are found in the greater proportion of cases of this disease, and calls attention to the fact that these expressions of psychical trouble may be very slight, but still an acute observer will know that there is a departure from the normal intellectual condition. The patient's character is often changed very markedly. I have been often astonished at the apathy of the individual, or, on the other hand, the irritability of temper, the violence of anger, the petulance, which are more transitory evidences—they are as important symptoms, I think, as neuralgic pains, difficulty of co-ordination, etc. These changes were very well displayed in a patient of my own; in health, a most amiable, high-minded army officer; in disease a morbid, bad-tempered, whining wreck. He had been noted for his gallantry on the field during the war; but after this disease had become once established, his character seemed to undergo a complete transformation. He wrangled with every one, became irritable over petty things, and made himself generally disagreeable.

Obersteiner and Simori both agree that these patients should be examined most carefully, and that the prognosis depends much upon the facts relative to mental alterations. The latter says: "It is not enough that the patient keeps himself quiet, and answers the questions relative to his age, how he feels, etc., and does not show marked delusions;" these are not enough to assure us that his intellect is intact.

In regard to the grave secondary mental changes, Tigges considers general paralysis to be a complication, while Obersteiner is convinced the symptoms of this latter disease indicate a progression of the sclerosis upwards. He considers the lesions to be identical, and that it is only the seat

of the change which has anything to do with the form of symptom expressed. He has also found in general paralytics who have died, a sclerosis of the cords.

The commencement of paralysis of the insane is not regular. We may either have the mental symptoms preceding the paralytic, or *vice versa*, or they may both show themselves simultaneously after a form of apoplectic attack.

M. Rey, whom I have alluded to, has observed nine cases of insanity associated with locomotor ataxia. In three of these the spinal sclerosis preceded the cerebral trouble, and in one the induration had extended from the posterior to the lateral columns. He found that the diagnostic difference between locomotor ataxia combined with cerebral induration and simple descending general paralysis of the insane, was the walk. In the former the patient could not stand with his eyes shut, and in the latter there was no difficulty of the kind. We may also take for granted that the walk of the ataxic is an early symptom, and that of the general paralytic a late one. Both are examples of defective co-ordination, and I think the latter is very unwisely called *paralytic*, I have found in these patients (the general paralytics) *festination*, which Sanford considers to be confined to paralysis agitans, and is an evidence more of sclerosis than anything else.

The difficulty of turning around is marked in ataxia, and I think is not a prominent symptom in general paralysis.

Though Sankey has presented us with a table showing the points of difference of the two diseases, I think it wise to give one that is more extended. Some of these symptoms will be found to very closely resemble each other, and I am assured will show how possible it is for the two diseases to run into each other.

GENERAL PARALYSIS. LOCOMOTOR ATAXIA.

Initial Mental Symptoms.

Slight irritability of temper. Extravagance (the patient purchases unnecessary articles, or spends money without reference to his means).

Erotic and libidinous ideas and indulgences.

Initial Material Symptoms.

Slight impairment of tremor of tongue, (when protruded it is agitated by vermicular tremors).

No mental trouble, except perhaps irritability.

At first diminished sexual power, afterwards an increase.

No affection of tongue nor of any muscles of face, except those supplied by third nerve.

Pupils unequal.

Patient unable to properly pronounce his words; his speech is thick and very slow, (Ronquin); stammering (Griesinger).

Patient begins to lose power in both upper and lower extremities; he does not raise his feet; walk somewhat straggling; feet planted rather widely apart. Patient inclined to walk a great deal.

Patient can stand with eyes closed.

Difficulty of coordination of upper extremities generally primary.

Patient cannot perform delicate muscular acts particularly writing. He leaves off the ends of words or omits the word altogether—(early stages)

Patient boastful, irritable; has delusion of great wealth; violent; will not bear contradiction.

Occasionally local paralysis generally on one side Tremors in limbs.

General loss of electromuscular contractility in late stages (Bucknil).

Very slight muscular atrophy (Marcê, Brierré de Boismont.)

Diminution of reflex excitability.

The progress of the disease in general is from above downward (Calmiel).

Disturbances of sensation are sometimes primary. There is sometimes hyperæsthesia.

Pupils generally contracted, sometimes dilated after an attack of pain.

Strabismus a frequent symptom.

No disturbance of speech.

Gait jerky; patient comes down on heels, feet thrown out with force. Patient unable to walk in dark.

Patient cannot stand with eyes closed.

Difficulty of coordination of muscles of upper extremities always secondary.

Patient cannot perform delicate acts with muscles of upper extremities—(late stages).

Patient may have moral perversion; in last stages there may be mania. Attacks of melancholia not uncommon with the progress of the disease.

Never paralysis.

Tremors only occasional.

Exaggerated electromuscular contractility in the beginning loss later on.

Very slight atrophy of muscles of lower extremities, more from disuse than anything else.

Diminution of reflex excitability; loss of muscular sense.

Progress from below upward.

Disturbances of sensation are always primary; generally cutaneous anæsthesia at same time.

Generally runs its course in a few years. Of much longer duration.

There may be periods of remission. Disease progressive.

No marked involvement or bladder or rectum till the end. Generally obstinate constipation; sometimes paralysis of both sphincters.

Usually terminates in dementia. No mental decay as a rule. Patient dies of phthisis.

During the progress of the disease there may be paralysis of various cranial nerves. Not uncommonly the fifth, sixth, third and optic nerves may be affected.

From an inspection of this table, it will be evident that there is a close similarity between the symptoms of the two diseases, which I think may be explained by the difference of location. In both defective coordination is marked. In both reflex action is lost. In both there may be tremor. In one the disease is an evidence of lesions in the cortex, in the other in the white or grey matter of the cord. Both may be seen in the same individual, and after death the lesions are the same. The mental symptoms may be identical, although always differing in the period of appearance. Ocular difficulties may be present in either, as may difficulties in speech. Both are progressive and generally fatal. * * * In conclusion, I must refer to the fact that sclerosis in either of its forms is not unrarely preceded or associated with other nervous diseases. Mollière calls attention to Charcot's discovery that hysteria often preceded locomotor ataxia. Magnan has detailed cases of epilepsy connected with locomotor ataxia, and as for the complications of general paralysis, several English writers, chief of whom, if I am right, is Clouston, speak of chorea, epilepsy, neuralgia, and other neuroses as being very common. — *N. Y. Med. Rec.*, July 29, 1876.

BRITISH MEDICAL ASSOCIATION.

[The annual meeting was held at Sheffield, in August, under the presidency of Dr. Bartolomé, and resembled those of former years in its general arrangements. About 500 members were present. The great manufacturers opened their establishments and exhibited some of their processes to members. These sights and the festivities, as usual, threw the work of the sections into the shade.

A sermon was preached by Rev. Dr. Gattey. Dr. Brown Sequard, and Drs. Marion Sims and Storer, from America, were present. The address in obstetrics, which was of a practical nature,

was given by Dr. Atthill. Dr. Sims also delivered a brief address on the treatment of cancer of the womb.]—ED.

THE ADDRESS IN MEDICINE

was delivered by Dr. Sieveking, who discoursed of the relations of medical men (1.) to each other and the State; (2), to the science of medicine; (3), to education. On the third point Dr. Sieveking said:—An university should be, as its name denotes, an *universitas literarum*, and not limit its teaching to one or two disciplines, which though valuable in themselves, are simply means, not always appropriate, to an end to be attained elsewhere. To my apprehension an university does not deserve the name, which does not within itself teach the principles and theory of all science, and which adopts a *regime* and habits that exclude from its precincts all whose mental calibre cannot adapt itself to one formula of a classical or mathematical shibboleth, or whose means compel them to enter a professional calling without unnecessary delay. I maintain that *all* members of learned professions ought to enjoy an university training, and that a country whose universities do not allow of their students acquiring the entire theoretic part of their respective professions within their walls, neglects the first duty for which they were called into existence. I will not now speak of any other profession than our own; but, as regards medicine, I conceive that many of the educational difficulties that have been so long under discussion, and that are far from being removed, will disappear when such arrangements are made at our universities that the great body of practitioners can avail themselves of their advantages. In order that this may be possible, it is necessary that a standard of preliminary training be fixed which shall qualify for admission into the university, and that, at the age of eighteen or nineteen, when young men generally put on the cap and gown, they shall be permitted to pass at once from the subjects they have been learning at school to those professional studies which the universities ought to be able to teach infinitely better than the small, self-supporting academies of medicine now scattered over the country.

It is no small credit to the energy of the medical schools as they exist, that they have done as much as they have done; but, with the increase of knowledge and the demand made upon the lecturers, it is simply impossible that the latter should keep pace with the times, unless they are exempted from the *res angusta domi*, and are enabled to devote themselves entirely to science. At present, the majority of lectureships are treated simply as stepping-stones to medical practice, and hospital physicians and surgeons pass from one subject to another, not so much by virtue of special qualification, as by the all-powerful influence of

professional seniority. Something may doubtless be said in favour of our present system of competition; but I would ask whether the balance of argument is not in favour of professorships at our ancient universities, where the increased numbers of alumni would render a professorship not only a place of high and laudable ambition, but would make its emoluments worthy of acceptance by those of our body who desire to devote themselves to, and merge themselves entirely in, scientific research. Botany, chemistry, natural philosophy, physiology, anatomy, comparative anatomy, pharmacy, and materia medica, the theory of medicine and surgery—might all be better and more profitably taught at an university than in provincial or metropolitan schools of medicine. The numbers that would flock to our universities if they held out such advantages would render necessary the endowment of more than one professorship for each discipline, and thus a salutary rivalry, without which stagnation would ensue, would be preserved. And if our present university arrangements are insufficient to provide for the two thousand medical students who annually inscribe their names on the registers of our schools, what is there to prevent the establishment of more universities in towns willing to advance the growth of the sciences, and possessed of fewer of those sanitary defects which mar the beauties of Oxford and Cambridge?

It is utterly against my views that an university should belong to a class; and therefore, while I maintain that we physicians and surgeons of England may legitimately labour for the foundation of a new university, which shall embody certain methods and principles, if the older institutions cannot receive us, I should regard the attempt as futile, unless provision were made at once to establish professorships required by all the faculties, so as to ensure an influx of ingenuous youth destined for all the various walks of life. Has Germany suffered either by the poverty or the number of its universities? Has that great country not ever been to us a model, both in the manner of teaching and in the achievements of the taught.

THE ADDRESS IN SURGERY

was delivered by Mr. Favell, of Sheffield, whose chief topics were (1), the question of trephining in injuries to the skull; (2), the diagnosis of injuries in the neighbourhood of joints; (3), the suture of nerves; and (4), Esmarch's bandage. We may quote M. Favell's remarks on the second and third points, as the one is full of interest to all who may be called to such cases or to criticise the action of others and the other is somewhat new.

On the second point Mr. Favell said:—I should like to say a few words upon, and illustrate by an instructive case and equally instructive preparation, cases of fractures of bone in the immediate vicinity of important joints. I think there are few cases

in surgery in which the accurate diagnosis is often more difficult, the anxiety involved greater, and the results less satisfactory, than in cases of this nature. Every practical surgeon is familiar with the impaired utility of wrist and hand which we occasionally see, particularly in old people, as a consequence of the fracture of the carpal end of the radius; and, again, impaired mobility of the elbow-joint is not unfrequently seen as a result of fracture through some portion of that complicated and important articulation; and I venture to say that such consequences are sometimes unavoidable, in spite of the most carefully conducted treatment; nay, I think I may go even further, and assert that cases do occur in which the surgeon, by skilful and carefully conducted treatment, has obtained the best results he could hope for, and which still are failures in the eye of the patient, ignorant as he is of existing conditions and almost inevitable consequences.

Surely, gentlemen, these considerations should teach us a lesson; they should teach us to look very charitably upon alleged failures in treatment, or upon so-called cases of mal-practice. It is one thing to criticise the treatment of a deformed or distorted joint, weeks, or perhaps months, after the receipt of injury, when all *immediate* effects of such injury have disappeared, but it is a very different thing when contusion, inflammation swelling, and pain obscure the injury and interfere with manipulation, so to direct our treatment as always to ensure a satisfactory result.

The case to which I wish to direct your attention for a few minutes, and which, through the kindness of my friend, Mr. Wheelhouse, I am enabled to illustrate by a very instructive preparation, is one of dislocation of the hip, complicated, as I believe, by fracture of the acetabulum—that is, of the rim of the acetabulum.

