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

Vol. VIII }  
No. 12. }

TORONTO, AUGUST 1, 1876.

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## CINCHO-QUININE.

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

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

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

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

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

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine, quinidine, and cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine, and cinchonidine.*"

S. P. SHARPLES, State Assayer of Mass.

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

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

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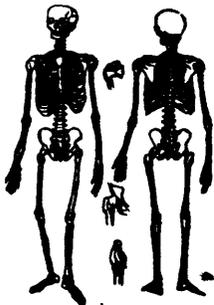
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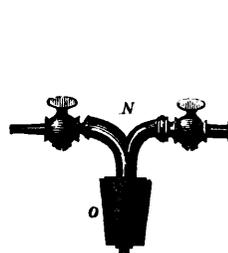
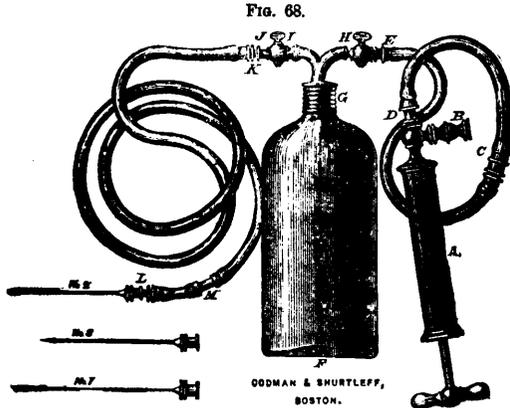


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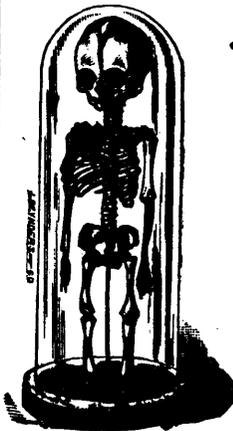
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# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VIII. TORONTO, AUGUST 1ST, 1876. No. 12.

## Original Communications.

### TREATMENT OF ACUTE RHEUMATISM BY SALICIN.

Under the care of A. Horsey, M.D., M.R.C.S., Eng., County Carlton, Protestant Hospital, Ottawa.

CASE I.—Alex. Page, æt. 21, a farmer, was admitted, May 30, suffering from acute rheumatism. He first complained of pains in the joints about 23rd May.

On admission the symptoms of acute rheumatism were well marked, severe pains in the back and arms, tongue furred white, temp. 102; pulse

	TEMPERATURE.		PULSE.	
	a.m.	p.m.	a.m.	p.m.
May 30		103		100
31	101 3-5	104	96	100
June 1	102	102	96	96
2	101		80	
3	100		64	
4	99 2-5	100		
5	99 3-5	99 2-5	56	
6	99		50	
7	99	100	50	54
8	98 2-5		50	

98. A hot bath and a purgative, (calomel) were administered. Salicin in powder was ordered every 3 hours in five-grain doses. 2nd day, bowels open; pain continues in the back and arms. 3rd. Pain relieved in back, tongue less furred. 4th. Perspired during the night, pain in the right arm and left leg, tongue pretty clean. 5th. Pain is easier, sleeps well. 6th. Restless night, pain in the left ankle. 7th. Pain in the leg and arm much less, tongue clean. 8th. Appetite good, no pain in the joints, and not stiff. 9th. A little pain in the right arm and slight headache. 10th. Continued to improve and considered convalescent. Put on his clothes and was able to walk around the ward. Salicin discontinued. In all  $\zeta$ iv. were taken. Patient discharged in a few days having no relapse.

CASE II.—Michael McDonald, æt. 28, by

occupation a labourer, was admitted to the hospital, June 5th, suffering from rheumatic fever. He was troubled with swollen and painful ankles, feet and wrists for about three weeks before being admitted.

On admission the symptoms of acute rheumatism were well marked; temp. 103°, pulse 105, with pain in left side, wrists and knees; joints much swollen; tongue furred white. He was ordered ten grain doses of salicin every three hours, but they were carelessly omitted at night.

1876	Temp.	Temp.	Pulse.	Pulse.
	M.	E.	M.	E.
June 5		103		105
6	103	102 2-5	104	100
7	102	102	100	94
8	101	100 2-5	90	86
9	100	99 3-5	80	75
10	99	99	65	63

6th. Perspired during the night, pain in the arms and legs; joints very stiff, tongue thickly coated, bowels open. 7th. Complained of headache, appetite not good. 8th. Had a good night, appetite improving, bowels open, tongue cleaner. Pain in right arm and shoulder. 9th. Slept well, left wrist a little swollen, perfectly free from pain, but joints a little stiff. Salicin discontinued. 10th. Convalescence good, continued to improve, and was discharged on the 19th.

CASE III.—Alfred Wood, labourer, æt. 27 years, was, as he thought, owing to an overstraining of the tendons about the hip-joint, obliged to take to his bed on the 31st May; at the same time complaining that he had taken cold, the hip at this time being swollen and painful.

On the 2nd June he was admitted to the hospital, the hip being somewhat swollen and painful, but not discoloured. The knee was similarly though to a less degree affected; the pains were fugitive, pulse 80, temp. 92, urine slightly deficient and acid, bowels constipated, tongue furred white; as the symptoms, though those of rheumatic fever, were slight, he was unprescribed for, excepting a black draught and stimulating liniment for the hip.

His symptoms next day, June 3rd, became exaggerated at 2 p.m. Pulse 84, temp. 99, bowels open, prescribed 10 grain doses of salicin every three hours daily. June 5th, pulse 84; temp. 101°; although temp. is higher, the pain in hip and knee is lessened. June 6th, pulse 80, temp. 95°, salicin continued though pain and swelling are completely subsided, tongue cleaning, appetite improving.

June 7th, pulse 75, temp. 97°, is free from pain but complains of weakness in the legs, salicin discontinued. June 8th, pulse 60, temp. 96; allowed to sit up; was ordered a flannel shirt. After keeping him under supervision for a week longer without relapse or any noteworthy symptoms, he was discharged.

CASE IV.—Geo. Grafton, a telegram message boy of slight development, æt. 15 years, entered the hospital, April 27th, complaining of extreme fatigue and pain in the lower extremities, restlessness and thirst. During the last few days of April and up to the 14th day of May, the course of the case and treatment cannot be accurately followed, but infer that he was progressing towards convalescence, as at this date it is recorded he suffered relapse when all his previous symptoms were exaggerated, his wrists, knees and ankles being much swollen, red, and painful, temp. 104°. From this date to the 25th of May his temperature, excepting on two days, the 23rd and 24th of May, when it registered 99°, had not fallen below 100°. At this time salicin was given in five grain doses every four hours. Though the doses were so small and far apart even for one so delicate, it apparently was not without benefit, as the temperature fell two degrees by morning indication and one by the evening, making his morning and evening thermal heat 97 and 98° respectively, which standard it maintained to the end of May, when the salicin was discontinued. On June 1st for the first time he was seen by me. I found him in bed, with a peculiarly anxious and staring expression, pale, wasted, skin clammy, tongue furred white, bowels constipated, urine scanty and high-colored. He was free from pain, but weak and unable to eat. Temperature not taken. His pulse was feeble and slightly increased in frequency, carotids pulsating, especially the right, a friction murmur was loudly audible chiefly with the first sound over the apex of the heart. He wished to get up, but on account of the cardiac complication and for fear of a relapse, which he had before suffered, I ordered him to keep his bed and to put on a flannel shirt. Ten grain doses of iodide of potassium three times a day were prescribed, as far removed from meals as possible, and a belladonna plaster over the heart. Until the 5th of June he was apparently progressing favourably, when in a single night his temperature went up to 104½°, taken by the

mouth, as his arms and wrists were too painful and swollen to suffer him to press the arm to the side to hold the thermometer. His arms and knees were wrapped in cotton batting and demulcent drinks were prescribed. Hypodermic injections of morphine at night and five grains of salicin every two hours. For the following ten days, that is until the 15th of June, he only slightly improved, his temperature never being below 100° nor pulse less than 84, on which date his thermometric measurement was one degree above normal, which it maintained for a day or two, then became normal, the pulse remaining above the standard number. The friction murmur has much improved. He is now able to go about the ward, without intermission, gaining strength until the end of the month, when he was discharged. The cardiac murmur still to be heard, though slightly.

NOTE.—As this was the first case treated, and the subject being particularly delicate, the dose was much smaller than in the other cases, too small to derive much benefit. It was found that ten or even twenty grains for many consecutive hours may be given with more beneficial effects and without any disagreeable symptoms.

CASE V.—Colonel B., æt. 74, the subject of chronic rheumatism of many years standing, in whom there is thickening of the fibrous structures about the joints and who is continually racked with pains, complaining one day more especially of his back, was prescribed ten grain doses of salicin every hour for twelve hours which were taken accordingly. The next day the old man was astonished at the good results produced and was correspondingly grateful. He could walk tolerably upright, which he had not been able to do before, and had not been so free from pain and stiffness for many a day. The only other effect produced was a difficulty in evacuating. As my term of attendance at the hospital was at an end, no more salicin was given him, but since he has taken salicylic acids, but not with such happy results.

HÆMOPTYSIS TREATED BY ERGOT—REPORT OF FIFTY CASES.—Dr. J. M. Williamson (*London Lancet*, January, 1876) reports fifty consecutive cases of hæmoptysis treated by ergot. Out of these the drug rapidly checked bleeding in forty-four cases. In the other six it failed, as did also gallic acid.

## Correspondence.

To the Editor of the CANADA LANCET.

