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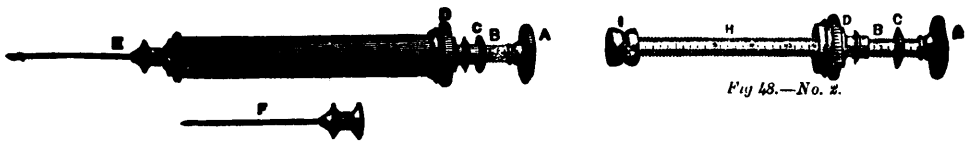

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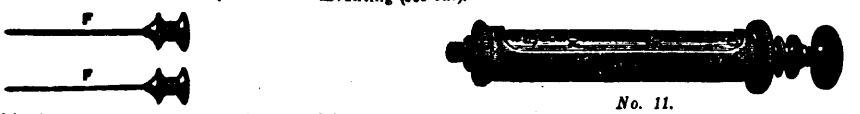

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CAMPHOR ET EXT. HYOSCYAMUS,	Camphor, 1 gr. Ext. Hyoscyamus, (Eng.) 1 gr.	Anodyne. Cerebral Stimulant.	1 to 2	50
CATHART. Comp., U. S. P.	Ext. Coloc. Comp. 1½ gr. " Jalapæ, 1 gr. Calomel, 1 gr. Pulv. Gambogiæ, ¼ gr.	Cathartic.	2 to 4	50
" " Vegetable.	Podophyllin, Ext. Colocynth, Virgin Scammony, Aloes, Soap & Ginger.	Cathartic.	2 to 3	50
" " Imp.	Ext. Coloc. Comp. " Jalap, Podophyllin, Leptandrin, Ext. Hyoscyamus, " Gentian, Ol. Menth Pip. 3 grs.	Cathartic.	2 to 4	50
CHAPMAN'S DINNER PILLS,	Pulv. Aloes Soc. " Rhei Opt. Gum Mastich.	Stimulating Laxative.	1 to 3	60
CERII OXALAT: 1 gr.		Nerve Tonic.	1 to 3	1 00
CHINOIDIN, 1 gr.		Tonic, Antiperiodic.	2 to 4	40
" 2 grs.		Tonic, Antiperiodic.	2 to 4	50
" COMP.	Chinoidin, 2 grs. Ferri Sulph. Exsic. 1 gr. Piperina, ½ gr.	Tonic, Antiperiodic.	1 to 2	1 00
CINCHON, SULPH. 1½ grs.		Tonic, Antiperiodic.	1 to 3	75
COCCIA,	Pulv. Res. Scammony, 1 gr. " Soc. Aloes, 1¼ grs. " Colocynth, ½ gr. Potass. Sulph. ⅛ gr. Ol. Caryophyl, ⅛ gr.	Hydragogue—Cathartic.	2 to 4	90
COOK'S, 3 grs.	Pulv. Aloes Soc. 1 gr. " Rhei, 1 gr. Calomel, ½ gr. Sapon. Hispan ½ gr	Purgative.	2 to 4	50
COLOCYNTHIDIS COMP., 3 gr.. (Ext. Coloc. Comp.) U S. P.		Purgative.	2 to 5	80
COLOCYNTH ET HYDRARG ET IPECAC,	Pulv. Ext. Coloc. Comp. 2 grs. Pil. Hydrarg. 2 grs. Pulv. Ipecac. 1-6 gr.	Cholagogue Cathartic.	1 to 3	75
COLOCYNTH ET HYOSCYAM.	Ext. Coloc. C. 2½ gr. " Hyoscyamus, 1½ gr.	Gentle Laxative.	1 to 2	75
COPAIBÆ, U. S. P., 3 grs.		Alterative to Mucous Membrane.	2 to 6	50
" ET EXT. CUBEBÆ.	Pil. Copaibæ, 3 grs. Oleo-resin, Cubebæ, 1 gr.	Alterative to Mucous Membrane.	2 to 4	80
COPAIBÆ COMP.	Pil. Copaib. Resin Guaiac. Ferri Cit. Oleo-resin Cubeb.	Alterative to Mucous Membrane, Tonic.	2 to 4	80
DIGITALIS COMP.	Pulv. Digitalis, 1 gr. " Scillæ, 1 gr. Potass. Nit. 2 grs.	Arterial Sedative.	1 to 3	50
DIURETIC,	Sapo. Hispan. Pulv. 2 grs. Sodæ Carb. Exsic. 2 grs. Ol. Baccæ Junip. 1 drop.	Diuretic, Antacid.	1 to 3	50
DUPUYTREN,	Pulv. Guaiac. 3 grs. Hydg. Chlor. Corros. 1-10 grs. Pulv. Opii, ⅛ gr.	Specific Alterative.	1	50
EMMENAGOGUE,	Ergotine, 1 gr. Ext. Hellebore. Nig. 1 gr. Aloes. Socot 1 gr. Ferri Sul. Exs. 1 gr. Ol. Sabinæ, ½ gr.	Active Emmenagogue, Tonic.	1 to 3	1 40

PILLS SENT BY MAIL ON RECEIPT OF LIST PRICE.

Warner & Co.'s Sugar-Coated Pills.

	MEDICAL PROPERTIES.	Doses.	PER 100 Each
FEL, Bovinum, {Ox-gall, 2 grs. / Powdered Jamaica Ginger, 1 gr.}	Laxative.	1 to 3	50
FERRI, (Quevenne's) 1 gr.	Tonic.	1 to 3	50
" " 2 grs.	Tonic.	1 to 2	75
" CARB (Vallet's) U. S. P. 3 grs.	Tonic.	1 to 4	40
" CITRAT. 2 grs.	Tonic.	1 to 3	50
" COMP. U. S. P.	Tonic.	1 to 3	50
" IODID. 1 gr.	Tonic, Emmenagogue.	2 to 6	40
" LACTAT. 1 gr.	Tonic, Alterative.	1 to 2	65
" PYROPHOS. 1 gr.	Tonic.	1 to 3	50
" VALER. 1 gr.	Tonic.	1 to 3	40
	Tonic, Antispasmodic.	1 to 2	1 00
" ET QUAS. ET NUC. VOM. {Fer. per Hydrogen, 1½ gr. / Ext. Quassia, 1 gr. / " Nuc. Vom. ¼ gr. / Pulv. Saponis, ½ gr.}	Tonic, Nerve Stimulant.	1 to 2	75
" ET QUIN. Cit, 1 gr.	Tonic, Antiperiodic.	1 to 2	75
" " " 2 grs.	Tonic, Antiperiodic.	1 to 2	1 40
" ET STRYCHNIÆ, 1 three times a day. {Strychnia. 1-60 gr / Ferrum per Hydrog. (Quevenne's) 2 grs.}	Tonic, Nerve Stimulant.	1 to 2	75
" ET STRYCHNIÆ CIT. {Strych. Cit. 1-50 gr. / Ferri Cit. 1 gr.}	Tonic, Nerve Stimulant.	1 to 2	75
GAMBOGIÆ COMP. {Pulv. Gambogiæ / " Aloes Socot, / " Zingib. Jam / " Saponis,}	Active Purgative.	2 to 5	40
GENT. COMP. {Ext. Gentian, ½ gr. / Pv. Aloes Soc. 2 grs. / Ol. Carui, 1-5 gr.}	Tonic, Purgative.	2 to 4	40
GONORRHŒA, {Pulv. Cubebæ, 2 grs. / Bals. Copaib. Solid, 1 gr. / Ferri Sulph. ½ gr. Venet: Terebinth 1½ gr.}	Tonic, Alterative to Mucous Membrane.	1 to 3	60
HEPATIC, {Pil. Hydrarg. 3 grs. / Ext. Coloc. Comp. 1 gr. / " Hyoscyam. 1 gr.}	Cholagogue Cathartic.	1 to 2	80
HOOPER (Female) Pills) 2½ grs. {Aloes Socot. / Ferri Sulph. Exsic. / Ext. Hellebore, / Pulv. Myrrh, / " Saponis, / " Canella, / " Zing. Jamaica.}	Emmenagogue.	1 to 3	40
HYDRARGYRI, U. S. P., 3 grs.	Mercurial Purgative.	2 to 3	40
" 5 grs.	Mercurial Purgative.	1 to 2	50
" Comp. {Mass. Hydrarg. 1 gr. / Pulv. Opii, ½ gr. / " Ipecac. ¼ gr.}	Mercurial Alterative.	1 to 2	75
" Iod. et Opii, {Hydg. Iodid. 1 gr. / Pulv. Opii, ½ gr.}	Mercurial Alterative.	1 to 2	75
IODOFORMI ET FERRI. {Ferrum per Hydro., 1¼ gr. / Iodoform, 1 gr.}	Tonic Alterative.	1 to 2	2
IODOFORM. 1 gr.	Tonic, Alterative.	1 to 2	1 00
IPECAC ET OPII, 3½ grs., (Pulv. Doveri, U. S. P.)	Anodyne, Soporific.	1 to 3	50
" " 5 grs.	" "	1 to 2	65
IRISIN COMP. {Irisin, ¼ gr. / Podophyllin, 1-10 gr. / Strychnia. 1-40 gr.}	Cathartic, Nerve Stimulant.	1 to 3	50
LEPTAND. COMP. {Leptandrin, 1 gr. / Irisin. ¼ gr. / Podophyllin, ⅛ gr.}	Laxative, Diuretic.	1 to 2	1 00
LEPTANDRIN, 1 gr.	Cathartic.		1 75
LUPULIN, 3 grs.	Anodyne.	2 to 4	40
MORPHIA COMP. {Morph. Sulph. ¼ gr. / Tart. Emetic, ¼ gr. / Calomel, ¼ gr.}	Anodyne, Febrifuge.	1	1 50
NEURALGIC, {Quinia Sulph. 2 grs. / Morphia Sulph. 1-20 gr. / Strychnia, 1-30 gr. / Acid Arsenious, 1-20 gr. / Ext. Aconiti, ½ gr.}	Tonic, Alterative, Anodyne.	1 to 3	3 00
NEURALGIC. (Brown-Sequard.) {Ext. Hyoscyami, ⅕ gr. / " Conii, ⅕ gr. / " Ignat. Am. ½ gr. / " Opii, ½ gr. / " Aconiti, ⅕ gr. / " Cannab. I. ¼ gr. / " Stramon, 1-5 gr. / " Bellad, ¼ gr.}	Anodyne.	1	2 00
OPII, U. S. P., 1 gr.	Anodyne	1	60
" ET CAMPHORÆ, {Pulv. Opii, 1 gr. / Camphoræ, 2 grs.}	Anodyne, Nerve Sedative.	1	80
" ET CAMPHORÆ, ET TANNIN, {Pulv. Opii, ¼ gr. / Camphoræ, 1 gr. / Acid Tannic, 2 grs.}	Anodyne, Astringent.	1 to 3	80
" ET PLUMBI ACET. {Pulv. Opii, ½ gr. / Plumbi Acetas. 1½ grs.}	Anodyne, Sedative.	1 to 2	60
PHOSPHORUS COMP. {Phosphorus, 1-100 gr. / Ext. Nuc. Vomica, ¼ gr.}	Nerve Tonic.	1 to 4	1 50
PHOSPHORUS, 1-50 gr., 1-25 gr.	Nervine Stimulant.	1 to 2	1 00
PHOSPHORUS, 1-100 gr.	Nervous Stimulant.	1 to 4	1 00
PHOSPHORUS. IRON AND NUX VOM. {Phosphorus, 1-100 gr. / Ferri Carb. (Vallet's) 1 gr. / Ext. Nuc. Vom. ¼ gr.}	Nervous Stimulant, Tonic.	1 to 3	1 50
POTASS. BROMID. 1 gr.		2 to 5	75
" " 5 grs.	Nervous Sedative.	1 to 2	1 25
" IODID. 2 grs.	Alterative.	1 to 3	85
PODOPHYLLIN COMP. (Eclectic.) {Podophyllin, ⅛ gr. / Leptandrin, 1-16 gr. / Juglandin, 1-16 gr. / Macrotin, 1-32 gr. / Ol. Capsici,}	Purgative.	2 to 4	75
PODOPHYLLIN ET BELLAD. {Podophyllin, ⅛ gr. / Ext. Bellad. ⅛ gr. / Ol. Res. Capsici, ¼ gr. / Saccharum Lact. 1 gr.}	Stimulating Laxative. Mild	1 to 3	75

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Warner & Co.'s Sugar-Coated Pills.

	MEDICAL PROPERTIES.	Doses.	PER 100 Each
PODOPHYLLIN ET HYDRARG. {Podophyllin, ⅛ gr. / Mass. Hydrarg. 2 grs.}	Laxative.	2 to 4	50
" ET HYOSCYAMUS, {Podophyllin. / Ext. Hyoscyamus, aa ½ grs.}	Gentle Cathartic	1 to 2	60
PODOPHYLLIN, 1 gr.	Cathartic.	1	75
QUINIÆ SULPH. ½ gr.	Tonic, Antiperiodic.	1 to 4	90
" " 1 gr	Tonic, Antiperiodic.	1 to 3	1 40
" " 2 grs	Tonic, Antiperiodic.	1 to 3	2 75
" " 3 grs	Tonic, Antiperiodic.	1 to 2	4 00
" COMP. {Quin. Sulph. 1 gr. / Ferri Carb. 2 grs. / Acid Arsenious, 1-60 gr.} 1 immediately after each meal.	Tonic, Antiperiodic.	1 to 2	1 75
ET EXT. BELLADON. {Quinise Sulph. 1 gr. / Ext. Belladon, ½ gr.}	Nerve Tonic, Antiperiodic.	1 to 2	1 75
ET FERRI, {Quin. Sulph. 1 gr. / Ferrum per Hydrog. (Quevenne's) 1 gr.}	Tonic, Antiperiodic.	1 to 2	1 75
QUINIÆ ET FERRI, ET STRYCHNIÆ, {Quin. Sulph. 1 gr. / Ferri Carb (Vallet's) 2 grs. / Strych. Sulph. 1-60 gr.}	Tonic, Antiperiodic.	1 to 2	1 75
QUINIÆ ET FERRI ET STRYCH. PHOS. {Phos. Quinia, 1 gr. / " Iron, 1 gr. / " Strychnia, 1-60 gr.}	Tonic, Antiperiodic.	1 to 2	1 75
" ET FERRI, Valer, 2 grs.	Tonic, Nerve Sedative.	1 to 2	3 50
QUINIÆ ET FERRI CARB. {Quinia, 1 gr. / Ferri Carb.(Vallet's) 2 grs.}	Tonic, Antiperiodic.	1 to 2	1 75
" ET HYDRARG. {Quin. Sulph. 1 gr. / Mass. Hydrarg. 2 grs. / Oleo-resin, Piper. Nig. ¼ gr.}	Tonic, Antiperiodic.	1 to 2	1 75
QUINIA, IODOFORM AND IRON {Iodoform. 1 gr. / Ferri Carb.(Vallet s) 2 grs. / Quinia Sul. ½ gr.}	Tonic, Alterative.	1 to 2	3 00
QUINIÆ ET STRYCHNIÆ. {Quinia Sul. 1 gr. / Strychnia, 1-60 gr}	Tonic, Nerve Stimulant.	1 to 2	1 75
QUINIA, Valerianate, ½ gr	Tonic, Nervine.	1 to 2	2 00
RHEI ET HYDRARG {Pulv. Rhei, / Mass. Hydrarg. / Soda Carb. Exs.} 4 grs.	Cholagogue Cathartic.	2 to 5	80
RHEI, U. S. P. {Pulv. Rhei, 3 grs. / " Saponis, 1 gr.}	Gentle Laxative.	1 to 5	75
RHEI COMP. U. S. P. {Pulv. Rhei, 2 grs. / " Aloes Socot, 1½ grs. / Myrrh, 1 gr. / Ol. Menth. Pip.}	Purgative.	2 to 4	75
RHEUMATIC, {Ext. Coloc. C. 1½ grs. / " Colchici Acet. 1 gr. / " Hyoscyam. ½ gr. / Hydg. Chlor. Mit. ½ gr.}	Anti-Rheumatic, Purgative.	1 to 3	90
SANTONIN, 1 gr.	Anthelmintic.	1 to 3	1 00
SCILLÆ COMP. U. S. P. {Pulv Scillæ, ½ gr. / " Zingib. Jamaica, 1 gr. / Gum Ammoniac 1 gr. / Pulv. Saponis, 1 gr.}	Expectorant, Diuretic.	1 to 3	50
STOMACHICA, (Lady Webster's Dinner Pills, 3 grs.) {Aloes Soc. / Gum Mastich, / Flor. Rosæ.}	Stimulating Purgative.	1 to 2	50
SYPHILITIC, {Potass. Iod. 2½ grs. / Hyd. Chlor. Corros. 1-40 gr.}	Specific Alterative.	1 to 2	1 00
TRIPLEX, {Aloes Socot, 2 grs. / Mass. Hydrarg, 1 gr. / Podophyllin, ¼ gr.}	Purgative.	2 to 4	75
ZINCI VALERIAN. 1 gr.	Antispasmodic.	1 to 3	1 00

GRANULES.

	MEDICAL PROPERTIES.	Doses.	PER 100 Each
ACID, Arsenious, 1-20, 1-30 and 1-40 grs.	Antiperiodic, Alterative.	1 to 2	$ 40
ACONITIA, 1-60 gr.	Nerve Sedative.	1 to 2	75
ATROPIA, 1-60 gr.	Anodyne.	1 to 2	75
CORROSIVE SUBLIMATE, 1-12, 1-20 and 1-40 grs.	Mercurial Alterative.	1 to 2	40
CAULOPHYLLIN, 1-10 gr.	Emmenagogue.	1 to 4	40
CIMICIFUGIN, 1-10 gr.	Tonic, Nerve Stimulant.	1 to 4	40
DIGITALIN, 1-60 gr.	Arterial Sedative.	1 to 2	75
ELATERIUM, (Clutterbuck's) 1-10 gr	Diuretic Hydragogue, Cathartic.	1 to 2	95
EXTRACT Belladonna, (Eng.) ¼ gr.	Anodyne.	1 to 3	40
" Ignatia Amara, ¼ gr.	Nerve Sedative.	1 to 2	50
" Cannabis Indica, ¼ gr	Anodyne.	1 to 4	60
" Hyoscyamus, (Eng.) ½ g	Nerve Stimulant.	1 to 3	40
" Nuc. Vomica ¼ and ½ gr.	Nerve Stimulant.	1 to 3	40
GELSEMIN ⅛ gr.	Arterial Sedative.	1 to 4	50
" ¼ gr.	Arterial Sedative.	1 to 2	75
HYDRASTIN, ½ gr.	Emetic, Diuretic, Cathartic.	1 to 2	95
HELONIN, 1-10 gr.	Cathartic.	1 to 2	50
LEPTANDRIN, ¼ gr.	Cathartic.	1 to 4	40
" ½ gr.	Cathartic.	1 to 4	50
MERCURY, Iodide, ¼ gr.	Alterative.	1 to 4	40
" " Red, 1-16 gr.	Alterative.	1 to 4	40
MORPHIA, Acet. ½ gr.	Anodyne.	1 to 2	70
" Sulphate, 1-10 gr	Anodyne.	1 to 2	60
" " ⅛ "	Anodyne.	1 to 2	70
" " 1-6 "	Anodyne.	1 to 2	80
" " ¼ "	Anodyne.	1 to 2	1 00
" Valerianate, ⅛ "	Anodyne.	1 to 2	1 00
PODOPHYLLIN, 1-10 gr.	Cathartic.	1 to 4	40
" ¼ gr.	Cathartic.	1 to 4	40
" ½ gr.	Cathartic.	1 to 2	50
" COMP. {Podophyllin, ⅛ gr / Ext. Hyoscyam, ⅛ gr. / " Nuc. Vomica, 1-16 gr.}	Cathartic and Tonic.	1 to 2	75
SILVER, Nitrate, ¼ gr.	Alterative. to Mucous Memb'ne.	1 to 4	75
" Iodide, ¼ gr.	Alterative. to Mucous Memb'ne.	1 to 4	75
STRYCHNIA, 1-16, 1-20, 1-30, 1-32, 1-40 and 1-60 gr.	Nerve Stimulant, Tonic.	1 to 3	40

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Original Communications.

TORONTO MEDICAL SOCIETY.

INAUGURAL ADDRESS OF THE RECENTLY ELECTED PRESIDENT.