A. B., a young man, a commercial traveller, was standing on the platform at a railway station when he saw the train by which he wanted to travel passing rapidly through the station; he ran up to it, sprang upon the foot-board, and attempted to grasp the door of a carriage, but, being swung round by the momentum of the train, he was unable to keep his hold, and was thrown violently upon the rails, rolling over and over when he came to the ground. He lay stunned for a few minutes, and when he attempted to get up found his right leg so injured that he could not rise. He was carried into the waiting room, and was seen very shortly afterwards by Dr. M., the railway company's local medical officer. This gentleman made a very careful and deliberate examination of the injured limb, and, as manipulation gave great pain, he put the sufferer under the influence of chloroform, so as to give himself every opportunity of arriving at a correct estimate of the nature of the injury. After nearly an hour's examination he came to the

conclusion that there was no dislocation, no fracture, but that the man was suffering from severe contusion. Afterwards the sufferer was carefully laid in a railway carriage and conveyed to his home in Manchester. Here he sent for his own surgeon; the same examination was gone through, and the same result arrived at. As soon as the subsidence of the swelling allowed it, a long splint was applied to keep the part perfectly at rest, and subsequently, as much pain about the hip was still complained of, his medical man, for his own satisfaction and that of his patient, called in a third surgeon, a man whose extended experience in cases of accident was undeniable. He found the limb lying flatly on the bed beside its fellow; careful measurements, conducted in the orthodox manner, proved that the injured limb was as long as, and at one time rather longer than, its fellow, and he coincided in the conclusions already formed, and in the propriety of the treatment adopted; and so the limb was kept at rest for some time longer. Here, then, we have three surgeons, separately and carefully examining this hip, and arriving at the same conclusions. But mark what followed in this singularly interesting case. When lapse of time and subsidence of pain warranted it, the splint was removed, and he was allowed to get up and attempt to move about. He did so, and attempted to bear some slight weight upon the injured leg, and *after* that he noticed, *for the first time*, that the injured leg was rather shorter than the sound one. This amount of shortening speedily increased to the extent of a couple of inches, with inversion of the foot, and, to cut a long story short, he consulted a fourth surgeon, who told him that his hip was dislocated, and eventually an action for damages ensued. In consequence of this, Mr. Wheelhouse, of Leeds, and I were asked to examine the case and give evidence upon it. When we saw it, several months after the accident, the evidences of dislocation were clear enough; there were the characteristic shortening, the inverted foot, and round head of the bone clearly resting upon the dorsum of the ilium. One of two things, then, must have happened in this case. Either (as was alleged) dislocation of the hip had occurred at the time of the accident, and had been overlooked, or else dislocation had taken place subsequently as a result of some obscure injury to the joint. Against the first hypothesis were the testimony of three surgeons, who had all examined it carefully for dislocation or fracture, the fact of the absence of deformity, and the absence of shortening of the limb; whilst in favour of the latter hypothesis, in addition to what I have just stated, was the fact that no shortening took place till the man put weight upon the leg, and then it was immediately noticed. The only way in which one could reconcile the fact of undoubted *present* dislocation with a history so opposed to its existence for some time after the accident was on the hypo-

thesis that, at the time of the accident, which was a very violent one, there was fracture of the rim of the acetabulum; that, so long as no weight was put upon the leg, the head of the femur remained *in situ*; but that, as soon as weight was borne upon the leg, the head of the bone escaped from the damaged acetabulum, and was soon drawn up upon the dorsum of the ilium. This theory was very ably argued by Mr. Wheelhouse, and surely it was a reasonable one—more reasonable than that a dislocation presenting such marked features as dislocation of the femur on the dorsum ilii, should have been overlooked, though carefully searched for, by so many surgeons of ability and experience, and though the probability of such an occurrence was denied, I am in a position, through the kindness of Mr. Wheelhouse, to show you a preparation taken from a case of accident admitted into the Leeds Infirmary, since the occurrence I have just related, which admirably illustrates the argument then urged. The case was admitted into the infirmary for injury to the hip and severe internal injuries. Dislocation was diagnosed, and reduction readily effected. The patient lay in bed some days, and then died from internal injuries. During the removal of the patient from the bed the hip, which had been in perfectly good position so long as the man was at rest, again became dislocated, and a *post-mortem* examination revealed the condition I now show you, viz., "fracture of the rim of the acetabulum."

Erichsen, speaking of the treatment of such cases, says:—"But with every care, a return of displacement will readily take place, and an unsatisfactory result can scarcely be avoided—shortening of the limb, and consequent lameness being almost inevitable." Cases such as this one I have just related are of immense practical interest both to the surgeon and his patient; and certainly the patient has a right to expect that everything shall be done for him that careful judgment and judicious management can effect; but how often does the surgeon get undeserved blame when he has the misfortune to treat an injury so complicated that, in spite of all care and skill, he cannot avert an unsatisfactory result. I can imagine and excuse a man being angry when he finds himself permanently crippled by an accident which at first, to all appearance, may not have seemed of a very formidable nature, but surely we, fellow-workers, all so fallible, ought to criticise the work of our brothers in a spirit of the widest charity.

On the suture of Nerves, Mr. Favell said:—

The mention of Mr. Wheelhouse's name in connection with this case, in which I was associated with him, reminds me how this address was originally placed in his hands, and how generously and gracefully he relinquished it when the place of meeting was changed, and gives me the opportunity of paying a passing tribute to his surgical enterprise by a few remarks on what, as far as I know, is an

important and ingenious novelty in surgery. Some months ago I had an opportunity of examining, in the Leeds Infirmary, a case then under treatment, in which Mr. Wheelhouse had cut down upon, resected and united by ligature, the divided ends of a sciatic nerve, which had been accidentally cut across some months previously. The history of the case were briefly as follows:—

The patient, a man aged 22, nine months before admission, was climbing over a fence, when the railings gave way, and he fell backwards upon a scythe which he was carrying. The wound, which must have been an extensive one, as the cicatrix measured nine inches, was situated just below the left buttock. At the time of admission he was able to walk with difficulty, there being considerable dragging of the left leg, and as he lifted it the toes fell to the ground. He was unable to use the muscles of the back of the leg, and there was loss of sensation on the outer side of the leg and foot, the inner side retaining sensation. These conditions taken in connection with the situation of the cicatrix, led to the inference that the great sciatic nerve had been divided, resulting in paralysis of parts supplied by that nerve below the seat of division. The operation consisted in making an incision six inches in length in the course of the sciatic nerve, when the divided extremities were found an inch and a half apart, the upper segment being bulbous, the lower one flattened, and somewhat incorporated with the cicatrix. The two extremities were then cut off, the divided ends brought together, and retained by sutures of carbolized catgut. This was facilitated by flexing the leg upon the thigh, in which position it was retained for some time. The man made a rapid recovery. When I saw him, two or three weeks after operation, cicatrization was almost complete, though the leg was still retained in its flexed position; but there was ample evidence afforded of returning sensation on the outer side of the leg and foot. In this case the restoration of sensation and motion appears to have been very gradual; but Mr. Wheelhouse informs me that since his discharge from the hospital the patient has gone on steadily improving, and gaining power in his former paralyzed limb.

I have also the notes of a case of division of the median nerve by a wound from glass. It was treated in the same way ten weeks after the accident happened, but the result does not appear to have been so satisfactory, as, though some amount of return of sensation and motion followed the operation, as the wound healed and cicatrization progressed the sensation gradually diminished and numbness increased.

Two other cases I have records of, in which the divided ends of the nerves were brought together by suture immediately after the accident. In one case the median nerve, in the other the ulnar nerve, were entirely divided. Both cases were boys of

fourteen years of age. In one month from the occurrence of the accident both boys were discharged with their wounds healed, and sensation was perfect in each instance.

Now, I think, I may instance these as four very suggestive cases. Perhaps they teach us no new facts in pathology, but, practically speaking, I think they are of importance. It will be observed that in the two cases in which some weeks elapsed between the receipt of injury and operation the results were, in one case very gradual and slow in their development, and in the other case satisfactory; but in the two cases in which operation immediately followed the accident, sensation, at all events, was rapidly re-established. Now, experience has amply proved that regeneration of nerve tissue, after nerve division, readily takes place more or less perfectly under favorable conditions. Dr. Hassal says:—"The regeneration of the primitive nerve-tube admits of proof both by experiment and direct observation. The experimental proof consists in the simple division of nerves, or even in the removal of portions of them. The parts to which the nerve is distributed of course at first lose their sensory and motor endowments; these, however, after a variable time, are more or less perfectly recovered, thus completing the experimental proof. The recovery of the power of a nerve after the excision of a portion of it argues strongly the fact of the regeneration of the nerve tubes, and this result by a careful microscopical examination, can be positively demonstrated. The number of tubes in the renewed part of the nerve is stated, however, to be less than in the original portions, and this in part explains the reason of the restoration of the functions of a divided nerve being usually but imperfect." Every surgeon, too, is familiar with the fact that parts which have been completely severed, such as tips of fingers, will, if reunited, regain sensation, though the nerves have been completely divided. Thus, under favorable conditions of position, we may look for such an amount of return of sensation and power of motion in parts supplied by divided nerves as shall not materially interfere with future usefulness; but the practical lesson to be learnt from such cases as these is that we may with safety so manipulate nerves as to insure such conditions of position. Perhaps the very painful, and sometimes even disastrous, result which has followed the ligature of an important nerve has deterred surgeons from interfering with them when divided. Sir A. Cooper records two cases of death from this cause—one from the ligature of the sciatic nerve to arrest hæmorrhage from an artery in its substance, and another in which the popliteal nerve was accidentally included in a ligature put round the artery. In both cases violent pains and death resulted.

In the cases I have recorded I find complaint of much pain after operation in one case—the first

one operated on, in which the sciatic nerve is the one implicated. In this case there seems to have been great pain on the day of operation and the day following, but in the other three no mention is made of any disturbance caused by the operation. Probably the use of catgut sutures, we know, soon dissolves, and the fact that the sheath of the nerves was carefully selected as the portion to be principally included in the sutures, may have had much to do with such fortunate results.

As a beginning, then, I think these four cases are both interesting and encouraging. If in the case of a limb left paralysed by division of an important nerve, we can afterwards cut down upon, resect, and reunite such nerve, so as to restore power and sensibility to the parts supplied by it, at no great risk, much has been gained, and in cases of extensive laceration, involving important nerve trunks, these records raise the question whether it is not better not to be simply content with ligaturing bleeding vessels, and leave the nerve-trunk to the chance of assuming its original position, by carefully and accurately closing the wound, but to insure the co-aptation of its divided ends by the careful introduction of catgut sutures.

EXTIRPATION OF THE UTERUS IN CONNECTION WITH OVARIOTOMY.

BY GILMAN KIMBALL, M.D., LOWELL, MASS.

Mrs. S., of Lancaster, N. H., forty-eight years old, having one child, now eighteen years of age, was operated on eleven years ago for ovarian tumor, chiefly cystiform, weighing thirty-three pounds. She made a good recovery, and continued in good health for six years. About this time she noticed that her abdomen was again becoming unusually large. She suffered very little, but was anxious lest another tumor should be forming, similar to the one removed years before.

In June, 1875, she was tapped, and forty-five pounds of brown, coffee-colored fluid were drawn off, followed by considerable prostration. The cyst refilled, and was again tapped in October following; prostration was more marked than at the previous operation. Again the cyst refilled, and more rapidly than ever.

The patient having now become satisfied that she was breaking down under the effects of her disease, and that tapping was affording only temporary relief, determined upon submitting to another operation. For this purpose I was called to operate the second time on November 9, 1875, and found the patient's general condition pretty fair. The abdomen was a great deal distended, but did not cause much distress. The disease, however had made its impression on her. This was particularly shewn by emaciation, loss of appe-

tite, swollen feet, and a peculiar pallor of face, which denoted a deteriorated condition of the blood. The mental condition was excellent, calm, cheerful, and fully resigned to whatever might be the result of the expected operation.

Every needful preparation having been attended to, the operation was performed the following morning. Drs. Bugbee and Mitchell, of Lancaster, Dr. Grove, of Whitefield, and Dr. Adams, of Island Pond, were present and assisted. An opening through the parietes, in the line of the former incision, was followed by an escape of several ounces of ascitic fluid. A cyst was tapped by a large trocar, and twenty-seven pounds of chocolate-colored fluid were drawn away through a canula, to which a rubber tube had been attached. The opening was enlarged and the cyst emptied. A semi-solid mass, composed chiefly of a large number of smaller cysts, was slowly drawn through the incision, care being taken all the while to keep the opening closed, as far as possible, against the ingress of atmospheric air.

In searching for a pedicle it was found that the disease had embraced, in the course of its development, not only the uterus, but the whole of the left broad ligament. A separation of the parts thus involved was found impossible. Consequently, in order to complete the operation, the extirpation of the entire uterus became an unavoidable necessity. A cluster of distended veins connected with the broad ligament was first secured and severed between two ligatures. The remaining tissues to be divided, being thus considerably diminished in bulk, and especially in width, were next embraced in a loop of stout annealed iron wire, drawn tight by means of an *écraseur*. To complete the operation it only remained to sever the connection between the uterus and vagina by two or three strokes of the knife. The point of division was about three fourths of an inch outside the iron ligature.

Before closing the wound it was found necessary to remove a considerable quantity of coagulated blood from the pelvic cavity. With some difficulty and delay a bleeding vessel was finally discovered, and secured with a carbolized ligature.

The pedicle being too short to admit of a clamp, was drawn forward and secured between the lips of the incision. The surface of the stump was thoroughly seared by actual cautery, and the wound closed with four deep sutures, three above and one below the pedicle.

Details of this case subsequent to the operation furnish nothing of special interest. During the entire period of convalescence there were no unpleasant or threatening symptoms; in all respects they were such as might be expected in an ordinary favorable case of ovariectomy. From first to last there were no signs of peritonitis, or septicæmia.

Pathologically considered, this case is seen to

differ essentially from the one recently reported by Dr. Presbrey, of Taunton. Although the connection between the uterus and the cystic portion of the tumor was extremely intimate, even beyond the possibility of separation, it became evident, upon careful dissection, that the tissues thus united were not only different in appearance, but entirely different in structure. Moreover, the cluster of small cysts that constructed the lower portion of the tumor furnished ample proof that the disease was of ovarian origin. The uterus contained no traces of fibroid element, but it was hypertrophied to double its natural size.—*Boston Med. and Surg. Journal.*

QUININE AS AN ECBOLIC.

That quinine has the power of exciting uterine contraction has been shown by the writings of M. M. Monteverdi of Cremona and Rancillia of Caen (*vide Practitioner*, vol. vi. p. 373, and vol. xii. p. 57), as well as of other Italian and French observers. The two following cases appear to the writer to strongly support the theory of quinine being a powerful ecbolic.

During the early part of the year 1875, it fell to the lot of the writer to treat several cases of pleuro-pneumonia, which was epidemic in his neighborhood, and partook in many cases of the character of a pythogenic pneumonia which has been so ably described by several Dublin practitioners. Amongst others of this class were the following:—

Case 1.—M. M., a young healthy married woman came under treatment in April, with well-marked single pleuro-pneumonia. She was between four and five months pregnant, and had been ill some days before being seen by the writer. There was great pain and tenderness over the abdomen, which was a leading feature in most of the other cases conjoined with some diarrhœa.