SIR—As nothing which aids in the relief of human suffering ought to be despised, I beg to call your attention to a simple expedient, which I have seen employed in the surgical treatment of internal hæmorrhoids. It consists in attaching a piece of tape to the centre of a small roll of cotton bandage which is inserted, oiled, within the rectum. Traction causes the roll to double, and to bring the parts to be operated upon clearly into view.

Yours truly,

A. C. SMITH, M.D.

Newton, Mass., July 1st, 1876.

## Selected Articles.

### SIMPLE MODE OF EXTRACTING A CALCULUS FROM THE URETHRA.

In June, 1874, S. W.— consulted me on account of the difficulty he experienced in passing water. He had observed that his stream was gradually diminishing in size during some months before, but his particular attention was directed to it on the previous day, on finding that he was unable to pass urine when the desire was strong. After a short time, however, he succeeded in getting partial relief, the water running off in dribbles, and the act was attended by great pain at one part of the penile portion of the urethra, where he felt that there was something blocking up the passage. On external examination a localised hardness was distinctly perceptible a little in front of the triangular ligament, and a hard body could be readily felt behind a hard cartilaginous ring. After attempting the introduction of larger-sized instruments, I succeeded in passing a No. 5 catheter into the bladder. A grating sensation was communicated to the instrument as it passed the obstacle, and the presence of a calculus arrested by a stricture diagnosed. The diagnosis was easy, the removal of the calculus extremely difficult, for no forceps in my possession would pass through so narrow an obstruction, as the common urethral forceps, and the instruments suggested by Leroy d'Etiolles, Reliquet, and Civiale, are not so constructed as to be of use in such a contingency. I was unwilling to cut down on the calculus, as in all probability a fistulous opening would have been left, which could not have been readily healed; and as the patient was in a very weakly state of health, internal urethrotomy would not

have been advisable. The idea of snaring the calculus by a loop of wire then occurred to me, and I at once determined to give it a trial. Accordingly I passed a loop of tolerably thick silver wire through the stricture behind the calculus, which, after a little manipulation, it caught, but lost its hold more than once; but at length I had the satisfaction of pulling out a thin plate of calcareous matter, much to the delight of the patient, whose expressions of gratitude were unbounded.

In this case a simple loop of wire succeeded when a complicated apparatus, however useful in ordinary cases of bodies arrested within the urethra, could not be used. Though it may appear rather a difficult matter to encircle a urethral calculus with a loop of wire, it is not so, and if we remember that the urethra is not a tube through which any body can easily be pushed along, but a closed valve or long chink, whose sides lie in close contact, the reason of the simplicity of this manœuvre will be readily understood. The difficulty is not in the snaring, but in the retaining of the hold, the loop being apt to slip, especially if the foreign body be a very small one. To overcome this difficulty I have had a slender silver canula constructed, which is to be used with the wire loop. The latter should first be passed well beyond the calculus, and the canula slipped over the projecting ends of the wire, and its point brought to bear against the stone, by which it will be steadied, then by making slight traction on the free ends of the wire, the loop will be brought against the calculus, which will thus be securely fixed between the wire and the mouth of the canula. The ends of the wire may then be twisted round the rings with which the canula is provided at its proximal extremity, and the apparatus withdrawn. By this mode of procedure, the foreign body being tightly fixed between the loop and the mouth of the tube, it cannot possibly slip out, and its extraction can be accomplished with the greatest ease. Although the canula I refer to is the most suitable instrument for the purpose, an efficient enough one can be extemporised by cutting a bit out of an old catheter; and in some cases the loop of wire will of itself be all-sufficient, as it was in the case just mentioned, and also in that of a child who had a calculus arrested at the bulb, and where a loop of wire was passed behind it, and slight pressure applied to the perineum to steady it, then by a jerking movement the calculus was brought well within the penile portion of the urethra, and by re-applying the wire and again jerking it was thrown out.

The chief recommendations of the mode I propose are its simplicity and certainty, also its almost universal applicability in such cases of arrested urethral calculus, or any similarly shaped body whose extraction is called for. The canula I possess was constructed for me by Mr. Young,

instrument-maker, Edinburgh, and is admirably suited for the purpose.—*Dr. F. C. Will, Aberdeen, in the Lancet.*

## STRICTURE OF THE URETHRA.

CLINIC, BY F. F. MAURY, M.D., PHILADELPHIA.

This man, aged thirty-five, comes before us with some urinary difficulty, which we suspect to be a stricture of the urethra. The first thing I will do will be to have him lie down between blankets, so that he shall be kept as warm as possible, with his shoulders elevated by pillows, and his knees drawn up. Such a position is the easiest in which to explore the canal, and the best to observe, until experience shall warrant your modifying it at your own discretion. His body is covered with a blanket, and another one protects his legs, and between these I can get at the region about the penis.

Now, in reply to questions I ask, he tells us that he has no water in his bladder; that he made water about ten minutes ago, voluntarily, and not on account of nervousness about coming into the clinic; and that he also made water about a half hour prior to that. This point of nervousness you must never lose sight of, for it is important. Many a man cannot urinate if he knows any one is looking at him, and you are aware how irritable are the bladders of medical students when about to be examined. So don't forget to make allowance for the influence it may have upon the action of a patient's bladder.

The man tells us, also, that he passes water about once every hour during the day, and once every half hour at night. So he does it about thirty-six times in twenty-four hours. I need scarcely say this is much too often. I think a man should empty his bladder about six times in twenty-four hours. He should never feel a strain upon it, or be painfully aware of its existence. In the normal condition, the mucous membrane tolerates healthy urine in moderate quantity without any sensation; but if the urine cannot be freely voided, or if from any cause it be retained long enough for the salts to be precipitated, the bladder resists and becomes irritable. Then it will act often, and with undue violence. Such is the result of stricture of the urethra; and then usually follows hypertrophy of the muscular coat, just as in a blacksmith the biceps is excessively developed by excessive use. An enlarged prostate may produce the same effect; but you would scarcely expect such a cause in a man of thirty-five. A calculus might do the same, but there is none in this case.

Now I will explore the urethra. I tell the man to breathe through his mouth, so as to prevent his

straining; and, taking a Sir Henry Thompson's bougie, No. 20, well oiled and moderately warmed, I insinuate it into the meatus urinarius. Not that I expect to pass it into the bladder, but because a large instrument should be used for the first exploration. The instrument glides gently downward for about an inch, and then meets a slight obstruction. Applying the least possible pressure, it slips through, and I feel something tear. Observe, I used no force. My rule is, if no good is done, at least to do no harm. You might ask if I am not afraid to make the little laceration which I have made, the evidence of which is seen in these few drops of blood? I say, "No!" If it were low down, below the spongy portion, I should be afraid of making a false passage; but not here. As it is, I have not given any pain, nor used any undue violence. There is no need to use ether; and I rarely have recourse to it. Acting gently, kindly, and delicately will save you many an embarrassment, and secure the confidence of your patients. Now I find another constriction which resists the gentle pressure I make, so I take a No. 17 which passes through to the bladder. I know it has safely arrived, because the handle takes a position with its flat surfaces looking directly upward and downward, and I find the curved part can be freely swept round in the bladder. This motion could not be possible if the instrument were anywhere else.

At this point I complete my examination of the patient by inserting my finger into the rectum. In doing this, always see that your finger has no hang-nails or sores upon it, and that it is well oiled, because it would be easy to contract syphilis, if it existed in the patient, were these precautions neglected, not only in hospital, but also in private practice.

I coax the finger in with a gentle rotatory motion, and find, to my surprise, a very much enlarged prostate. This is quite uncommon in a man so young, and proves the importance of not neglecting to be thorough.

I now take larger instruments and pass successively No. 18, No. 19, and No. 20. The last is the one which failed in the first instance; but the stricture has been gradually dilated, until it passes with little difficulty. This process of "gradual dilatation" is the safest, easiest, and most readily accomplished by young practitioners. It is the one I would recommend you to use, remembering always that every operation upon the urethra, however simple, may give rise to a fatal result. The simple passing of a sound has been followed by death, at the hands of some of the most eminent surgeons that have ever lived. Therefore, you must always use the utmost caution, seeing that your patients are in as good condition as is possible, that they suffer not unnecessary exposure, and that each act of your own is undertaken with the greatest care.

For our patient, I shall order three grains of quinæ sulph. ter die, the avoidance of all stimulants, and the use of large diluent drinks. He shall receive a quart of barley-water daily, to each tumblerful of which a drachm and a half of spirits ætheris nitrosi shall be added. Less than this quantity, I think, does no good. Nor would I use any stimulating or mineral diuretic.

Because he has an enlarged prostate gland, I will order a warm hip bath daily, and, if necessary, a half-dozen leeches to the perineum. The use of sounds will be renewed after a few days, and continued for some time, with gradually increasing intervals, after the urethra has been dilated to such a calibre as shall seem expedient. When he goes away from us he will be given an appropriate instrument, and taught how to use it, so that he may prevent the recurrence of this stricture. In this way only can he be sure to avoid having the same trouble he has now.—*Med. & Surg. Reporter.*

### CHRONIC EPILEPSY.

Dr. Allan McLane Hamilton read a paper, (*Am. Neurological Association*) on chronic epilepsy, which was based principally on cases which had been observed at the Hospital for Paralytics and Epileptics, Blackwell's Island. He had used bromide of potassium with and without ergot, and was of the opinion that the best results were obtained from the combined use of these agents. He had found that picrotoxin was, in his hands, a useless remedy. The nitrite of amyl was of service only at the onset of an attack, and was without benefit when continued at stated intervals between the paroxysms.