W. C. COVERNTON, M.D., M R.C.S., TORONTO.

GENTLEMEN,—You have conferred upon me the great honor of election as President of the Toronto Medical Society for the ensuing year. In thanking you most warmly for this mark of confidence and esteem, I cannot refrain from expressing regret that Dr. Workman, who has so ably filled and graced the chair would not consent to a reappointment. With a vigorous and elastic mind, and a reserve power of work whenever occasion required, there would have been little chance of the interests and welfare of the society suffering neglect at his hands. There could have been found, if deemed necessary, an illustrious precedent in a long retention of the presidential office in the annals of the Royal Society, one president continuing in the chair twenty-four years successively. Our worthy ex-president I know shrinks from the appearance of tenacity of office, on account of the injury it would inflict upon the younger members of the society by excluding them from a position of prestige and honor, and further believes that old men may not be as sensible of the gradual approach of the infirmities of age in themselves as they may be patent to others. In these views I fully concur, and would have as cheerfully served in the rank and file of the society, if you had so willed it, as in the position your suffrages have placed me. I can only say that I will endeavour to emulate my predecessor in promoting a liberal and catholic spirit, a kind and generous feeling among the members, and as opportunity may offer try to add to our numbers. It is true that some sacrifice of time and money may be involved by regular attendance at our meetings; on the other hand the undisturbed routine of professional work may, and frequently does tend to intellectual torpor; the stimulus of attrition with other minds is needed, and in the interchange of ideas new subjects for profitable meditation and discussion will be furnished. The duty which should immediately grow out of membership should be that of attending as punctually as possible all the meetings, held only fortnightly for ten months in the year—not such a very great sacrifice of time in view of the pleasant professional intercourse. If one member is absent without sufficient cause, another and indeed all may do the same, and the Society ultimately share the fate of others in this city that have preceded it. I am happy to say that in the past there have been no evidences of diminished or flagging interest in our proceedings, and I fervently hope that before long the membership will be sufficiently large to enable our treasurer to announce at the end of each year a sufficient surplus in the exchequer for the publication annually of the cases in practice, debates and summary of papers read, and that before many years among the young members of this society we may have the honor of reckoning prominent medical and surgical chiefs of this Canada of ours.

I assume, gentlemen, the duties of the position you have honored me with, with diffidence, with a wish to meet your approbation and a desire to do all in my power to make our meetings pleasant and profitable.

With these few prefatory remarks I proceed to the performance of the duty assigned to the President of the society, that of delivering the address of inauguration. The selection of a subject in every way suited for the occasion has, I confess, been a somewhat difficult problem; finally it occurred to me that an attempt at a succient review of the most important changes in theory and practice since I left the Windmill Street School of Medicine in London, for the University of Edinburgh, in September, 1832, might not be devoid of interest. Should these sketches be deemed in parts somewhat of a gossiping nature, I must beg you to remember that

> "Years steal fire from the mind, as vigor from the limb,
> And life's enchanted cup, but sparkles near the brim."

I may premise that at that University there were men occupying the several chairs whose names are historic, viz.: Drs. Allison, Christison, Monroe, Tertius, Gregory, Home, Hope, Traill, Syme and

Kemp; and at the private schools McIntosh, Liston, Fergusson, John and Alexander Lizars, Miller, Robertson, Knox, Handyside, Reid, Burns and Hamilton. This last, the author of the celebrated work on "Purgatives," was then little more than a memory of the old school of physicians, taking pride in the costume of the last and beginning of the present century, viz.: gold headed cane, cocked hat, lace ruffles, embroidered waistcoat with lappels, knee breeches and buckles in shoes. In this guise he was often to be seen airing his dignity on sunny afternoons in a retired square of the new town.

In the time I am speaking of, the doctrines of Bôerhave on the subject of inflammation, viz.: viscidity of the blood and error loci; of Stahl and Hoffman, of the influence of the nervous system on the capillary vessels, and of Cullen, founded on those of the last three physicians, that it proceeded from spasm of the extreme arteries supporting an increased action in the course of them, had generally been replaced by the views of Syme, who maintained that redness and swelling ought to be secondary considerations in the investigation of the inflammatory state, in comparison with the grand distinguishing character of altered function. The doctrine of the humoral pathologists having Hippocrates and Galen as originators, that fevers are produced by a concoction of something pernicious in the system, which is expelled by a critical effort of nature, (one of the oldest notions in medicine), was no longer generally entertained. Dr. Brown's views, viz.: the division of all diseases into sthenic and asthenic, reducing the first by antiphlogistic means and the second by stimulants, had also ceased to be recognized by the majority. The doctrine of solidism, viz.: the reference of all diseases to alterations of the solid parts of the body, if not absolutely in the ascendant, was the one most generally viewed as approximating to the truth. Chief among the promoters of this new view was to be found Broussais, who referred all fevers to gastro-enteritis, simple or complicated irritation and abirritation, inflammation and sub-inflammation; thus confounding the effect with the primary cause of a disease, and at the same time forgetting that there are other agencies or sources of disease besides organic lesions or changes of structure in a part. The treatment pursued by the disciples of this brilliant writer and investigator consisted simply of bleeding, cupping, leeching, counter-irritation, slops and gum water. They seemed to forget that the system requires support and nutrition, which can be effected only through the agency of the stomach, their patients frequently becoming dyspeptic from real debility of the stomach and of the whole frame. An anecdote is told of Broussais's practice to the following effect. A patient, who had for some time submitted to the starving system, called upon him and said, "Your regime doctor, has pulled down my strength to the last degree; it is killing me, and I am dying of hunger. Broussais, after looking at him for some time, said, well, you carnivorous brute (bête carnassiere) I will satisfy you, you may have a teaspoonful of broth in a tumbler of water. Broussais could not conceive, and therefore would not admit that any phenomena in a living body could possibly be manifested without a specific and organic origin in some particular part of the body. It was thus that to his mind the existence of those symptoms to which we gave the appellation of fever, suggested the inevitable existence of a local lesion in some organ or another of the body, forgetting all the while that the body may be suffering seriously and at every point of its frame without a necessary lesion of any particular structure or texture. Dr. Fordyce, in his dissertation on fever, gives to my mind a much more rational view. "A fever," says he, "is a disease that affects the whole system; it affects the head, the trunk of the body and the extremities; it affects the circulation, the absorption and the nervous system; it affects the skin, the muscular fibres and the membranes; it affects the body and affects likewise the mind. It does not however, affect the various parts of the system equally and uniformly, but on the contrary sometimes one part is much affected in proportion to the affection of another part. The great Bichat evidently believed in the truth of the aphorism "medio tutissima ibis," for although when treating in his "Anatomie Generale" of the sympathies which depend upon continuity of surface, he refers to the connexion which exists between the surfaces of mucous membranes, and the ducts which open in them, and endeavours to show that the natural mode of excitement in all secreting glands, is a stimulus applied to the surface on which their ducts open, and was thus the first to give the hint that directed the attention of Broussais to the circumstance that in many cases where

jaundice had existed during life, there was no obstruction or disease in the liver, or biliary ducts, but, that in such cases there was always more or less inflammation of that part of the digestive tube into which the bile was immediately discharged, and this led ultimately to the discovery of the connexion which exists between inflammation of the duodenum and jaundice, yet, in the same immortal work he says, "morbid anatomy has revealed a numerous catalogue of lesions of the solids, but as it has omitted to examine the changes of the fluids, the aid of analysis should now be called in to lead us to the truth." Every exclusive theory, whether of humorism or of solidism, is a pathological absurdity.

In the frequent debates that took place at the Edinburgh Medical Society in my time, there were to be found arrayed supporters of the contagiousness and non-contagiousness of fever, one party asserting that it arose from putrefying animal and vegetable matter, by another denied. By some that infection was a direct emanation from the patient, also denied. By some that the atmosphere of the patient was infectious, by others denied. The advocates of the humoral pathology pointed to the blood as the subject of the operations of morbid poisons, whilst on the other hand the solidist supporters viewed the poison of fever as resident in the nervous system. Several years subsequently to these opposing views, viz. 1841, Andral promulgated views of a modern humorism. In one of his lectures on general pathology, delivered at the Faculty of Medicine, in Paris, he says, "When we attentively study the different phases through which pathological anatomy has passed during the last forty years, we are convinced that one of its most immediate consequences is this very study of the various changes that are apt to occur in the different fluids of the body, and is it not natural that, after having examined by all known means of investigation the physical modifications which organs experience in the course of disease, and finding that those means fail to render an explanation of the morbid phenomena, we should interrogate the fluids by chemistry and the microscope? M. M. Andral and Ganneret's observations on the changes which the different constituents of the blood undergo in different classes of disease may be arranged as follows: 1st. Those in which the quantity of fibrine is constantly increased as the phlegmasiæ and in tubercular phthisis. 2nd. Those in which the fibrine is in a normal or in a diminished quantity, while that of the globules is either normal or increased as in the pyrexiæ and many hemorrhages and congestions. 3rd. Those in which the quantity of the globules is always diminished, as chlorosis. 4th. Those in which there is a diminution of the quantity of albumen in the serum, albumen being present in the urine as in albuminuria. 5th. A dissolved state of the blood or increased alkalinity. 6th. Presence of foreign bodies in the blood. 7th. Blood infected by several poisons derived from animals.

This eminent pathologist also commented on the principal alterations observed in the blood by the admixture with it of foreign matters, whether they were generated in the system itself or introduced from without, of the former bile and urea. Of the products of morbid action the most important he considered to be pus, from inflammation of the heart, arteries and veins, eruptive fevers, notably small pox, and he confidently affirmed that the change in the quality of the circulating fluid preceded by a considerable period of time any lesion of the intestinal mucous glands, the primary "*point de depart*" of all the phenomena of fevers according to Broussais and his followers.

It would, gentlemen, be idle to dwell on the benefits that have accrued from such anatomical and chemical researches. They have stripped physic of much of the empiricism, and of more of the dogmatism of former days. The revolutions which then disgraced it, can scarcely to the same extent, convulse it, at least among the large majority, I am happy to say, of those who value honor more than gain. From the very earliest times alike among the educated and uneducated classes there has been a wide spread belief in the existence of occult agencies, and with a large proportion of people willing and anxious to be deceived, there will always be found individuals with the requisite *savoir dire, savoir faire*, and knowledge of human nature, to turn to profitable account this inherent love of the marvellous. It is really absurd to see ourselves often outstripped in the medical race by dolts and pretenders, and yet it would be a disgrace and a reproach to succeed after the fashion of some people. I have been betrayed into a somewhat long parenthesis, but it is difficult always to refrain from inveighing against popular folly. I was going on to

say when this mental irritation intervened, that the basis of modern medicine is found in the positive truths of pathology. Those truths may be extended, curtailed, or modified with the progress of discovery, but the alterations will be limited by reasonable bounds, and unlike the old changes from sect to sect, and from one absurd opinion to its contrary, they will not throw an air of ridicule upon the art. There will be no modern Molieres to satirize arrogance and charlatanrie amongst the practitioners of legitimate medicine. To turn from the various theories in medicine that from time to time have obtained credence, what wondrous changes can be chronicled in modern surgery. In Macaulay's famous parallel between the England of his own day and the England of the Stuarts, he says that every bricklayer who falls from a scaffold, every sweeper of a crossing who is run over, may now have his wounds dressed, and his limbs set with a skill such as a hundred and sixty years ago all the wealth of a great lord, like Ormond, or of a merchant prince, like Clayton, could not have purchased. He speaks of the year 1865 as a time when men died faster in the purest country air than they now die in the most pestilential lanes of our cities, or on the coast of Guinea. Thomas Gale in his "Office of a Chirurgeon," printed in 1586, gives the following very satisfactory account of the medical department of the army as it existed in 1544. He says, "I remember when I was in the wars of Mutterell, in the time of that most famous prince, Henry VIII., there was a great rabblement there that took upon them to be chirurgeons. Some were sow gelders, and some horse gelders, with tinkers and coblers. This noble sect did such great cures that they got to themselves a perpetual name; for like as Thessalus's sect were called Thessalians, so was this noble rabble for their notorious cure called dog leeches; for in two dressings they did commonlie make their cures whole and sound for ever, so that they never felt heate, nor cold, nor yet no manner of pain after." The quaint old writer enumerates amongst the chirurgerie stuff they had to cure men withal, shoemakers wax and rust of old pans, and so on. The devices of ancient surgery for arresting hemorrhage consequent on operations were not only barbarous but frequently futile. The stumps were seared with hot irons or dipped into melted pitch. The control of hemorrhage by applying ligatures to the ends of the divided vessels, first practiced by Ambrose Paré, about 1550, was the first step on the road which surgery has since traversed with such conspicuous success. I might dilate on the researches of John Hunter, which led to further advances, but not to weary you will proceed to the greatest of all steps, the discovery of anæsthetics, used but once before this generation—the date, creation, the patient, Adam. The history of anæsthetics has been lately traced out by Sir James Paget; you will find it in the 19th Century, December number for 1879: from this article I quote the summing up—"Past all counting is the sum of happiness enjoyed by millions who in the last 33 years have escaped the pains that were inevitable in surgical operations, pains made more terrible by apprehension, more keen by close attention, sometimes awful in swift agony, sometimes prolonged beyond even the most patient endurance, and then renewed in memory, and terrible in dreams. These will never be felt again. But the value of the discovery is not limited by the abolition of those pains, or of the pains of child-birth. It has enlarged the field of useful surgery particularly in plastic operations, making many things easy that were difficult, many safe that were too perilous, many practicable that were nearly impossible; and yet, more variously the discovery has brought happiness in the relief of some of the intensest pains of sickness, in quieting convulsions, and in helping to the discrimination of obscure disease." Those of us present this evening, and there are but few whose surgical memories go back forty years, cannot fail to be delighted with Sir James's clear-cut pictures and force of words in describing the extent of suffering which anæsthetics have banished. I shall never forget when a dresser under Liston in the Edinburgh Surgical Hospital, in 1834, the wonderful endurance of a middle aged Scotch woman, who was being operated on for the removal of an enormous tumor covering the eye and extending down to the breast, the weight of which at this distance of time I am afraid positively to assert. The operation involved removal of the upper jaw and malar bones. For over an hour she was under the torture of the knife and bone forceps, during the whole of which time she never uttered a groan; but even the most patient endurance had an end, for while small vessels that were bleeding were being secured, she tapped me on the shoulder and

in a faint voice whispered "Eh laddie, tell him to mak haste." Esmarch's subsequent discovery of pressing the whole of the blood out of the part to be operated on, has in cases where the judgment of the surgeon is favourable to the procedure, completed the triumph of surgery by rendering operations both painless and bloodless. Again surgical fever after operations is of very far less frequent occurrence than at the time I was a student. Liston was one of the first surgeons to enforce very great attention to cleanliness in the wards, as also free ventilation and drainage, and to substitute for the old practice of covering wounds and stumps with unguents and many layers of bandage, simple warm water dressings. As a student of his I may possibly be considered as prejudiced in thinking that his statistics of recoveries would bear comparison with many in the present day. On the quæstio vexata of Listerism, I will not presume to enter, the subject has been on various occasions warmly and ably debated in this society, and I think a Scotch verdict of "not proven" returned. Experiments by Pasteur and Tindall are still going on, the results of which may possibly be the conversion of present unbelievers. In recent years the ophthalmoscope has often been successfully resorted to in obscure brain diseases, with the view of throwing light on the circulation of that organ, and it has also been demonstrated that a want of proper harmony between the accommodation muscles and the convergent muscles may result in serious disturbance of the whole system.

Although the practice of medicine and surgery, particularly the latter, has in the present day left very far behind the past, are we in truth in the former very much more successful than were our predecessors fifty or sixty years ago? That the death-rate has been greatly diminished since the times when Macaulay speaks of men dying faster in the purest country air than they now die in the most pestilential lanes of cities, is unquestionably more to be attributed to an increased knowledge of sanitary laws, to an improved system of sewerage and disposal of sewage, to closer attention to ventilation in public buildings and residences, in fact to pure air, pure water, pure food, rather than to any very great improvement in practice.

I would ask, is the treatment of typhus much better understood than in the days of Cullen? Even in that class of diseases in a correct knowledge of which more progress has been made during the last forty years than in any other, viz., in diseases of the heart, lungs and kidneys, can we say that the stability and success of our modes of treatment have made corresponding advances with our improved modes of diagnosis? The stethoscope has unquestionably done an immense deal for the improvement of medicine, but has not its use in many instances led physicians to questionable conclusions? Have we not all known numerous cases in which the case was pronounced to be Bright's disease from the presence of albumen in the test tube, when its ultimate issue has found the kidneys to be little at fault? May not this in a measure be attributed to the writings and lectures of the present day, calculated as they frequently are to exaggerate the importance of one set of symptoms or of one mode of treatment, and in many instances deficient in those comprehensive and philosophical views of disease which pervade the writings of a preceding generation. A short time ago I read an admirable clinical lecture by Dr. Flint, insisting upon the dangers of *ex cathedra* judgment on abnormal heart murmurs. Can we, with but few exceptions, point to master minds on an equality with Sydenham, Boerhave, John Hunter, Mason-Good, Bichat, Andral, Allison and Abercrombie? Have we not, in forgetting our predecessors, unduly magnified ourselves? An intelligent writer some years ago, in the *Gazette Medicalé*, thus wrote: "If therefore modern medicine wishes not to lag behind its high functions, and hopes to maintain its intellectual supremacy, it must firmly resist that hurtful tendency so prevalent in the present day to push science on to a material positivism, the immediate practical value of which, however highly it may be thought of, can never compensate for a more serious injury, that of debasing and confining the mind." Even if we were to admit that we could dispense entirely with ancient medicine, we should not break off our acquaintance with the physicians of those days. A brief perusal of Oetius, in his chapter on the diseases of women, would serve to convince, that so-called modern appliances and treatment are really only revivals of ancient practice. Have we not reason to think that the aim and end of many would appear to be that of our cousins on the other side of the lakes, to go ahead for present wealth and fame rather than devote an occasiona

half hour to old classical authors of medical literature?

It is I believe a rule of our Society that no paper should exceed thirty minutes. I will therefore rapidly review my recollections of the profession in this country since I first landed in Quebec in June, 1836. The most prominent English practitioners then in that ancient capital were the two Douglas's, Sewell and Marsden—the latter I believe the only survivors of those times. In Montreal I found Drs. Robertson, Munro, Robert, Nelson, Arnoldi, Stevenson, Holmes, Walter, Jones, David, Archibald, Hull, and George W. Campbell. Excepting Drs. Campbell and David, all of these have long passed over to the majority. Sojourning for some weeks with old West Indian friends in Kingston, I had the pleasure of making the acquaintance of Dr. Samson, the surgical king of that city and for a large extent of the country around, a man of infinite humor and no little eccentricity, shown even in his last illness by the request that no record beyond "Samson" should be placed on the rough unhewn granite block that marks his last resting-place,—laconic, beyond even the inscription in Chelsea churchyard on the monument of the great physician and founder of a college since celebrated, Dr. Caius, for that reads, "Fui Caius." In Kingston I met my old fellow-student, Dr. Hallowell, subsequently a practitioner for many years in this city. Death has proved himself as dexterous a marksman in Kingston as elsewhere, only one of the busy practitioners of that time, as far as I can learn, being now alive, viz., Dr. Stewart.