Saline and opium quelled all the active symptoms, and, as it had been noticed in other cases that quinine had a decided effect over the prostration which was so marked in this epidemic, the patient was put on two grain doses of quinine every four hours. It should be noticed that up to this time there had been no indications of abortion, and all the acute symptoms had subsided. When the quinine was ordered the writer remarked to a colleague on the possibility of its having any effect on the gravid uterus. The following day, ten grains of quinine having been taken, uterine pains came on and shortly afterwards a foetus was expelled. The placenta not coming away, ergot was given; this however had no effect. On the following day the quinine was resumed: after the second dose uterine contractions were produced and a second foetus was expelled, the placenta soon following. The foetal

heart in this case beat vigorously for some five minutes. The patient made a good recovery.

Case 2.—A weakly, delicate woman came under treatment on April 18th, for severe neuralgic pains extending over the whole of one side. There was some pyrexia, the temperature being 100°, but no physical signs could be detected in the chest. That this case was of the epidemic class the writer has no doubt, as a similar train of symptoms had been observed in other cases that occurred at the time—viz., elevation of temperature, intense neuralgia of intercostal and abdominal muscles, and in some cases diarrhœa, without any physical signs of chest complication being detected. On the 21st, (salines being taken until then), two grain doses of quinine were ordered to be taken every four hours. The case, apparently doing well, was not seen for several days, when the patient stated that after taking a few doses of the quinine strong bearing down pains came on, "worse than any labor-pains she had ever had," and after nearly a whole day of pain, to her astonishment, a good-sized mass was expelled from the uterus; this mass she had preserved and now presented. It was a tumor of the size and shape of an ordinary sized bun; it had a fringe of membrane around it. One surface was rugose, and the other smooth but freshened; there was no appearance of a pedicle. It had all the characters of a fibroid, and in all probability must have been intramural. The patient stated that there had been no memorrhagia, nor had she experienced any uncomfortable feeling to indicate there was anything wrong with the womb. She had been fairly regular, sometimes every three weeks, sometimes every five weeks.

It may be urged that the expulsive efforts of the uterus in the two foregoing cases were due to the influences of their illnesses; but the direct sequence of cause and effect the writer thinks is demonstrated in each case. In case No. 1 no abortive action of the uterus was produced until the quinine was administered, and ceased together with its intermission, to be resumed as soon as the quinine was given again. If the quinine had been withheld after the first foetus had been expelled, it appears as though the second (of whose presence we were not aware) might not have been aborted. In case 2 the quinine appears also to have had a direct action in producing contractions of the uterus.—*Lond. Practitioner*, July 1876.

ULCERATION OF THE FRÆNUM LINGUÆ IN WHOOPING-COUGH.—Some discussion has been raised by Dr. Morton's paper on the above subject, read at the Harveian Society. The coincidence of ulceration in this particular position with pertussis is not new, though English authors have not referred to it, except casually, in association with stomatitis. This ulceration has been described in both French and German literature, more espe-

cially by Bouchut in his works on diseases of children and new-born infants, though what relationship it has to pertussis, or why it exists at all in that position, is not decided. To Dr. Morton, however, is due the credit of collecting statistics of the percentage of cases of whooping-cough in which it occurs, and also of bringing it prominently forward for the consideration of English observers.

—*Med. Press & Circular.*

CAN "PORT-WINE MARKS" ON THE FACE BE CURED?

By BALMANNO SQUIRE, M.D., Surgeon to the British Hospital for Diseases of the Skin, London.

Few lesions of the skin are more hideously disfiguring than the congenital "Port-wine mark" of the face. I refer to the flat vascular naevus which may so often be met with in every country, causing the greater part (often) of one side of the face to present a livid, dark crimson color, and conferring an almost demoniacal appearance of the unfortunate subject of this forbidding deformity. So many adults of all classes of society may be seen going about with this lesion in its pristine condition, that it is clear at once that nothing is commonly contrived for its relief, and a little experience suffices to prove that any attempt at interference with this deformity is commonly regarded by the profession with disfavor. By some, the possibly uncontrollable hemorrhage is the fear entertained, by others, the scar that would ensue from the only means that seems to be free from the objection cited—cauterization—is properly a reason for refraining. However, as I have satisfactorily ascertained, the disfigurement can be removed without leaving any trace of its former existence, or of the means employed for its removal, and that by a very simple, safe, painless, speedy and easy procedure.

For the purpose in view I employ a cataract needle, the head of which is made about four times the size of that of an ordinary cataract needle. With this needle I scarify the affected skin, making cleanly cut and parallel incisions over the affected area, and even also a little beyond it. The incisions are spaced apart one-sixteenth of an inch. In order to render the operation painless, and at the same time prevent any flow of blood interfering with the draughtmanship of the lines, I first freeze the skin thoroughly by means of Dr. Richardson's ether spray apparatus. Having performed the operation over a limited area, I press on the scarified portion of skin with the fingers for about ten minutes, gently but firmly. At the end of this time all bleeding has definitely ceased. During the pressure a piece of white blotting paper is interposed between the fingers and the skin. The only styptic I employ is that of pressure employed as above described. As

to the depths of the incisions, they should be made of such depths as nearly to divide the entire thickness of the cutis vera. Within a fortnight, if deftly performed, the operation has done its work without leaving trace of any kind save a notable and most gratifying improvement. No scars are left by it. However, a precaution needs to be stated. No lateral traction must be made on the scarified skin either during or within half an hour after the performance of the operation. In exercising styptic pressure after the operation, this essential precaution must be kept in view. When, in any case, any traction has been accidentally made on the skin in a direction transverse to the direction of the cuts, they gape slightly in consequence. The gaping cuts become plugged with wedged shaped clots, and, as an invariable fact, indelible linear scars are thus produced. If traction be avoided no trace is left of the operation. Sometimes one operation alone will not suffice, a second or even a third may be required. In such cases the direction followed by the linear incisions of the first operation should be carefully remembered, and at the second operation the parallel linear cuts should be made to cross obliquely the direction of the original cuts, say at an angle of 45°. If a third operation be needed, the cuts should again follow a different direction, that is to say, they should cross the direction of the original cuts at right angles.

After the operation, any exudation of clot or scab should be washed off carefully the next day by a soft camel's-hair brush and cold soap and water, followed by a soft piece of sponge wet with cold water only.

The operation conducted as above is absolutely painless. Very slight temporary swelling follows it. No permanent trace is left by it. It does its work finally within a fortnight. No hemorrhage accompanies it, nor is it attended by risk of any kind. It offers to a number of hideously deformed persons an escape from their misfortune which may be safely recommended, and confidently offered by any practitioner. The results obtained by it are at once gratifying to the practitioner and satisfactory to the patient.—*Archives of Dermatology.*

REMOVAL OF A BUTTON FROM THE BRONCHUS.—An eminently successful and novel method was resorted to on great emergency for the removal of a button from the left bronchus of a lad, at the London Hospital, on the 12th inst. The patient, aged thirteen, had accidentally slipped the button into his trachea on April 23rd, where it had remained without producing very serious symptoms until May 11th, when it fell into the left bronchus, producing symptoms of collapse of the lower lobe of the lung. Mr. Maunder, having performed tracheotomy, first inverted and shook the patient, but with no success; he then placed the patient on his back and passed through the wound into the left bronchus about

seven inches of looped silver wire, and was successful in withdrawing the button, together with a quantity of muco-purulent matter. The patient's urgent symptoms rapidly disappeared, and he is at present doing well.—*Lancet, May 20th, 1876, in News and Library.*

Medical Items and News.

SULPHATE OF CINCHONIDIA.—Dr. Bensley, one of a committee appointed by the British East India Government to test the value of the cheap alkaloids of cinchona bark, says of sulphate of cinchonidia, it is admirably adapted to those requiring a tonic febrifuge, in which there is at the time a great tendency to diarrhoea, or where diarrhoea already exists; but where quinine produces these disturbances, the cinchonidia is well borne. None the less valuable is it in consequence of the mildness of its influence on the nervous system. He further says: I have used it extensively in the fevers of children on account of its mildness, and because it is less liable to produce head and bowel disturbances than the other alkaloids.

Dr. Campton, Ky., says in a paper on this remedy:—Upwards of thirty of my cases were children, varying in age from one to nine years. I have such confidence in it that it is the only preparation I prescribe for children. It is a well-known fact that there exists with many persons a strong prejudice against quinine, and it is a great advantage to be able to say to such persons that you have a remedy that will be equally efficient, in all cases where quinine is indicated, without being liable to the objectionable effects of that remedy. The advantages to be derived from the use of sulphate of cinchonidia may be summed up as follows:—Fewer relapses follow its administration. It is better tolerated by the stomach, not being nearly so liable to produce nausea and vomiting. It does not create the same amount of ringing and noise in the ears that characterizes quinism. It is not liable to produce temporary deafness. It does not produce the nervous excitability. It does not increase or produce diarrhoea. It obviates the prejudice existing against quinine. Its cost is but one-third that of quinine.

CASE OF UNILATERAL TRANSPARATION.—Contribution to the pathology of the great sympathetic by Prof. Ebstein (Gottigen).—Cases of unilateral transpiration are met with quite frequently associated with other symptoms, such as diabetes mellitus, exophthalmic goitre, etc. It has been observed in individuals of apparently good health. Pathologists have as yet not been preoccupied in seeking for the anatomical-pathological cause of this symptom, but experimental physiology seems to point to a lesion of the great sympathetic. The experiments

of Cl. Bernard in the horse have shown that division of the great sympathetic of one side gives rise to transpiration in the corresponding half of the body. Prof. Ebstein's case was that of a man sixty years of age suffering from angina pectoris, in whom the attacks at certain times were accompanied by transpiration of the left side of the head and neck, and left upper extremity. There was no redness on these parts, nor dilatation of the pupil of the same side. During the intervals between the attacks of angina pectoris, the transpiration took place whenever the patient became fatigued from exercise. At the autopsy of this patient the cervical ganglions were examined with care and presented nothing abnormal to the naked eye. However, on hardening small sections of the left ganglions in Muller's fluid and absolute alcohol, round dark-brown points could be distinguished, which under the microscope were recognized as vacuoles. These were lined by an endothelium and contained blood-globules. Their form was usually round, seldom irregular, or stellate. Their continuity with dilated vessels could often be established, of which they constituted diverticula alternating with strictured points. The walls of these vacuoles were thickened, and contained, especially at their periphery, a large number of stellate nuclei. These ganglion-cells, which appeared empty, were markedly pigmented. Nothing was found in the ganglions of the right side. Prof. Ebstein is disposed to trace these alterations to the vascular apparatus of the great sympathetic.—*Virchow's Archiv. New York Medical Journal.*

PLACENTA PRÆVIA.—Forty-one cases of placenta prævia are recorded in the Fifth Report of the Guy's Hospital Lying-in Charity, being 6.17 per cent of the whole number of confinements. In six of the cases the partially dilated os, when the patient was first seen, was found completely covered by placenta; in twenty-five it was incompletely covered; and in the remaining ten it is not stated how far the placenta was spread over the os. No certain conclusion can, of course, be drawn from this as to the exact relative position of the placenta before dilatation of the internal os commenced. In some instances, in which only a small portion of the os was covered by placenta, and the hemorrhage was not excessive, the treatment adopted was that of rupturing the membranes and administering ergot; but in most cases in which any considerable bleeding had occurred the old-fashioned mode of treatment has still been followed—namely, to perform version as soon as the os is sufficiently dilated to allow this to be done without the use of force. It was in almost all cases effected by the bipolar method, without the introduction of the hand into the uterus. If the os was undilatable when the patient was first seen, the plan adopted was to plug the vagina, or recently, by preference, to plug the

cervix with a dilating-bag. Advantage has also been found from the expedient of separating the placenta by the finger from the cervical zone of the uterus.

One very remarkable case occurred in which the placenta was found to occupy three fourths of the area of the fully dilated os, but no hemorrhage whatever had taken place. In this instance the conjugate diameter of the pelvis was contracted, and a living child was delivered by version. There was another instance also in which a portion of the placenta presented, and no hemorrhage had occurred. The funis was prolapsed, and delivery was effected by forceps, but the child was not saved.

Version was performed in twenty-four out of the forty-one cases. Six of the mothers died; four from the direct effect of hemorrhage, two at a later stage from exhaustion or septicæmia. In two of the fatal cases the whole placenta had been separated and expelled spontaneously before the birth of the child, and death took place from hemorrhage; in three version had been performed; in one case the treatment is not stated. Of the children, ten were living; thirty-one were still born.—*Guy's Hospital Reports*.

MILK AS A VEHICLE FOR BROMIDE OF POTASSIUM.—Dr. A. K. Minich writes to the Philadelphia Medical Times that a patient suffering from alcoholism stoutly refused to take bromide of potassium or any other "confounded medicine." Twenty grains were dissolved in a glass of milk, which he drank readily. "Since then," says Dr. Minich, "I find that twenty grains are entirely disguised by one ounce of milk. I have also found milk a very useful liquid to 'wash down' salicylic-acid wafers. It has always in my hands prevented the burning in the stomach which is so often produced when the acid is given in large and oft-repeated doses."—*Louisville Med. News*.