Dr. Hammond said that small doses of bromide of potassium were of very little use in the treatment of epilepsy. A patient from Cincinnati had been sent to him for treatment, and he had found that the fifteen grains three times a day, which he was in the habit of taking, produced no result. Dr. H. increased it to twenty grains three times a day, then thirty grains, then thirty-five grains, and eventually forty grains four times a day. After continuing forty grains four times a day for a month, there was a cessation of the epileptic attacks, and since that time they have not returned. It was difficult to say what amount might be required in any individual patient, and it could only be ascertained by producing bromism, or the physiological effects of the remedy. He was convinced that, in the majority of cases, sixty grains in twenty-fours, as had been suggested by some, was not enough. He agreed with Dr. Hamilton, that nitrite of amyl was of no service except when taken at the onset of a paroxysm.

It was a question, however, whether or not the continuous use of the agent to abort paroxysms might not eventually stop them.

Dr. Miles was of the opinion of Dr. Hammond in regard to the use of bromide of potassium in epilepsy. He believed that the drug should be pushed till the physiological effects were produced.

Dr. Hammond said that a good test of bromism was the lack of irritation in the pharynx produced by the introduction of a spoon. Dr. Seguin agreed with Dr. Hammond, in regard to the administration of the bromide. He was in the habit of adopting a suggestion of Dr. Brown-Séguard, which was to give a maximum dose at bedtime, and minimum doses during the day. He used the fluid extract of ergot in combination with the bromide, in doses of ʒ ss-j. He considered strychnia a valuable agent in controlling the staggering gait present in bromism and arsenic of value in combating the acne which resulted from the administration of the bromide.

Dr. Jewell said that in his experience epileptic attacks were very liable to supervene when the patient was fatigued. The suggestion of Dr. Hammond to test the irritability of the throat was of practical importance, inasmuch as physiological experiments tend to show that the cervico-maxillary region was the centre of reflex action. This was proved by experiments made by Brown-Séguard, in poisoning by strychnia, in which he carried one current of gas through a tube in the trachea, down into the lung, and another current up through the mouth. The current carried backward through the mouth was the only one that checked the tetanic spasms.—*New York Med. Journal.*

### CRIMINAL INSANITY.

At the Association of Superintendents of American Asylums for the Insane, Philadelphia, June 12-16, a paper was read by Dr. Isaac Ray, of Providence, on "How far Insanity should be received as an Excuse for Crime." He commenced by alluding to the English decisions in the cases of insane criminals, which now stand as law, but which were founded on mistaken estimates of insanity, and were really of little value in the light of recent scientific researches.

The plea of insanity, he said, did not meet with much favor among jurists and lawyers, and still less when they were informed that insane persons generally know right from wrong, and are capable of hatred and malice, thus apparently furnishing all the elements of crime. The lawyers, in their imperfect knowledge of the subject of insanity, make two great mistakes, one of which is that an insane person may be excused for a criminal act prompted by a delusion only so far as the provocation he imagined would excuse him if his delusion were merely true. This he declared was directly contradicted by the experience of science. There was nothing more probable than that the person who imagined that his neighbor had been telling bad

stories about him should also imagine that he was justified in taking his neighbor's life.

The other mistake made by lawyers was to leave out of the account altogether the moral faculties of our nature—the sentiments, feelings, and emotions. Disease of the moral faculties, he said, often resembled moral depravity. The question should not be, "Did he know the difference between right and wrong?" "Did he evince forethought and intention in his preparation for the crime?" but "Could he see the moral complexion of his act in its true colors?" "Had he the power to pursue the right and resist the wrong?" The existence of insanity, even in the smallest degree, being shown, it should be for the other side to show that the insanity did *not* influence the person to the commission of crime. This was now the rule in civil cases, where, if the insanity be shown, it was for the party seeking to establish the legality of the will or contract to show that the maker had recovered.

There was a tendency now to the belief that the plea of insanity was becoming too common, and that the punishment of the insane may prevent offences. To those familiar with insanity the falsity of this was beyond question. It impaired the freedom of the will. It blunted the sense of right and wrong and diminished the power of self-control, and in every instance of crime there was room for the belief that the act would not have been committed but for the presence of the disease. Very few of the insane would believe that they were insane, and, therefore, would not be prompted to crime by the knowledge of the immunity of the insane, nor would they be restrained by the knowledge that the insane were punished, as they insisted on considering themselves entirely outside of that class. As we stand now, our legislatures were powerless, and the rules laid down by our courts were irrelevant, impracticable and inconsistent; and this would remain so until the question of insanity should be merely a question of fact, to be established. Our judges, he said, were bound to make themselves acquainted with the nature of insanity by every means in their power, and to charge their juries from the result of their knowledge rather than by servile repetition of what was weight only because it has been said before. The Doctor closed by speaking highly of the value of expert testimony in cases of insanity.

Dr. John P. Gray, of the State Lunatic Asylum Utica, N.Y., said that present experience showed that there was a far greater danger of the guilty escaping punishment by feigning insanity than of the insane being improperly punished.

The great desideratum, he said, was to get the expert witnesses nearer the Court. In New York, when the accused plead insanity as his entire excuse, the court appointed a commission of experts to

discover whether the accused was insane when he committed the crime, and in no instance yet had the judgment of such a commission been overruled by the court. This, he considered, a far better plan than the examination of an expert witness before a jury. The commission he spoke of decided whether the accused was a fit person to be tried at all.

The judges were careful in the appointment of the commissioners, and they were required to submit a report, embodying not only their opinion, but all the testimony taken before them, so that the opinion may be examined by the court in the light of the evidence. This plan, he said, did away with the disgrace to the profession, now so often seen, of the directly contradictory testimony of experts, caused by the same case being presented to two different expert witnesses in entirely different lights.

Dr. W. S. Chipman, of the Cincinnati Sanitarium, said that from his observation one of the greatest evils connected with medical jurisprudence was that persons were often called as experts who were not experts. As for hypothetical cases, he had always refused to answer in court any questions found upon them, because what might be evidence of insanity in one person might not be in any degree so in another. He had always refused to answer questions that were not founded on actual facts, and he had always been sustained by the court.

Dr. A. E. McDonald, of the City Asylum for Insane, at Ward's Island, New York, thought the Association should put itself on record in opposition to bringing insane persons before juries at all, inasmuch as the New York plan of a commission of experts had proved itself to be so much superior.

Dr. R. L. Parsons, of the City Lunatic Asylum, at Blackwell's Island, New York, said that in the case of Scannell, in New York, the attorney for the defence made up a hypothetical case and presented it to the medical expert, who testified that it was undoubtedly a case of insanity. The District Attorney then presented a hypothetical case to another expert, who testified that the person described manifested no signs of insanity.

Dr. Ray thought that the practice in Maine was better than the New York plan, of a commission of experts before trial. In Maine, if the accused plead insanity as his only excuse, he was sent for a time to the insane hospital for purposes of observation.

Dr. Henry M. Harlan, of the Hospital for the Insane, Augusta, Maine, described the working of the law requiring accused persons in whose cases the plea of insanity has been offered, to be placed in the Asylum of Observation. He said the law worked very well, except when any of the persons sent in for observation were found not to be insane,

in which case they proved to be very troublesome, and the mingling of these sane criminals with the insane patients was a great evil. He had urged the establishment of another institution where such persons could be sent for purposes of observation, and to which persons acquitted on the ground of insanity could be committed.—*Med. Record.*

### SALICIN AND SALICYLIC ACID IN RHEUMATICS.

The remedy of the hour in rheumatism is *salicylic acid*. Though now obtained by chemical synthesis, it exists in salicin, an alkaloid much employed by Southern surgeons during the war, in lieu of quinine.

On their comparative merits Dr. Maclagan says, in the *British Medical Journal* :

As I am probably the only person who has experience of both salicin and salicylic acid in the treatment of acute rheumatism, perhaps I may be allowed space for a few remarks on the merits of these two remedies.

Which is the better remedy, salicin or salicylic acid? That each exercises a marvelous influence in cutting short an attack of acute rheumatism there can be no doubt. I have used salicin or salicylic acid in every case of acute rheumatism which has come under my care since November, 1874, (a year and a half), and invariably with the same result—a rapid cure of disease. Seeing a patient suffering from acute rheumatism, I have no hesitation in assuring him that within forty-eight hours, possibly within twenty-four, he will be free from pain. That is a very different tale from any that can be told in connection with any other remedy.

Salicin is the remedy which I used first, but I have not confined myself to it. When salicylic acid was first recommended as a febrifuge, I determined to give it a trial in acute rheumatism. In the first case in which I used it, ten grains were ordered every two hours. On seeing the patient after four doses had been taken, the general condition was a little better, but she complained much of the medicine "burning her throat." I urged her to continue it. This she did, and the following morning the pain was less, and the temperature had fallen from 102.3 to 101.1; but to the burning sensation in the throat was now added sickness. I omitted the salicylic acid, and gave the same dose of salicin, ten grains every two hours. The sickness ceased; the burning sensation in the throat disappeared; and by the following day the pain was entirely gone from the joints, and the temperature had fallen to 98.8. She made a good recovery.

This case well exemplifies what is the chief objection to salicylic acid—its tendency to produce irritation of the throat or stomach. I have been

unfortunate in my experience, but in every case in which I have given it this irritation has been complained of. All writers on the subject agree in referring to this irritation as one of its unpleasant effects. The salicylate of soda seems to give rise to the same disagreeable symptom. Salicin, on the other hand, never gives rise to any unpleasant effects. I have prescribed it within the last year and a half in many different ailments, in doses ranging from five to thirty grains. I am probably within the mark when I say that I have thus given it to at least a hundred different people, and I cannot recall a single instance in which any disagreeable effect was produced.