In July I came to Toronto to visit English friends, and by them was soon introduced to many of the principal practitioners; chief among these was Dr. Widmer, our worthy ex-president Dr. Workman having for a time deserted his first love for commerce. Dr. Widmer, as most of you are aware, had devoted himself with great energy to the labors and dangers of the profession in the Peninsular war, and subsequently for many years was equally distinguished as a bold operator and practitioner in this city. Like Liston and Abernethy he had no smooth strain of words, which on the contrary were frequently more terse and epigrammatic than would strictly be in accordance with the notions of carpet knights and ladies of the eternal fitness of things; he had in fact the habit of calling a spade a spade, without regard to conventionalities; but notwithstanding a somewhat rough tongue, like his companion-in-arms Dr. Samson, he concealed a kind and sympathising heart. Amongst other very able men, prominence is due to Drs. Gwynne, King, Sullivan, Rolph and Telfer. Dr. Gwynne possessed a masterly talent of speech, that smooth strain of animated words which captivates an audience and gives confidence to the speaker; as a lecturer on anatomy, in eloquence he was the equal of Dr. Knox of Edinburgh, with this great advantage, that he had not the graceless gestures nor forbidding countenance of the latter. Dr. Sullivan also was a very excellent anatomist and amiable man. Dr. King, who studied in Dublin but graduated in Edinburgh, long ranked among the chief practitioners of Toronto, both of surgery and medicine; amongst his pupils at that time was my esteemed friend the late Dr. Turquand of Woodstock. Drs. Rolph and Telfer are too fresh in your memories to render necessary any tribute to their great abilities. With the varied intellectual power of the former every resident of Canada is acquainted; the latter has also left an enduring reputation as a man of sound judgment, advanced skill and becoming modesty. The remaining practitioners, as far as my memory serves, were Drs. Hornby, Diehl, Burnside, Morrison, McIlmurray, Duggan and Lang. Of the students of that day, besides Dr. Turquand, I remember Drs. Nichol, Givens and Dewson. The old Hospital in King-St. would bear favorable comparison with many provincial hospitals in England, and if the students of that day had not there the varied opportunities for the study of medicine and surgery that the large hospitals of Europe afforded, they yet contrived to obtain a soundness of knowledge which enabled them in future years to acquire frequently high positions, not only in their own country, but also in Great Britain and her dependencies. From the Universities of McGill, old King's College (subsequently merged in Toronto University), Trinity College, Queen's College (Kingston), Toronto Licensing Board, Rolph's School, Toronto School, Trinity School, I could enumerate, did time permit, a long list of men, some exclusively educated at these schools, who have been Governors of Provinces, leaders of cabinets, senators, members of Dominion and Provincial Parliaments, professors, mayors of cities, surgeons in the army

etc., who have won high praise and honor—in the Crimea, Indian Mutiny, Schleswig-Holstein, Italian, Austrian, Confederate, Turkish, Affghanistan and Zulu wars; also of one Toronto University graduate, who, in a short campaign in Santa Fé, Argentine Republic, was employed to organize cholera hospitals, and subsequently, before the conclusion of the war, occupied the position of Surgeon-General. It may therefore fairly be argued that our educational institutions have for a very long time occupied a proud position, but yet, whether from ignorance of the fact or insular prejudice, I will not pretend to say, the Medical Council of England while exacting from our graduates further study and fees before they can be registered as licensed practitioners in Great Britain, yet claim for their own, immediate admission to membership of our Council by mere payment of registration fees. Let us hope that before long they may awake to the fact that our period of study and curriculum is equal to theirs and become aware of their past one-sided view of justice, as also blindness to their own interests, as for one man educated in the Dominion who may proceed to England with a view of settling in practice, there will be, as the settlement of the North West progresses, fifty educated at home who will make this country their permanent residence. And now, gentlemen, in closing, permit me as an old man to call attention to the general public opinion, that in the members of our profession a greater amount of morbid sensibility and irritability exists than is usually to be found in other liberal callings; if the accusation has any basis of truth, it is certainly to be deplored. The questioning of the accuracy of our opinions should certainly never be construed into personal antagonism. Dignity and good feeling will be best consulted by admitting proved errors of opinion. *Vita brevis, ars longa, experientia fallax*. From a number of professional aphorisms that a good many years ago appeared in the pages of the *Gazette Medicalé* of Paris, I extract the following:—"What is the cause of the bitterness of one physician against another? Why does he blame him in everything and on every occasion? The truth is he is occupied with the same subject, and he has been less successful. Do you not see the caterpillar abusing the work of the silkworm, and yet the caterpillar can spin also. Oh my friends, guard against medical envy; it is a case of cancerous pathology, which eats its way deeper and deeper until the whole system is corrupted. In union there is strength, and in harmony there is power."

ELECTRO-THERAPEUTIC APPARATUS.

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

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

The value of electricity as a therapeutic agent, is, I believe, very generally recognized by the medical profession. But, from whatever cause, the practice of electro-therapy is as yet far from being general. This is a branch of treatment that should no longer be relegated to outsiders; and, in lieu of there being no members of our own profession in Ontario devoted to this specialty, it becomes a serious question whether it is not the duty of every medical practitioner who puts Dr. on his door-plate to be prepared to use the Galvanic or the Faradic current when they are respectively indicated. In my humble judgment the medical profession of this Province is not discharging its duty to itself and to the public in this regard. Is there no remedy?

When the ophthalmoscope was invented in 1851, its adoption by the profession, and even by ophthalmologists, was very much retarded by a want of familiarity with the elementary principles of physiolological optics. It has occurred to me that possibly a greater familiarity on our part with the elementary principles of electro-physics and the construction and management of Galvanic and Faradic batteries would contribute not a little to remedy the defect in question.

Believing that a discussion of these elementary principles by this Society would contribute somewhat to this end, and hoping that this paper may be followed by others from different members, on some or all of the many divisions of this subject, such as electro-physiology, electro-diagnosis, electro-therapeutics, galvano-cautery, &c.,—this is my apology, gentlemen, for bringing this subject under your notice this evening.

In modern electro-therapeutics the currents generally used are the Galvanic and the Faradic. The Galvanic current is generated by a battery consisting of a number of cells arranged in series,—a good

example of which is the ordinary telegraph battery. The Faradic current is generated from the secondary wire of an induction coil,—the current in the primary coil being generated by a single zinc-carbon or zinc-platinum cell.

I. GALVANIC BATTERIES;—The current generated by a Galvanic battery is called the Constant current, the Voltaic current, or the Galvanic current. When the Galvanic current is interrupted by mechanical means the current is called the interrupted Galvanic current, the interrupted constant current, &c. Galvanic batteries for medical purposes are constructed in three forms—1. The Stationary Battery. 2. The Cabinet Battery, and 3. The Portable Battery.

1. The Stationary Galvanic Battery is usually composed of about 60 large telegraph cells and preferably what is known as the gravity battery cell. The cups of this battery are usually arranged on shelves in the cellar or in a store-room, and the wires are conducted to the consulting-room. In Galvanic Batteries arranged either for therapy or for telegraphy, the elements are arranged in series,—the electro-positive plate of one cell being connected to the electro-negative plate of the next cell, and so on. The free copper plate at one extremity of the battery is called the positive pole; and the free zinc plate at the other extremity is called the negative pole of the battery. In the Gravity battery the cells are composed of glass and hold about half a gallon of fluid. The copper plate rests upon the bottom and, when the battery is in full operation, is covered by a solution of sulphate of copper. The zinc plate is suspended in the cell about three inches from the top and is immersed in a solution of sulphate of zinc. The greater specific gravity of the copper solution keeps the two fluids separate, but only when the circuit is kept almost constantly closed. In the Stationary Battery the zinc of one cell is joined to the copper of the adjoining cell, and in the Portable Battery the zinc of one pair of plates is joined to the carbon of the adjoining pair.

In putting up a stationary battery, the cells are filled with water to within about two inches of the top, and about one pound each of copper sulphate and zinc sulphate is added. The battery is not ready for use until after the circuit has been closed by a short circuit for several hours. The circuit is closed by the two poles of the battery by means of a wire or other conductor. When the poles are joined by a short thick wire, the battery is said to be "short-circuited." After the battery is short-circuited for two or three hours, the two solutions become separate, the blue vitriol gravitates to the bottom, chemical decomposition commences and a current of electricity is generated. Sulphate of zinc is formed around the zinc plate and metallic copper is deposited on the copper plate. No gases are generated and polarization is prevented. When the battery is once in good working order the short circuit is removed and a long circuit substituted. The gravity battery is kept in working only by being kept in moderate and constant action. On a telegraph line the battery is kept in working order by being kept in constant action on the line. The poles of the stationary battery, when not required for electrization, should be connected through a coil of long and very fine wire, or some other medium should be introduced offering high resistance to the galvanic current. The water rheostat can be used for this purpose. In a battery of thirty cells the resistance should be equal to about one hundred miles of ordinary telegraph wire, and in a battery of sixty cells about two hundred. This would equal about two hundred and four hundred of Ohm's units of resistance, and on the water rheostat would be equal to a column of water about three-quarters and one and a-half inches in length.

In the operating room is a Current Regulator containing a current selecter, a current reverser, a galvanoscope, and a rheostat. The current selecter is connected with the battery by a number of wires and so arranged that any number of cells can be put in circuit, as desired. The galvanoscope is for measuring and the rheostat for modifying the strength of the galvanic current.

A few ounces of copper sulphate is added to each cell every two or three months, or sufficiently often to keep some undissolved crystals in the bottom of the cell, so as to keep the solution constantly saturated. In a telegraph battery the external resistance is comparatively low, the battery being practically almost short-circuited; hence the consumption of blue vitriol is very large and the zinc plates require to be renewed three or four times a year. When, however, the poles of the battery are closed only through high resistance, the consumption of copper sulphate is very small

and the zinc plates should last several years. Crusts of zinc sulphate should be removed from time to time as they form at the upper part of the cells; and it may be necessary to remove the zinc plates once or twice a year and have them cleaned. It is essential that the zinc plates be kept well covered with the solution, and for this purpose water should be added, at stated times, to make up for evaporation.

Stationary galvanic batteries are better adapted to hospital and dispensary practice than to private practice, but a stationary battery can be put up in a private house without much trouble and at an expense not very much greater than that of a portable battery with the same number of cells. They are the most economical in the end; they are always ready for use, and however prolonged the *sèance*, they continue to give a constant current of undiminished strength. These batteries should be accompanied by a rheotome, for giving slow or rapid interruptions to the current when the interrupted galvanic current is indicated. By turning a crank, slow or rapid interruptions may be given to the current, mechanically, by means of a ratchet wheel.

2. In the cabinet battery the cells are smaller than the gravity cell, the modification being known as the Siemens-Halske cell. Like the gravity cells, they contain two fluids and the current is said to be quite constant. The cells are placed in drawers or on shelves in a cabinet. The cabinet is placed on castors and can be moved from room to room or from ward to ward in a hospital building. These batteries are supplied with a current regulator, the same as the stationary battery. The cabinet battery is considerably more expensive than either the stationary or the portable galvanic battery.

3. The portable galvanic battery is made of different sizes, according to the number of cells. The smallest size contains eight or ten cells, the largest fifty or sixty cells. The cells are known as the Walker cell and are composed of plates of zinc and carbon. The plates are immersed in the acid solution while the battery is in use only. The smaller sizes are no larger than the ordinary Faradic battery and can be carried easily in one hand. For short applications in ordinary cases the portable batteries seem to answer nearly as well as the double fluid and larger celled batteries, and they are much more convenient. The portable batteries best known in this country are those of Stöhrer & Bartlett, both of which are convenient and efficient. In the Bartlett battery, as manufactured by C. Potter, of Toronto, the cells are flat and placed side by side in a double row in a movable tray, which is elevated while the battery is in action and which rests in the bottom of the case when the battery is not in use. The tray is elevated to its position by means of two rings which are attached to jointed rods. By bending these rods at the joint, the cells are kept in position while the battery is in action. The plates are arranged in pairs at the upper part of the case, the zinc of each pair being connected by wire or otherwise to the carbon of the next pair, and so on; and each pair of plates is connected with the current selecter at the top of the case. Each battery is also supplied with a pole-changer and a pair of insulated sponge electrodes. The thirty-cell battery has a galvanoscope and rheostat in addition, and a rheotome is supplied when required.

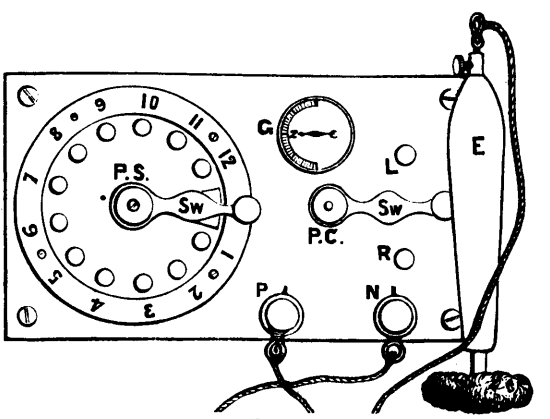

FIG. 1.

A twelve-celled Bartlett battery. *P. s.* Current selecter. *Sw.* Switch. *P. c* Pole-changer. *Sw.* Switch. *G.* Galvanometer. *P. N.* Screw posts for electrodes. *E.* Sponge electrode, with wooden handle.

When the pole-changer is turned to *R.* the positive pole is at *P.* and the negative at *N.*, but when the switch is turned to *L.* the current is reversed. By means of the switch of the current selecter, the strength of the current can be gradually increased from one cell to the number required, without breaking the current and without causing any shock to the patient. This renders the addition of a rheostat unnecessary.

By means of a padded slide, called a hydrostat, which can be screwed down over the cells, the battery can be taken in a carriage or car without the fluid being spilled. The hydrostat, when kept in position, will also prevent loss of solution by evaporation.

The acid solution for the portable battery is made as follows :—Sulphuric acid and bichromate of potash each one ounce, water ten ounces. The acid is added to the water gradually and after the solution becomes cool, the bichromate, finely powdered, is added. The solution is not used until the the salt is all dissolved. The cells are to be filled, uniformly, about two-thirds full. It may be necessary to add water about once a month, to make up for evaporation. If the battery is much used the plates should be cleaned two or three times a year and the acid solution should be renewed. About once a year the zinc plates should receive fresh amalgam, and to re-amalgamate a large number of small zinc plates by the ordinary method is a job that should not be lightly undertaken. In lieu thereof, I would suggest the following simple method :—Remove the square containing the plates and let it be held by an assistant, the plates being downwards. Remove one of the cups, if a spare one is not at hand, and having emptied the acid solution in a glass vessel, fill it two-thirds full of the amalgamating solution. Elevate the cup successively underneath each pair of cells, so that both the carbon and the zinc plate of each pair become fully immersed in the solution. The amalgam will adhere to the zinc only and will not injure the carbon. The amalgamating solution is made as follows :—

The galvanic current being perfectly noiseless and not causing any shock, it does not make itself known like the Faradic current. Before making an application, therefore, the presence of the current should be ascertained and its strength estimated. This can be done very readily by placing the two electrodes (moistened) against the forehead. Three cells cause a distinct smarting sensation and eight or ten cells are almost unbearable. If even a very weak current is passed through a solution of iodide of potassium, the free iodine will appear at the positive pole and color the solution. When a galvanometer is used the direction of the current is also indicated. In using the galvanoscope, the battery must be turned so that *N.* of the scale points to the north.

Some portable batteries have a secondary current apparatus added to the same case, but I believe this to be a disadvantage to both.

(Continued in our next).

Correspondence.

MEDICAL PROFESSION *VS.* QUACKERY.

To the Editor of the CANADA LANCET.

SIR,—I am not sure that you permit correspondence in your columns other than from professional medical men. However, as the matter to which I wish to refer has a strong bearing upon that profession, and treats especially of one who placards himself as "*One of the great Physicians*," I have taken the liberty of addressing you.

This week, our village was visited by one "Dr. Rose," with a long (and *very strong*) list of titles and diplomas, as being a Graduate of this Eclectic College, member of that Eclectic Association, Licentiate of Canada, and last, but not least, "Member of the College of Physicians and Surgeons of Ontario." I have hitherto had a very high opinion of the last title referred to, considering that he who held such an honour was at least an educated gentleman. Attendance at two of this "great Physician's lectures (?) however, has disabused me of that idea to a sad degree, for he cannot—at least does not—express himself in accordance with the plain rules of English Grammar, but rather after a manner which ought to disgrace a hod-carrier. The use of two negatives, and uniting plural nouns with singular verbs, are among the least offensive of his utterances. To the best of my belief, he classed *Digitalis* among the *mineral poisons*—at least he left that impression upon the greatest portion of his audience. His pronunciation of this word was also unique, viz., "Dagetilus." Among other things he vehemently declared that he "would not, and had not in fifteen—nay, in twenty years, given a prescription to a druggist," yet, in the very next sentence stated that he had sent one to a druggist in Barrie about two years ago. This may have been a *lapsus linguæ* on his part, but it looks very bad indeed on the part of one who should, from the position he occupies, be an educated man. It also brings the C. P. and S. into disrepute, and makes a laughing-stock of himself. He may, as he says, have "saved hundreds, thousands—nay, hundreds of thousands" by his magic belts and appliances, but his fearful slaughter—his wholesale murder of the Queen's English was sickening in the extreme.

Mr. Editor, how did such a man become a mem-

ber of the C. P. and S. of Ontario? If he would only keep himself at home, and quietly attend to the practice he might be able to obtain there, his abominable ignorance of his mother tongue would not be so widely displayed, to the injury of a noble institution, of which he has by some means become a member. Certainly something should be done by the Medical Council to protect itself from disgrace, in permitting such men to continue on its roll. Although a member of another profession, I can sincerely sympathize with the Medical Association of the County of Simcoe, in having to bear such an *incubus*, for all of them are what Dr. Rose should be—educated gentlemen.

Hoping you will excuse my taking this liberty, but trusting it will be taken in the spirit in which it was written, viz., in the interest of an authorized and educated Medical Profession *versus* Quackery,

I remain,

Yours truly,

CLERICUS.

June 7th, 1880.

DUTIES OF THE RETURNING OFFICER.

To the Editor of the CANADA LANCET.

SIR,—Relative to the conduct of Dr. Woolverton, Returning Officer for the Burlington and Home Division, I regret that I can only characterize it as exceedingly discourteous, oppressive and tyranical, and out of harmony with both the spirit of our Medical Act and the free institutions of our country. I only asked for my legal right to be *present*, or to have my agent present at the examination of the voting papers. Dr. Woolverton most emphatically declined to admit either my scrutineer, Dr. George McKelcan, of Hamilton, or myself. Is it possible that the liberties and the just rights of a candidate, and that of the medical profession, are to be thus trampled upon in Ontario, in this age of boasted freedom? An election is only a farce if a dishonest Returning Officer has it thus in his power to reject any candidate, as he may feel inclined. I told him that Dr. Wright, of Toronto, in his capacity as Returning Officer, had politely, (by letter), invited the candidates and their scrutineers to be present at the examination of the voting papers there. I also stated that Dr. Malloch and myself were present in 1872, when the voting papers were opened, and I showed him a letter which I had just received on the subject from the Registrar, Dr. Pyne, in which my right was implied. Here is an extract:—"About the elections, the Returning Officer is entrusted with the whole duty, and no doubt is entitled to act in all matters connected with the election, according to his own discretion and judgment." Dr. Woolverton said, a letter he had got from the Registrar was in a very different tone from that, but that if Dr. McDonald was agreeable he would permit it, but preferred not doing so. I called upon Dr. McDonald and requested as a special favour that either he or his scrutineer should be present with me, at the counting of votes, as the Returning Officer would not allow it unless with his permission and hearty co-operation. He positively refused, and assigned as his reason, that the intention of the law was SECRET VOTING, and that he had telegraphed several gentlemen his opinion. Having done so, under no circumstances could he be present at the counting of the votes. I said that the amended Medical Act contemplated nothing more than a matter of convenience by the voting papers, and that as the name of the voter was on each paper, the SECRESY of the ballot was not contemplated for a moment. On my return to Dr. Woolverton's house, from my unsuccessful mission, I met Dr. Mullen, who appears sincerely to believe that all the Legislative ability and wisdom of our Territorial Division is to be found in the city of Hamilton, and in the person of Dr. McDonald. On inquiry by Dr. Mullen, the Returning Officer stated that he could examine the papers by 2.45 p.m. Dr. Mullen then said he would telephone Dr. McDonald to come and learn the result of the election. I called at the appointed time, and was informed by Dr. Woolverton that he was not half through the examination of the papers. As I left, to my great surprise and astonishment, Dr. McDonald arrived at Dr. Woolverton's office. What assistance he rendered the Returning Officer on that occasion I know not; but as the Returning Officer was so very arbitrarily and so persistently determined to perform the important duties of his office without the concurrence of our worthy President, I cannot disabuse myself of the feeling, that the count may have been tinctured with the same disposition to partiality by this partizan Returning Officer, as characterized his refusal

to admit candidates and their scrutineers. From the very liberal spirit you have manifested in your impartial criticism of the votes and proceedings of the Medical Council, I trust you will be able to aid in devising such a plan as may be accepted by that body, so that no man's election will thus depend upon the caprice or the tender mercies of any biassed official. Surely, there should have been sufficient foresight in the Council or in the Executive Committee to define the duties of the Returning Officer so plainly, that although a fool, he might not be able to go astray in faithfully performing them. It is matter for congratulation that the recent elections have returned some most worthy and excellent members of the late Council, and that some very promising fresh blood has been infused in the newly elected members. In conclusion, I beg to return my sincere thanks to the independent electors who kindly voted for me, and wish the new Council God speed in its restoration of the public confidence and respect, and trust that a wise and judicious policy may remedy the many abuses which have hitherto existed, and prevent their occurrence in future, and that a new era may dawn, made bright with their future wise legislation in regard to our noble profession, which may continue not only to be distinguished by the love of science, wisdom and literature, but also command the universal admiration of every intelligent citizen both at home and abroad.

Yours truly,

CLARKSON FREEMAN.

Milton, June 4th, 1880.

TREASURERSHIP OF THE MEDICAL COUNCIL.

To the Editor of the CANADA LANCET.

SIR,—Allow me to give you an idea of how we will feel, should the rumour that Dr. Aikins will again act as Treasurer for the Council be true.

A gentleman accepts office always for some one or more of the following reasons, viz. :—1st. Because he is forced to do so. 2nd. From philanthropy or charity. 3rd. For gain, as of honour, influence or money. Which one of these would induce Dr. Aikins to accept this office? It would be absurd to say that either *charity, philanthropy* or *force*, was the reason, or the whole of them combined. The profession does not need the first, and Dr. Aikins would not submit to the last. Then it must be for gain. Gain of what? Not of honour, surely, for it would bring dishonour to his name when he knows that so many of the profession oppose his appointment. It surely cannot be that the wealthy surgeon would wish to hold the emolument from so many of the more needy practitioners when it is so paltry in comparison with the immense profits of his profession. No, we do not think he is so penurious. Then it must be for gain of influence. Influence over whom? The suggestion of new students comes at once, and then our minds say: "If the Toronto School of Medicine needs such questionable means of support to hold its own, it must be weak, and the party who uses the means can be neither fair-minded nor honourable."