RARE CASE OF GALL STONES DISCHARGED THROUGH THE SIDE. By Daniel Perley, M. D.—The patient, Matthew Plumsted, harness maker, was born in Norwich, England, A. D. 1800; went to Canada in 1812, came to the States in 1818, and to Lynn in 1835. He had been subject at times to severe pain in the region of the liver for some years, when, in the latter part of the year 1869, an abscess formed in the right hypochondrium, attended with great disturbance of the system. The symptoms were so alarming that, in consultation with my friend the late Dr. B. B. Breed, we decided to make an opening without waiting for any thinning of the integuments. There was an immediate discharge of pus, yellow bile, and small black specks, which were easily rubbed up and became of a bright yellow color. He was somewhat relieved, and continued to improve with the discharge of similar matter, with now and then

a clogging up of the aperture, till in about a month gall stones of various sizes up to that of a cranberry began to issue and continued with volcanic irregularity of rest and activity till December 28, 1873. There has been no eruption since. He is now robust and able to attend to his business in better health than for many years. In a hasty examination of the journals of the last forty years I have been able to find but two cases of the kind.—*Boston Med. and Surg. Journal*, June 22, 1876.

TORSION AND LIGATURE.—At a clinical lecture at the Lariboisière Hospital, M. Tillaux, pointed out the advantages of torsion over the ligature of arteries, and all the other means employed for arresting hemorrhage after the great operations. M. Tillaux stated that up till now torsion had been applied by other surgeons to only small arteries, but he has also applied it to the larger arteries, and after having practised this method for the last five years, he has come to the following conclusions:—1. Torsion is applicable to all arteries, and particularly to the larger ones. 2. A single pair of forceps is sufficient, and not two pairs, as employed in England and elsewhere. 3. The artery should be seized obliquely, and not longitudinally, and in such a manner that the three coats in their entire breadth should be included in the grip. 4. The torsion or twisting of the arteries should then be practised until the portion seized becomes detached. 5. It is unnecessary to adopt measures to limit the extent of the torsion, as practised by Amussat and the English surgeons, as the operation limits itself either to the part seized, or one or two centimetres above it. 6. Torsion is applicable to atheromatous or inflamed arteries, as well as to arteries in a healthy condition. 7. Torsion favours union by the first intention, owing to the absence of a foreign body, as in the case of ligatures. 8. Like the ligature, torsion prevents primary hemorrhage. 9. Torsion acts more effectually than the ordinary ligature in preventing secondary hemorrhage. M. Tillaux asserts that ever since he began to employ torsion, in 1871, he has never had a single case of primary or secondary hemorrhage, and yet he has practised it in about a hundred cases of capital operations.—*Brit. Med. Journal*, May 20, 1876.—*Med. News and Library*.

HOW TO DECIDE THE QUESTION OF OPERATION IN A CASE OF PERI-TYPHLITIS.—The case was one in which well-marked symptoms of peri-typhlitis had been developed, and a hard mass extending from low down in the iliac fossa to above the crest of the ilium could be distinctly mapped out by palpation and percussion. Tenderness was very well developed upon pressure over the same region, and there was arrest of respiratory motion below the umbilicus. Pulse 110, and temperature $101\frac{1}{2}^{\circ}$ F. The patient received a moderate amount of opium,

was kept perfectly quiet in bed, and had local applications of light warm poultices. At the time of our visit he had been in the hospital three days, and had been sick a week before his admission. On the seventeenth day of his sickness there was less pain, the tumor had diminished in size, and it was quite evident that resolution was taking place. That fact led the visiting physician to remark that he had seen several cases of peri-typhlitis which had progressed until it had seemed that suppuration was inevitable, and yet from that point a change for the better had occurred, and resolution had taken place. He regarded it as a matter of great difficulty, in many of these cases at least, to determine the exact time when pus had been formed, and in no case, therefore, would he consent to any surgical operation for the evacuation of an abscess in that region until pus had been detected by means of the aspirator. Under such circumstances the aspirator was regarded as an instrument that could render signal service, and when pus could be reached by the use of the needle, then, and not until then, should recourse be had to any surgical operation of greater severity. In the case before us a good recovery took place.—*Med. Record.*

TOPICAL TREATMENT OF CHRONIC DYSENTERY.

—The reporter narrates three cases of topical treatment of dysentery, followed by cures. They were of several months standing each. The first case, that of a girl fourteen years old, was of six months duration. She was in a very low condition, with a pulse 130 and scarcely perceptible, skin covered with a clammy sweat. Her body had emitted a cadaveric odor for several days; death seemed inevitable. After etherization, a bivalve speculum was introduced into the rectum, and the "mucous membrane was found highly inflamed and studded over with small yellowish ulcers, which, on slight pressure, emitted a colored fluid." Silver nitrate was freely applied to every part of the bowel, as high up as could be reached with the aid of a retractor. This operation was followed by an ability to control the bowel. The appetite was improved, strength increased, and recovery of the vital parts was very speedy. Daily injections of carbolic acid solution (one part to eight of water) were used. In two weeks the patient made a complete recovery. The other two cases were similarly treated and recovery followed.—*N. Y. Med. Journal.*

A NEW APPLIANCE FOR BLOODLESS OPERATIONS.—Mr. H. L. Browne, surgeon to the West Bromwich Hospital, proposes in the *Lancet* for June 3rd, a very useful modification of Esmarch's bandage. A suitable rubber ring is rolled along the limb and over a plug placed on the main artery. This plug is provided with a groove upon its upper

surface which receives the ring and keeps it from shifting. The rings are made of different sizes, as are also the plugs, although the latter are only used over the larger arteries. The apparatus may be used as an ordinary tourniquet, by stretching instead of rolling the ring over the limb and plug.—*Med. News.*

REMOVAL OF THE SPLEEN.—The *Lancet* contains 34 cases of gastrotomy by the well-known Parisian surgeon, M. Pean. The following case is historic and unique:—"September 6th, 1867, cystic tumor of the spleen which was greatly hypertrophied. The surface of the tumour was very vascular. Several portions of the spleen were ligatured and taken away with portions of the tumour; remainder taken away with pedicle, and surface of section cauterised with hot iron. Peritoneum was washed; weight, 1,140 grammes (about 36 ounces). Five litres of liquid charged with leucocytes and cholesterine. Recovery."—*Students' Journal.*

CURIOUS INCOMPATIBILITY.—Chlorate of potassium and iodide of potassium are both entirely harmless in suitable doses. Furthermore, these two salts do not react upon each other in solution, even at a boiling heat; yet it has been proved that when they have been administered together they do combine in the stomach, producing iodate of potassium, which is poisonous. M. Melsens found that dogs could take the chlorate or iodide in doses of from five to seven grammes with impunity, but that a mixture of the two killed them in a few days, with the symptoms of poisoning by iodate of potassium. This combination must, therefore be avoided. Indeed, as a general rule, the chlorate is so unstable, and so ready to give up its oxygen, that it can not safely be combined with any substance capable of oxidation.—*American Journal of pharmacy.*

HAIR-PIN IN THE BLADDER; REMOVAL.—M. Panas reports the following novel method of extraction of a hair-pin from the bladder of a girl: After trying the lithotrite unsuccessfully, the hair-pin was seized by a pair of ordinary dressing-forceps introduced through the urethra. The finger was passed into the vagina and an attempt made to guide the hair-pin. During this attempt one of the points of the hair-pin passed through the vesico-vaginal wall. It was then seized with a pair of forceps and the pin slowly pulled through. M. Panas considers that there is no danger of causing a fistula by this method, and advises, if necessary, pressing both points of the pin through, and the whole up to the neck; if then straightened it can easily be extracted.—*France Medicale.*

Stromeyer, the distinguished German surgeon, died of apoplexy, June 15.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & Cox, 20 King William street, Strand, London, England.

TORONTO, OCT. 1, 1876.

PROVINCIAL BOARD OF HEALTH.

We would desire to call the attention of the members of the profession who have seats in the Ontario Legislature to the propriety and importance of moving at the next session, for the establishment of a Central Bureau with a Minister of Public Health and Vital Statistics. It should be the duty of the officers of the Central Bureau to see that in every city, town, and village a local Board should be established, and that the important duties delegated to them should in every particular be strictly carried out. Medical and sanitary periodicals are at the present, full of interesting information on these subjects, and this literature reflects the thoughts and desires of the profession. Every town and village can have the benefit of this knowledge, by availing itself of the services of an enlightened physician on its Board of Health. He will recognize the special dangers, unseen by others, because it is a part of his daily duties to find them, and his faculties are quickened by use. He goes everywhere, sees the whole territory, more frequently than anyone, knows the characters of the soil, the water, and estimates the power for evil which the ignorance, slovenliness or cupidity of his townspeople suffer to exist about their dwellings in the form of putrescent material. By his personal influence and advice, the laws of health may become available for the use of every family. Nuisances may be reformed, air and water may be kept pure and wholesome, and an unceasing influence may be exercised to preserve for the common good, the great essentials of health, so that no one's bodily comfort shall be disturbed by such neglect as can be remedied by private advice or public authority.

Much needless vexation may also be avoided, by the employment of a medical man on a Board of Health, since he, better than any one, can discriminate between what is, and what is not harmful to the public. The scope of scientific hygiene is not merely to preserve health and prevent the development of disease; it aims also at ameliorating and perfecting the various instruments of life, and at promoting the full development of all the powers of the system. By means of judicious management, we can either moderate or excite the vital powers, augment or diminish their energy, and modify in a variety of ways the form, the size, and the activity of the several parts of the living body. We all know how much has been done in this respect as regards plants and many of the lower animals; may not the human frame, although more curiously and wonderfully formed, be susceptible of somewhat similar changes by a due education of all its powers and faculties? Under the term *regimen* we include not merely the diet, but also the regulation of the dress, exposure to atmospheric changes, and the exercise of the moral and mental powers. It is quite obvious that the substance or tissue of the different organs, must materially depend upon the nature of the food that is taken into the stomach, and the powers of the stomach to assimilate it. We must also consider how much we are all influenced by the conditions of the weather, by the heat or cold of the atmosphere, its dryness or moisture, and by the state of its electricity. The influence of exercise is not less conspicuous; a due degree of it quickens all the powers of nutrition, promotes the development of every part, animates all their functions, and causes the muscular system more especially to be developed with unusual vigor. The effect of the training to which pugilists, jockeys and others submit, in order to bring themselves into condition, is truly remarkable. All the subcutaneous fat becomes quickly absorbed, the muscles become tense, the cellular tissue firm and unyielding, the skin smooth and clear, the abdomen small, the chest full and well-expanded, the sensibility of the body diminished, and the spirits buoyant and elastic. By purging away all offensive materials from the body, by bringing the skin into a soft smooth state by sweating, and by then supplying the system with plenty of wholesome nutritious food, as well as by the regular use of moderate

exercise, can we at all wonder that the body should acquire greater energy and power of endurance? Dr. Forbes Winslow, in his "Health of Body and Mind," urges medical men to make themselves well acquainted with the philosophy of the mind, or in other words with metaphysics. And where can there be a better field than that which is presented to the medical practitioner? He daily mixes with the people, some of whom are sick, some well, all agitated more or less by emotions of the mind. He has just as good an opportunity for studying the mind as the body, and the fact is, that two of our greatest metaphysicians, Locke and Brown, were physicians. From the preceding statements it is not difficult to perceive that some valuable therapeutic suggestions may be derived, and that to the individuals observing them, when death comes it will come as a sleep. Dr. Richardson in his recent work on "Diseases of Modern Life," speaks thus on this subject:—"This purely painless process, this descent by oblivious trance into oblivion, this natural physical death, is the true euthanasia; and it is the duty of those we call physicians to secure for man such good health as shall bear him in activity and happiness onwards in his course to this goal. For euthanasia, though it be open to every one born of every race, is not to be had by any save through obedience to those laws which it is the mission of the physician to learn, to teach, and to enforce. Euthanasia is the sequel of health, the happy death engrafted on the perfect life. When the physician has taught the world how this benign process of nature may be secured, and the world has accepted the lesson, death itself will be practically banished; it will be divested equally of fear, of sorrow, of suffering. It will come as sleep."

WOMAN AS A PHYSICIAN.

It is a circumstance of note, that while women have been pressing into the learned professions in Europe, and the neighbouring States, no such advantages have been sought, and, with one or two exceptions, no one appears to have seriously desired, or attempted to seek an entrance to the medical profession through the schools of medicine in this country.

We notice, however, that in the curriculum of

one institution, by an asterisk and a foot note, the conditions detailed are made to apply to either sex, thus by implication not only throwing open the door, but also virtually extending an invitation to those of the opposite sex who may desire to study and practice the profession of medicine to avail themselves of the opportunity to do so. We do not see that there is any impropriety in women, exceptionally situated and of exceptional characteristics and natural tastes and inclinations, devoting themselves to the pursuit of the higher attainments in education, or even pursuing any of the learned professions. As she is naturally the earliest and the latest minister to mankind's necessities, we cannot see any unsuitableness or impropriety in her becoming an educated and accomplished physician and accoucheur, or in practising her profession when once acquired. The natural astuteness and intuitive faculties with which woman is endowed, together with her sympathetic nature are calculated to adapt her to the profession of medicine in particular, and with a well balanced and logical mind, she should not only be able to cope with the ordinary standard of male physicians, but other things being equal, to outshine them altogether.

The usages of uncivilized nations (and indeed of all civilized nations also) in setting apart the office of nurse and attendant upon the sick, particularly in obstetric practice and the care of children, to which might be added diseases of women, testifies most fully to the fitness, natural adaptation, and suitableness of educated women for the practice of almost every branch of the medical profession, particularly midwifery, diseases of women and children, and hospital care and management. A few might be found of sufficient physical strength and nerve to make good surgeons, but a guarantee might always be relied upon that not many unnecessary operations would be undertaken. On the whole the throwing open of our Colleges to women, and the dissemination of correct medical knowledge among them, must conduce to the well being of society generally, and lead to many important social improvements. Women are allowed to graduate and take degrees in the Scientific, Medical, and Law Schools of England, France, Germany, Italy, Russia, Switzerland, Spain, and the United States, and why not in Canada? Neither must this be looked upon as any novelty, for his-

tory informs us that from the earliest times, in certain countries, as in Italy, medical degrees were conferred upon, and medical honors held by women. Indeed so prominent a part have women sometimes taken in medicine that even as early as the ninth century, about 1200 years after Pythagoras, when the famous school of Salernum flourished—a school rigid in enforcing the conditions for medical degrees, and which subjected its candidates to a rigorous examination—we find them even there freely admitted to all the privileges, honors, and opportunities of the school, taking degrees, occupying professorships and contributing to medical literature by writing valuable works on medical subjects.