I have myself taken (by way of an experiment) three doses of sixty grains—one in the forenoon, one in the afternoon, and one at night—without experiencing the least discomfort; but the smallest pinch of salicylic acid produces in me a feeling of heat and irritation and a most unpleasant burning sensation in the fauces.

Salicin is a pleasant bitter, and is best given mixed with a little water, flavored with syrup of orange if desired. In adequate doses, say fifteen grains every two hours, it cuts short an attack of rheumatic fever, without producing disagreeable effects. It should be continued in smaller doses during the first fortnight of convalescence.

As remedial agents in acute rheumatism, salicin and salicylic acid seem to be equally efficacious; but the former has the advantage of producing no unpleasant effects. In time, too, it is sure to be much cheaper, a matter of some importance with a large class of sufferers from rheumatism.—*Med. & Surg. Reporter.*

### ON AN IMPROVED SUBSTITUTE FOR THE UNGUENTUM PLUMBI SUBACETATIS COMPOSITUM.

By Balmanno Squire, M.B. Lond., Surgeon to the British Hospital for diseases of the Skin.

A short time since I described in this journal, under the name of Glycerole of Subacetate of Lead, a preparation which for cutaneous therapeutics I have reason to think an improvement on the subacetatis plumbi liquor, namely, a preparation made in the same way as the "liquor," with this difference only that glycerine is used in the manufacture of it instead of water.

Since the publication of my views I have become indebted to my father, Mr. Peter Squire, for a very useful suggestion. He proposes that the glycerole I have described should be used in the preparation of the liquor plumbi directed in the British Pharmacopœia. He also recommends that instead of the white wax and almond of the Pharmacopœial

preparation, "vaseline" should be employed. In this manner the ointment is doubly defended from undergoing decomposition.

The defects of the otherwise very valuable unguentum plumbi subacetatis compositum are thus pithily described in Mr. Peter Squire's 'Companion,'—"sweet at first, becomes rancid if exposed to the air." Now this preparation, if composed in accordance with this recent suggestion, will preserve its original colour, and generally its freshness, for I believe an indefinite time.

I have thought it right to communicate this most useful hint, as a pendant to my previous communication, because I look upon it as a means of extending very considerably in the treatment of cutaneous diseases the uses and advantages of the glycerole of subacetate of lead.

It must of course be remembered that no preparation, however ingenious from a pharmaceutical point of view, can be of much avail if it should happen to present any therapeutical incompatibility. The Pharmacopœial ointment in question is of course designed to serve as a local sedative and mild astringent. If the vaseline should chance to alter this essential property of the ointment and render it at all irritant or stimulating, the vaseline would scarcely be an acceptable substitute for the bland excipients (wax and oil) that are now used.

However, I have made good trial of the proposed new ointment and find that it answers perfectly the indications that would be thought proper as demanding the use of the Pharmacopœial preparation. I may add to this that I had already for some time past made trial on a larger scale in hospital practice of pure vaseline as an application to the skin, and I have found it a perfectly bland and unirritating substance even in specially irritable conditions of the skin. I have reason to think it a blander and more neutral application to the skin than even the unguentum simplex of the Pharmacopœia.

The method above described of preparing the unguentum plumbi subacetatis compositum so as to enable it to keep without change, is a matter of interest not in this country only, since I find on reference to the 'Companion to the Pharmacopœia,' that the preparation is officinal not only in Great Britain but also in Belgium, France, Germany, and Russia.—*London Pharmaceutical Journal.*

#### MANAGEMENT OF THE PLACENTA IN ABORTION.

Dr. Munde, in *New York Academy of Medicine*, was of the opinion that no injury would follow, if the placenta, after an abortion, was permitted to remain in the uterus for a number of days after the expulsion of the fœtus, and by the introduction of a tampon and the use of ergot, etc., it could be, as a rule, found in the vagina within a very moderate length of time.

Dr. Hubbard remarked that for the last twenty years he had made it a rule to leave the placenta entirely alone in abortion occurring from one to four months. If hemorrhage is severe after the expulsion of the fœtus, use tampon, and leave the case to look after itself. He tampons in the following manner: Take about an ounce of pulverised alum, tie it up in a fine cambric handkerchief, and leave the string attached. Introduce this little bag into the vagina, and crowd it up to the neck of the uterus. Behind this he usually places a piece of soft sponge, which also has a string attached to it, and then he leaves the woman, feeling that she is perfectly safe. The next day this tampon is removed, and if hemorrhage occurs, another is introduced, and another day is allowed to pass. In a large number of cases the placenta will be found in the vagina, quite certainly at the end of the second, probably at the end of the first day, and he believes this to be the safest practice. Interference he regarded as bad practice, provided the mouth of the uterus is not dilated sufficient to permit of the easy removal of the uterine contents.

For more than twenty years he has not introduced the hand into the cavity of the uterus for the purpose of removing a clot. All that is necessary is to introduce the hand into the vagina, and two fingers into the cavity of the uterus, and break up the clot, when it will be rapidly expelled, if pressure is at the same time made over the uterus with the other hand. Now, if pain is present, give ergot, for it will not act if pain is absent; and if pain is absent, give opium and nux vomica for the purpose of developing nerve-power. This was his method of treating this class of cases, and believed by Dr. Hubbard to be safe and effectual. If the placenta is adherent, another condition of affairs is present, and it may be necessary to proceed to its removal.

Dr. Garrish regarded the treatment by the removal of the placenta in abortion as impracticable, for the reason that in many cases it is impossible to reach the cervix, so that the finger or any instrument can be introduced with safety for such purpose. His habit is to use a lump of alum tampon, with cotton or sponge, and permit the placenta to remain six or eight days if necessary. No serious consequences have ever attended this method of treatment. The vaginal surfaces are at the same time kept clean by the use of antiseptics.

Dr. Garrish was also of the opinion that chloroform administered during confinement predisposes to post partum hemorrhage.

CHLORAL IN NOCTURNAL EMESIS.—In *L'Imparciale*, March 17th, Dr. Ademolo relates four cases which were completely cured by chloral hydrate. It may be given at first in doses of seven or eight grains at night, gradually increasing the dose to twelve grains.—*American Practitioner.*

**DANGER OF CHLOROFORM IN FISSURE OF THE ANUS.**—M. Nicaise calls attention (*Gazette Med.*, March 18) to the fact that fissure of the anus, and especially in its most serious form—the “intolerant fissure” of Prof. Gosselin—is generally accompanied by a well-marked condition of the nervous system, which renders its subjects highly susceptible to the chloroform. Forced dilatation, which is almost the exclusive means adopted for treating this affection in France, necessitates the use of chloroform; and it is therefore important for the surgeon to be aware of the danger which may attend its administration. A lady of very nervous temperament, and pregnant two months, being the subject of the “intolerant” fissure, was put under chloroform, and soon fell into a state of resolution without prior excitement. After dilatation had been practised, the patient was found to remain in an alarming state of resolution, the thorax being quite immovable, and the pulse very feeble. The various efforts at restoration had to be continued for three-quarters of an hour before respiration could be completely re-established. Vomiting was frequent. Although the quantity of chloroform used was very small, the patient was very near dying. To another nervous woman forty years of age, chloroform was most carefully given, and after four or five inspirations she fell into a state of resolution without prior excitement. Dilatation was at once performed, and the patient came to almost directly—the whole having lasted but a moment. Had the chloroform been continued, disastrous results might have ensued. In the case of a man aged twenty, also, a few inspirations produced anæsthesia and resolution. In other cases the subjects of fissure, M. Nicaise has not met with this excessive sensibility to the action of chloroform, but its possibility indicates the necessity of precautions. The depressing effect of the chloroform was most marked in the first of these cases, the slow form of death which seemed imminent differing from that commonly observed, in which life ceases suddenly and unexpectedly by syncope—the two forms being distinguished by M. Perrin as the adynamic and the conclusive. Other cases in which dangerous symptoms after chloroform have occurred in the practice of M. Guyon (detailed, as well as those of M. Nicaise, in a *thesis* recently published by M. Ducamp) have comported themselves differently, there having been a prolonged state of excitement, and the amount of chloroform consumed being much more considerable. Although none of his cases proved fatal, they have been sufficiently alarming to lead M. Guyon to perform dilatation without chloroform, making it more instantaneous than by Maisonneuve’s procedure, which, while rapid, is still progressive. M. Nicaise does not think that chloroform need be renounced in these cases, but that the surgeon should most carefully watch the phenomena produced while administering

it himself, and proceeding to the operation the instant that resolution is produced.—*Med. Times and Gazette* April 1, 1876.—*Monthly Abstract*, June, '76.

**GASTROTOMY.**—The *Record* has already published a notice of M. Labbé’s operation for the removal of a fork from the stomach of a man, but a few additional points may be interesting to our readers. The operation of gastrotomy has now been performed nine times for the removal of foreign bodies, and in all nine cases it has been successful. On the other hand it has been performed nineteen times for cancer of the œsophagus, and three times for traumatic stricture of the œsophagus, and in all these cases ended fatally within a period varying from a few hours to twelve days. In a great many of these cases there was no peritonitis, but probably in all the operation had been delayed until the patients were in the last stages of exhaustion and cachexia. M. Labbé previous to his operation made many dissections to determine the point of election for the incisions. He found that the great curvature of the stomach never ascends higher than a transverse line drawn between the cartilages of the ninth ribs. The end of the cartilage of the ninth rib is situated immediately above the first depression that is met with on passing the finger downwards along the border of the false ribs. This depression is bounded below by the movable cartilage of the tenth rib, which gives rise to a peculiar crepitus when moved. Having settled these points, M. Labbé made his incision parallel to, and half an inch to the inside of the edge of the false ribs on the left side. The incision was  $1\frac{3}{4}$  inches long, its lower extremity falling upon the transverse line between the cartilages of the two ninth ribs. The rectus muscle was not cut, and the stomach was opened at the junction of the cardiac and pyloric portions.—*Gaz. Hebdom. de Med. et de Chir.*—*Med. Record*, June 24, 1874.