Having been a supporter of Dr. Aikins, and believing his integrity and abilities unimpeachable, I give the above ideas as thoughts only, so that I may supply to Dr. Aikins what Robbie Burns wanted when he said—

> "Oh wad some power the giftie gie us,
> To see oursel's as ithers see us."

Surely our new Council will be more honourable, just and fair-dealing than to confer upon any schoolman such an appointment.

MEDICUS.

Beeton, June 17, 1880.

Selected Articles.

STATISTICS OF CANCER OF THE BREAST.

Dr. J. Oldekop has published, in the twenty-fourth volume of the *Archiv für Klinische Chirurgie*, a statistical summary of all the cases of mammary cancer occurring in Professor Esmarch's hospital and private practice from 1850 to 1878. With regard to age, most of the cases occurred between the forty-eighth and fiftieth years; in 123 patients, the age did not exceed 48; in 71, it was between 48 and 58; and, in 35, the age was 59 and upwards. In 21 cases, there are no particulars as regards age. Women who had borne more than six children furnished the greatest contingent, and next came those who had no children. There were 9 in this category, against 103 who had given birth to children. In 61 cases in which the information could be obtained, 15 had not, and 46

had, suckled their children. In 36 cases, mastitis had preceded; but in only 9 was it ascertained with certainty that the cancer had its starting-point in an induration or cicatrix remaining after the mastitis. In three cases, there had been contusion with extravasation; the extravasation, after some years, forming the centre of the new growth. In two cases, the seat of the primary nodule was a part of the breast which had been for some years pressed on by the string of a corset; in a third, it was a part that was often pressed on by a yoke. In 126 cases, the right breast was diseased, in 102 the left. The outer and upper part of the mamma was most frequently first affected; and this is ascribed by Dr. Oldekop to the greater liability of this part to injury. In three cases, the cancer was preceded by chronic eczema of the breast. Circumstances indicating the influence of hereditary tendency were noticed in eleven cases. The average duration of life from the commencement of the disease was, in the cases not operated on, 22.6 months; in those operated on, 38.1 months. On 225 patients, 287 operations were performed. Of these 225, there died in the hospital 28; viz., 5 from return of the cancer, and 23 from the operation; among these were 14 cases of total extirpation of the mamma with removal of the axillary glands. With regard to the influence of treatment on the mortality and on the time required for healing, Dr. Oldekop's statistics show no marked difference between the antiseptic and the non-antiseptic methods; he remarks, however, that erysipelas has been less frequent in Dr. Esmarch's practice since the introduction of the antiseptic method. The time after the operation at which the disease returned is noted in 112 cases. In 14 cases, it immediately followed the operation; in 15, it took place within the first month; in 23, within three months; in 15, within more than three and less than six months; in 13, from the seventh to the ninth month; in 14, from the tenth to the twelfth month; in 9, from the thirteenth to the eighteenth month; and in 8, within three years. In one doubtful case, the interval is said to have exceeded three years. At the time of the report, 44 of the women had remained free from a return of the disease; of these, six had died of intercurrent diseases; three within three years since the operation, and three after three years. In 15, the time during which they had remained free from relapse was under three years; and, assuming three years as the extreme time for a return of the disease, 26 could be regarded as definitely cured; in 10 of these, the infiltrated axillary glands had been removed with the mammary cancer. In some cases, a second operation was necessary. Although the number of cases in which a complete cure followed the operation is not large, Dr. Oldekop regards it as sufficiently encouraging to induce surgeons to operate early, and thus increase the chance of a good result.—*Brit. Med. Journal.*

DIAGNOSIS OF CANCER OF THE BREAST.

Dr. S. W. Gross in concluding an article on the above subject in the *Boston Medical and Surgical Journal*, March 25th 1880, remarks as follows:—

The points in favor of carcinoma are, therefore, non-development before the age of twenty, greatest frequency after the fortieth year, irregular shape, almost uniformly densely hard and knobby feel, immobility in the gland, attachments to the skin and deeper structures, solitary origin, comparatively small volume and slow growth, retraction of the nipple, infiltration of the lymphatic glands, invasion of the skin by small nodules, non-enlargement of the subcutaneous veins, limited ulceration, without any tendency to fungous protrusion, and the thickened, indurated, and everted edges of the ulcer.

The diagnosis of the non-carcinomatous tumors is based, on the other hand, upon their occurrence in every sixth case before the age of twenty, their greatest frequency before the fortieth year, their multiplicity in one breast, their peripheral situation, their rounded or ovoid and bossed outline, the firm consistence of the smaller and the unequal feel of the larger, their mobility in or on the gland and the adjacent tissues, their comparatively rapid growth and bulky size, the natural appearance of the skin, the enlargement of the subcutaneous veins when they are voluminous, their tendency to ulcerate and protrude late in the disease, and the absence of adhesions between the fungus and margin of the ulcer, and their freedom from retraction of the nipple, nodules in the skin, and taint of the associated lymphatic glands.

There are many interesting and highly instructive features in the symptoms of both classes of tumors which I might, had I the time, discuss with profit; but as I have considerably overrun my hour, I will limit my remarks to two points.

Among the more prominent signs of carcinoma are those which indicate local infection of the surrounding tissues, and a knowledge of the date of their appearance will prove serviceable in deciding the question of an operation. Nodules may be looked for in the skin in fourteen months, the contaminated lymphatic glands of the axilla may be detected in fifteen months, ulceration may be expected in seventeen months, and deep adhesisons take place in twenty-one months. These figures denote the average date; but I have known infiltration of the skin, pectoral muscle, and glands, and ulceration to occur as early as four months, and to be postponed on the other hand, for several years. Glandular involvement, indeed, may show itself as early as the first month, or even before the primary tumor can be felt; and from the fact that the glands are buried in the fat of the axilla, thereby evading early detection, I believe that their invasion antedates that of the skin. Be this

as it may, if you are about to operate on a case in which there is nodular infiltration of the skin, you should be prepared to open the axilla and search for infected glands, even if they cannot be distinguished from without.

Finally, I desire to state that I am no believer in the constitutional origin of carcinoma, and that I am convinced that we will obtain good results after operation if we can only secure cases in which the disease is limited to the gland itself. Even when the skin over the breast is infiltrated to a slight degree, and the lymphatic glands of the axilla are not too seriously involved, I believe that we may prolong life, if not obtain a radical cure, by extirpation. To do this, however, you must discard the operation as you usually see it performed, and remove the entire gland, with all its coverings, by a circular incision, dissect away the pectoral fascia, and clean out the axilla. In other words, do not aim to secure a covering for the wound, but practice thorough excision.

Occlusion of the Larynx : Internal Laryngotomy.—Professor K. Stork relates, in the *Winer Medizinische Wochenschrift* (No. 46, 1879), the case of a boy aged 7, who three years previously had diphtheria, for which tracheotomy had been performed, and he had since worn an unfenestrated canula. Some time after the operation, he was brought to Dr. Stork in consequence of having become dumb. Laryngoscopic examination showed a normal condition of the part as far as the interior of the larynx; beyond the vocal cords, a *cul-de-sac* was noticed. The vocal cords moved, but without sound ; there was a remarkable absence of secretion. Dr. Störk diagonised complete adhesion of the cricoid cartilage. On examination with a small tracheal speculum, a wall of mucous membrane was found to have been formed between the larynx and trachea, arching over the latter like a dome. Dr. Störk consequently resolved to perform internal laryngotomy. For this purpose, he used a knife one-fifth of an inch long, set at a right angle to the handle, with which he carefully divided the adherent parts from below upwards and from behind forwards ; this having been done a specially constructed dilating apparatus was applied. There was little hæmorrhage during the operation ; and the only difficulty arose from the narcosis. After the operation, the laryngeal opening having been dilated and the tracheal opening closed, the patient was able to speak.—*Brit. Med. Journal.*

Transplantation of Testicle from Groin to Scrotum.—Mr. Wood reports the following case in the *Lancet* of May 1st :

George D., aged thirteen : When quite young a tumor was noticed in right groin, which disappeared when he was lying down, but reappeared when he walked. He has worn a truss as long as he could remember. By this means he had prevented the descent of the tumor till ten days ago, when it slipped past the truss and could not be returned. Four days after he experienced great pain in the right groin, the tumor increasing rapidly in size, with sickness and constipation.

On admission, there was found at the right external ring a solid tumor, irreducible, excessively painful, and with no impulse on coughing. There was absence of the right testicle from the scrotum. The diagnosis was, an inflamed undescended testicle. An ice-bag was applied, followed in a week's time by diminution of the testicle to its original size. It could not, however, be returned to the abdomen.

On February 28th Mr. Wood exposed the testicle, which was found to be somewhat smaller than its fellow, by a vertical incision over the external ring. The cavity of the tunica vaginalis could not be found, and seemed to have been obliterated. The testicle, especially at its upper border, was attached to the pillars of the ring by very firm adhesions, which were with some difficulty broken down. Mr. Wood then freed the cord for about an inch and a half, and though he found it considerably shortened, by making traction he was able to bring the testicle down about an inch. He then everted the scrotum, stitched the testicle by catgut to the everted part, put a small drainage tube in, sewed up the opening, and applied a pad firmly above the testicle, the whole operation being performed antiseptically.

The patient slept well on the night of the operation. Next day the testicle, though slightly retracted, was still well out of the external ring. There was no pain complained of, the wound united by primary adhesion, and the drainage-tube was removed on March 10th. The temperature was never over 90°. On March 15th the patient was discharged, wearing a water-pad truss, which was specially constructed to keep the testicle in the scrotum.

A Case of Early Pregnancy.—Dr. May reports the following case in the *Lancet* :—L. E.—— (born February 7th, 1867, daughter of a farmer) was brought to me in November last to be treated for amenorrhœa. I learned from her mother that the menstrual flow, which had made its first appearance during the preceding April, had not occurred since. Struck by the peculiar figure of the girl, I inquired of the mother whether she had any suspicion of the nature of her daughter's condition, and I then elicited that it had recently come to the knowledge of the parents that there had been an improper intimacy between her and a lad of twenty, employed as farm servant. In consequence of this I made an examination, which verified my suspicion that she was pregnant. I may here mention that the affair became subsequently

the subject of criminal proceedings against the lad, who in January last was sentenced to a term of twelve months' imprisonment under the provisions of the recent Act of Parliament.

Although L. E. was more developed than are most girls of the same age, I naturally anticipated, from her extreme youth, a very tedious if not perilous labour. The sequel will show how agreeably I was disappointed.

On the morning of February 26th I was sent for to visit her, and on reaching the house learned that labour had commenced the previous morning at about half-past ten o'clock. At the time of my arrival (8.30 a.m.) I found the os uteri fully dilated and the head presenting in the first position. From that point labour progresssed rapidly, and in one hour and a half terminated in the birth of a healthy, well-developed male child. The mother never had a bad symptom, and both she and the child have been doing well since.

It will be seen from the above dates that L. E.—— was, on the birth of the infant, thirteen years and nineteen days old.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.—As the mode of conducting the Primary or Anatomical and Physiological Examination for the diploma of Membership of this institution has been much altered, perhaps the following may be interesting to teachers and students. Commencing with the written portion of the examination, there were two distinct papers submitted to the candidates on the same day (viz., the 2nd inst.), from one to three o'clock, when they were required to answer four, and not more than that number, out of the following six questions on Anatomy :—

1. Describe the calcaneum.

2. Describe the arrangement and attachments of the perineal fasciæ.

3. Give the attachments of the trapezius muscle; state what structures are exposed upon its removal.

4. Give the dissection required to expose the first portion of the subclavian artery on the right side.

5. Describe the course and relations of the portal vein; name its tributaries, and mention their anastomoses with the systemic veins.

6. The brain being removed from the skull, how would you proceed to expose the corpora quadrigemina?

These having been answered or attempted, they met again after an hour's respite—viz., from four to six, when the following questions on Physiology were submitted to them, with the same conditions as the Anatomical :—

1. Give the physical characters and chemical composition of the blood; describe its corpuscles. What purposes do they fulfil?

2. Mention the average period of eruption of the temporary and permanent teeth. Describe the minute structure of a tooth.

3. Give a description of the microscopical appearance presented by a transverse section of the spinal cord in the cervical region. What are the functions of the cord?

4. Describe the course and minute structure of a renal tubule. What functions have been ascribed to its several parts?

5. How is the circulation of the blood maintained? What is the average velocity of the blood in the larger arteries and veins, and in the capillaries? By what means has this been ascertained?

6. What is the structure of adipose tissue? What are its uses in the economy? and what are the circumstances that lead to variations in its amount?

Of the 173 candidates, 24 were examined daily at the *vivâ voce* for fifteen minutes at *two* tables, instead of ten minutes at *three*, as heretofore. At these tables there were two examiners in Anatomy and two in Physiology. At the former tables were to be seen carefully prepared dissections, made by gentlemen who had passed the examination and the *élite* of the metropolitan schools, as also some beautiful preparations from the museum of the College. At the expiration of the time the candidate proceeded to the Physiological tables, where he was met by two examiners, who submitted to him microscopic objects, such as blood, urine, milk, muscular fibre, bone, enamel, sections of kidney, brain, &c. The examiners in Anatomy were Messrs. Durham and Bellamy at table A, and Messrs. Pick and Rivington at table B; Physiology was represented at table C by Messrs. Power and Lowne; and at D by Messrs. Baker and McCarthy. The new plan appears to work very well, and to give great satisfaction to the students. Mr. Heath, who is the Chairman of the Board, readily admits Fellows of the College and teachers generally to witness the examinations, which in consequence may be considered public.—*London Lancet*, April 10, 80.

CRUELTY TO WOMEN.—The *Lancet*, May 8th, '80, says : We have a serious duty to perform; and we cannot shrink from it. The public are, probably, not aware of the cruelty which is being inflicted on a large class of the community by the practice of keeping shop-women standing during the hours of business. In some of the large establishments daily patronised by ladies of fashion the permanent injury done to the young persons engaged is of alarming proportions, and it is time to protest. Young women come up from the country in full health, and are rapidly reduced to a condition which practically condemns them to life-long suffering. So fatuous is the discipline in many of the large houses, that if a girl is seen to lean for a few moments for relief in her weariness she is

reprimanded, and if the offence (!) be repeated, dismissed. This cruelty—we can use no milder term—is one which society or, if need be, the law, must put down. We have not adverted to this painful subject until compelled to do so by the most conclusive evidence that the practice of keeping girls standing during business hours is a large factor in the causation of the most distressing diseases. The public will aid our endeavours to put a stop to this evil by interfering as opportunity offers; but an appeal must be made directly to the tradesmen, especially to the large retail drapery establishments in the metropolis. We especially invite communications from firms who are willing at once to provide sitting accommodation for the young women in their employ, for use during the intervals of personal attendance on customers. The names of these firms we will publish in a special list, and by this—and other—methods of enforcing the reform so urgently needed, strive to eliminate at least one of the many remediable causes of disease.

CHIAN TURPENTINE IN THE TREATMENT OF CANCER.—Professor John Clay, of Birmingham, has published some remarkable cases of cancer of the uterus cured by the internal administration of Chian turpentine. We give the following as one of the best marked cases. The patient *æt.* 32 came to the Queen's Hospital after having been discharged incurable at the Women's Hospital. She was greatly depressed. She had had repeated floodings and suffered greatly from pain during the last five months. Constipation very troublesome, probably due to opiates. She was found to be suffering from epithelial cancer of the os and cervix uteri, but not involving the vagina. There was a cancerous mass of the posterior parts of the os and cervix of the size of a goose egg. This growth pushed the os uteri towards the pubis almost preventing that part from being felt. A mixture containing six grain doses of Chian turpentine dissolved in ether and suspended in mucilage was taken three times a day, and from this period a very rapid diminution of the growth took place, so that by the sixteenth day it had almost entirely disappeared. The os uteri was now in situ, admitted the finger readily, and the vessels of the tumor assumed a shrivelled appearance. A solution of perchloride of iron was then used daily with excellent effect. In the ninth week the patient suffered from spasmodic pains in the back and abdomen, which was attributed to the medicine. Iodide of calcium was then given for a fortnight. After this Chian turpentine was resumed while an arsenical lotion was used locally. Under this treatment the woman very rapidly improved, the pains ceased and the parts became much reduced in size and more movable. She was sent to a sanatarium and discharged convalescent. Professor Clay says the Chian turpentine seems to act on the periphery of the growth with great vigor, causing the speedy disappearance of cancerous infiltration, and thereby arresting the further development of the tumor. It appears to dissolve the cancer cells. It is a most efficient anodyne causing an entire cessation of pain in a few days. The Professor, whose name is a sufficient guarantee for the diagnosis and the results of treatment, does not affirm that the Chian turpentine is a positive cure for advanced cancer of the uterus. Nevertheless all the patients treated are still living, their disease has been arrested and has all but disappeared, and it certainly relieves the pain in a manner which cannot be said of any other remedy.—*London Lancet.*

TREATMENT OF EMPYEMA.—In the current number of the *Birmingham Medical Review* is a paper by Mr. William Thomas, one of the surgeons to the Birmingham and Midland Free Hospital for Sick Children, on the surgical treatment of empyema, as illustrated by several cases in which resection of one or more ribs has been practised. The success recorded by Mr. Thomas is very marked. He has performed the operation nine times; four of the children have recovered with expansion of the lung and restoration of the excised rib, in three others all discharge has ceased and the lungs are in various stages of expansion; another case is "doing well," and the ninth case was almost moribund when operated on, and died six hours later from asthenia. The case of Dr. F. Taylor and Mr. G. Howse is also recorded in the paper. The object of the operation is to allow of full retraction of the ribs and efficient drainage of the pleural cavity. It is of course obvious, but yet not always borne in mind, that an empyema can never be cured unless the cavity of the pleura is obliterated by the expansion of the lung, the displacement of viscera, or the falling in of the chest wall, or all of these together. But only when the lung expands to its former size have we any right to speak of a "cure" having been accomplished; in the other cases recovery may have resulted, but the patient is sadly crippled, having a much diminished breathing power. We cannot keep this consideration too constantly and clearly in view; it is not enough to save the life in such cases, we ought also to save the lungs, and it is a stigma on surgery to allow a patient to recover with a collapsed useless lung, as to permit anchylosis of the hip to occur in a false position. This is not a mere quibble, for the want of a clear perception of this point leads to errors in practice which have very disastrous results: patients with pleuritic effusion are left alone so long as no serious symptoms arise, there is a long delay before the fluid is withdrawn, and meanwhile the lung is being compressed and possibly bound down, so that it can never fully expand again. We know that of late

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{ Strychnia, 1-40 gr. / Ext. Belladonnæ, Pulv. Ipecacuanhæ, *aa* 1-10 gr. / Pil. Hydrarg., Ext. Colocy. Co., pulv., *aa* 2 grs. }		
APERIENT.	1 60	4 75
{ Ext. Nucis Vom., 1-3 gr. / Ext. Hyoscyami, 1-2 gr. / Ext. Coloc. Comp., 2 grs. }		
ARSENIOUS ACID, 1-50, 1-40, 1-30 & 1-20 gr.	50	2 25
ASSAFŒTIDA, 2 grs.	50	2 25
{ Assafœtida, 1 1-2 grs., Pulv. Saponis, 1 gr. }		
ASSAFŒTIDA, U. S., 4 grs.	50	2 25
{ Assafœtida, 3 grs., Pulv. Saponis, 1 gr. }		
ASSAFŒTIDA COMPOUND. 3 grs.	50	2 25
{ Assafœtida, 2 grs. / Ferri Sulph. Exsic., 1 gr. }		
ASSAFŒTIDA AND NUX VOMICA.	75	3 50
{ Assafœtida 3 grs. / Ext. Nucis Vom., 1-4 gr. }		
ATROPIA, 1-60 gr.	1 00	4 75
BELLADONNA EXTRACT. 1-4 and 1-2 gr.	50	2 25
BISMUTH, SUBNITRATE, 3 grs.	1 00	4 75
BISMUTH, SUBNITRATE, 5 grs.	1 50	7 25
BLUE PILL, U. S., 1-2, 1 and 3 grs.	50	2 25
BLUE PILL, U. S., 5 grs.	60	2 75
BLUE PILL COMPOUND.	75	3 50
{ Pil. Hydrarg., 1 gr. / Pulv. Opii., 1-2 gr. / Pulv. Ipecac, 1-4 gr. }		
CAFFEIA, CITRATE, 1 gr.	4 00	19 75
CALCIUM, SULPHIDE, 1-10, 1-4, 1-2 & 1 gr.	75	3 50
CALOMEL, 1-2, 1, 2 and 3 grs.	50	2 25
CALOMEL, 5 grs.	60	2 75
CALOMEL COMPOUND. 2 grs.	60	2 75
{ Antim. Sulph., Hydrarg. Chlor. Mite, *aa* 1-2 gr. / Resina Guaiaci, 1 gr. }		
CALOMEL AND OPIUM, 3 grs.	85	4 00
{ Hydrarg. Chlor. Mite, 2 grs., Opii, pulv., 1 gr }		
CAMPHOR AND HENBANE. 2 grs.	60	2 75
{ Camphora, 1 gr., Ext. Hyoscyami, 1 gr. }		
CAMPHOR, HENBANE and VALERIAN, 2 1-2 grs.	60	2 75
{ Camphora, Pulv., Ext. Hyoscyami. Alc., *aa* 1 gr. / Ext. Valerianæ, 1-2 gr. }		
CAMPHOR, MONO-BROMATED, 2 grs.	1 50	7 25
CAMPHOR, MONO-BROMATED, 3 grs.	2 00	9 75