These physicians promulgated a "Code of Ethics," and a "Code of Health." Two of the maxims of the former being, first, "The physician shall refuse all fees from the poor," and second, "He shall receive no share in the profits of the apothecary." While as to the latter, which has been translated by Dr. John Ordonaux under the title "Code of Health, school of Salernum," the translator says:—"The wisdom and justice of allowing every human being to fill whatever sphere in life, God has endowed him or her with a fitness for, was a dogma in the Salernian ethics which might be profitably imitated in this day of superior intelligence." And the safety of doing so was fully indicated in the writings of these female physicians, who proved themselves the most conservative and orthodox of writers as they must have been of teachers. He is also of opinion that "the articles translated on air, food, sleep, exercise, and other primary conditions of health, are treated with so much insight and judgment as to suggest important sanitary rules in preventing disease and in curing the sick." A college for the higher education of women has been established in Northampton, Mass., U.S. A course of lectures upon the higher branches of education has also been established in connection with McGill College, Montreal, and experience shows that they are as capable of engaging in the study of advanced science as men. In the department of general hospital practice, obstetrics, diseases of women and children, women should be able to become as highly gifted in point of knowledge as men, and where the necessary health and physical strength exists, their success in practice should be very satisfactory in densely populated districts.

If, therefore our "sisters" have a fancy for a learned profession, by all means let them have "a fair field and no favor," and the result will determine the correctness or falsity of the undertaking.

MEDICAL CONFERENCE.

A meeting of the Joint Committee of Conference of the Canadian and American Medical Associations met in Philadelphia on the 2nd ult., a couple of days before the meeting of the International Medical Congress. The following gentlemen were present: Drs. Grant, Trenholme, F. W. Campbell and Robillard of Canada, and Drs. Gross, Bowditch, Andrews, Hodgen and Atkinson of the United States.

Dr. Grant of Ottawa was chosen to preside and Dr. Atkinson acted as secretary. The following resolution copied from the minutes of the Canadian Medical Association of 1874, was read in explanation of the objects of the Conference:— Moved by Dr. Grant, and seconded by Dr. Hingston, "that in consideration of the best interests of medical science, it is desirable that a medical conference should take place between the American and Canadian Medical Associations at some central point, to be determined upon, and that the American Medical Association be advised as to the desirability of thus becoming more intimately acquainted and affording an opportunity, for the discussion of medical and surgical subjects on a common basis.

At a subsequent meeting of the American Medical Association this idea was reciprocated, and a committee appointed to meet with a like committee from the Canadian Medical Association.

Dr. Grant, in an able speech, explained more fully the desires of the Canadian Medical Association. A discussion followed in which Drs. Campbell, Trenholme, Bowditch, Andrews and Gross, took part.

Dr. Andrews then moved, "that in the opinion of this Conference, the interests of medical science will be promoted by a consolidation of the Canadian and American Medical Associations in one body. *Carried.*

On motion of Dr. Gross, it was unanimously resolved, that the Presidents of the American & Canadian Medical Associations respectively, be requested to embody this idea properly and em-

phatically in their Annual Addresses. After a vote of thanks to the President and Secretary, the Conference adjourned.

THE SYNTHETIC METHOD OF PRODUCING SALICYLIC ACID.—The new method of producing salicylic acid by synthesis, is due to Prof. Kolbe, who undertook a series of researches to establish the isomerism between salicylic and benzoic acids. For his experiments he required salicylic acid in large quantities, and to meet his wants he tried to select a cheap process of preparing it. Abandoning the process for extracting the substance from the oil of gaultheria procumbens (of which it is a constituent in small percentage) he was led to employ carbolate of soda and carbonic acid gas, and after a series of experiments, succeeded in determining the conditions of production. The manufacturing process now practised is as follows:—A saturated solution of soda in carbolic acid—phenate or carbolate of soda—is evaporated in a shallow iron vessel and dried until it can be reduced to a fine powder. This is then put into an iron retort and slowly heated by means of an oil bath to the boiling point of water; then a light current of dry carbonic acid is passed through it. During the passage of the gas the temperature is gradually raised, reaching 180°C [336°F] some hours afterward. During this part of the process phenol begins to distil over, and as the temperature is raised it comes over in increasing quantities. At last the temperature is raised to 200°C., 250°C.—[392°F., 482°F.]—the passage of carbolic acid then ceases, when it is found that exactly half the quantity of carbolic acid employed in making the carbolate of soda has passed over. The contents of the retort, after the operation is over, is salicylate of soda. It dissolves readily in water with a dark brown colour. On the addition of hydrochloric acid, the salicylic acid is precipitated in the form of a thick curd. This is dried on a linen cloth, or the mother liquor pressed out as well as possible. It is afterwards purified by recrystallization. A full account of the process, of which the foregoing is an abstract, is contained in a German magazine, the *Vierte Gahrsschrift fur Zahnheilkunde*, page 20, 1876:—Besides the uses of salicylic acid in medicine, it has its uses in the arts as an antiseptic, notably for the conservation of

wines, etc. Combined with methyl alcohol it produces an oil, which, in its physical and chemical properties is identical with oil of wintergreen.

AMERICAN MEDICAL COLLEGES.—A convention of representatives of the Medical Colleges of the United States was held in Philadelphia in June last, the object of which was to consider all matters relating to reform in medical college work. The faculty of each medical college was requested to send one or more delegates; a large number complied. Prof. J. B. Biddle of Jefferson College was elected President, and Dr. Connor of Detroit Secretary. Before proceeding to business the following resolution was put and carried: "That the action of the Convention shall not be considered binding upon the colleges represented, unless endorsed by their respective faculties." This action which was severely criticised in some quarters, was rendered necessary, from the fact that many of the subjects for discussion were for the first time brought under the notice of the delegates, and they could not be expected to know the minds of their representatives. The first question before the meeting, was one regarding the beneficiary system, which was condemned by the Convention. It was resolved that no two consecutive courses of Lectures in one year should entitle the students to go up for graduation, and a recommendation was adopted, to extend the period of medical study to three courses of lectures graded somewhat similar to that in force at Harvard University. It was further resolved, that no degree in medicine be conferred, except after an examination in all the branches of medicine.

NERVE STRETCHING IN TETANUS.—In a case of tetanus which occurred in the Montreal General Hospital, Dr. Drake cut down upon the sciatic nerve and stretched it. The patient was then put upon chloral hydrate and calabar bean. The operation seemed at first to afford considerable relief to the patient, but after a time the spasms returned and he ultimately died of lockjaw.

BRANT COUNTY MEDICAL ASSOCIATION.—The quarterly meeting of this Association, was held in the Kerby House, Brantford, on Tuesday, Sept. 5th. The following gentlemen were elected officers for the ensuing year: Dr. Digby, *President*; Dr. Philip, *Vice-President*, Dr. Harris, *Secretary* & *Treasurer*.

Y
pres
ragi
Bru
titut
the
at 5
viou
bein
som
ber.
mid
Rich
citie
D
It h
the
show
rem
of F
fact,
und
blin
term
E
St. 7
scap
dron
The
mad
antis
wool
E
G. K
Fou
uter
wom
had
was
was
Mar
W
AND
in h
all t
ing t
reme

YELLOW FEVER IN THE SOUTH.—There is at present a very serious epidemic of yellow fever raging in the South, especially in Savannah and Brunswick, Ga. The suffering from fever and destitution is reported very great and alarmingly on the increase. The mortality in Savannah is stated at 56 daily, which is much larger than at any previous visitation, the highest figure reached in 1854 being 51. The epidemic is likely to continue for some time yet, probably till the month of November. The epidemic of 1854 lasted until about the middle of November. Relief is being sent in from Richmond, New Orleans, Washington and other cities.

DELIRIUM TREMENS FROM MORPHINISM.—It has been observed that patients, accustomed to the use of morphine for a length of time, have shown symptoms of delirium tremens when the remedy was suddenly withdrawn. Dr. Levinstein, of Berlin, (*Klin. Woch.*, April 3,) alludes to this fact, and refers to two cases which lately came under his notice, in which the symptoms resembling delirium tremens were very marked. He terms the affection "delirium from morphinism."

EXCISION OF THE SCAPULA.—Dr. McCormac, of St. Thomas's Hospital, lately removed the entire scapula and part of the clavicle for a myxo-chondromatous tumour, which weighed six pounds. There was very slight hæmorrhage, and the patient made a good recovery. The wound was treated antiseptically and the surface dressed with cotton wool dipped in a solution of salicylic acid.

EXTIRPATION OF THE UTERUS & OVARIES.—Dr. G. Kimball gives the notes (*Boston Med. & Surg. Journal*), of a successful case of extirpation of the uterus and ovaries for fibro-cystic disease. The woman was about 37 years of age, and the tumor had been growing since April '74. The operation was performed on Jany. 5th, '76, and the patient was up and going about the house on the 1st of March.

WASHING SODA AS A REMEDY FOR DIARRHŒA AND DYSENTERY.—A few grains of this dissolved in luke-warm water, and drank occasionally, is all that is necessary to cure diarrhœa, &c., arising from acidity of the stomach. This was the sole remedy used by a famous English empiric.

FOR WHOOPING COUGH.—The latest remedy for whooping-cough, is Spanish chesnut leaves. It is given in the form of infusion of the leaves, 1 to 2 ounces to the pint. Dose one to two tablespoonfuls every two or three hours.

MIDWIFERY ENGAGEMENTS.—In England a medical man can claim by law an obstetric fee if previously engaged to attend the case, even if the birth takes place in his absence.

CINCHO-QUININE, STRYCHNINE AND IRON.—The following is an elegant combination of these valuable remedies, and has been found to produce the most favorable results :

R—Cincho-quinine,	64 grs.
Strychnine,	4 grs.
Tr. ferri mur.,	ʒ xvij.
Syrup,	q. s.—m.

Triturate the cincho-quinine and strychnine in a glass mortar, adding the tincture of iron gradually and a few drops of nitric acid if necessary, until they are dissolved ; filter, and add syrup to make the finished preparation measure one pint.

Dr. T. Millman of Woodstock, Ontario has been appointed resident Accoucheur to St. Thomas' Hospital, London. This appointment is a very valuable one, and is considered a post of honour. We congratulate him on his success. There are fifteen Canadians at present at St. Thomas's.

SYRUP OF SALICYLIC ACID.—In giving this acid the annexed formula, for a syrup, has been suggested.

R. Salicylic acid	ʒ ss.
Oil of sweet almonds	ʒ x.
Gum arabic	ʒ x.
Syrup of almonds	ʒ xij.
Orange-flower water:	ʒ xij.—m.

RIGHT.—"All I have had to do I have done in kingly fashion ; I let tongues wag as they pleased : what I saw to be the right thing—that I did."—*Goethe*.

APPOINTMENTS.—C. E. Jakeway, M.D., of Stayner, to be an Associate Coroner for the County of Simcoe. R. W. Forrest, M.D., of Mount Albert to be an Associate Coroner for the Counties of York and Ontario. George Boddington, M.D., Sparta, to be an Associate Coroner for the County of Elgin. J. R. Reece, M.D., of Huntsville, to be an Associate Coroner for the county of Muskoka.

New Instruments.



SPIRAL-SPRING PESSARY.—The above wood-cut shows the structure of the spiral-spring pessary. It consists of seven or eight coils of rounded thin whalebone, over which is wound spirally brass spring wire, until it is completely encircled. It is then covered with rubber of exceedingly smooth surface. The spiral-spring pessary will not break, nor lose its shape; it can be doubled up in any form, or looped, without injuring it in the least. It gives more equable and easy pressure than any other variety of pessary, and is very durable. They can be manufactured of all shapes and patterns according to the necessities of the case, and are far superior to hard rubber, which are very rigid and therefore inconvenient for the patient. The price varies from 75c. to \$1.50 each, according to shape.

Reports of Societies.

INTERNATIONAL MEDICAL CONGRESS.

The meeting of this Medical Congress was successful far beyond the anticipations of its most sanguine friends. There were upwards of 450 members present, 70 of whom were foreigners. Among those from foreign countries may be mentioned, Drs. Adams, Pres. London Med. Society; Barnes, N. Brudenell Carter, Ophthalmic Surgeon, Brunton, editor of the *Practitioner*, and Davy, Sec.

Lon. Med. Society; Drs. Lister, A. R. Simpson, and Robertson of Edinburgh; Drs. Barker and Tufnell, of Dublin, Dr. Barroeto, Mexico; Dr. Debaisieux, Louvain; Drs. Englested, Hansen, and Lange, Copenhagen; Dr. Estlander, Finland; Dr. Gori, Amsterdam; Dr. Hjort, Norway; Dr. Hudson, Australia; Dr. Hueter, Griefswald; Drs. Ishigouro, Miyake, and Nagayo, Japan; Dr. Melero, Havana; Dr. Rawson, Buenos Ayres; Dr. Rudnew, St. Petersburg, &c. The following delegates were present from Canada:—Drs. Grant, Henderson, Church and Wright, Ottawa; Drs. Howard, Hingston, F. W. Campbell, Trenholme, Dugdale, Wilkins and Robillard, Montreal; Drs. Hodder, Thorburn, Canniff, Rosebrugh, Ross, Temple, Oldright and F. H. Wright, Toronto; Drs. McDonald, Rosebrugh, Leslie and Woolverton, Hamilton; Drs. Holmes, Bray, and Murphy, Chatham, Drs. Reid, Woodill, and Dodge, Halifax, N.S.; Dr. Brouse, Prescott; Dr. J. R. Dickson, Kingston; Dr. Hamilton, Cornwallis, N. S.; Dr. Burt, Paris; Dr. McLean, Goderich; Dr. Robertson, Milton; Dr. Yeomans, Mount Forest; Dr. S. S. Earle, St. John, N. B., and several others whose names we have not learned. At the opening Dr. Gross of Philadelphia presided. In his address of welcome, alluding to the many nationalities represented in the Congress he said: "In its wide range the present Congress is without a parallel. Similar bodies have repeatedly met, but never on so grand a scale, nor with such a cosmopolitan outlook."