**NITRATE OF SILVER IN PHTHISICAL LARYNGITIS.**—Dr. J. Sawyer says, in the *British Medical Journal*.—Phtthisical laryngitis is a very painful malady; and when it has passed into its second stage, it is always fatal. It is difficult to give much relief by treatment. But I wish to speak very confidently of the good results which arise from the frequent application to the larynx of a solution of nitrate of silver: one drachm of the salt to an ounce of water. In the first stage, this remedy stimulates the nutrition of the larynx, and so combats the local anæmia; in the second stage it reduces the tumefaction; in the third it checks the ulceration. In all, it deadens the morbid and painful sensibility of the affected parts. Dysphagia always arises in this disease. It is often a very serious symptom. The tumid and tender larynx makes deglutition difficult. This condition is promptly relieved by the local application I have recommended.—*Med. & Surg. Reporter*.

## ON THE PRESERVATION OF ICE AT THE BEDSIDE.

—Mr. Sampson Gamgee, Surgeon to the Queen's Hospital, Birmingham, in a short article (*Lancet*, June 10, 1876) calls attention to this subject. His practice for some years has been to cut a piece of flannel about nine inches square, and secure it by ligature round the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its depth. In the flannel cup so constructed pieces of ice may be preserved many hours, all the longer if a piece of flannel from four to five inches square be used as a loose cover to the ice-cup. Cheap flannel, with comparatively open meshes, is preferable, as the water easily drains through it and the ice is thus kept quite dry. When good flannel with close texture is employed, a small hole must be made in the bottom of the flannel cup, otherwise it holds the water, and facilitates the melting of the ice, which is, nevertheless, preserved much longer than in the naked cup or tumbler. In a room 60° F., Dr. G. made the following experiment with four tumblers, placing in each two ounces of ice broken into pieces of the average size for sucking. In tumbler No. 1 the ice was loose. It had all melted in two hours and fifty-five minutes. In tumbler No. 2 the ice was suspended in the tumbler in a cup made as above described of good Welsh flannel. In five hours and a quarter the flannel cup was more than half filled with water, with some pieces of ice floating in it; in another hour and a quarter (six hours and a half from the commencement of the experiment) the flannel cup was nearly filled with water, and no ice remained. In tumbler No. 3 the ice was suspended in a flannel cup made in the same manner and of the same material as in No. 2, but in No. 3 a hole capable of admitting a quill pen had been made in the bottom of the flannel cup, with the effect of protracting the total liquefaction of the two ounces of ice to a period of eight hours and three-quarters. In tumbler No. 4 two ounces of ice were placed in a flannel cup made, as above described, of cheap, open flannel (10d. per yard), which allowed the water to drain through very readily. Ten hours and ten minutes elapsed before all this ice had melted.

A reserve supply outside the bedroom door can be secured by making a flannel cup, or on the plan above described, in a jug, and filling it with little lumps of ice; care being taken that there is space enough below the keg to allow the water to collect, and leave the ice dry. This provision will allow ice to be used during the hottest night, without the supply failing, or the patient being disturbed—two very important considerations. The real therapeutic benefit of ice is only produced in some cases by its free use, and its soothing and stilling effect must be aided by the most perfect surrounding quiet.—*Med. News & Library.*

THORACIC ANEURISM TREATED BY ELECTROLYSIS.—Dr. H. I. Bowditch (*Bos. Med. Four.*, January, 1876), from his own experience and that of others, shows that of the cases thus treated a little less than one-third die soon. A little more than one-third are either cured or relieved. Less than one-fifth are cured, and even these have relapses. He believes that, respecting the operation, the following principles are correct:

(1.) In any case in which treatment such as Val-salva's, as modified by Tuffnell, or still further, as suggested by Bowditch, and in which there can be no doubt from the physical exploration of the chest that aneurism of the arch of the aorta exists, if, moreover, we find that the lungs are not very much involved, if we have made up our minds that the case tends certainly to death, perhaps attended with severe suffering—in such a case there can be no doubt that we should be justified in advising electro-puncture for relief, at least, and with the hope of a cure of the aneurism, though it be small.

(2.) As to how it should be done—whether by applying to the needles the positive pole or the negative, or both, or one or the other alternately—I think no decision can be made further than this: the positive pole causes a firmer clot and disengages less gas than the negative.

(3.) A mild current should be used at first and continued for some time.

(4.) Absolute rest before and after the operation, if possible, in a perfectly horizontal posture, should be maintained for months.

(5.) In regard to drugs, I should be governed by circumstances—gentle laxatives are admissible—perhaps digitalis, if the pulse be too rapid. Iodide of potassium might be tried, also cold or compression; if need be leeches might be applied.—*Review of Medicine, Detroit.*

CHLORAL AND BROMIDE OF POTASSIUM IN DELIRIUM TREMENS.—Dr. W. J. Chandler (*Louisville Medical News*, May 13, 1876,) assuming that in delirium tremens there is cerebral or meningeal hyperæmia, considers that chloral and potassium bromide, are the remedies indicated on account of their power of lessening this hyperæmia. These drugs are useful in neuralgia, insomnia, acute mania, &c. The depressing effects of the chloral are prevented by the potassium bromide, which produces contraction of the entire capillary system, whilst the chloral causes relaxation. The following is the recipe used by Dr. Chandler—

R Chloral hydrate	℥ viij. ;
Potass. bromid.	℥ ss. ;
Aquæ menth. pip. }	
Syrup. Tolutan. }	aa fl. ℥ij.

A tablespoonful every two hours till followed by sleep.—*The Doctor.*

THE TREATMENT OF CHRONIC DYSENTERY.—Mr. R. Donaldson, writing from Rangoon to the editor of the *Indian Medical Gazette*. June 1st, recommends the compound tincture of benzoin as a most efficacious remedy in dysenteric affections. He says that, in Burmah, dysentery is a very common affection, and in the European, as well as in the native, exhibits a marked tendency to become chronic. In many of these cases, ipecacuanha appears to have little or no effect; and persistence in the treatment by large doses of this drug, far from being productive of good, is fruitful of positive mischief. The stomach is rendered so irritable by it, that the patient is unable to retain nourishment; and he then suffers from exhaustion, the combined effect of the disease and innutrition. In these cases, the tincture of benzoin, given in combination with astringents—notably with logwood—has been found extremely useful; often, indeed acting like a charm; and it may be truly said of it, that its powers of healing diseased mucous membranes equal its performances when applied externally to wounds. The formula recommended is: Compound tincture of benzoin, half a drachm; compound tincture of catechu, one drachm; tincture of opium, ten minims; extract of hæmoxylon, ten grains; water, to one ounce; for a draught to be given three times a day. If necessary, the remedy may be administered by the rectum. It would appear that the compound tincture of benzoin is an old, and at one time, a well-known remedy in dysentery, as well as in simple mucous diarrhoea and in chronic infantile, inflammatory diarrhoea, in which the evacuations always contain mucus, and sometimes a little blood. *British Med. Journal.—Peninsular Journal of Medicine.*

The newest thing in therapeutics is the plan of treating nasal catarrh by the local application of bismuth, advocated by Dr. Ferrier. Being afflicted with nasal catarrh himself and having some bismuth at hand, he tried a pinch, and the relief so accorded was such that a few more pinches were taken from time to time, by which means the catarrh was speedily cured. His further experience has decided in favor of an admixture of gum acacia in powder, and the addition of a little morphia. By this means lightness is given to the powder, and its local sedative action is increased. It seems very probable that catarrhal snuffs will be among the stock of preparations of all chemists, and that a new feature will be added to the present advertisements. Another new thing is an ornamental bottle containing a little piece of lint at one end, and some nitrite of amyl in the other compartment, for the relief of palpitation due to arteriole spasm, hysterical or gouty. This last idea originated with Dr. Milner Fothergill.—(*Med. Times Lond. Con.*

SPECIFIC AGAINST HYDROPHOBIA.—Dr. Grzyvala of Krivoë Ozero, Podolia, for whose trustworthiness Professor Gubler of Paris vouches, declares that, after a series of crucial trials which he describes at length, he has found that, after having had opportunities of treating at least one hundred cases of men bitten by rabid dogs, with the *Xanthium Spinosum*, he has never in any one of these cases failed to ward off hydrophobia. He gives some startling examples. During the Crimean war, a family of twelve persons had been bitten by a hydrophobic wolf. Six of them entered his wards in the hospital of Olschanka, government of Podolia, district of Balta. They were treated with infusion of the leaves of xanthium, and all recovered. The six others, who were treated by the actual cautery and the daily use of genesta tinctoria and other drugs, died with hydrophobia in the course of twelve to sixty days. He recounts many other facts not less striking. For an adult, the dose is sixty centigrammes of the dry powder, repeated three times a day, and continued during six weeks. Children under twelve take half that quantity. The dose for animals is much larger. A herd of thirty oxen had been bitten by a mad wolf; eight had succumbed with symptoms of hydrophobia. The Commissary of Police came to Dr. Grzyvala for his "antirabic powder." He gave three ounces of the powder, with bran, daily to each of the remaining animals; none of them suffered from the disease. These are examples of which Dr. Grzyvala says he has a hundred others.—*Brit. Med. Jour.*

NEW METHOD OF SOUNDING FOR VESICAL CALCULI.—Dr. Van Brabant calls the attention of surgeons to an easy and novel method of sounding the bladder for stone. Having had occasion to puncture the bladder of an old man, suffering from retention of urine, in the hypogastric region by means of Dieulafoy's aspirator, certain symptoms led him to suspect the presence of a calculus, whereupon he made a thorough exploration of the bladder with the canula of the capillary trocar. This method can be employed when the introduction of a sound leaves the surgeon doubtful as to the presence of a stone, especially where the stone is lodged behind the prostate or in vesical cysta. In doubtful cases it is advised to combine both methods.—*Arch. Med. Belge; Revue Therap.*

LUPULINE in large doses has proved efficacious in combating the insomnia of delirium tremens. One man, an athlete, had been unable to sleep for ten days, and it was decided to administer to him large doses of lupuline—three drachms were given to eight ounces of ale every two hours. During eight hours he had taken nine drachms of the drug, and at the end of that time he went to sleep. The usual dose is two drachms every two hours.