	Bottles 100 pills	Bottles 500 pills
CANNABIS INDICA EXTRACT, 1-2 gr.	1 25	6 00
CANNABIS INDICA EXTRACT, 1 gr.	1 75	8 50
CATHARTIC COMPOUND, U. S.	60	2 75
CATHARTIC IMPROVED.	60	2 75
{ Ext. Colocynth. Comp. pulv., 1 gr. / Jalapæ pulv., Res. Leptand., *aa* 1-2 gr. / Ext. Hyoscyami, Ext. Taraxici, *aa* 1-4 gr. / Res. Podoph., 1-4 gr. Ol. Menthæ Pip. }		
CATHARTIC VEGETABLE, 3 grs.	60	2 75
{ Ext. Col. Comp., pulv., 1 1-2 grs. / Res. Podophylli, 3-8 gr. / Res. Leptandræ, 1-8 gr. / Jalapæ pulv., 1-4 gr. / Aloes, Socotrin pulv., 1-2 gr. / Ext. Hyoscyami, 1-4 gr. / Ol. Menthæ Pip. }		
CERIUM, OXALATE, 1 gr.	1 00	4 75
CERIUM, OXALATE, 2 grs.	1 50	7 25
CHARCOAL, WILLOW, 3 grs.	60	2 75
CHINOIDINE, 1-2 and 1 gr.	60	2 75
CHINOIDINE, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS, See Quinine List.		
CINCHONIDIA (ALKALOID), See Quinine List.		
CINCHONIA, SULPHATE. See Quinine List.		
CINCHONIDIA, SULPHATE, See Quinine List.		
COCA EXTRACT, 1 gr.	65	3 00
CODEIA, 1-16 gr.	1 75	8 50
CODEIA, 1-5 gr.	2 50	12 25
CODEIA, 1-2 gr.	3 50	17 25
COLOCYNTH COMP. EXTRACT, 3 grs.	1 00	4 75
COLOCYNTH, IPECAC AND BLUE.	1 00	4 75
{ Ext. Coloc. Comp., pulv., 2 grs. / Pulv. Ipecacuanhæ, 1-6 gr. / Pil. Hydrarg 2 grs. }		
COOK'S, 3 grs.	60	2 75
{ Pulv. Aloes Soc., 1 gr. / Hydrarg., Chlor., Mite, 3-4 gr. / Pulv. Rhei, 1 gr. / Pulv. Saponis, 1 4 gr. }		
COPAIBA, 3 grs.	75	3 50
COPAIBA AND OLEO-RESIN CUBEB, 3 grs.	75	3 50
{ Pil. Copaibæ, 2 grs. / Oleo-Resin Cubebæ, 1 gr. }		
COPAIBA AND OLEO-RESIN CUBEB, 5 grs.	1 25	6 00
{ Pil. Copaibæ, 3 grs. / Oleo-Resin Cubebæ, 2 grs. } [1-20 gr.	50	2 25
CORROSIVE SUBLIMATE, 1-100, 1-40, 1-30 & CROTON OIL, 1-2 gr.	1 00	4 75
DAMIANA EXTRACT, 3 grs.	3 00	14 75
DIGITALIA, PURE, 1-60 gr.	75	3 50
DINNER (CHAPMAN'S), 4 grs.	60	2 75
{ Pulv. Aloes Soc., Pulv. Mastiches, *aa* 1 1-2 grs. / Pulv. Ipecacuanhæ, 1 gr., Ol. Fœniculi. —— }	60	2 75
DINNER (COLE'S).		
{ Pil. Hydrarg., 1 1-5 grs. / Pulv. Aloes Soc. 1 1-5 grs. / Pulv. Jalapæ, 1 1-5 grs. / Ant. et Pot., Tart., 1-50 gr. }		
DINNER (LADY WEBSTER'S), 3 grs.	60	2 75
{ Pulv. Aloes. Soc., 1 4-5 grs. / Pulv. Mastiches, 3-5 gr. / Pulv. Rosæ Gallicæ, 3-5 gr. }		
ELATERIUM (CLUTTERBUCK'S), 1-10 gr.	1 00	4 75
EMMENAGOGUE.	1 40	6 75
{ Ergotin, Extract. Helleb. Niger, *aa* 1 gr. / Ferri Sulph. Exsic., Pulv. Aloes Soc., *aa* 1 gr. / Ol. Sabinæ, 1-4 gr. }		
ERGOTIN (Each pill—30 grs. Ergot), 3 grs.	2 00	9 75
FERRUGINOUS (BLAUD'S), 3 and 5 grs.	1 00	4 75
[Ferri Sulphas, Potassæ Carb., P. Æ.]		
FUCUS VESICULOSUS EXTRACT, 3 grs.	1 00	4 75
GELSEMIUM EXTRACT, 1 gr.	75	3 50
GONORRHŒA, 5 grs.	60	2 75
{ Cubebæ, pulv., 2 grs. / Pil. Copaibæ, 1 gr. / Ferri Sul. Exsic., 1-2 gr. / Terebinth., Venet., 1 1-2 grs. }		
GRINDELIA ROBUSTA EXTRACT, 3 grs.	1 00	4 75

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

	Bottles 100 pills	Bottles 500 pills
GUARANA EXTRACT (PAULLINIA), 3 grs.	2 00	9 75
HENBANE EXTRACT, 1 gr.	60	2 75
HEPATIC.	1 00	4 75
(Pil. Hydrarg., 3 grs. Ext. Bellad., 1-4 gr. Ext. Colocynthis Comp., 2 grs.)		
HOOPER'S, 2 1-2 grs.	50	2 25
"HOSPITAL QUININE," see Quinine list.		
HYDRASTIA (WHITE ALKALOID), 1-2 gr.	2 50	12 25
HYDRASTIA (WHITE ALKALOID), 1 gr.	4 00	19 75
HYOSCYAMINE (RESINOID), 1-4 gr.	1 00	4 75
HYPOPHOSPHITES, COMPOUND.	1 50	7 25
(Calcii Hypophos., 1 gr. Sodii " 3-4 gr. Potassii " 1-2 gr. Ferri " 1-4 gr.)		
IODOFORM, 1 gr.	1 50	7 25
IODOFORM AND IRON, 2 grs.	2 50	12 25
IPECAC AND OPIUM (DOVER, U. S.), 2 1-2 grs.	60	2 75
IPECAC AND OPIUM (DOVER, U. S.) 5 grs.	1 00	4 75
IRON BY HYDROGEN (QUEVENNE'S), 1 gr.	50	2 25
IRON BY HYDROGEN (QUEVENNE'S), 2 & 4 grs.	75	3 50
IRON, "BLAUD'S," See Ferruginous.		
IRON, BROMIDE, 3 grs.	1 50	7 25
IRON, CITRATE AND CINCHONIDIA, 2 grs.	85	4 00
IRON, CITRATE AND QUININE, } See IRON, CITRATE AND QUININE, } Quinine IRON, CITRATE AND QUININE, } List.		
IRON, CITRATE & STRYCHNINE.	75	3 50
(Ferri Citras, 1 gr., Strychnia, 1-50 gr.)		
IRON, DIALYSED (SCALES), 2 grs.	1 50	7 25
IRON, FERROCYANIDE, 3 grs.	60	2 75
IRON, IODIDE OF (Blancard's Form.), 1 gr.	80	3 75
IRON, LACTATE, 1 gr.	60	2 75
IRON, PHOSPHATE AND STRYCHNINE.	1 00	4 75
(Ferri Phosphas, 2 grs. Strychniæ pulv., 1-50 gr.)		
IRON, PROTO-CARB. (VALLET'S), 2 and 3 grs.	50	2 25
IRON, PROTO-CARB. (VALLET'S MASS), 5 grs.	60	2 75
IRON, VALERIANATE, 1 gr.	1 25	6 00
JABORANDI EXTRACT, 3 grs.	1 50	7 25
LAXATIVE (COLE'S).	60	2 75
(Res. Podophylli, 1-10 gr. Hydrarg. Chlor. Mite, 1 gr. Ext. Col. Comp. Pulv., 3 grs.)		
LIME, LACTO-PHOSPHATE, 5 grs.	2 00	9 75
LITHIUM BROMIDE, 2 grs.	1 50	7 25
LUPULIN, 3 grs.	50	2 25
MERCURY, BIN-IODIDE, 1-40, 1-25 & 1-16 gr.	50	2 25
MERCURY, CYANIDE, 1-20 gr.	50	2 25
MERCURY, PROTO-IODIDE, 1-5, 1-4 & 1-2 gr.	50	2 25
MORPHINE, ACETATE, 1-8 gr.	75	3 50
MORPHINE, ACETATE, 1-4 gr.	1 00	4 75
MORPHINE, MURIATE, 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-6, 1-10 & 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-6 gr.	85	4 00
MORPHINE, SULPHATE, 1-4 gr.	1 00	4 75
MORPHINE, VALERIANATE, 1-8 gr.	1 25	6 00
NEURALGIA (BROWN-SEQUARD).	2 00	9 75
(Ext. Hyoscyami, 2-3 gr. " Conii, 2-3 gr. " Ignatii Amaræ, 1-2 gr. " Opii, 1-2 gr. " Aconiti, 1-3 gr. " Cannab. Indicæ, 1-4 gr. " Stramonii, 1-5 gr. " Belladonnæ, 1-6 gr.)		
NEURALGIA (DR. GROSS); See Quinine list.		
NUX VOMICA EXTRACT, 1-4 and 1-2 gr.	50	2 25
OPIUM, U. S. 1 gr.	75	3 50
OPIUM EXTRACT, 1-4 gr.	75	3 50
OPIUM EXTRACT, 1-2 gr.	1 00	4 75
OPIUM EXTRACT, 1 gr.	1 50	7 25
OPIUM AND ACETATE OF LEAD, No. 1, 2 grs.	80	3 75
(Opii Pulv., Plumbi Acet., *aa* 1 gr.)		
OPIUM AND ACETATE OF LEAD, No. 2, 2 grs.	60	2 75
(Opii Pulv., 1-2 gr. Plumbi Acet., 1 1-2 grs.)		
OPIUM AND CAMPHOR. 3 grs.	80	3 75
(Opium, 1 gr. Camphora, 2 grs.)		
OX GALL. 3 grs.	60	2 75
(Fel Bovin. dep., 2 grs. Pulv. Zingiber, 1 gr.)		
PEPSIN, 5 grs.	1 00	4 75
PEPSIN AND BISMUTH, 5 grs.	1 50	7 25
(Pepsin, 2 grs., Bismuth Subnit., 3 grs.)		
PEPSIN, BISMUTH AND STRYCHNINE, 5 grs.	1 75	8 50
(Pepsin, 2 1-2 grs. Bismuth Subnit., 2 1-2 grs. Strychnia, 1-60 gr.)		
PHOSPHATES IRON, QUININE & STRYCHNINE; See Quinine list.		
PHOSPHORUS, 1-100, 1-50, 1-30, 1-20 & 1-12 gr.	1 00	4 75
PHOSPHORUS COMPOUND, No. 1.	1 25	6 00
(Phosphorus, 1-100 gr. Ext. Nucis Vomicæ, 1-4 gr.)		
PHOSPHORUS COMPOUND, No. 2.	1 25	6 00
(Phosphorus, 1-60 gr. Ext. Nucis Vomicæ, 1-4 gr.)		
PHOSPHORUS COMPOUND, No. 3.	1 25	6 00
(Phosphorus, 1-50 gr. Ext. Nucis Vomicæ, 1-8 gr.)		
PHOSPHORUS COMPOUND AND IRON.	1 25	6 00
(Phosphorus, 1-100 gr. Ferri Phosphas, 1-2 gr. Ext. Nucis Vomicæ, 1-8 gr.)		
PHOSPHORUS AND QUININE COMPOUNDS; See Quinine list.		
PHOSPHORUS AND EXTRACT ACONITE.	1 25	6 00
(Phosphorus, 1-50 gr. Ext. Aconiti Alc., 1-16 gr.)		
PHOSPHORUS AND EXT. CANNAB. INDIC.	1 25	6 00
(Phosphorus, 1-50 gr. Ext. Cannab. Ind., 1-4 gr.)		
PHOSPHORUS AND IRON.	1 25	6 00
(Phosphorus, 1-50 gr. Ferrum Redactum, 2 grs.)		
PHOSPHORUS AND STRYCHNIA.	1 25	6 00
(Phosphorus, 1-50 gr., Strychnia, 1-60 gr.)		

	Bottles 100 pills	Bottles 500 pills
PHOSPHORUS, DIGITALIS & EXT. HYOSCYAMUS	1 25	6 00
(Phosphorus, 1-50 gr. Pulv. Digitalis, 1 gr. Ext. Hyoscyami, 1 gr.)		
PHOSPHORUS, EXT. NUX VOM. & EXT. ALOES.	1 25	6 00
(Phosphorus, 1-50 gr. Ext. Nucis Vomicæ, 1-4 gr. Ext. Aloes Soc., 1-2 gr.)		
PHOSPHORUS, EXT. NUX VOM. & CARB. IRON.	1 25	6 00
(Phosphorus, 1-50 gr. Ext. Nucis Vomicæ, 1-4 gr. Ferri Carb., 1 gr.)		
PHOSPHORUS, IRON AND ALOES.	1 25	6 00
(Phosphorus, 1-50 gr. Ferri Sulph. Exsic., 1 1-2 grs. Ext. Aloes Soc., 1 gr.)		
PHOSPHORUS, MORPHIA AND VAL. ZINC.	1 75	8 50
(Phosphorus, 1-50 gr. Morphiæ Sulph., 1-12 gr. Zinci Valerianas, 1 gr.)		
PHOSPHORUS, NUX VOMICA & CANTHARIDES.	1 25	6 00
(Phosphorus, 1-50 gr. Pulv. Nucis Vomicæ, 1 gr. Tinct. Canthar. Conc., 1 minim.)		
PHOSPHORUS, SULPH. ZINC AND LUPULIN.	1 25	6 00
(Phosphorus, 1-50 gr. Zinci Sulphas, 1 gr. Lupulina, 1 gr.)		
PIPERIN COMPOUND.	75	3 50
(Piperin, 1-4 gr. Hydr. Chlor. Mite., 1-4 gr.)		
PLUMMER'S (see Calomel Compound).	60	2 75
PODOPHYLLIN, 1-8 and 1-4 gr.	50	2 25
PODOPHYLLIN, 1-2 and 1 gr.	60	2 75
PODOPHYLLIN AND BLUE.	1 00	4 75
(Podophyllin, 1-2 gr. Pil. Hydrarg., 2 1-2 grs.)		
PODOPHYLLIN AND LEPTANDRIN.	1 00	4 75
(Podophyllin, 1-2 gr. Leptandrin, 1 gr.)		
PODOPHYLLIN, CAPSICUM AND BELLADONNA.	1 00	4 75
(Podophyllin, 1-4 gr. Ext. Bellad. Alc., 1-8 gr. Pulv., Capsici, 1-2 gr.)		
PODOPHYLLIN, COLOC., HENBANE & CALOMEL.	1 00	4 75
(Res. Podophylli, 1-4 gr. Ext. Col. Comp. Pulv., 1 gr. Ext. Hyoscyami, 1-4 gr. Hydrarg. Chlor. Mite, 1 gr.)		
PODOPHYLLIN COMPOUND.	1 00	4 75
(Podophyllin, 1-2 gr. Ext. Hyoscyami, 1-8 gr. Ext. Nucis Vomicæ, 1-16 gr.)		
PODOPHYLLIN, EXT. COLOC. & BELLADONNA.	1 00	4 75
(Podophyllin, 1-2 gr. Ext. Coloc. Comp., 2 grs. Ext. Bellad., 1-4 gr.)		
POKE ROOT COMPOUND.	1 00	4 75
(Ext. Phytolaccæ, Alc., 2 grs. Ext. Stillingiæ, " 1 gr. Ext. Stramonii, " 1-8 gr.)		
POTASSIUM, BROMIDE, 2 grs.	1 00	4 75
POTASSIUM, BROMIDE, 5 grs.	1 50	7 25
QUINIDIA SULPHATE, See Quinine List.		
QUININE, BI-SULPHATE, SULPHATE AND COMPOUNDS OF QUININE, see Quinine list.		
QUININE, CARBOLATE, 1 gr.	3 50	17 25
QUININE, SALICYLATE, 1 gr.	3 50	17 25
QUININE, SULPHO-CARBOLATE, } See QUININE, SULPHO-CARBOLATE, } Quinine QUININE, SULPHO-CARBOLATE, } List.		
QUININE, SULPHO-CARBOLATE, QUININE, VALERIANATE, 1-2 gr.		
RHEUMATIC.	1 25	6 00
(Ext. Coloc. Comp., 1 1-2 grs. Ext. Colch. Acet., 1 gr. Ext. Hyoscyami, 1-3 gr. Hydr. Chlor. Mite, 1-3 gr.)		
RHUBARB, U. S.	75	3 50
RHUBARB COMPOUND, U. S.	75	3 50
RHUBARB COMPOUND AND CALOMEL.	75	3 50
(Pil. Rhei. Comp., 1 1-2 grs. Hydrarg. Chlor. Mite, 1 gr.)		
SALICIN, 2 1-2 grs.	1 25	6 00
SALICIN, 5 grs.	2 00	9 75
SALICYLIC ACID, 2 1-2 grs.	75	3 50
SALICYLIC ACID, 5 grs.	1 25	6 00
SALICYLIC ACID WITH MORPHINE.	1 25	6 00
(Acid. Salicylicum, 2 1-2 grs. Morphiæ Sulphas, 1-12 gr.)		
SALICYLIC ACID WITH MORPHINE.	2 00	9 75
(Acid. Salicylicum, 5 grs. Morphiæ Sulphas, 1-8 gr.)		
SANDAL WOOD EXTRACT (McK. & R.), 1 gr.	2 00	9 75
SANDAL WOOD EXTRACT " 2 grs.	3 00	14 75
SANTONIN, 1 gr.	1 00	4 75
SANTONIN AND CALOMEL.	1 25	6 00
(Santonin, Hydrarg. Chlor. Mite, *aa* 1 gr. Theobroma Cacao.)		
SQUILL COMPOUND, U. S.	60	2 75
STRYCHNINE, 1-60, 1-40 and 1-30 gr.	50	2 25
STRYCHNINE COMPOUND.	1 00	4 75
(Strychnia, 1-100 gr. Phosphorus, 1-100 gr. Ext. Cannab. Indic., 1-16 gr. Ginseng, 1 gr. Ferri Carb., 1 gr.)		
SULPHUR IODIDE, 1-25 and 1-10 gr.	50	2 25
SUMBUL EXTRACT, 1 gr.	3 00	14 75
SYPHILITIC (RICORD'S MODIFIED).	1 50	7 25
(Hydr. Prot-Iodide, 1-2 gr. Lactucarium, 1-2 gr. Ext. Opii, 1-10 gr. Ext. Cicutæ, 1 1-2 grs.)		
TARTAR EMETIC, 1-100, 1-20 and 1-4 gr.	50	2 25
TONIC (DR. AIKEN'S). See Quinine list.		

years paracentesis thoracis has become much more generally adopted and employed at an earlier period in the disease than formerly, but we want still further progress in the same direction. The main issue to consider in any case of pleurisy is the injury to the lung, and recovery with a damaged lung ought never to be looked upon as a satisfactory termination to a case. There is no period in the disease, after effusion has taken place, too early for aspiration of the inflamed pleura; there is no consideration more pressing than the speedy removal of the force compressing the lung. These being our views, we look upon such an operation as resection of the ribs as evidence of failure in the earlier treatment of the case. The removal of a portion of a rib allows freer drainage than can otherwise be obtained, and no doubt permits of a more complete recession of the chest walls than is otherwise possible, and the bone is eventually reproduced; but we must again repeat that recourse to it is an admission of failure to obtain a "cure," the effect of which is in many cases as diastrous as the saving of a life at the expense of a limb.—*Lancet, May 27, 80.*

TROUSSEAU'S CATAPLASM.—Dr. Dieulafoy gives the following directions for its preparation: Take, according to the size of the afflicted articulation, three or four pounds of bread—four pounds are sufficient for the knee joint, two pounds for the wrist. Cut it into pieces, removing carefully the hard portions of the crust, and soak the bread for about a quarter of an hour in water. It is then taken out, tied in a cloth, and squeezed to express a part of the water absorbed, so that the bread remains moist but not too wet. It is then put into a steam bath, and allowed to remain there for three hours, when it becomes like dry paste, which is softened by the addition of camphorated alcohol. This dough is then kneaded for about five minutes, till it is of the consistency of plum pudding. This is the most delicate point in the making of the cataplasm, because if it is too soft it will give way, and spread out under the pressure of the dressing, and if it is too hard it is apt to crumble and break into small pieces, which might injure the skin. The degree of consistency of the cataplasm must, therefore, be very carefully supervised, because, unless one is in the habit of making it, there is always a tendency to make it too soft, either because the bread has not been squeezed sufficiently before having been put into the steam bath, or because too large a quantity of camphorated alcohol has been poured upon it. The dough, having thus been prepared, is spread on a linen bandage in the shape of a rectangle, large enough to cover the whole of the joint. The poultice must be at least one-third of an inch thick at the edges, in order to prevent the thinner portions from drying too quickly.