The following officers were then appointed:—Dr. S. D. Gross, *President*, and Dr. Hays, *General Secretary*.

SECTION ON MEDICINE.—Dr. Stille, *President*, Drs. Howard, (Montreal), and Woodward, U.S.A., *Vice do*.

SURGERY.—Dr. Lister, *President*, Drs. Grant (Ottawa), and Ashurst, *Vice do*.

OBSTETRICS.—Dr. Barnes, *President*, Drs. Simpson and Bedford, *Vice do.*, &c.

BIOLOGY.—Dr. Dalton, *President*, Drs. Flint, Jr., and F. W. Campbell, (Montreal), *Vice do*.

DERMATOLOGY.—Dr. J. C. White, *President*.

OPHTHALMOLOGY.—Dr. Brudenell Carter, *President*.

SANITARY SCIENCE.—Dr. Stephen Smith, *President*.

OTOLOGY.—Dr. C. J. Black, *President*.

MENTAL DISEASES.—Dr. J. P. Gray, *President*.

During
nominati
cine" wh
cine in t
the close
modesty
mention
The C
tions.
In the
Typho-m
was intro
Woodwa
sion, the
a conven
combined
Dr. J.
discussio
Pseudo-n
clined to
did not
subject.
Dr. De
elaborate
tudes on
Dr. R.
paper on
Dr. Reic
Teaching
The
Science"
In the
paper on
Flint, Jr.
of the Li
In the
discussio
a very an
Hingston
and othe
published
Dr. L
surgery,
consecuti
attention
spray pro
in solutio
antiseptic
prepared
water, an

During the deliberations of the committee on nominations, Dr Flint read the address on "Medicine" which was a review of the history of medicine in the U.S., during the past 100 years. At the close of the address, Dr. Gross referred to the modesty which had led Dr. Flint to pass over all mention of his own great works.

The Congress now proceeded to meet in Sections.

In the Section on Medicine, the subject of Typho-malarial Fever, Is it a special type of fever? was introduced for discussion by a paper from Dr. Woodward. U.S. A. After considerable discussion, the section resolved that it was not, but was a convenient term to apply to the result of the combined influences of malaria and typhoid.

Dr. J. L. Smith, of New York, introduced the discussion on the question "Are Diphtheritic and Pseudo-membranous Croup identical?" He inclined to the view that they were; but the section did not arrive at any definite conclusion on the subject.

Dr. Denison, of Denver, Colorado, read a very elaborate paper on "The Influence of High Altitudes on the progress of Phthisis."

Dr. R. P. Howard, of Montreal, read an able paper on "Progressive Pernicious Anæmia," and Dr. Reid, of Halifax, N.S., one on "Medical Teaching."

The address on "Hygiene and Sanitary Science" was delivered by Dr. Bowditch, Boston.

In the Section on Biology, Dr. Johnston read a paper on the "microscopy of the blood," and Dr. Flint, Jr., read one on "The Excretory Functions of the Liver."

In the Surgical Section, Dr. Hodgen opened the discussion on "Antiseptic surgery." This led to a very animated discussion in which, Drs. Lister, Hingston, Grant, Canniff, Atlee, Hewson, Ashurst, and others took part. This discussion will be published in the volume of transactions.

Dr. Lister, closed the debate on antiseptic surgery, addressing the section for three hours consecutively, and received the most marked attention. He exhibited his ordinary dressing, spray producer, &c. He uses pure carbolic acid in solution, 1 to 20 of water. He described his antiseptic ligature. It is made of catgut, and is prepared by immersing it in chromic acid, glycerine, water, and spirits of wine. Dr. Van Buren read a

paper on the "Medical and Surgical treatment of Aneurism." He favored compression and the application of Esmarch's bandage, and alluded to Tufnell's method of medical treatment, by rest, position, and iodide of potassium.

Dr. Sayre read a paper on the treatment of "Coxalgia," in which he stated that this was almost invariably a disease of childhood, and was of traumatic origin, and that the operation of excision was not attended with danger. The section did not endorse his views in reference to the origin of the disease. Dr. Gouley, of New York, read a paper on "Subperiosteal excision of the Inferior Maxilla. In one case he removed the entire jaw, and when last seen, $7\frac{1}{2}$ years after the operation, the bone was almost entirely reproduced. He referred to the intra-buccal operation which offers many advantages.

Dr. Adams, of London, then read a paper on "Subcutaneous Division of the Neck of the Femur," for ankylosis of the hip when in a false position, as for example, the straight position, preventing the patient from sitting on a chair or commode. An incision is made down to the bone, the periosteum divided, and the saw, a blunt pointed one, carried down along the blade of the knife, and the neck divided across at right angles to the longitudinal axis; the weight and pulley is then applied and a false joint established by passive motion. In the Section on "Obstetrics, Dr. Byford read a paper on "The Causes and Treatment of Non-Puerperal Hemorrhages of the Womb." In regard to treatment, he had little faith in astringents by the month, and recommended rest, position, cold applications and acid drinks, and opium if pain be present. Alteratives as hydrarg bichloride, he has found useful in many cases.

Dr. Holmes, of Chatham, read an interesting paper "On the Management of Convulsions in Children depending on a High Temperature of the Body." He deprecated internal remedies, except quinia, and considered cold water the most efficacious agent, when the temp. was 100° F. Tepid water should first be used, and cold water gradually added until the temperature is reduced to 60° F.

Dr. Miner read a paper on the "Enucleation of Ovarian Tumors," and Dr. Atlee, one on "The Treatment of Fibroid tumors of the Uterus." The

medical treatment recommended by him consisted of iron, ergot, iodine, and muriate of ammonia.

Dr. Lusk, of New York, read a paper on the "Nature, Causes and Prevention of Puerperal Fever." Dr. Simpson, in the discussion that followed, said, that it was often only a typhoid fever occurring in the puerperal state. He recommended vinegar as an excellent disinfectant for washing the hands.

Dr. Fitch, of New York, read a paper on "Paracentesis, Aspiration and Transfusion." He spoke very highly of the "Dome shaped trocar" in paracentesis. Dr. Trenholme, of Montreal, presented a paper on "Uterine Hemorrhage," and Dr. White, of Buffalo, one on "Chronic Inversion of the Uterus."

Many other valuable papers were read in the different sections, to which we cannot now allude. The social side of the congress was equally successful and entertaining. The dinner on Friday night was a grand affair, and was largely attended. Receptions were held every evening, by members of the profession, and others in Philadelphia, and many private dinners were given. Before the close of the session, the delegates from Canada moved a resolution thanking the members and citizens of Philadelphia for the kind and hospitable manner in which they had been treated.

Book Notices.

AN ELEMENTARY TREATISE ON DISEASES OF THE SKIN, by H. G. Piffard, A.M., M.D., New York, with illustrations. New York: McMillan & Co.

This to all appearance is a very useful little work, and contains all that is necessary for a student commencing the study of skin diseases. He adopts the following classification:—1st. diathetic affections, as syphilides, scrofulides, rheumides, and their varieties. 2nd. General non-diathetic affections. 3rd. Reflex affections. 4th. Local affections. 5th. Affections of uncertain nature. The above classification seems a very good one, as it is based on the natural or etiological system. The treatment of the different affections has received a good deal of attention from the author. On the whole we are very well pleased with the book, and would recommend it to our young friends beginning the study.

MICRO-PHOTOGRAPHS IN HISTOLOGY, normal and pathological, by Carl Seiler, M.D. Philadelphia: J. H. Coates & Co.

Number four of this serial has reached us, and is without exception, the best yet issued. It contains two physiological and two pathological photographs, with accompanying descriptive texts. We wish the publishers every success in their new enterprise.

THE MEDICAL JURISPRUDENCE OF INSANITY, by J. H. Balfour Browne, Esq., of the Middle Temple, London, Eng. Second edition. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

This is an exceedingly useful book to those who have frequent occasion to give evidence before the courts on matters touching the question of sanity or insanity. The work discusses the causes of insanity; the capacity and responsibility of the insane; capacity to make wills or contracts; the classification of insanity; dipsomaniac epilepsies; lucid intervals; feigned insanity; admissibility of the evidence of the insane; examination of persons of unsound mind; medical experts; *advice to medical witnesses* in the witness box, &c. Numerous references are made throughout the work to legal decisions in English and other courts. We cannot commend the work too strongly, to all who feel an interest in this subject.

THE MEDICAL HISTORY OF WEST AFRICAN CAMPAIGNS, by A. A. Gore, late 34th Regiment; Sanitary Officer during the Ashantee War. London: Ballaire, Tindall & Cox.

Subscribers who have not yet sent in their subscriptions for last year, are respectfully reminded of the omission.

Births, Marriages, and Deaths.

At Bruce Mines on the 7th Sept., by Rev. T. H. Appleby, M.A., assisted by the Rev. J. Widmer, M.D., John Alexander Reid, M.D., to Annie, eldest daughter of George Marks, Esq.,

At Woodbridge on Monday September 4th Maud Mary Douglas, daughter of Dr. Wilkinson, aged two years and 6 months.

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

THE

MED

VOL. IX

ON T

BY F.

In v
otomy i
only a
absolute
period,
ovarian
is the o
of oper
have ve
compar
ployed
has bee

For t
ous for
embraci
extremi
walls; t
ment a
the pelv
may be
Spencer
forms, o
a needl
parts of
pedicle
preventi
same tir
incision
whateve
hemorrh
preventi
This cla

* Read bef

PURE COD-LIVER OIL,

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. CASWELL, HAZARD & Co. also call the attention of the Profession to their preparation of the above estimable Tonics as combined in their elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya, never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from ITS ALKALOIDS OR THEIR SALTS—being unlike other preparations called "Elixir of Calisaya Bark with Iron." Each dessert-spoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

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 table-spoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

CASWELL, HAZARD & CO., CHEMISTS AND DRUGGISTS, New York.

T. MORSON & SON,

31, 33 & 124 SOUTHAMPTON ROW, RUSSELL SQUARE, W.C.

WORKS: HORNSEY ROAD, N., & SUMMERFIELD WORKS, HOMERTON E., LONDON,

MANUFACTURERS OF

Pure Chemicals and all New Medicines.

SPECIALTIES.

- MORSON'S PEPSINE PREPARATIONS. (The Original English Manufacturers.)
- MORSON'S PEPSINE PORCI, Pure.
- MORSON'S PEPSINE POWDER, or POUDRE NUTRITIVE.
- MORSON'S PEPSINE WINE.
- MORSON'S PEPSINE LOZENGES.
- MORSON'S PEPSINE GLOBULES.
- MORSON'S PANCREATINE POWDER.
- MORSON'S PANCREATIC EMULSION.
- MORSON'S PANCREATIZED COD LIVER OIL.
- MORSON'S SACCHARATED WHEAT PHOSPHATES.
- MORSON'S CREOSOTE, from WOOD TAR. (The only English Makers.)
N.B.—Test of Purity—Insoluble in Price's Glycerine.
- MORSON'S GELATINE. (The most economical substitute for Isinglass.)
- MORSON'S CHLORODYNE.
- MORSON'S EFFERVESCING CITRATE OF MAGNESIA.
- MORSON'S ARTIFICIAL ESSENCES for Flavoring.
- MORSON'S MORPHIA SALTS.
- MORSON'S CHLOROFORM, Pure and Meth.
- MORSON'S SP. ETHER NIT. P.B.
- MORSON'S SP. AMMON. AR. P.B.
- MORSON'S GINGERINE and ALOINE.

Sold Wholesale and Retail by all Chemists and Druggists throughout the World.

THE IMPROVED TROMMER'S EXTRACT OF MALT

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 (Diastase), 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,
Prof. of Analytical and Applied Chemistry."

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 Niemeyer, 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 *Diastase* 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:

Improved

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.

Improved

TROMMER'S EXTRACT OF MALT, WITH CITRATE OF IRON AND QUINIA.

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.

Improved

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.

Improved

TROMMER'S EXTRACT OF MALT, with the IODIDES OF IRON and MANGANESE

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.

Improved

TROMMER'S EXTRACT OF MALT, with ALTERATIVES.

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.

PREPARED BY

TROMMER'S EXTRACT OF MALT CO.,

FREMONT, OHIO.

For Sale by Wholesale Druggists throughout the United States and Canada.

University of the City of New York.

MEDICAL DEPARTMENT.

410 East Twenty-sixth St., opposite Bellevue Hospital, New York City.

THIRTY-SIXTH SESSION, 1876-77.

FACULTY OF MEDICINE.

REV. HOWARD CROSBY, D.D., LL.D.,
Chancellor of the University.

MARTIN PAINE, M.D., LL.D.,
Emeritus Prof. of Materia Medica and Therapeutics.

ALFRED C. POST, M.D., LL.D.,
Emeritus Prof. of Clinical Surgery; President of the Faculty.

CHARLES A. BUDD, M.D.,
Emeritus Prof. of Obstetrics, Diseases of Woman & Children.

JOHN C. DRAPER, M.D., LL.D.,
Prof. of Chemistry.

ALFRED L. LOOMIS, M.D.,
Prof. of Pathology and Practice of Medicine.