**VERATRUM VIRIDE IN THE TREATMENT OF PNEUMONIA.**—Dr. W. W. Alexander (*Philadelphia Med. and Surgical Reporter*) strongly advocates the use of veratrum viride in the treatment of pneumonia. He pushes its administration "until the pulse falls, the skin softens, and the heat subsides, or other manifest improvement takes place, such as placidity of countenance, easy respiration, and subdued color, etc." He prescribes six to eight drops, commencing with the minimum dose, every two hours, if necessary, to every four hours, according to the urgency of the case, of a mixture containing equal parts of Norwood's saturated tincture of veratrum viride, and syrup of squills. He suspends the medicine for a few hours if vomiting supervenes, and reduces the dose upon its resumption. He also reduces the dose, or lengthens the intervals, if nausea or perspiration occur during its administration, and discontinues it entirely when all inflammatory symptoms have disappeared. Dr. Alexander believes veratrum viride to be a most reliable substitute for the lancet in a vast majority of cases of inflammatory pulmonary affections. To quote his own words, "We have treated more cases of pneumonia this season than usual. We have pushed the veratrum in every case. We have not thus far used the lancet in a single case this year, except in one of apoplexy; nor have we to regret our reliance upon the veratrum, not having lost a case of pneumonia this season. It has been our chief reliance in the treatment of acute inflammatory diseases—our sheet-anchor in pneumonia."—*Med. Press and Circular*.

**QUINETUM.**—A preparation of the whole alkaloïds, separated from East India red bark, has been used, for some time, in the Indian Hospitals, as well as in private practice, with great success. As manufactured by Thomas Whiffin, an English manufacturing druggist, it is a fine, granular, non-adherent powder of a pale buff color, which dissolved in dilute sulphuric acid and water, is a clear brown liquid. Sulphate of quinetum is a white crystalline body, with a faint pink tinge, greatly resembling sulphate of quinia. It dissolves readily in dilute acids, and the solution exhibits a strongly marked fluorescence. It is said that the price of quinetum is about half that of quinia. The same firm is manufacturing a citrate of iron and quinetum.—*New Remedies*.

**CHLORAL IN WHOOPING-COUGH.**—Dr. Greslon reports a very severe case which succumbed to chloral, in doses of from fifteen to thirty grains every night, after all the remedies usually tried had failed. The action of the drug was very rapid, fifteen days only having elapsed between the first administration of the drug and the cessation of the cough.—*La France Medicale*.

**GASTROTOMY.**—The operation of gastrotomy has recently been performed upon the case known to the Paris public as "L'Homme à la Fourchette," the man with the fork. Regarding his history and the recent operation, the correspondent of *The Lancet* of April 22, 1876, says that about a year and a half ago the man, whilst showing his skill at introducing a whole fork into his gullet, suddenly swallowed it. It could not be extracted from the œsophagus, and finally found its way into the stomach. After this the fork could be felt lying lengthwise in the stomach. Short trials of various means were made to extract the instrument upwards, but all these attempts were soon renounced as useless and possibly mischievous, and the patient was sent into the country to his friends. After a time he returned to Paris. His general condition was satisfactory, but from time to time various local symptoms of inflammation occurred. About two months ago Dr. Labbé thought the proper time had come to attempt gastrotomy. Accordingly, applications of caustic were made to insure adhesion between the stomach and skin. The operation had, however, to be postponed on account of the illness of the patient, but a week ago it was performed. The fork has been extracted, but great difficulty attended its removal, and the operation proved to be a most arduous and anxious one. Notwithstanding the attempts that had been made by the application of caustics to secure adhesion of the stomach to the abdominal walls, the peritoneal cavity had to be opened. At the last report the patient was doing well.—*Boston Med. & Surg. Jour.*

**DANGERS OF SALICYLIC ACID.**—Salicylic acid is now being used almost generally in the treatment of acute rheumatism. It is necessary, however, to avoid employing it in too large or too frequent doses, as it may cause serious prostration, with great lowering of temperature. Dr. Joseph G. Richardson (*Medical Times*, May 13th, 1876) reports a case in which 120 grains were administered in the course of three days. The temperature fell from 102½° to 96½°, the pulse and heart beat became intermittent. He also observed similar effects in other cases, and he recommends that the pulse and temperature should be carefully watched during the administration of this drug, so that, if required, stimulants may be given.—*The Doctor*.

At the outbreak of the war, when patriotism was somewhat more abundant than knowledge of anatomy, the question was put to a candidate for surgeon's position in a Cincinnati regiment, "What is Scarpa's triangle?" To which he replied: "What is the use of asking a man a foolish question like that, when his country's flag is trailing in the dust?"

**ACTION OF CHLORAL ON THE RECTUM.**—It would appear that chloral is one of those agents which acts with nearly as much energy when introduced in the rectum as when taken in the stomach. In a case of puerperal convulsions to which we had been called in consultation, a solution of bromide of potassium with hydrate of chloral, which could not be swallowed by the patient, was injected in the rectum, with the effect of allaying spasm promptly and decidedly. It was repeated in the same case with excellent results. Since that time, other trials of chloral as an enema have confirmed its value in this mode of administration. The quantity of thirty grains in two or three ounces of water will generally be sufficient for a single injection. A late No. of the *Gazette Hebdomadaire* reports a case of obstinate chorea cured in fifteen days by the injection of sixty grains morning and evening.

Since writing the foregoing paragraph we have had a curious illustration of the quickness with which chloral is absorbed by the lining membrane of the rectum. A lady who suffered severe uterine neuralgia, and to whom the taste of chloral hydrate was extremely unpleasant and provocative of vomiting, had a solution containing twenty grains of the medicine thrown into the rectum. Within two minutes she perceived the taste of it in her mouth, and was seized with severe vomiting.—*Pacif. Med. & Sur. Four.*

**CLEFT PALATE TREATED BY STRONG NITRIC ACID, WITHOUT OPERATION.**—Mr. Mason has at present under observation at St. Thomas's Hospital several interesting cases of congenital cleft palate, which he is treating by the application of strong nitric acid alone, and consequently without the use of the knife. The ages of the patients vary from a few weeks to several years. Mr. Mason thinks that this method of effecting union is especially applicable to cases in which the cleft is of average extent, and even where the hard palate is partially implicated. In more severe instances the ordinary operation may be required. Mr. Mason finds that the application of the acid is attended with no pain or inconvenience whatever to the patient, and although the cure is more slowly accomplished, it has the advantage of being sure, and of completely closing the fissure in the most perfect manner, without the risk of the parts giving way, either wholly or partially, as too often happens after the usual operation of staphyloraphy. A further gain seems to be that the cases may be dealt with as out-patient, as in all the examples now under notice. Mr. Mason, after many trials, prefers the strong nitric acid to any other form of caustic. We shall continue to watch the progress of these cases, and give the results on a future occasion.—*Med. News & Library—Lancet, May 6, 1876.*

**CHROMIC ACID FOR WARTS.**—Three or four applications of this acid will cause the disappearance of warts, however hard, large, or dense these may be. The application gives rise to neither pain, suppuration, nor cicatrices, the sole inconvenience being the production of a dark brown colour.—*Union Med., April 22.*

**NEW MEDICAL JOURNALS.**—Another "want long felt" has been supplied to the profession of Columbus, Ohio, in the form of two medical journals, the *Ohio Medical Recorder* and the *Ohio Medical and Surgical Journal*. Each appears with a circular justifying its publication. Each is, of course the organ of a medical college.

### Reports of Societies.

#### HALDIMAND MEDICAL ASSOCIATION.

The annual meeting of the Haldimand Medical Association was held in the Town Hall, Caledonia, on Monday, the 17th July, when the following members were present:—Drs. McCargow, President; Davis, Treasurer; Hillyer, Secretary; Bethune (M.M.C.), Baxter (M.P.P.), Dee, Harrison, Jones, Dillabaugh, and Bumbury. Dr. Henwood, of Brantford, representative of the Territorial Division in the Medical Council, was also present by special invitation.

The minutes of the preceding annual meeting having been read, and certain accounts presented and ordered to be paid, the Association proceeded to the election of officers.

Moved by Dr. Bethune and seconded by Dr. Baxter—That all the officers of last year be re-elected. Carried.

On motion, Dr. Henwood was elected an honorary member.

Dr. Henwood acknowledged the compliment in a few well-timed remarks, and took the opportunity of thanking the members for their unanimous support of his candidature at the last Territorial Division election.