The surface of the cataplasm is then painted with the following liquid mixture:

Camphor.....	7	grammes (105 grs)
Extr. opii.....	5	"
Extr. bellad.....	5	"
Alcohol, q. s.		

This being done, it is applied by being put over the affected joint, and covered by a non evaporant covering. The whole is then firmly fixed by means of a long flannel bandage, over which is placed a linen one of the same length. These bandages vary in length, according to the size of the joint, and, consequently, to the size of the poultice. The joint having been thus bandaged, it must remain perfectly immovable; the compression, although firm, must not cause the underlying parts to become œdematous; this may be prevented, however, by bandaging them also. In order to prevent the layers of the bandages from slipping, they must be sewn to each other. The cataplasm then remains in the same position for eight or ten days, after which time it is removed, and found to be fresh and moist as if it had been just applied; it still smells of camphor, and does not present the least trace of mould. The skin which has long remained in contact with it is perfectly healthy, unless the cataplasm should have been too thin at the edges, thereby either drying too soon, or giving way under the pressure of the bandage, and causing the skin to excoriate. This is Trousseau's cataplasm. At first sight it may appear too expensive for poorer patients, because the cost of the material amounts to from two-and-sixpence to five shillings, if the appliance is made in a hospital. If, however, we consider that the expense having been once incurred, the cataplasm remains in its place for at least eight days, during which time no other medicine is given we are soon convinced that it is even cheaper than most other appliances. The indications for the use of this cataplasm are so obvious that they need not be repeated here. In every kind of chronic or subacute inflammation of the joints, when other means, such as blisters and cauterization, have proved unsuccessful, and even in the first instance, Trousseau's cataplasm will be found most useful and advantageous.

PELVIC EFFUSIONS.—The following are Dr. Maury's conclusions as to the *treatment of pelvic effusions*: 1. Caution and judgment are eminently demanded in the treatment of pelvic effusions; in the management of pelvic abscesses, we should wait until maturation is complete, and simply assist Nature by making an incision as early as we are satisfied she has clearly indicated the point of opening. This is demanded in order to lessen the risk of a rupture into the peritoneum or bowel. 2. Inasmuch as many pelvic abscesses do not point at all, and manifest no tendency to open of their own

accord, surgical means must be employed to make a way for their evacuation. 3. Generally these abscesses can be reached through the vagina, and whenever the effusion presents at the vaginal roof, so that it may be felt as a resisting body (it is not necessary that it should come down into the pelvis), it may be evacuated by the trocar. In rare cases these tumors present only in the rectum, or through the abdominal wall, and cannot be reached through the vagina. 4. Whenever we are satisfied of the existence of pus, and that ripening of the abscess has occurred, and thinning of the wall can be discovered, let us open it at once. 5. When we cannot, by physical signs alone, prove the presence of pus, as is often the case, but believe it to be present from the constitutional symptoms, we should not hesitate to explore the pelvic roof or rectal or abdominal wall by aspiration, and remove the effusion without delay, wherever found. 6. The great majority of serous effusions will disappear under the influence of rest and counter-irritation. The very few which continue, in spite of medical measures, should be treated like similar effusions into the pleura. 7. Should such an effusion remain unabsorbed for three or four weeks after the beginning of the attack, and all acute symptoms have subsided, and especially if pain and a feverish condition be present, we should not hesitate to aspirate with a delicate trocar, and remove the effusion. 8. We are often unable to tell from the patient's history how long the effusion has been present, especially if the case has been subacute or chronic from the beginning; but we may always with propriety aspirate, if the condition is not one of acute inflammation, and if we are satisfied of the inutility of remedies.—*St. Louis Cour. of Med.*

Hydatid Disease of Spleen and Left Lung: Wm. S. Paget, M.D., reports the following interesting case in the *British Medical Journal*:

Mrs. L., aged thirty-nine, married at the age of twenty-eight, with a family of four children, had enjoyed fairly good health all her life up to four years ago, when she first complained of pain in the left side under the false ribs; she noticed, also, a slight swelling in this locality; at same time commenced attacks of hemoptysis, large quantities of florid blood being expectorated at intervals of three or four weeks, usually at a menstrual period, which latter, however, was as a rule profuse. Along with the expectoration of blood, or sometimes alternating with it, large shreds of parchment-like membrane were expelled; they were only got rid of after a severe attack of coughing. Over the region of the swelling the patient complained of a tickling sensation, as though something were moving inside.

Mrs. L. had been under medical advice four years previously to my seeing her, and two of the gentlemen whom she consulted had informed her that she was expectorating "live things" (as she expressed it). Her condition, when first seen by me, was as follows: face worn and anxious, slightly icteric; considerable emaciation; pulse 120; temperature 100°; respiration labored; cough paryoxsmal, attended by profuse expectoration of thick muco-pus, sometimes half a pint in twenty four honrs; occasionally large parchment-like pieces of membrane in the expectoration, of laminated structure, but no echinococci on microscopic examination. She complained of considerable pain in the left subclavicular region. The digestive system was much impaired, most articles of food being rejected sooner or later.

The physical signs in the chest were deficient expansion on the left side, and at the apex indications of breaking up of lung-tissue; respiration feeble at the left base; condition on the right side normal. Over the splenic region was a swelling bulging to the extent of six inches below the false ribs, tolerably firm but with an indistinct fluctuation. When examined in this region, the patient expressed herself as confident that it was from this quarter the shreds of membrane came in the paroxysm of coughing; but, upon applying the stethoscope and desiring her to cough, no evidence could be obtained of any communication between the tumor and the left lung, though the amount of muco-pus expectorated seemed more than could be accounted for by the physical condition of the left apex. The urine was scanty, depositing lithates; no albumen. The subsequent progress of the case was downward; signs of large cavity at left apex; frequent vomiting; dyspnœa urgent. Death took place suddenly one day in attempting to clear the throat of some membranous shreds.

My diagnosis was that the tumor was splenic, probably hydatid; that it had suppurated, become adherent to the left lung, and was discharging itself by this means; that there was co-existing phthisical disease of the left apex, or else an old suppurating hydatid cyst in that locality.

Necropsy. I had considerable difficulty in obtaining an examination; but after a great deal of persuasion succeeded in obtaining permission to examine the chest and abdomen. The lower lobe of the left lung was comparatively healthy but at the apex was a large cavity, in which three fingers could be placed full of muco-pus and large detached shreds of membrane; others of similar character hanging from the walls; these were of precisely the same nature as those expectorated. The right lung and the heart were healthy. The tumor projecting from beneath the false ribs proved to be the spleen; it was nine inches long, six inches broad, four inches thick, and weighed two pounds and three-quarters. On making an incision into it, acephalocysts in all stages flowed out, varying in size from a pin's head to a walnut;

in the centre was a quantity of saponaceous material, consisting of shriveled cyst and fatty matter. The cysts and fluid together measured over a pint. The liver, though carefully examined, showed no signs of either recent or old- tanding hydatid disease in the shape of cicatrices. The other abdominal organs appeared healthy.

Remarks.—The point of chief interest seems to me to be the relation between the affection of the spleen and that of the lung, for that the latter was hydatid, I think, admits of no doubt; as far as could be gathered they seemed to have originated about the same time. It is a matter of regret that I could not glean any particulars from her previous medical attendants; one, to whom I wrote, remembered the case, but could not find any notes of it. A curious feature is the non-affection of the liver; for I believe it is almost an invariable rule that when the spleen is affected, there are found traces of previous liver-affection. If it be suggested that the secondary growths are started by conveyance of the parasite in the portal blood-stream, the splenic ought to be the older growths, the hepatic the more recent; and in the case just reported, one would have expected to find (if this theory were correct) a recent tumor in the liver; the opposite state of things, however, appears to be the rule; an old liver-affection, a recent splenic one, when these co-exist. This case would seem to lend support to the theory that the hooked embryos, when liberated in the human alimentary canal, make their way at different periods into neighboring organs, and thus originate hydatid growths at different stages, quite independently of the blood-stream.

Points in the Surgery of the Urinary Organs which Every Practitioner ought to Know.—The *first point* was that retention of urine in children was always caused by a stone unless there is some mechanical obstruction in the escape of urine, such as a contracted meatus or tight foreskin. *Second point*—That incontinence of urine which is diurnal as well as nocturnal may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention, and in another to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half-an-inch further forwards, it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus. *Third point*—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up, and dribbling took place. *Fourth. point*—That dribbling of urine in men signifies retention not incontinence. He explained the apparent parrdox showing how in cases of enlarged prostate or stricture, the patient always left some urine behind after each act of micturition which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the stricture became weakened a little by the great pressure, and leakage followed, so that the urine was always dribbling away. *Fifth point*—That if, when a catheter was passed in a man the urine was expelled with great pain and violence, not only through the instrument, but in streams by its side, there must be calculus impacted in the deeper portion of the urethra. *Sixth point*—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated. *Seventh point*—That a gleet of more than six months' duration means an incipient stricture. *Eighth point*—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus. *Ninth point*—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were very much worse at night than in the day, whereas calculous were most comfortable whilst in bed, but when they moved about in the day they suffered greatly from the movements impressed on the stone. *Tenth point*—When a man who complained of frequent and painful micturition was very much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanations in the former point applied exactly to this also. *Eleventh point*—Before delivering a child see that the mother's bladder is empty. *Twelfth point*—If a woman has retention of urine after childbirth, she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.—Mr. Teevan, in *Med. Press and Circular.*

Duchenne's Palsy and the Patellar Tendon-Reflex.—The interest felt of late by neurologists in the import of modifications of the so-called patellar tendon-reflex is my excuse for these few remarks.

The increase of this phenomenon in affections where we have reason to believe there is some release of the spinal system from the normal brain-control, or in other words, where the inhibitation of reflex action is in abeyance, does not present any special difficulty. We have an example of this furnished us by the *spastic* or *spasmodic* paralysis, which has been attributed to sclerotic change in the lateral columns of the spinal cord. It might be of interest to inquire whether hysterical disease is illustrated by the same phenomenon.

But when we consider the diagnostic and etiological value of the abolition of the tendon-reflex, we are met with a somewhat more complex question. The stoppage of the impulse which leads to the reflex action of the quadriceps extensor cruris may take place in the centre, or in the afferent or efferent nervous apparatus. From what we know of the absence of this phenomenon in locomotor ataxy, where it has been hitherto chiefly observed, we appear to have good reason in considering central change to be the obstacle. The reflex disappears before there is any marked sensory or motor paralysis, and morbid anatomy connects with this disease a definite lesion of the cord. It would seem that an abolition of this tendon-reflex probably points to some spinal lesion, in cases where sensation and voluntary power over the muscles still exist in the limb in question. Now, among the affections in which this phenomenon has been studied, Duchenne's palsy, or pseudo-hypertrophic paralysis, is somewhat prominent. I have noted it in two well marked cases (one of which is still in the ward) that I have lately had under my care at the East London Hospital for Children; and I find four cases with this symptom mentioned in Dr. Gower's very valuable lecture recently published. Considering how very lately it is that attention has been directed to the knee-phenomenon, hitherto known chiefly to school-boys, these four observed cases probably bear a larger proportion to the whole list than appears at first sight. Dr. Gowers certainly states that, early in the disease, the reflex is present; but, in support of this, he quotes no individual case. It is desirable that further observations be made on this perhaps important point; though it is but rarely that early cases of Duchenne's disease come under the notice of physicians. At first sight, however, the loss of tendon-reflex appears to have some bearing on the hitherto unwritten pathology of this malady. Although there is no positive anatomical evidence in favor of the theory of its central origin, there is not much to be said as yet for the German explanation, quoted and espoused by Dr. Gowers, that the disease is congenital nutritive and formative weakness of the striated muscle-substance. There are many and important clinical points of analogy between Duchenne's disease and progressive muscular atrophy, which we are now tending to class among spinal diseases; and it can hardly be denied that, should further observation confirm the frequent occurrence of the absent knee-phenomenon in Duchenne's palsy, we should take this fact into account when discussing its probable origin, remembering analogy of locomotor ataxy.

It may be urged by some that the absence of tendon-reflex is connected in the disease we are considering with the very muscles which are notably weakened, namely, the quadriceps extensor cruris; and that the stoppage of the reflex stimulus may take place in the motor nerve to this muscle, or in the muscle itself. But we must remember that, although these muscles are shown to have lost working strength, especially in the action of rising from the ground, yet a very fair voluntary power remains for some time extending the leg on the thigh when the patient is lying on his back. It might be interesting, however, in this context to inquire, more accurately than has hitherto been done, into the degree of power of these extensor muscles in the stage of locomotor ataxy previous to the setting in of the general paretic condition.

Further observations may settle the question as to whether the diagnosis and pathology of Duchenne's disease may gain any such light from the absent tendon-reflex, as we think we have derived therefrom in our study of locomotor ataxy.—H. Donkin, M.B., in *British Medical Journal.*

PAINLESS CURE OF INTERNAL HÆMORRHOIDS.—This method is based on the fact that certain portions of the hæmorrhoidal tumor are comparatively painless, and through which a seton may be passed with little suffering. It is applicable to such tumors as are not inflamed, inflammation increasing the sensitiveness to such a degree as to render the method impracticable. The tumors are completely extruded by enemata of water, as hot as can be conveniently borne, when a careful study of the sensibility of the tumor should be made. As a general rule the most sensitive part is a narrow band just at the base, where the lining membrane of the rectum is reflected on the hæmorrhoid This band may, at times, be very narrow, not exceeding a tenth of an inch in breadth. Tracing the sensibility of the tumor itself from the band encircling it, towards the summit, it will be found that there is a rapid loss of all perception of painful impressions until at the apex a needle can be passed with but very little pain. In certain cases the anæsthesia at the summit is complete, and in no case is the covering of the tumor as sensitive as is the normal lining of the rectum. The least painful spot having been discovered, a seton is passed through it, care being taken not to go too deep, or to bring the needle out too far from where it entered. By neglecting this care, not only will pain be caused but contraction of the rectum will result, causing a return of the tumor. As soon as the needle is passed tie the ligature into a loop about six inches long; this loop will enable the surgeon to control the movements of the whole mass of tumors. Next, pass a ligature through each of the other tumors, making the threads double, and tying them so that there is not more than an inch of loop in all. Finally, draw down the upper tumor, by means of the double thread through it, and tie a knot in the latter, so close to the tumor that all the setons may be alike in length; then cut off the superfluous thread and re-

turn the tumors within the anus. This done, the patient should be instructed to keep his bowels freely open, daily, but above all, to at once assume the recumbent posture should any pain develop in the parts. Cases vary widely in the disposition of the seton; in some this comes away within a fortnight, leaving an ulcer that continues open until the hæmorrhoidal tumor disappears; in others it remains until the tumor and all the pathological products have been absorbed, and then drops out. If the seton sloughs out and the opening heals with some of the tumor still remaining, a new seton is to be passed, just as if none had ever been introduced.—*Dr. Vance in Med. and Surg. Reporter.*

BIRTH OF A YOUNG ELEPHANT.—A correspondent of the *Boston Medical and Surgical Journal* for March 25th, reports that the members of the Academy of Natural Sciences and the physicians of Philadelphia have lately been favored with an opportunity of recording some very interesting facts in regard to elephant breeding and the social habits of the relic of a former age. Professor Leidy, of the University of Pennsylvania, and Dr. Chapman, of the Jefferson College, have especially interested themselves in the case, and have made several examinations of the elephant cow during gestation. The female elephant Hebe, on May 25th, 1878, was twice covered by a male elephant, a performing member of the same troup of animals. In the act of copulation, no peculiarity was observed that would distinguish elephants from other animals. At an examination in March 1879, by Drs. Leidy, Penrose, Allen, Chapman, John H. Brinton, and others, the two large mammary glands, situated upon the thorax, immediately between the front legs, were observed to be swollen; the nipples were prominent, and the superficial veins were quite marked. Large sebaceous glands were noticed in the roof of the mouth and behind the eyes. The little elephant was born on March 10th, 1880, making the entire period of gestation six hundred and fifty-five days, which is beyond the term usually assigned of twenty months. The placenta, which was zonular, was presented to the Academy of Natural Sciences; a dried preparation of it will probably be made by Dr. Chapman. The mother is about eighteen to twenty years of age, and weighs eight thousand pounds. The birth occurred about 2.30 a.m. The night watchman gave the following account. When the calf was born, six other elephants, chained upon the same platform, threw up their trunks, and, dancing around as far as their chains would let them, set up a trumpeting that produced a scene of wild excitement. The mother picked up the calf with her trunk and threw it across the stable, a distance of about twenty yards; then, breaking her chains, she started after the little one, tearing down the railing and demolishing a stove-pipe in her course. The keeper now came in, and under his direction the animal became quite and was again secured, and has remained docile. The new arrival is a female, weighing at birth two hundred and thirteen and one-half pounds; thirty-five inches in height; four feet six inches long; and around the body (girth), three feet eleven inches. After the mother threw her, the baby elephant picked herself up and went around the room; and when the excitement was subdued, she was led back to her mother, who received her with many caresses.—*Brit. Med. Journal.*

CARIES OF THE ANKLE IN CHILDREN, EXPECTANT TREATMENT.—Dr V. P. Gibney, New York, (*Am. Journal of Obstetrics*, April, 1880), in an interesting and valuable article shows the good results of expectant treatment in thirty cases of caries of the ankle. He says: "If the joint is inflamed, entire rest is ordered; if abscess form, it is opened; if loose bone be detached, it is simply removed as if it were a foreign body interfering with the process of healing; if, in the further progress of the case, malposition of the parts is found a brace is given to rectify the deformity. Of course, the health is attended to on general principles." His cases are carefully recorded and analyzed, and he draws from them the following conclusions:

"1. Many children annually undergo amputation of the foot for caries of the ankle, when, by conservatism and a proper amount of respect for the *vis medicatrix naturæ*, the member could be saved, the child be spared the mortification of being thus hopelessly maimed, and surgery itself be ennobled.

2. Excision, as a rule, is not attended with as good results in children as authorities have led us to expect, and is *rarely ever justifiable.*

3. Partial excisions, the passage of tents through the joint, and other operative procedures offer no advantages over the expectant plan.

4. Nature, herself, unaided by art, gets useful limbs, but, as a rule, anchylosis varying in degree and deformity more or less marked.

5. The expectant plan of treatment, fully carried out, assures us of more results that are perfect, and more limbs that are useful without the aid of support, than does any other plan known to the profession."

NEW METHOD OF PLUGGING THE POSTERIOR NARES.—Dr. J. M. Spear, in the *Medical and Surgical Reporter*, suggests that probably the best impromptu device for this operation consists of a piece of round fine-linked gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain be not procurable, a short string of metallic cylindrical beads, or bird-

shot, compressed on a cord, or small strips of sheet-lead wrapped on a cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, and slight flexibility. After providing an instrument, which can generally be done at any farm-house, the patient is then laid upon the back, the floor of the nose brought as nearly vertical as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching, or clearing up of the throat. The patient, then being brought to an erect position, easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual. The practicability of this procedure he has had occasion to demonstrate frequently, and he finds it much less annoying to the patient than Bellocq's sound or other unyielding instruments.

Oxide of Zinc in Chronic Eczema.—Dr. H. Fisher writes to the *Lancet* as follows: "I send you my experience of a simple palliative remedy, which has acted magically in more than one inveterate case, and which I consider a great boon for relieving that most unmanageable disease. The case in which I discovered it was a fat, healthy woman up to the time she was attacked with the acute form, and which left her body and extremities heir to the chronic disease in the most aggravated form. Everything I tried, both internally and externally, that I ever read or heard of, even oxide of zinc in other shapes besides the one that happened to relieve. In this case I ordered two or three different applications each day to different parts, with the hope of finding something to mitigate the burning pain. One happened to be the oxide of zinc, four drachms, rubbed up with eight ounces of water, adding one drachm of hydrocyanic acid (Scheele's); the other two the woman said aggravated the pain, when this gave instant relief, and, in fact, her pain of weeks was suddenly, as she said, cured.