WILLIAM DARLING, A.M., M.D., F.R.C.S.,
Prof. of Anatomy.

WILLIAM H. THOMSON, M.D.,
Prof. of Materia Medica and Therapeutics.

J. W. S. ARNOLD, M.D.,
Prof. of Physiology.

JOHN T. DARBY, M.D.,
Prof. of Surgery.

CHARLES INSLEE PARDEE, M.D.,
Prof. of Diseases of the Ear; Dean of the Faculty.

FANEVIL D. WEISSE, M.D.,
Prof. of Practical & Surgical Anatomy.

R. A. WITTHAUS, JR., M.D.,
Associate Prof. of Chemistry & Physiology.

J. WILLISTON WRIGHT, M.D.,
Lecturer on Obstetrics, Diseases of Women & Children.

JOSEPH W. WINTER, M.D.,
Demonstrator of Anatomy.

POST GRADUATE FACULTY.

J. W. S. GOULEY, M.D.,
Prof. of Diseases of the Genito-Urinary System.

MONTROSE A. PALLEN, M.D.,
Prof. of Gynaecology.

HENRY G. PIFFARD, M.D.,
Clinical Professor of Dermatology.

THE COLLEGIATE YEAR is divided into two Sessions—a regular Winter Session, and a Spring Session. The latter is auxiliary to the former, and the design of the Faculty is to furnish instruction to medical students throughout the year. Attendance on the regular Winter Session is all that is demanded of the candidates for graduation. Those who attend the other session receive a CERTIFICATE OF HONOR, as having pursued voluntarily a fuller course than usual.

THE SPRING SESSION is principally of a practical and clinical character, and affords particular facilities to students who have already taken one course in schools where such practical advantages exist to a less extent. The course consists also partly of lectures and examinations on the subjects necessary for graduating in medicine, conducted by the Professors of the regular Faculty and their assistants. These examinations will be addressed to both first and second course students. For the purpose of making the visits to the wards of the Hospitals as available as possible, the class is divided into sections. One division at a time is instructed in Practice, Diagnosis, Prescription, and Treatment of Patients. The course begins early in March, and continues till the middle of May, when the SUMMER COMMENCEMENT is held. During the Summer the College Clinics are kept open.

THE PRELIMINARY WINTER SESSION commences September 13th, 1876, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION occupies four and a half months—commencing on September 27th, and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital Clinics. It is opposite the gate of Bellevue Hospital, on Twenty-sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of out-door Medical Charity, and the Hospital Post-mortem Rooms are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals. Besides the Hospital clinics, there are eight clinics each week in the College building.

THE POST GRADUATE COURSE is to consist of lectures delivered by the Professors of the several departments in the College building during the regular Winter Session, illustrated by clinics held in Hospitals and at the College. After an attendance of one Session on these lectures, any candidate who is already a graduate of a recognised Medical College can obtain a Diploma Certificate, countersigned by the Chancellor of the University and the Dean of the Faculty of the Medical Department, and by four or more Professors of the Post Graduate Course, to the effect that the candidate has passed an examination by them in their respective branches of special medical instruction. The fee for the Diploma Certificate is \$30. This course will begin September 27th.

The Faculty desires to call attention particularly to the opportunities for dissection. Subjects are abundant, and are furnished free of charge, and the Professor of Anatomy spends several hours each day in demonstration in the dissecting-room.

FEES FOR THE WINTER COURSE.

For course of Lectures	\$140 00
Matriculation	5 00
Demonstrator's fee including material for dissection	10 00
Graduation Fee	30 00

FEES FOR THE SPRING COURSE.

Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course will be required to pay the Matriculation Fee and \$30; and, should they decide to become pupils for the winter, the \$30 thus paid will be deducted from the price of the winter tickets.

For further particulars and circulars, address the Dean.

Prof. CHAS. INSLEE PARDEE, M.D.,
University Medical College, 410 East 26th St., New York City.

Electrical Instruments for Medical Use.

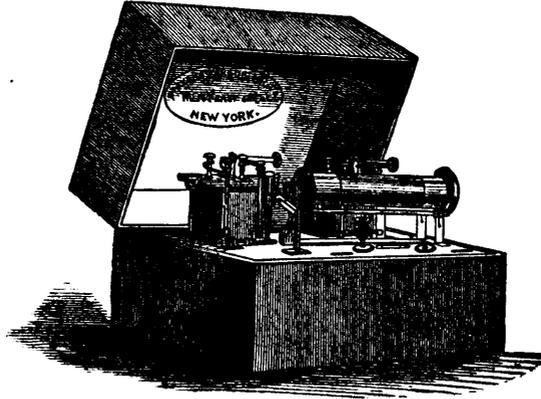
We respectfully refer to the following Eminent Physicians :

BOSTON.
Prof. Francis Minot, M.D.
H. H. A. Beach, M.D.

CHICAGO.
Prof. N. S. Davis, M.D.
Prof. James S. Jewell, M.D.

DETROIT.
Prof. Theo. A. McGraw, M.D.
Prof. James F. Noyes, M.D.
Prof. Albert B. Lyons, M.D.
Prof. Leartus Connor, M.D.

ST. LOUIS.
Prof. J. K. Bauday, M.D.
Prof. Jas. B. Johnson, M.D.



NEW YORK CITY.
Prof. W. A. Hammond, M.D.
Prof. Lewis A. Sayre, M.D.
Prof. James R. Wood, M.D.

PHILADELPHIA.
Prof. Robert E. Rogers, M.D.
Prof. B. Howard Rand, M.D.

CANADA.
Dr. Theo. Mack, M.D., St. Catharines.
Dr. Fife Fowler, M.D., Kingston
Dr. John R. Dickson, M.D., Kingston.
Dr. B. H. Lemon, M.D., Toronto.
Drs. Orton & Alexander, M.D., Hamilton.
Dr. A. Wolverton, M.D., Hamilton.
Dr. J. Fulton, M.D., Toronto.

Galvano-Faradic Manufacturing Company,

167 EAST 34th STREET, NEW YORK.

FOR SALE BY LYMAN BROS., TORONTO.

Send for Catalogue, with a concise and practical Guide for their use.

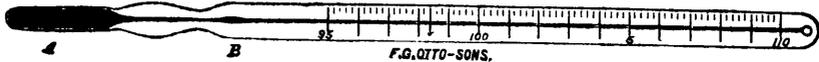
F. G. OTTO & SONS,

(Successors to OTTO & REYNDERS.)

MANUFACTURERS & IMPORTERS OF

Surgical Instruments and Orthædical Appliances.

Fig. 12.



THE RESERVOIR THERMOMETER.—The advantages this Thermometer possesses over all others, consist in the Reservoir B, in which the registering part of the mercury is collected, forming a body of oblong shape. The surface of this body being large in comparison to the contracted bore, makes it impossible to unite the register with the mercury in the bulb A.

These Thermometers are well seasoned before graduating, and, consequently, are as correct as they can be made.

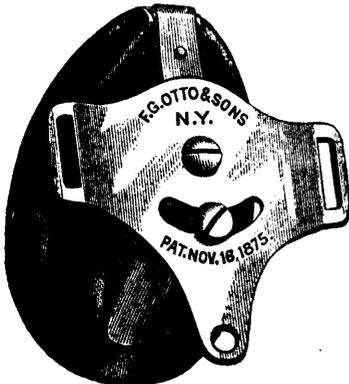
PRICES:

Four inch in fifths,	\$4.25
“ “ “ fourths,	4.00
Five “ “ fifths,	4.75
“ “ “ fourths,	4.50

In Hard Rubber or Boxwood Case, and will be forwarded on receipt of price.

F. G. OTTO & SONS' PATENT TRUSS

Has been described in several medical journals, and has since proved to be by far the best of any yet put before the profession.



G. Otto & Son's Patent Truss Pad.

SKELETONS, ANATOMICAL PREPARATIONS, &c.

64 CHATHAM STREET, NEW YORK.

SEND FOR PRICE LISTS.

BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

SESSIONS OF 1876-77.

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 13, 1876, 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, September 27, 1876, and end about the 1st of March 1877.

Faculty:

ISAAC E. TAYLOR, M.D., Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College.
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.
W. H. VANBUREN, M.D., Prof. of Principles and Practice of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
EDMUND R. PEASLEE, M.D., LL.D., Prof. of Gynecology.
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.
R. OPHEUS S. CROSBY, M.D., Prof. of Descriptive and Surgical Anatomy.
R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology, Diseases of the Nervous System and Clinical Medicine.
EDWARD G. JANEWAY, M.D., Prof. of Pathological Anatomy and Histology.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otolaryngology.
JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.
EDWARD L. KEYES, M.D., Professor of Dermatology, and adjunct to the Chair of Principles of Surgery, etc.
EDWARD G. JANEWAY, M.D., Professor of Practical Anatomy. (Demonstrator of Anatomy.)
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.
A. A. SMITH, M.D., Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. 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
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	25 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.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address

PROF. AUSTIN FLINT, JR.,

Secretary Bellevue Hospital Medical College.

Dr. J. Collis Browne's Chlorodyne

IS THE ORIGINAL AND ONLY GENUINE.

ADVICE TO INVALIDS.

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

CHLORODYNE,

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

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

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

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

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

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

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

Extract from *Indian Economist*.

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

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

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

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

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

From Dr. THOMAS SANDIFORD, Passage West, Cork.

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

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

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

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

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

CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

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

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

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

Chemists throughout the land confirm this decision that Dr. J. C. BROWNE was the Inventor of CHLORODYNE.

Sold in Bottles at 1s 1½d., 2s 9d., 4s 6d., each. None genuine without the words "Dr. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp. Overwhelming Medical Testimony accompanies each bottle.

SOLE MANUFACTURER—J. T. DAVENPORT, 33 GREAT RUSSELL STREET, BLOOMSBURY, LONDON

GEORGE TIEMANN & CO.,

F. A. STOHLMANN. ESTABLISHED 1826. ED. PFARRE

67 CHATHAM STREET, NEW YORK,

MANUFACTURERS AND IMPORTERS OF

SURGICAL INSTRUMENTS,

Apparatus for Fractures, Dislocations and Deformities,
 Latest Instruments for Local Anæsthesia, and for Applications to the Larynx, Posterior Nares, Eustachian Tube, Uterus, Urethra, Bladder, &c., &c. Laryngoscopes, Ophthalmoscopes, Endoscopes, Hypodermic Syringes, Fever Thermometers, &c. Surgical Instruments of all kinds made to order, and the Latest Improvements and Novelties promptly supplied.

TWO SILVER MEDALS AWARDED

BY THE

PARIS EXPOSITION OF 1867,

BEING THE ONLY SILVER MEDALS GRANTED TO

American Exhibitors of Surgical Instruments.

Dr. Garratt's Electric Disk.



for local Weakness and chronic Pains—if worn by night or day, as a flexible pad, self-applies a constant fine Electric influence, of great power to cure weak Nerves, Joints, Muscles or Organs, as weak Lungs, Throat, Stomach or Back, Sluggish Liver, Rheumatic Heart, Asthma, Congestion in Neck, Head Pains, Weak Kidneys and Pelvic Organs.

Large best Disk, 5 by 8 inches, 24 poles, \$2.50. Childrens, 2 by 5, \$1. Simple Disk, 50cts. Greatly improved in durability. Each Disk is warranted.

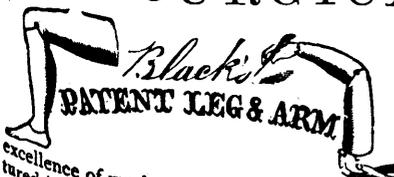
Physicians say, "Garratt's Disk is the only thing for this purpose that is reliable."

Sold by Druggists and Surgical Instrument Dealers.

Sent by Mail on receipt of Price, by A. C. GARRATT, M.D., (Electrician) 6 Hamilton Place, Boston, Mass.

FIRST PRIZE FOR ARTIFICIAL LIMBS

SURGICAL APPLIANCES.



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

JAMES AUTHORS,
 16 King Street East, Toronto.

TORONTO, Sept. 17, 1874.

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

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

CUTLER'S POCKET INHALER.

AND

Carbolate of Iodine Inhalants



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

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

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

"On the whole, this Inhaler seems to me, to accomplish its purposes, by novel, yet by the most simple and effectual means; to be philosophical in conception, and well carried out in the execution."

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

Price \$2, including Inhalant for two months' use. Neatly put up and sent by mail free, on receipt of price. Extra bottles of Inhalant, 50c. Liberal discount to the trade. Kept by all druggists. Send your address and receive our descriptive circular, post-paid.

W. H. SMITH & CO.,

402 and 406 Michigan St., Buffalo, N. Y.

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

ANOTHER GOOD OPENING.

A MEDICAL Man in an old settled district, wishes to dispose of his Residence and Good-will of Practice, worth over \$3,800 per annum. The property consists of One Acre of Land, on which are a comfortable House, Surgery, and good Out-Buildings. There is a nice lawn, also kitchen garden, and some good fruit trees on the premises. For the address apply to the Editor of the CANADA LANCET, Toronto

DR. REEVE

CAN BE CONSULTED IN REGARD TO

DISEASES OF THE EYE AND EAR.

At the Tecumseh House, London,
 On the First Saturday of every month.

Residence and Office, 22 Shuter, St., Toronto.

JEFFERSON MEDICAL COLLEGE.

PHILADELPHIA.

THE Fifty-Second Session of the Jefferson Medical College will begin on Monday, 2d October, 1876, and will continue until 1st of March, 1877. PRELIMINARY LECTURES will be held from Monday, 4th September.

PROFESSORS.