Dr. Davis was next elected as delegate to the Canadian Medical Association Convention, to be held in Toronto, August 2nd.

The following resolutions were introduced and elicited an animated discussion, in which Drs. Henwood, Bethune, Davis and others took part:—

"Resolved, That this Association considers that it would be to the interest of the profession and of

the general public if the number of the representatives in the Medical Council were increased; and that with this object, it would be desirable to have the Medical Act so amended as to enable each Territorial Division to return two members instead of one, as heretofore."

Dr. Henwood, in a very eloquent, forcible, and logical speech, laid before the Association the advantages and disadvantages which might accrue from an increased representation, and concluded, upon the whole, that such a measure would be premature and impracticable at the present—the financial condition of the College not justifying the increased expenditure incident thereto.

Drs. Bethune, Baxter, Davis, and others, having expressed similar views, it was laid over for further consideration.

"Resolved, That this Association views with sorrow and amazement the attempts of a certain influential journal to discourage the efforts of the profession to elevate the standard of medical education, and to protect the public from the ignorance and rapacity of charlatany, and desires to record its unqualified denunciation of so unpatriotic a course."

Several members spoke to this resolution, and generally expressed the view that altogether too much importance had been attached to the utterances of the sheet in question; that, already puffed up with an inordinate conceit of its powers, it would be administering to a morbid vanity for medical men to publicly notice diatribes whose vulgar insolence was only equalled by their impotence. It was then voted to be laid on the table.

"Resolved, That, as the medical profession of Ontario has no proper place for the meeting of its representatives—the Medical Council—that the member for Haldimand, Dr. Baxter, be requested to bring before the Legislative Assembly the propriety and justice of assisting the profession in purchasing a suitable building for its meetings and examinations, which may hereafter be known as the 'College of Physicians and Surgeons of Ontario.'" Carried.

The tariff for the Association, as revised by the committee appointed at the last annual meeting, having been brought forward and thoroughly discussed, it was moved by Dr. Davis and seconded by Dr. Bethune—"That the Secretary be author-

ized to communicate with the President and Directors of the various Life Assurance Companies doing business in this region that the members of the Haldimand Medical Association desire to express their opinion that the fee for examination of applicants for life assurance should be five dollars in all cases; the work of examination and writing being identical." Carried.

At this period of the business, Dr. Jones, of Hagersville, preferred a charge of unprofessional conduct against a medical man resident in the same village, who, it seems, had visited a patient of his, suffering from a fracture of the femur, in his absence, and, having taken off the splints and bandages, went through the process of re-setting when there was no displacement, re-adjusting the same splints and re-bandaging, with no other apparent object than to bring discredit upon his brother practitioner and take credit to himself!

It was the unanimous opinion of the meeting that the practitioner referred to had been guilty of a gross breach of professional etiquette and ungentlemanly conduct; but, as he was not a member of the Association, it had no power to deal with the case.

After the discussion of some other questions of local importance, and partaking of a bounteous repast served in his best style by mine host of the Diamond Hotel, the Association adjourned *sine die*.

E. S. HILLYER, M.D.,

Hon. Sec'y.

PROCEEDINGS AT THE MEETING OF THE STATE BOARD OF HEALTH, MICHIGAN, JULY 11, 1876.

There were present Dr. H. O. Hitchcock, President; Dr. R. C. Kedzie, Rev. J. S. Goodman, Dr. A. Hazlewood and Dr. Henry B. Baker, Secretary. There was considerable discussion over the present system of oil inspection in the State. Notwithstanding the great saving of life under the new law the Board is not yet satisfied, but is striving for even better results. A thorough report on the subject was presented by Dr. Kedzie.

Dr. Kedzie presented a paper on "means of escape from public buildings in case of fire." It was a strong plea for a law requiring the doors of all public buildings to open outwards; and that there should be some means of escape from each hotel room. In buildings of this character the

flames generally follow the stairways and elevator openings.

Dr. Kedzie also read a paper, and presented a model, illustrating his new plan for ventilating railroad cars. By his method the air is introduced free from all dust and cinders, is evenly distributed through the car in sufficient quantity without sensible draft, and at the same time the foul air is rapidly withdrawn.

By request of the Board and for the information of its members, Dr. Kedzie read a report of the meeting of the American Medical Association at Philadelphia, he having been chairman of the section on public health in that association.

Dr. Baker presented tables and diagrams showing the death-rate under various conditions of climate, etc.

Dr. Hazlewood read a paper in which he gave facts and figures concerning the advisability, and the dangers to be avoided in vaccination for the prevention of small-pox. It contained a complete history of vaccination from its discovery, and presented statistics showing the decrease in the death-rate from small-pox by means of vaccination.

S. Day, of Ann Arbor, presented a plan for a water filter, applicable to filtering water as it enters cisterns. He claimed that the action of his filter was automatic, and that because of the intermittence between storms the charcoal is enabled to renew its purifying power. He also claimed that the character of the water could be modified by the incorporation of certain materials in his filter, whereby iron, lime, etc., could be added if desired, or its freedom secured from all substances which tend to render it hard.

Dr. Baker read a report relative to a portion of the work done in the office of the Secretary since the last meeting of the Board. The report showed general progress in the work of the office. It accounted, among other things for the distribution of some 2,600 copies of the Third Annual Report, about half of them to officers of local boards of health, and the rest to sanitarians, etc.

By request of an officer of the State Public School, at Coldwater, the secretary, in addition to his office duties, made an examination of the sanitary conditions of that institution, and had carefully written out and sent to the Board of Control a detailed report of the conditions, with suggestions and advice in relation to the sanitary

management of that institution. The report itself was not submitted at this meeting.

Dr. Baker presented a plan for the registration of diseases similar to that adopted by the State Board of Health of Massachusetts. This plan contemplates asking leading physicians in various parts of the State to report diseases prevailing during stated periods of time on postal card blanks furnished by the Board; also requiring such reports from the health officers of all cities in Michigan. The project was adopted.

A communication from A. A. Day, State Inspector of illuminating oils, in reference to fees of deputies, etc., was read and placed on file.

A communication from J. T. Elliott, of Grand Rapids, relative to the unhealthiness of decaying side walks, was read and referred to the Committee on Decomposing Organic Matter, etc.

A communication from L. P. Alden, of the State Public School at Coldwater, giving a detailed account of the sickness at that institution, was read and referred to the Committee on Epidemic Diseases, etc.

The Secretary announced coming meetings of prominent associations as follows:—American Social Science Association at Saratoga, Sept. 5 to 8. International Medical Congress, Philadelphia, Sept. 4 to 9; and American Public Health Association, Boston, Oct. 3 to 6.

A valuable paper by Dr. O. Marshall, of Lansing, giving a detailed account of scarlet fever as it prevailed in North Lansing in 1875-6, was read and ordered published in the Annual Report. It was an important contribution to the study of this disease, containing many facts bearing upon its restriction and prevention and on the causes tending to render it malignant. It was accompanied by a carefully drawn map.

A communication from J. M. Loop, M.D., of Port Sanilac, giving details of cases of typhoid fever attributed to the use of impure water, was read.

The following were proposed as correspondents to the Board: Drs. J. M. Loop, D. Todd, N. H. Kimball, E. Batwell, O. Marshall, John P. Wilson, and Robert Johnston.

The Board adjourned.

NOVA SCOTIA MEDICAL ASSOCIATION.

The annual meeting of the Nova Scotia Medical

Society was held in New Glasgow, on Wednesday and Thursday, June 28 and 29. The meeting was called to order on Wednesday, at three p.m., by the President, who read a very able and interesting address; after which reports of Committees were handed in and discussed.

Dr. Murray, of New Glasgow, was appointed a delegate to the International Medical Congress to be held in Philadelphia in September.

A committee was appointed to draft a bill for presentation to the Local Legislature of the Province to amend the law relating to medical witness fees.

At the evening session the reports of Committees on scientific subjects were read—by Dr. Muir, of Truro, on the "Progress of Medical Science;" on the "Progress of Practice of Medicine," by Dr. Somers, of Halifax. A Report on Obstetric Medicine," by Dr. Sandford of Burlington, was read by Dr. Wm. Fraser. These reports elicited many important observations upon the subjects treated of, and votes of thanks were tendered to the gentlemen who presented them.

Resolutions of regret and condolence were passed relative to the decease of Dr. S. Muir, of Truro, the former President.

At Thursday morning session the Committee on nominations reported, proposing the following officers and members of standing Committees, who were elected in the usual way:

*President*—Dr. G. M. Johnston, Pictou.

*Vice-Presidents*—Dr. Sandford, Hants Co., and Dr. Wm. McDonald, Antigonish.

*Secretary*—Dr. J. Somers, Halifax.

*Treasurer*—Dr. J. F. Black.

A vote of thanks to the Railway authorities was passed, after which the Society adjourned, to meet in Truro on the third Wednesday of June, 1877.

After the adjournment of the meeting the members and their friends went on a pleasure excursion by the Steamer "Dragon" from Pictou, returning the same evening. Lunch was served on board, and the day was spent pleasantly and profitably by all.

#### NORTH RIDING OF BRUCE MEDICAL ASSOCIATION.

The third meeting of the above association was held at Wilkinson's hotel, Invermay, June 6th. The President, Dr. Scott, in the chair. The attendance was fair.

The medical tariff of fees was introduced for consideration, and after some discussion it was resolved to adopt the Tariff of Fees for Saugeen and Brock territorial division as the tariff for the North Riding of Bruce. The President was requested to arrange for bill-heads that should have the Tariff printed upon them.