"I have tried the same lotion, and without the hydrocyanic acid, in many cases since with the most wonderful relief. It can be improved on by bandaging oiled silk over lint soaked in it on the legs and arms."

Iodoform in Otorrhœa.—Chronic catarrh of the middle ear is notoriously obstinate in its course, yielding to no treatment ordinarily resorted to by the average practitioner of medicine. Having been disappointed in the results of treatment, even the manœuvres of Politzer's bag; inflating the drum cavity at regular intervals; systematic catheterizing and vaporizing with iodine; dilating the Eustachian tube; and all the internal medication usually employed—I was recently impressed with the idea of trying iodoform locally, and am surprized with the good results. Cases rebellious to everything usually done in such conditions have improved rapidly.

The following is my mode of treatment:—

With a cotton carrier or any convenient instrument, and fine clean cotton wool, thoroughly cleanse the external auditory canal, down to the membrana tympani, using, of course, delicateness of touch, so as to render no pain or reflex irritation of the upper air passage, causing cough, etc. Then apply the following powder every three days, or oftener if the case requires it, *i. e.*, if there is copious discharge of offensive pus—

℞	Iodoform,	ʒ ij
	Tannic acid,	ʒ j.

Triturate very thoroughly, to an impalpable powder, and place a few grains of it in the end of an annealed glass tube about six inches long and ¼ of an inch in diameter. Then, with the thumb and forefinger of the left hand, pull the auricle upward and backward, thereby straightening the external auditory canal, and insert the loaded end of the annealed tube therein, apply the mouth to the other end of the tube, and give a gentle puff, throwing a whirl-wind of medicinal dust down the passage, through the opening in the drumhead, if there be one, and there usually is in these cases, back into the mastoid cells, down the Eustachian tube, and completely storming the whole mucous lining of the auditory apparatus, and in a better manner than can be effected in any other way.—Dr. S. Pollock, in *Med. and Surg. Reporter.*

Elision of the Term Homœopathy.—The following significant statement is from the valedictory address recently delivered at the Buffalo Homœopathic Medical College: "The elision of the term [homœopathy] could be of no detriment to the denomination; in our judgment, it would be benefitted in every way,—a great gain and no loss. In the minds of many it is the great barrier to progressive medicine, to professional tolerance and a high social status, to liberty of thought and action, to freedom of sentiment, speech, and practice. Its name and extravagant notions have kept in abeyance the careful examination of the most scientific method of treating disease, for the great mass of professional men have been tutored from their early pupilage to look upon it opprobriously. It has proved the great obstacle to admission to army, navy, and health boards. Its exclusive dogma limits the research of its pupils, curbs the ambition of the practitioner, checks the progress of liberality and reform, and brands its votaries in the estimation of the majority as charlatans. The student should not be fettered by any dogma, pathy, or ism. The broad fields of science and art should be his realm, and he should be permitted to bask in the glowing light of reason and experience."

TREATMENT OF CAPILLARY BRONCHITIS.—In capillary bronchitis tartar emetic may be given for the first day or two, but if there are any signs of depression it should be omitted. Afterward spirits of turpentine with ammonia and ether are the most useful remedies. Ether is here very valuable, as, besides being a diffusible stimulant, it overcomes any spasm of the muscular tissue of the bronchial tubes which may exist. If the kidneys are not acting properly, spirits of juniper may be given with great advantage. Stimulants are generally required, and the diet should be nutritious and easily digested. Turpentine stupes and linseed and mustard poultices should be kept continually applied. In those cases where the bronchial tubes become blocked up with mucus, an emetic will bring this away, and afford great relief. When the acute symptoms are passing off iodide of potassium and carbonate of ammonia internally, with fly blisters about the sternum, afford the best results.—*Dr. Younge, Med. Press and Circular.*

A NEW DISINFECTANT.—A new disinfectant has been introduced in Australia composed of one part of rectified oil of turpentine and seven parts of benzine, with five drops of oil of verbena to each ounce of the mixture. Its purifying and disinfecting properties are due to the power possessed by its ingredients of generating peroxide of hydrogen or ozone. Articles of clothing, furniture, wall-paper, books and papers may be saturated with it without damage. When it has once been freely applied to any rough or porous surface its action presists for an almost indefinite period. This may be shown readily at any time by putting a few drops of a solution of iodide of potassium on the surface which has been disinfected, when the ozone, which is being continually generated, will quickly liberate the iodine from its combination with the potassium, giving rise to a yellow discoloration, or a blue if boiled starch has been added to the iodide of potassium solution.

DIMPLES TO ORDER.—A New York paper heralds a manufacturer of dimples, who comes from Paris, of course, and whose *modus operandi* is described as follows: "I make a puncture in the skin at the point where the dimple is required that cannot be noticed when it has healed, and with a very delicate instrument I remove a slight portion of the muscle. Then I excite a slight inflammation, which attaches the skin to the subcutaneous hollow I have formed. In a few days the wound—if wound it can be called—has healed, and a charming dimple is the result."—*Boston Journal of Chemistry.*

The life of a doctor is a hard one if he gets practice, and a deal harder if he does not.

PUNCTURE OF OBSCURE ABSCESS OF THE LIVER.—Sir Joseph Fayrer (*Lancet*) quotes the following from Prof. W. S. Palmer, of Calcutta, who has had large experience in this affection:

"You have asked me to give a brief account of the results of treatment by puncture in cases of doubtful liver abscess which came under my treatment during the period of six years, in which I had medical charge of an average of about seventy patients in the European General Hospital, Calcutta.

Passing over cases of undoubted liver abscess, there was still a residuum of patients presenting doubtful symptoms in whom neither unsymmetrical enlargement nor superficial tumescence, etc. could be detected. Such patients presented symptoms varying in every degree. At the one extreme, cases of general cachexia, with irregular slight febrile attacks, would exhibit symptoms as frequently attributable to deranged stomach or bowels or lungs only, as to the liver itself; while at the other, slight general enlargement of the organ would be found associated with that peculiar form of 'tenderness' in which pressure over the organ produced an indescribable sensation, inducing either faintness, hurried respiration, palpitation, or nausea with retching, or all of these at once.

In all this large class of cases it was my custom to plunge a long trocar and canula, of small diameter, into any or all parts of the liver, through a valvular opening, examining, on the spot, the small quantity of extricated matter for pus glubules.

It was only in very exceptional cases that any signs of pus could be detected. When it was so detected, the puncture was generally followed by slight inflammatory action at the seat of puncture, which probably ended in adhesion of the organ to the parietes, and so facilitated the future opening of the abscess. When, on the other hand, no pus was found, a good deal of anxiety was felt in the earlier cases lest the puncture should be followed by any evil results. Such moments of anxiety soon ceased however, to recur; for it very rarely happened that the patient did not express himself, the next day, as feeling much relieved, and in no case do I remember any bad consequences resulting from such punctures. The relief was frequently only temporary, in which case a second, a third, or a fourth puncture was made at intervals of eight or ten days. In some, however, one puncture sufficed to cure."—*St. Louis Clin. Record.*

A $10,000 suit for malpractice was instituted against two Baltimore surgeons recently, in a case of fracture of the arm. Dr. Walls, one of the surgeons, gave an account of the case and its treatment, which was so clear and convincing that the plaintiff and counsel made a public apology and withdrew the suit. This is the most remarkable case on record.

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

Dr. Sachse, in an open letter, confirms the claims of Dr. Muller, and states that he has since employed the borax-salicylic acid inhalations in a number of cases, of which he gives brief accounts, with, on the whole, very satisfactory results. He uses a solution of two parts borax, 2½ parts salicylic acid, and 100 to 150 parts hot water, and orders the inhalations to be practiced morning and evening for five or ten minutes, instructing the patients not only to inspire deeply but particularly to make deep and prolonged expirations. The inhalations often caused, at first, cough and a slight burning sensation in the neck, and some of the patients complained of loss of appetite, due to swallowing a good deal of the fluid ; in such cases the solution was diluted with an equal quantity of hot water until the patients became accustomed to it. The taste of the solution is bitter and very unpleasant. No hœmoptysis occurred in any of the cases after the inhalations.—*Physician and Patient.*

GANGRENE OF THE LUNG—RECOVERY.—The *Lancet* of April 10 contains notes of the following case, which occurred under the care of Dr. Sturgis, at the Westminster Hospital. A man of twenty-seven, who had previously enjoyed good health, caught cold, with cough, pain in the left chest, with profuse expectoration and dyspnœa, which, during five weeks, became steadily worse. At the end of that time he was anæmic, weak and thin ; his breath and sputa were of the characteristic odor of pulmonary gangrene. The sputa were frothy at the surface, but had a blackish-gray layer below. On percussion there was a patch of dulness over the left base behind, about three inches square, and, on auscultating over this patch, crepitation of medium character was heard during inspiration and expiration. The other parts of the lungs gave evidence of bronchitis. Dr. Sturgis diagnosed the case as gangrene of the lung, and ordered the patient to be placed in a complete atmosphere of carbolic-acid vapor. A tent was placed around the bed-head, and vapor of carbolic acid was passed into the tent. The strength of the solution was one per cent. The patient was kept in this atmosphere for five weeks ; for the first fourteen days the cough and dyspnœa were no better, but the offensive odor of the expectoration disappeared, sputa still giving evidence of pulmonary break-down. During the remaining three weeks of treatment the symptoms gradually improved, and the patient became better and stronger and increased in weight. The patient was finally discharged in good health.—*Med. Times,*

PERFUMED CARBOLIC ACID.—Perfumed carbolic acid is prepared from carbolic acid one part, oil of lemon three parts, alcohol of thirty-six degrees one hundred parts, mixed. This mixture, which appears to be quite stable, has only the odor of lemon, is what has been known as "Lebon's perfumed carbolic acid," the formula for which has long been a secret, but has now been made known in the *Moniteur Scientifique*, of Paris. The antiseptic properties are in no way affected by the oil of lemon.

A SUBSTITUTE FOR COD-LIVER OIL.—In the case of children who refuse absolutely to take cod-liver oil, Dr. Lamarude recommends the following formula :

℞ Glycerinæ ℥x ;
Tinct. iodini, Mxxx ;
Potassii iodidi, gr. ss.—M.

Sig.—A dessert spoonful a quarter of an hour before each meal.

Under the use of this remedy the appetite returns, and constipation, when it exists, ceases absolutely. In the case of delicate individuals this formula may be modified as follows :

℞ Glycerinæ, ℥viii ;
Syr. rubi, ℥xiv ;
Tinct. iodini, Mxxx ;
Potassii iodid., gr. ss.—M.
(*La France Med.*, 1880, p. 279.)

Since the introduction of chloroform as an anæsthetic agent, thirty-five years ago, there have been 500 deaths from its use. Has the suffering it has saved been worth that many lives ?

A seasonable question, and a reasonable one oo : " Have you sent in your subscription for this year's LANCET ?"

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.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, JULY 1, 1880.

SPECIAL NOTICE.

Those of our subscribers whose accounts are not settled to January, 1880, will find bills enclosed with the July number, and we hope to have prompt remittances. We also take this opportunity of thanking those, happily the majority, who have paid their subscriptions promptly as they fell due. There are a few individuals on our list to whom we commend the following abstract of the Canadian postal laws:

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.

2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up; and subscribers are held responsible for all numbers sent.

3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.

4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

THE DUTIES OF RETURNING OFFICERS IN MEDICAL COUNCIL ELECTIONS.

In another column will be found a letter from Dr. Freeman of Milton, a candidate for the Burlington and Home Division at the late election, making, very justly as we think, most serious complaint against the conduct of the returning-officer for that Division, in persistently refusing to admit either the candidates or their respective scrutineers during the opening and counting of the votes. The only effect of thus insisting upon absolute secresy, where no such thing was intended by either Act or By-law, is in every case to throw suspicion upon the accuracy of the count; and however indignant any secresy-loving returning-officer may be, at such a suspicion attaching to any duty *he* may have performed, nevertheless, a strong suspicion of unfairness is under such circumstances unavoidable, particularly when returning-officers are the nominees, and, of course, the special friends, of members seeking re-election, as was notably the case in the Division referred to.

The returning-officer in question may, indeed, excuse himself, as having acted only under the orders of his friend, the gentleman who was a candidate for re-election, and also President of the Council. The President, it appears, told Dr. Freeman, in refusing his consent to the admission of even a scrutineer, that he had sent by telegraph to several quarters, his emphatic decision that the intention of the law was *secret voting*, and that therefore no one should be admitted. The very same complaint has reached us from another Division, where secresy was also foolishly insisted on, under the same high authority, and there, such dissatisfaction has been caused by it, as even to injure, in some degree, the Council's public reputation.

It is inconceivable how blunders so foolish and so injurious, and yet so easily avoided, by the exercise of a very little of the most ordinary discretion, continue to be made by those who, to a large extent, for the time being, have the credit of the Council in their keeping. If voting papers are counted only in secret, neither candidate can feel absolutely sure he has had full justice done him, The presence of each candidate, or his scrutineer, alone gives that security, and can do no imaginable injury. The elections for the Senate of the University of Toronto, which are very keenly contested, are conducted exactly in the same way as those of the Council, viz., by sealed voting papers, the Registrar acting as returning-officer, and the papers are opened on the appointed day, but never in secret—the candidates, their scrutineers, and any voters who choose, being present. In both cases voting by papers sent in sealed envelopes is merely adopted for the convenience of the voters, and not to secure a secresy which no one wishes, and which can only lead to suspicions of foul play.

In the Midland and York Division, the "no admission" advice is also said to have been sent by telegraph from the President, but Dr. A. H. Wright, as returning-officer, had too high a sense of what was due to himself, as well as to the whole profession, to expose himself in this way to any suspicion whatever, and gave full liberty to candidates and their scrutineers to be present if they desired.

It will possibly be said that a candidate may appeal to the Council, if he feel he has been wronged in any way, and as all voting papers are returned to the Registrar from the several returning-officers, a re-count can be made. But, is there any guarantee against the loss of papers by returning-officers prior to returning them? Or is the Registrar, receiving so many, not very likely, however careful, to mislay a certain number? And, where the majority is small, such an accident might utterly destroy an election. The remedy is easy, and cannot be otherwise than satisfactory. Let the Council so change the By-law governing elections as to provide, in every case, for the scrutiny of the voting papers when opened, by the admission of the candidates, with their scrutineers, when such are named, to see and count every vote. This will save the Council and the Registrar a vast amount of trouble, and will prevent, entirely, any candidate imagining that he has not received every justice.

THE AMERICAN MEDICAL ASSOCIATION.

The thirty-first annual meeting of the American Medical Association opened in the Y. M. C. A. building in New York city, on June 1st, with an eloquent address of welcome by Dr. Gaillard Thomas. The attendance of medical men from all parts of the Union was very large, and comprised most of the leading men in the United States. Canada was represented by Drs. Howard, Hingston, Osler, Dixon, Trenholme and David of Montreal, Dr. Rosebrugh of Hamilton, and Drs. Daniel Clark and G. S. Ryerson of Toronto.

Following Dr. Thomas' came the President's (Dr. Lewis A. Sayre) address, the principal points in it being recommendations to adopt the metric system, and to establish a journal similar to the British Medical. A paper advocating the classification of Medicines as Disease and Symptom Medicines, by Dr. Wm. Thompson of New York, gave rise to a good deal of discussion, in which Dr. Bartholow of Philadelphia and Dr. Mary Putnam-Jacobi took prominent part. The feeling was in general inimical to so empirical a classification. Dr. Briggs, Chairman of the Surgical section, read a paper of great practical value on "The Trephine in Injuries of the Head." He has operated a large number of times, and his success, when compared with that of other operators, has been very marked. Dr. George M. Beard of New York read a capital paper on "Phymosis as a cause of Nervous Symptoms," and enumerated dread of society, muscular twitchings, flushings, cardiac oppression, etc., as among those successfully relieved by operation.

Dr. Marion Sims of New York read the histories of four cases of Dr. Battey's operation (spaying) for epileptoid affections. All four recovered from the operation, and three were relieved of their nervous disorder. Dr. Pallen of New York followed with a paper on the same subject, founded on three cases. Two died of peritonitis, the other made a perfect recovery. An interesting paper was read by Dr. R. W. Taylor of New York on the use of Chrysophanic Acid in the treatment of skin diseases. He stated that the acid was useful in chronic or subacute skin affections with superficial skin infiltration and in certain scaly affections. The strength of the ointment should be grs. x. ad. ℥j. ung. simp. Its dangers were staining and irritation. It had no antipruritic qualities. Tapping the Pericardial Sac, was the title of a paper by Dr. J. B. Roberts of Philadelphia. He stated that the operation in large serous effusions gave brilliant results. Cases are known, however, in which serous effusion was diagnosed and paracentesis performed in which death resulted from puncturing the right auricle. Dr. Atkinson of Philadelphia read the report of the Metric Committee. It was followed by a good deal of discussion in which the metricals had the best of it. Hydrobromic ether was lauded by Dr. Lawrence Turnbull of Philadelphia. He attributed the deaths which had occurred during its inhalation to disease of the kidneys and shock.

Dr. A. Hewson of Philadelphia read a paper on the Treatment of Fibroids of the Uterus by dry earth. He had used the treatment for more than twelve years, and was well satisfied with the results

in spite of the ridicule thrown on it. He believed its action was a chemical one.

A case of still-birth was reported by Dr. Robert Battey of Rome, Ga., in which the child was resuscitated after two hours and five minutes.

Receptions were held by the New York profession in the Academy of Music, by the Academy of Medicine, Mayor Cooper, and other prominent citizens. Wm. Wood & Co. gave a special excursion around New York Bay, and the Pharmacal Society a special entertainment at Booth's Theatre, all of which seemed to be much enjoyed by the members and their friends. The Canadians present at the meeting were entertained at lunch by Dr. Howard of Montreal at the Windsor Hotel.

Drs. C. N. Brush, Buffalo, N.Y.; J. R. Leaming, N. Y. City; D. H. Goodwillie, N. Y. City; William Brodie, Detroit; W. B. Ulrich, Pittsburg, Pa., were appointed delegates to the Canadian Medical Association.

The Association adjourned on June 4th, to meet in Richmond, Va., on the first Tuesday in May, 1881, Dr. John A. Hodgen, of St. Louis, being the President-elect.

ONTARIO MEDICAL COUNCIL MATRICULATION.

We are not at all desirous of finding fault with the present curriculum of subjects laid down, or the system of conducting the matriculation examination of the Ontario Medical Council, but we beg leave to suggest what in our opinion would be a very great improvement. We refer to the substitution of the High School intermediate examination, with such modification in regard to details as would make it a more satisfactory, less troublesome and expensive examination, than the matriculation as at present conducted. There would in this way be a saving of expense to the Council, and at the same time the securing of a higher and more uniform standard of matriculation examination. The intermediate examinations are held in the month of July in every High School in the Province, and comprise the following subjects, viz.: Arithmetic, Algebra, Euclid (books 1 and 2,) English grammar, Composition and Dictation, History, Geography and English literature; also one of the following optional subjects, Latin, French, German, or Natural philosophy Chemistry and Book-keeping. The only changes required would be to make Latin compulsory, and add Greek to the optional subjects. The minister of Education is empowered by the School Act to arrange any required details for candidates for medical registration, if the Council is prepared to adopt the suggestion. The fee for registration of entrants to the College of Physicians and Surgeons might still remain as at present, viz., $10 each, so that the exchecquer of the Council would sustain no loss by the arrangement, but on the contrary a gain, by reason of the discontinuance of the present poorly paid matriculation examiners. We understand that Queen's, Victoria, Albert, and some other Universities largely accept the High School intermediate examination as junior matriculation in arts, and as by the Council's regulations (page 11), matriculates in arts in any University in her Majesty's dominions are not required to pass the matriculation examination, but may register their names on payment of ten dollars, we have no doubt many will in future avail themselves of this method of registration. The matter above referred to, is worthy of the serious attention of the new Council, and if carried out we believe it will be not only a benefit to the profession, but also in the interest of higher education in this Province.

PHILADELPHIA BOGUS DIPLOMAS.

Philadelphia has for many years borne the unenviable reputation of being the head-quarters of bogus colleges, and bogus diplomas, the latter being disposed of to any purchaser able to pay the price demanded. These institutions were regularly chartered by the Legislature, and one of them adopted a name so similar to that of the University of Pensylvania, that many persons supposed they were purchasing titles and degrees from this ancient and venerable University. This, of course, naturally enough gave great annoyance to the University authorities, and an effort was made several years ago to uproot the bogus institutions. In 1873 a committee of the then Legislature, after due investigation, reported unfavorably to the house in respect to the institutions in question, and subsequently the Legislature annulled the charters of two of them viz.: the Philadelphia University of Medicine and Surgery, and the Eclectic

Medical College. An appeal to the Supreme Court, however, resulted in a reversal of the action of the Legislature on the ground of unconstitutionality, and these institutions continued their nefarious traffic more vigorously than before.