JOSEPH PANCOAST, M.D., General, Descriptive and Surgical Anatomy (*Emeritus.*)
 SAMUEL D. GROSS, M.D., LL.D., D.C.L. Oxon., Institutes and Practice of Surgery.
 ELLERSLIE WALLACE, M.D., Obstetrics and Diseases of Women and Children.
 B. HOWARD RAND, M.D., Chemistry.
 JOHN B. BIDDLE, M.D., Materia Medica and General Therapeutics.
 J. AITKEN MEIGS, M.D., Institutes of Medicine and Medical Jurisprudence.
 J.M. DACOSTA, M.D., Practice of Medicine.
 WILLIAM H. PANCOAST, M.D., General, Descriptive and Surgical Anatomy.

Special courses are also given on the following subjects :

TOXICOLOGY, by Professor RAND.

DISEASES OF THE CRANIAL NERVES, by Professor MEIGS.

DERMATOLOGY and SYPHILITIC DISEASES, by Dr. F. F. MAURY, one of the Surgeons to the Philadelphia Hospital.

PATHOLOGICAL ANATOMY, by Dr. MORRIS LONGSTRETH, Pathologist to the Pennsylvania Hospital.

OPERATIVE SURGERY, with Operations on the Cadaver, by Dr. JOHN H. BRINTON, one of the Surgeons to the Philadelphia Hospital.

OPHTHALMOLOGY and OTOTOLOGY are treated both clinically and didactically during the entire course, by Dr. WILLIAM THOMSON, one of the Surgeons to the Wills Ophthalmic Hospital.

LARYNGOSCOPY, with DISEASES OF THE THROAT, by Dr. J. SOLIS-COHEN.

The **DEMONSTRATOR of Surgery**, Dr. J. EWING MEARS, delivers a distinct course of Demonstrations of Surgery, with illustrations on the Cadaver, during the entire session.

PRACTICAL CHEMISTRY with *Qualitative and Quantitative Analysis*, the *Examination of Normal and Abnormal Products*, and *Manipulation* by the Student himself, is taught by the DEMONSTRATOR of Chemistry, Dr. W. H. GREENE.

PRACTICAL ANATOMY and MORBID ANATOMY. For the study of Practical Anatomy, a full supply of material is furnished *free of charge*. The Anatomical Rooms are spacious and provided with every convenience, and not only are subjects for dissection to be had without expense, but there are no incidental or extra charges of any kind. Demonstrator of Anatomy, T. H. ANDREWS, M.D.

CLINICAL INSTRUCTION is given daily at the College. The **SURGICAL CLINIC** is held on Wednesdays and Saturdays, by Professors GROSS, JOSEPH PANCOAST and W. H. PANCOAST. The **MEDICAL CLINIC**, on Mondays and Thursdays, by Professors DACOSTA, BIDDLE and MEIGS. The **CLINIC of Diseases of Women and Children**, on Tuesdays, by Professor WALLACE. The **CLINIC of Diseases of the Eye and Ear**, on Fridays, by Dr. THOMSON. The **PENNSYLVANIA HOSPITAL** is near the College, and the corps of lecturers includes Professors DACOSTA and MEIGS. Professor PANCOAST and Drs. MAURY and BRINTON are connected with the staff of the **PHILADELPHIA HOSPITAL**.

The **NEW HOSPITAL of the JEFFERSON MEDICAL COLLEGE** was begun in November, 1875, and will be completed by the close of the present summer; and it is confidently anticipated that it will be in full operation early in the ensuing session. It is situated in a spacious lot immediately west of the College, bounded on three sides by streets and a wide space on the fourth side, and will afford accommodation for at least one hundred beds. It is constructed according to the most approved principles of hospital architecture, and will be furnished with every necessary appliance for heating, ventilation, etc. A spacious amphitheatre, seating more than 500 students, is provided for Clinical Lectures, which, with daily visits to the wards, will form part of the regular services of the College.

FEEES.

For a Full Course,	\$140
Matriculation Fee (paid once only),	5
Graduation Fee,	30

STUDENTS WHO HAVE ATTENDED TWO FULL COURSES OF LECTURES ON ANATOMY, CHEMISTRY, MATERIA MEDICA AND THE INSTITUTES OF MEDICINE, MAY BE EXAMINED ON THOSE SUBJECTS AT THE END OF THE SECOND COURSE, AND, IF APPROVED, WILL, AT THE END OF THEIR THIRD COURSE, BE EXAMINED ONLY ON THEORY AND PRACTICE OF MEDICINE, SURGERY AND OBSTETRICS.

A SUMMER COURSE of Supplementary Lectures is given, beginning 26th March, 1877, and extending through the months of April, May and June. There is no additional charge for this Course to Matriculants of the College, except a registration fee of five dollars.

The Annual Announcement will be sent on application to

J. B. BIDDLE, M.D., DEAN.

HENRY J. ROSE,

WHOLESALE AND RETAIL DRUGGIST—COR. QUEEN AND YONGE-STs.. TORONTO.

The following prices of a few of the leading requirements of the profession will serve as a guide to intending purchasers, subject to market fluctuations, quality being esteemed of the first importance. Tinctures, Syrups and Liquors are kept in 8 oz. bottles, and the price quoted includes the bottle. Terms Cash less 5 per cent. discount. Corrected to Sept. 1st, 1876.

	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.
Acid. Carbolic												
" Sulph. Ar.	8 oz. bot.											
" Hydrocyan	"											
Ammon. Carb.	1											
Ether, Nit.	lb.											
" Sulph.	8 oz. bot.											
" Co.	"											
Antim. Pot. Tart.	"											
Argent. Nit. fus.	oz.											
Balsam Copaib.	"											
Bismuth, Car.	8 oz. bot.											
Chloral Oxalae.	oz.											
Chloral Hy rate	"											
Chlorodyne	"											
Chloroform.	"											
Cinchon. Sul.	lb.											
Ergot. pulv.	oz.											
Emp. Lyttae.	"											
Ext. Belladon.	lb.											
" Colocynth Co.	oz.											
" Gentian	"											
" Hyosciam, Ang.	"											
" Sarza Co., Ang.	"											
" Nucis Vom.	"											
" Taraxacum	"											
Fol. Buchu.	"											
" Senna.	"											
Gum. Aloes Soc.	"											
" pulv.	"											
" Acacia, pulv.	"											
Glycerine, pure.	lb.											
Ferri, Am. Cit.	oz.											
" Cit. Quin. Cit.	"											
" Cit. Quin. Cit.	"											
Ferrum Redact.	"											
Hydrarg. Chlor.	"											
" C Creta.	"											
Iodine, resub.	oz.											
Jalapin.	oz.											
Lin. Saponis.	8 oz. bot.											
Liq. Ammon.	"											
" Arsenic	"											
" Bismuth	"											
" Donovan	"											
" Opii Sed.	"											
" Potassa.	"											
Mist. Ferri Co.	8 oz. bot.											
Morph. Sul.	oz.											
" Mur.	"											
Ol. Crotonis.	lb.											
" Jecoris Assellii.	"											
" Olivae Opt.	oz.											
Opium.	"											
" Powd.	"											
Pil. Aloes	gross.											
" " et Ferri.	"											
" " Myr.	"											
" Assafetoid.	"											
" Cath. Co., U. S.	"											
" Hydrarg., Mass.	lb.											
" " Subchlor. Co.	gross.											
" Rhei. Co.	"											
" Podophyllin, Co.	lb.											
Plumbi Acet.	"											
Potass. Acet.	"											
" Bicarb.	"											
" Bromid.	"											
" Iodid.	"											
Pulv. Creta Co.	"											
" " C Opio.	"											
" Ipecac.	"											
" Co.	"											
" Jalapa.	"											
Quina Sul.	oz.											
Rad. Rhei. pulv.	lb.											
Santonine	oz.											
Sodae Bicarb.	lb.											
" Potass. Tart.	"											
Spir. Camphor.	8 oz. bot.											
" Ammon. Co.	"											
Syr. Aurant.	"											
" Codeia.	"											
" Ferri Iod.	"											
" Strych. Phos. Co.	"											
" Hypophos.	"											
" Phosph. Co.	"											
" Senegae.	"											
" Scilla.	"											
Tinct. Aconit.	"											
" Arnica.	"											
" Calumb.	"											
" Camp. Co.	"											
" Cardam. Co.	"											
" Catechu	"											
" Cinchon Co.	"											
" Colch. Sem.	"											
" Digital.	"											
" Ergot.	"											
" Ferri Perchlor.	"											
" Gentian Co.	"											
" Hyosciam	"											
" Iodine	"											
" Nucis Vom.	"											
" Opi.	"											
" Rhei Co.	"											
" Valer.	"											
" Verat Vir	"											
Ung. Hyd. Nit.	oz.											
" Zinci.	lb.											
Vin. Ipecac.	8 oz. bot.											
" Antim.	"											

A full assortment of Trusses, Shoulder Braces, Supporters, &c., &c., at the lowest rates. Arrangements have been made for a constant supply of reliable Vaccine—Scabs, \$2; Half-Scabs, \$1. Enemas from 75c.

DR. MARTIN'S COW-POX VIRUS

Absolutely Pure Non-Humanized Vaccine Virus,

Obtained by the method of

TRUE ANIMAL VACCINATION,

Instituted by Prof. Depaul of Paris, in April, 1866, from the famous case of Spontaneous Cow-Pox at Beaugency, in France, and inaugurated in America in September, 1870, by Dr. Henry A. Martin, with virus and autograph instructions from the hand of Prof. Depaul. Our establishment is by far the largest and most perfect in the world.

LARGE IVORY "LANCET" POINTS, PACKAGES OF 10.....\$2.00.

PRIMARY CRUSTS (SCABS), MOST CAREFULLY SELECTED.....\$5.00.

All Virus is fully warranted efficient. It will be packed to go with perfect safety by mail. Full directions for use accompany each package. Remittances must accompany order. Safe delivery of Virus insured.

DR. HENRY A. MARTIN & SON,

Boston Highlands, Mass.

ESTABLISHED 1836. NEW YORK.

H. PLANTEN SON,

MEDICINAL CAPSULES

OF ALL KINDS. ALSO,

Empty Capsules (5 sizes), for the easy administration of nauseous medicinal preparations.

List and Samples sent on application. Sold by all Druggists

The Canada Lancet,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

The independent organ of the Profession, and the largest and most widely circulated Medical Journal in Canada.

Issued promptly on the 1st of each month.

Subscription \$3 per annum in advance. Single copies 30 cents, for Sale by

WILLING & WILLIAMSON, TORONTO.

All Communications containing Remittances, Drafts or Post-Office Orders, to be addressed to J. FULTON M.D., Manager, Toronto.

The Banning Truss and Brace Co.

New York.

Fig. No. 3, is a comfortable support to the abdomen, but is not as effective as No. 8 in supporting the bowels, spine or chest.



The Improved Body Brace.

Abdominal and Spinal Shoulder and Lung Brace.

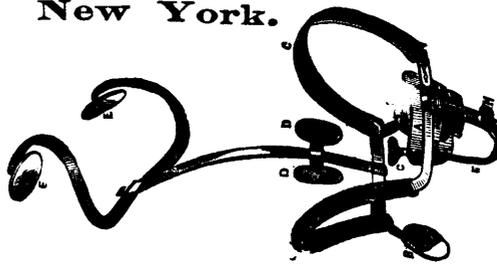
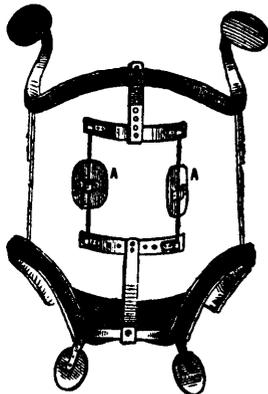


Fig. No. 8, is a general and grateful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so, particularly in spinal and uterine affections, the corresponding attachments are required.

Fig. No. 18.

Improved Revolving SPINAL PROP.



Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

Fig. No. 12.



The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Fig. No. 19.

SPINAL PROP APPLIED.

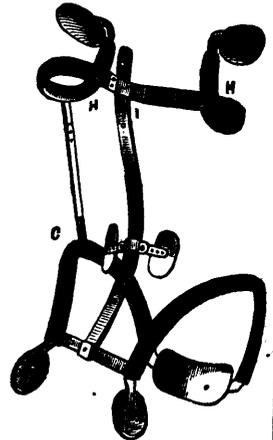


How to measure for any of these appliances.
 1st Around the body, two inches below the tips of hip bones.
 2d Around the chest, close under the arms.

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

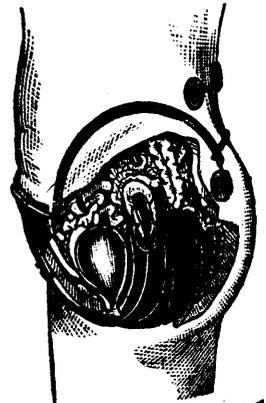
Fig. No. 14.

Improved Centripetal SPINAL LEVER.



For lateral curvature of the spine. The general action is to reverse the body's weight, and so deprive gravity of its depressing force.

Fig. No. 7.



The above cut represents THE IMPROVED ABDOMINAL SUPPORTER, removing visceral weight, and correcting the trunical bearings, while its attachment, BANNING'S IMPROVED BIFURCATED UTERINE ELEVATOR, in supporting the vaginal cul de sac on each side, thus, while elongating the vagina, restoring the diseased or overtaxed uterus (without touching it) to its normal position.

Banning Truss & Brace Co's. SYSTEM OF MECHANICAL SUPPORT

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

PRACTITIONERS

Report to the Medical Journals and to us that cases of

SPINAL DEFORMITIES

AND

UTERINE DISPLACEMENT

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

YIELD READILY

TO

Our System of Support.

BANNING TRUSS AND BRACE CO., 704 Broadway, above 4th St.

No other office or Address.

Send for Descriptive Pamphlet.

N. B.—The numbers of the above Figures refer to Pamphlet Nos., NOT to Descriptive List Nos.