Some time in March last a reporter of "The Philadelphia Record" entered upon a scheme to entrap the wily dean of the "Philadelphia Universito" into convicting himself and his associates in the midst of their work, and his laudable efforts were crowned with success. He pretended to enter the college as a student, paid his money and obtained a diploma which entitled him to commence practice forthwith. He also obtained diplomas for his friends—all of them signed by the "Dean," Dr. Buchanan, and his associates. The reporter then laid an information against the college. The "Dean" was arrested and held in bond for ten thousand dollars, and the whole affair was published in the "Record" of the following day. He was subsequently re-arrested upon a criminal charge for using the United States mails for improper purposes, and is likely to spend his declining years in the penitentiary. Three of his "fellow professors" were ministers of the gospel in charge of congregations. Two of them have been expelled by the outraged churches to which they belonged, and the third suspended. While it is matter for congratulation that this foul blot on the escutcheon of medicine in the United States has been removed, it is on the other hand a sad commentary on the status of medicine among our friends, that men are to be found eager enough to purshase the bogus merchandize offered by Bu chanan and his associates.

OFFICIAL MISREPRESENTATION.

At a meeting of the medical profession in Hamilton, in May last, Dr. McDonald, the President of the Ontario Medical Council, is reported to have publicly stated "that a great part of the opposition to the re-election of some members of the Council emanated secretly from the Dean of Trinity Medical College and the editor of the LANCET, who, while apparently wishing to lessen the influence of the schools by advocating increased territorial representation in the Council, were seeking to extend their own influence publicly and privately by securing the return of members favorable to themselves."—(Hamilton *Times*, May 20th.)

We have been requested on behalf of the Dean of Trinity Medical College, to give this statement the most emphatic contradiction, and on our own behalf also, we utterly repudiate any such idea, and are very much surprised at the utter recklessness of the President of the Council in publicly making such wild and unwarranted statements. It is not only absolutely without foundation in fact, but is also a direct and gratuitous insult to the intelligence of the profession in Ontario.

The members of the profession in Ontario, whenever they have spoken upon the subject, have been almost unanimously in favor of increased territorial representation, and we have been but the exponents of that important and necessary reform. It would indeed be strange if we, in common with nine-tenths of the profession, were not in sympathy with the opposition to the return of gentlemen who have for years set aside the well-understood wishes of the profession, and who have been endeavoring to advance their own ideas and interests, and those of their friends in the Council, without regard to the voice of the profession as expressed in the columns of the LANCET and other journals. We have no private interests to subserve. The policy we have advocated, and the action we have taken, have not been with the unworthy motives which have been so wrongly and unjustly imputed to us, but for the general good, and we have the proud satisfaction of knowing that our principles have been endorsed by almost the entire profession in Ontario. It behooves gentlemen to be very careful in their public utterances, and not to make random statements in the absence of the parties they refer to, which would otherwise have met with instant refutation.

OFFICERS OF THE ONTARIO MEDICAL COUNCIL.

In another column will be found a letter in reference to the Treasurership of the Medical Council, which is the reflex of professional sentiment on this subject from all parts of the country. We do not, therefore, deem it necessary to say anything further regarding this matter than to express a hope that the new Council will take the earliest opportunity to rectify the abuse referred to.

With reference to the Registrar, Dr. Pyne, we have found him a most efficient and obliging officer, always ready and willing to give any information in his power. His son, Dr. R. A. Pyne, who has been his assistant, is also eminently qualified for the position—methodical, painstaking, and thoroughly trustworthy. The office of Registrar is a most important and onerous one, and requires experience to discharge the duties satisfactorily, and, so far as the present incumbent or incumbents are concerned, we have heard no complaints. The duties in reference to the examinations, and also the recent elections, have been performed with the utmost satisfaction.

THE NEW COUNCIL.—The following are the names of the members of the newly elected Council of the College of Physicians and Surgeons of Ontario :—

Territorial representatives.— Dr. J. L. Bray, Western and St. Clair Division ; Dr. E. G. Edwards, Malahide and Tecumseh ; Dr. R. Douglass, Saugeen and Brock ; Dr. J. A. Williams, Gore and Thames ; Dr. W. McCargow, Erie and Niagara ; Dr. J. D. McDonald, Burlington and Home ; Dr. J. H. Burns, Midland and York ; Dr. W. Allison, King's and Queen's ; Dr. H. C. Burritt, Newcastle and Trent ; Dr. C. A. Irwin, Quinte and Cataraqui ; Dr. W. Mostyn, Bathurst and Rideau ; Dr. D. Bergin, St. Lawrence and Eastern.

College and University representatives.—Dr. J. McCammon, Queen's College ; Dr. W. H. Ellis, Toronto University ; Dr. W. B. Geikie, Trinity Medical College ; Dr. D. Phelan, Regiopolis College (Kingston) ; Dr. E. Spragge, Trinity University ; Hon. Dr. W. H. Brouse, Victoria University ; Dr. J. A. Grant, Ottawa University ; Dr. W. T. Aikins, Toronto School of Medicine ; Dr. M. Lavell, Royal College of Physicians and Surgeons, Kingston.

Homœopathic representatives.—Dr. G. Logan, Ottawa : Dr. G. Henderson, Strathroy ; Dr. R. J. P. Mordon, London ; Dr. E. Vernon, Hamilton ; Dr. G. E. Husband, Hamilton.

The first meeting of the newly elected Council will take place in the College buildings Toronto, on Tuesday, the 13th of July, at 2 p.m.

ANOTHER DEATH FROM CHLOROFORM.—A case of sudden death from the inhalation of chloroform recently occurred in the City Hospital, Hamilton, Ont. The patient, Catharine Donahue, had been taken from the House of Refuge after her *accouchement* to the City Hospital for the treatment of an abscess of the breast.

The medical gentlemen who had undertaken the case gave evidence that the patient had only taken a few inspirations of the chloroform when she became insensible, and all endeavour to resuscitate her were in vain. Drs. McDonald and Kittson, who made the *post mortem* examination, gave evidence that all the organs in the body were in a healthy state, and death was produced by chloroform administered. Dr. Mills, of the City Hospital, also gave evidence in the case in accordance with the above facts. The jury returned the following verdict :—" That Catharine Donahue came to her death on the 3rd day of June, 1880, from chloroform administered in the Hamilton City Hospital, and it appears to this jury that the chloroform was administered in a proper manner, and her death could not have been foreseen, and no blame can be attached to any one."

THE CANADIAN MEDICAL ASSOCIATION.—The thirteenth annual meeting of the Canadian Medical Association will be held in Ottawa on the first Wednesday of September, 1880, under the Presidency of Dr. R. P. Howard of Montreal. As far as we can ascertain, the approaching meeting promises to be one of the most interesting yet held. We trust that our medical friends in all parts of the Dominion will turn out in full force and make it a grand success. Dr. David, of Montreal, Que., is the General Secretary. For the names of the local secretaries, members of the various committees, &c., see *Canada Lancet* for October, 1879.

PROLONGED GESTATION.—A seduction case was tried at the late Elgin Assizes before Chief Justice Wilson, in which a large number of medical witnesses were examined. It was alleged by Plaintiff that eleven months and a half had elapsed between " insemination " and delivery, and that in the interval the mother had had no connection with any other party and that defendant was the father of the child. Drs. Wilson, D. McLarty, Van Buskirk, Gustin, Tweedale and R .W. B. Smith of St. Thomas, and McLay of Woodstock, gave testi-

mony to the fact that the period of gestation had never in their experience been as alleged in the the case, and that such a period was highly improbable. Dr. Southwick of St. Thomas, related a case in which delivery was delayed nearly twelve months, and Dr. Lumley of Glencoe, stated that in his practice he had known a case in which gestation was prolonged to about eleven months. The latter was a case of *placenta prævia*. The trial excited no little interest in medical circles, but the jury without any delay gave a verdict for the defendant, thus refusing to believe the story told by the mother of the child.

THE HEIGHT OF MEANNESS.—A fact has recently come to our knowledge which for downright meanness, has, we venture to say, no parallel outside the very lowest grades of society. A medical man who shall be nameless at present, subscribes for a medical journal (the *Lancet* or any other journal), but puts off payment for a year or two on some pretext or other. He receives it regularly, reads it and exchanges it with a medical friend for some other medical journal, which he reads also; but when the final day for payment comes he repudiates the debt entirely. He has thus, through a most contemptible dodge received the full benefit of two or possibly more journals, for one, two or three years as the case may be. We are determined if we again find a clear case of this kind, to publish the name of the offender in such a way that he will become conspicuously known to the entire publishing fraternity, and also to his professional brethren in Canada.

THE PORRO OPERATION.—This operation, which consists in the removal of the uterus and ovaries, in cases in which the Cæsarian operation is required has been recently performed by M. Lucas Championnière. He has operated four times within two months, with successful results to the mothers in two cases, and four living children. All the mothers had rachitic pelves, with a conjugate diameter of about 2⅓ inches. After the removal of the child and placenta, the uterus was drawn forwards with a pair of forceps, and two pins passed through the inferior segment; beneath an iron wire, and between the two a second wire, which were drawn firmly. The uterus and ovaries were then removed and the pedicle brought to the lower angle of the abdominal wound, and there retained until the 9th to the 13th day, when the ligatures were removed and the pedicle returned to the abdomen.

LIME-FRUIT JUICE.—This is a substance which is in such large demand during the summer months, that it becomes a very important matter to be certain of a good sample. We desire in this connection to refer to the Montserrat lime-fruit juice, introduced by Messrs. H. Sugden Evans & Co. of Montreal, who are the sole consignees. It is a very pure brand, fresh, and wholly free from adulteration. Lime-juice is one of the most effectual substances for disguising the taste of quinine, and has been most sucessfully combined with it in the form of a palatable "Quinine Cordial," a most elegant pharmaceutical preparation, manufactured by the above named firm. Each wine-glassful contains 1 grain of quinine. Those who have an aversion to quinine in the ordinary form, will be found to take this form readily. Unlike some forms of quinine cordial it contains no alcohol, and is also on that account to be preferred in most cases.

LACTOPEPTINE.—The attention of the profession is called to the improvements recently made in the manufacture of this valuable remedy. After a long series of experiments, it has been rendered entirely free from any unpleasant odor or taste, and the color is much improved. Its digestive power has also been considerably increased. Its superiority over pepsin as a digestive agent is everywhere acknowledged, and is rapidly superseding it. From extended experience in the use of lactopeptine, we unhesitatingly recommend it as a most valuable remedial agent in certain forms of dyspepsia, vomiting of pregnancy, and especially in cholera infantum. Physicians in prescribing should be careful to designate it, as there are counterfeits in the market under such names as lactopeptin, lactopeptyn, etc., which are wholly inert.

CORRECTIONS.—In the list of candidates who passed the final examination of the Ontario Medical Council, appears the name of A. N. DesRosnier. It should have been A. N. DesRosiers.

Dr. Beard of Woodstock writes to say that he did not announce himself as a candidate for the representation of the Gore and Thames Division

in the Medical Council, and also that at the meeting of the Oxford Medical Association, he declined to be so nominated.

"ATLAS," in the *London World*, says:—I understand that during her stay abroad, the Queen was almost a constant sufferer from the violent headaches to which for a long time she has been occasionally subject, and that the present state of her health and spirits is by no means satisfactory.

MEDICAL.—Two or three very good openings for enterprising medical men, are advertised in this issue. Any letters of inquiry received through this office will, as usual, be promptly attended to. The advertisers, will give full particulars.

REMOVALS.—Dr. Crooker, of Hamilton, Ont., has removed to Milwaukee, Mich., U. S., where he intends practising his profession. We wish him every success in his new field of labor.

Dr. Mewburn, of Drummondville, Ont., has recently removed to Toronto. We cordially welcome him to our city.

APPOINTMENTS.—Dr. Chas. Sheard, M.R.C.S., Eng., has been appointed Pathologist to the Toronto General Hospital.

Dr. G. S. Ryerson has been appointed surgeon to the Mercer Eye and Ear Infirmary, Toronto General Hospital.

DR. J. FRASER, Demonstrator of Anatomy Trinity Medical College, has been appointed Physician, and Dr. W. B. Geikie, Consulting Physician to the Toronto General Hospital.

CORONERS.—Thos. J. McCort, M.B., of Bruce Mines, has been appointed Associate Coroner for the District of Algoma.

C. W. Clark, M.D., of Aylmer, Ont., has been appointed an Associate Coroner for the County of Elgin.

BRITISH QUALIFICATIONS.—W. B. Paulin, M.D., of Halifax, N.S., has obtained the double qualification of L.R.C.P. and S. Edin.

Reports of Societies.

NEWCASTLE AND TRENT MEDICAL ASSOCIATION.

The 5th regular meeting of this Association was held at Brighton on the 2nd ult.; members present: Dr. H. C. Burritt,—President; Drs. Thorburn, Willoughby, Douglas, Dean, McDonald, Clark (Napanee) Halliday, Ruttan, Mallory, Richards, Day (Trenton), Boyce, Fife. The minutes of the last meeting were read and approved, and on motion, Dr. Day, of Trenton, was elected a member of the Association.

The meeting then resolved itself into a committee of the whole to discuss the tariff, which after full discussion and the introduction of a few amendments was ordered to be submitted to the Ontario Medical Council for ratification. The afternoon session was occupied with the discussion of Ovariotomy and Antiseptic Treatment by Dr. Ruttan, of Napanee. Dr. Mallory gave a description of antiseptic treatment as practiced in London and Edinburgh.

Dr. McDonald who was to have read a paper on "Gunshot Wounds," had not been able to complete it, but promised it for the next meering. Drs. Willoughby and Thorburn gave the history of a case of reduction of dislocation of the shoulder of over three months standing. The resisting bands were divided subcutaneously and the head of the humerus returned to its place. The patient did well.

The subject before the meeting for general discussion was "Phthisis," introduced by Dr. Willoughby, but as the time was limited the remarks of those who took part in this discussion were necessarily brief.

It was moved by Dr. Ruttan, seconded by Dr. McDonald,—That an increased representation of the territorial representatives in the Medical Council is in the opinion of this Association, both just and proper, and that such increased representation would contribute largely to the interest of the medical profession in Ontario. Carried.

The meeting adjourned to meet in Peterboro, on the first Wednesday in October.

NEW BRUNSWICK MEDICAL SOCIETY.

The annual meeting of the New Brunswick Medical Society was held on Wednesday evening, June 2nd. The following officers were appointed for the ensuing year:—President, Dr. Wm. Bayard; 1st Vice-President, Dr. Thomas Walker; 2nd Vice-President, Dr. Geo. Taylor (Hampton); Treasurer, Dr. P. R. Inches; Recording Secretary, Dr. Sidney Taylor, Corresponding Secretary, Dr. G. W. Daniel.

Books and Pamphlets.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1880. I. The Venereal Diseases, including Stricture of the Male Urethra; by E. L. Keyes, M.D., of Bellevue. II. A Handbook of Physical Diagnosis, comprising the Throat, Thorax, and Abdomen; by Dr. Paul Guttman, University of Berlin. III. and IV. A Treatise on Foreign Bodies in Surgical Practice; by Alfred Poulet, M.D., of the Military School of Val-de-Grace. Toronto: Willing & Williamson.

We have received the first four volumes of Wood's Library of Standard Medical Authors for 1880, as named above, and we are pleased to see that in the quality of the paper, clearness of typography, and artistic superiority of the plates, it is a marked improvement on preceding issues.

A reviewer is somewhat embarrassed in recommending any particular treatise as the *opus magnum*, each work having its peculiar recommendation. A short time ago we noticed in this journal the fourth edition of Bumstead, revised, enlarged and in great part re-written by the author and Dr. Taylor, in which the tissues of the human frame, formerly supposed to be exempt from the ravages of syphilis, but now known to be the seat of its frequent manifestation, are exhaustively discussed. Dr. Keyes' work exhibits a careful survey of the progress of this branch of surgical knowledge, as also of Stricture of the Male Urethra, within the last few years. It is written in an elegant and scholarlike style, and the illustrations are numerous and well executed. We recommend this work to our readers as a substantial addition to our stock of works on this subject.

As to the scientific merits of Dr. Guttman's work, we need hardly say more than that in descriptive minutiæ, and German comprehensiveness, it will be found fully up to the reader's most sanguine anticipations. The author has treated very amply of affections of the skin, the organs of respiration, circulation, digestion and elimination; and in the description of the pathological conditions of these structures he has given abundant proofs of his own personal observances, and his extensive medical erudition.

In regard to Surgeon-Major Poulet's work, he has been the first to collect in two volumes all the material scattered in works of surgery and periodicals, concerning this question of foreign bodies, and to him great merit is due for the painstaking manner in which the task of compiling not only the successful but also the fatal cases, recorded by the thousand, has been performed. The busy practitioner, little disposed to waste his time in the perusal of speculative and theoretical matter, is always solicitous to find in the work to which he refers a statement of the most interesting practical circumstances separated from all hypothetical disquisitions. This object has been ably performed in the work before us. Part 1 treats of foreign bodies in general; Part 2 of foreign bodies of the intestinal tract, pharynx œsophagus, stomach, intestines and rectum; Part 3 foreign bodies of the air passages; Part 4 foreign bodies of the genito-urinary organs; Part 5 foreign bodies of the ear; Part 6 foreign bodies in the nasal fossæ; Part 7 foreign bodies in glaudular canals, e. g., Steno's, Wharton's and lachrymal ducts. We have great pleasure in calling the attention of the profession to these volumes of the second series of Woods' Library, which will be found replete with useful information. The illustrations are numerous and well executed.

NEW LIGATURE.—The latest form of animal ligature introduced into surgery is made from the tendons of Kangaroo tails.

Births, Marriages and Deaths.

At Aultsville, on the 13th June, the wife of E. D. Ault, M.D., of a son.

On the 15th June, Thomas Gray, Esq., M.D., of Brigus, Newfoundland, to Elizabeth, second daughter of the Rev. J. B. Taylor, of Lucknow.

On the 23rd June, A. McDiarmid, M.D., of Florence, to Miss Emma L. Brett, daughter of Jas. Brett, Esq., and sister of Dr. R. G. Brett, of Arkona.

At Newcastle, Ont., on the 14th ult., of paralysis, William Nicholson Rose, M.D., aged 66 years.

At Comber, Ont., on the 13th ult., of accidental poisoning, Wm. John Gracey, M.D., aged 37 years.

In Kentville, N.S., on the 11th of May, Dr. J. Struthers, aged 38 years.

On the 26th of May, Dr. Herriman, of Port Hope, aged 84 years.

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Extract of Beef, Citrate of Iron and Sherry Wine.

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

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

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

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

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The attention of the medical profession has been recently directed to the many advantages of Bromide of Ethyl as an anæsthetic, over Chloroform and Ether. The exhaustive experiments of Dr. R. J. Levis and of Dr. Laurence Turnbull fully confirm all the favorable reports of former investigations. Dr. Levis has employed this agent more frequently, perhaps, than any other surgeon, and the results of his experiments prove conclusively its value.

In a large number of the administrations made by Dr. Levis in the Pennsylvania Hospital, the Jefferson College Hospital, and in general private surgical practice, he used the Ethyl manufactured in our laboratory, and has expressed great satisfaction in its exhibition, on account of the absence of unpleasant odor, freedom from the objectionable characteristics of other Bromides of Ethyl sold, and on account of the rapid ethylization of the patients; so much so, that he considers it deserving of decided preference. Appreciating the great value of this new anæsthetic, and realizing that as soon as its advantages are fully known to the profession at large it would supersede those now in use, we have increased our facilities for its manufacture, which will enable us to supply any demand, however great. Much of the commercial Bromide of Ethyl possesses a disagreeable and nauseous odor; our product is entirely free from this objection.

DR. J. MARION SIMS, in his paper read before the New York Academy of Medicine, March 18th, 1880, (*Medical Record*, April 3rd, 1880), refers to the marked difference in the Bromide of Ethyl as prepared by manufacturers, as follows:

"I here show you samples of it made by four different manufacturers in Phila delphia. That marked No. 1 was made by Wyeth & Bro., and is mostly used by the Surgeons in Philadelphia. You see how readily its vapor extinguishes a flame. No. 2 contains ether, and ignites. These two have a peculiar but not disagreeable odor. Nos. 3 and 4 have a very strong, unpleasant odor, which is repulsive. This is the kind that was used by Turnbull and Levis before Wyeth made a better article."

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We are now, however, prepared to furnish an ELIXIR OF PHOSPHORUS, which is free from all the objectionable qualities above stated. It is absolutely reliable, non-irritating, and pleasant to the taste. Each teaspoonful contains gr. $\frac{1}{100}$ of free Phosphorus, held in perfect solution, and of assured stability. This article has been tested for nearly a year by some of the leading physicians of this city, and their satisfaction with it has been such as to warrant us in offering it to the profession at large as worthy of their favor. It may be given in combination with other preparations, as for example with our Elixir of Iron, Quinine, and Strychnia, with the tincture of Nux Vomica, etc.

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June 1st, 1880.