A motion was introduced to the effect that it is in the interests of the medical profession to obtain a legal sanction to the holding of *post mortem* examinations in certain cases where the cause of death may be obscure to the medical attendant, provided always that the friends of the deceased shall have the right to attend such examinations or to cause some one to appear in their behalf, and that said *post mortem* examination shall not be allowed to interfere with the funeral obsequies. After considerable discussion this motion was laid over.

Drs. McLaren, Reilly and Washington were appointed to prepare papers to be read at next meeting.

After a vote of thanks to Dr. Washington and to our host and hostess for the excellent "spread" provided, the meeting adjourned to reconvene at Southampton on call of the President.

C. W. REILLY, Secretary.

#### HURON MEDICAL ASSOCIATION.

The 4th regular meeting of the Huron Medical Association was held in Seaforth, on the 4th of July. Dr. Sloan of Blythe occupied the chair.

The minutes of the previous meeting were read and approved of. Dr. Burgess of Seaforth read a paper on Post Partum Hæmorrhage. A very instructive and animated discussion followed, in which Drs. Coleman, Sloan, Vercoe, Holmes, and Stewart took part. It appeared to be the universal opinion of the members present that Credes' method of external pressure was more to be relied on, both as a preventive and curative measure, than any other means we have at our disposal.

Dr. Hurlburt of Brucefield read a paper on "Pleuritic Effusion." It was based on an analysis of 9 cases in all of which copious effusions were present. The aspirator was only used in two of the cases.

Drs. Coleman, McLaren and Stewart were appointed delegates to the International Congress at Philadelphia. The society then adjourned to meet in Seaforth again in October.

# THE CANADA LANCET.

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TORONTO, AUGUST 1, 1876.

## VACCINATION AS A PROPHYLACTIC.

We noticed in our last issue a very exhaustive essay on this subject by Dr. W. C. Chapman, of Toledo, O. Recent action in England against Boards of Guardians who had refused to put the Vaccination Act in force, would seem to imply that the prejudice which of late has cropped up against the most important discovery for the mitigation of suffering, and diminution of death rate that the present century has to boast of, is not confined to the ignorant and unlettered; it may not therefore be considered an inopportune moment to dwell further on this subject. In the July number, we quoted sufficient authorities to illustrate the fact of vaccination protecting the system from the contagion of small-pox; we will now therefore pass under review Dr. Chapman's second enquiry, "Why does the protective power of vaccination become so impaired as to render revaccination advisable?" The predisposition to vaccina or cow-pox is very general. A single attack sometimes removes the liability for the rest of life, but in the majority of cases this immunity only lasts a number of years and then ceases. As early as the year 1818, the College of Physicians of London, in a report made to Parliament, stated that "The security derived from vaccination against the small-pox, if not absolutely perfect, is as nearly so as perhaps can be expected from any human discovery, for amongst several hundred thousand cases, with the result of which the college has been made acquainted, the number of alleged failures have been surprisingly small, so much so, as to form certainly no reasonable objection to the general adoption of vaccination, for it appears that there are not nearly so many as there are deaths

in an equal number of persons inoculated for the small-pox." In the investigation of the question, Does the protective power of vaccination die out in the individual? Dr. Chapman brings to bear a large amount of carefully compiled statistics, and arrives at the conclusion that there is a time in post-vaccinal life when an attack of the variolous disease may be so severe as to be scarcely, if at all modified by the primary vaccination, and that it is also clearly demonstrated that the further removed the attack may be from the time of vaccination, the more severe will it be in character. The age of puberty is considered by many, as the time of all others, when the revaccination should be performed. There does not appear to be any special reason why this should be a time chosen in preference to any other, unless it be that fourteen years (that being considered as the time of puberty) is as long a period as should possibly intervene between the two operations. Niemeyer on this subject gives as his opinion, that physicians should revaccinate all their patients at the outbreak of an epidemic of small-pox, no matter what the length of time since their last vaccination. Regarding the age at which it should be performed, the following instructions have been issued by the Lords of the Privy Council in England: "Except so far as any immediate danger of small-pox may require, vaccinate only subjects who are in good health. As regards infants, ascertain that there is not any febrile state, nor any irritation of the bowels, nor any unhealthy state of the skin, especially no chafing, or eczema behind the ears, or the groins, or elsewhere in the folds of the skin. Do not, except of necessity, vaccinate in cases where there has been recent exposure to the infection of measles or scarlatina, nor when any erysipelas is prevailing in or about the place of residence."

Regarding the selection of virus, Dr. Benjamin Lee has arrived at the following conclusions:—  
1st. That virgin vaccine lymph direct from the heifer is not easily absorbed into the human system, and that therefore it is not advisable to attempt its general use in the face of an epidemic, or the presence of direct contagion. 2nd. That it is less readily absorbed in the case of infants than older children and adults. 3rd. That, when absorbed, it produces the vaccine disease in both its local and constitutional manifestations, in its most

normal and perfect type, without unusual severity or complication. 4th. That virus produced by inoculation of a single human being with virgin lymph, for the first time, is absorbed into the human system with excessive readiness, constituting the most active virus that can be produced. 5th. That such virus is more likely to induce true vaccine in persons already vaccinated, than ordinary humanized virus of long descent. 6th. That what is true of lymph of the first remove, is also immeasurably true of that of several subsequent removes, but to what extent, these experiments do not determine. 7th. That, accepting the foregoing conclusions it is a matter of primary importance that every large centre of population should be provided with the means for frequent revivifying its supplies of virus by a return to the original source. Dr. Foster, director of the vaccine department of the New York, Dispensary, in his report to the Board of Trustees of that Institution, considers the following propositions as well established.

1st. Vaccination with bovine virus is at least as successful as that with humanized virus.

2nd. There does not appear any valid reason for looking upon vaccination, with lymph procured from a succession of bovine inoculations, as inferior, in the protection conferred against small-pox, to those with humanized virus, or with virus direct from cases of spontaneous cow-pox. On the contrary, in the case of the inoculated bovine disease, we can always be sure as to the precise period of the disease; and consequently, in taking the lymph, can choose the time when it is more energetic. Whereas we can seldom or never assign a precise date to the origin of a spontaneous case; and, indeed, must very rarely have an opportunity of seeing such a case until the proper time for taking the lymph has passed.

3rd. Vaccination with bovine virus certainly does not entail a risk of any greater degree of inflammation, than is generally met with in the use of the humanized stock.

4th. Animal vaccination enables a careful vaccinator to be positively certain that he runs no risk of unwittingly conveying syphilis or other taints in vaccination.

5th. The amount of vaccinal efflorescence considered necessary to constitute an effectual prophylactic against small-pox is, with bovine virus

attainable with a decidedly decreased amount of traumatism.

Dr. Chapman, after long employment of both animal and humanized virus, arrives at the following conclusions:—

1st. That it is clearly demonstrated that in the lymph taken from either a human or bovine vesicle, is found all that is necessary to produce the vaccinal disease in the human subject, and so protect the system against small-pox.

2nd. That in most cases, the constitutional and local manifestations are generally more severe after the employment of animal than human virus, but there are exceptional cases where the latter form of vaccine matter creates a much more severe grade of inflammatory action.

3rd. There is no marked difference in the ability to readily impart the vaccine disease, in the employment of either animal or human virus.

4th. As there is a prejudice amongst the people as regards the implanting of syphilis, or other blood poisons into the system by the employment of humanized virus, when the use of animal virus will remove such prejudice, it should in all cases be employed. There are many authorities who emphatically deny the possibility of conveying any form of disease through the medium of the vaccine lymph. At the children's hospital, Paris, M. Taupin vaccinated a large number of children with virus taken from subjects affected with itch, scarlatina, measles, varicella, varioloid and variola, rachitis, scrofula, tubercles, chronic eruptions of the scalp, darts, &c., without communicating to the patient any of these affections, either those of an acknowledged contagious or non-contagious nature.

Niemeyer on this subject says:—"The hypothesis that scrofula was transferred by vaccination from one child to the other is false, as may be proved. Sometimes children became scrofulous after vaccination although the lymph has been taken from a perfectly healthy child, and sometimes children remain perfectly healthy after being vaccinated with lymph from a decidedly scrofulous child.

PRIZES.—Dr. P. G. Jennings of Quebec received the first Morrin and first Sewell prizes at the Laval University on the 30th of June.

## THE RECURRENCE OF POISON VINE ERUPTION.

The question has already been raised whether the skin eruption caused by poison ivy (*Rhus toxicodendron*) is subject to annual recurrence without fresh exposure, or whether the returns of this troublesome affection in susceptible persons, are not entirely due to a fresh reception of the poisonous influence. We cannot here attempt to answer the question definitely; but from our own opportunities of observation we are not induced to accept as final the conclusions to which some practitioners have arrived, that the eruption does recur without exposure. But we are sensible of the difficulty of determining this.

It is well known that the susceptibility of persons to the poisonous influence of this plant is extremely variable, and that whilst certain persons may go into the midst of the growing ivy with impunity, others are so susceptible that they suffer merely by approaching the plant. It is conjectured that the poisonous influence is an emanation, most probably of an acid nature. Being volatile, it may be widely diffused, and like malaria or the cause of hay asthma, may act under favorable circumstances, as of aerial currents and susceptibility in the recipient, at a considerable distance from its source. Now it is well known that no protection is conferred by a prior attack; and hence it might reasonably happen that a person having suffered from ivy poison one season would also suffer the next by reason of susceptibility, even though scrupulous precautions should be taken to avoid direct exposure. In such a case the diffused emanation might be sufficient as an exciting cause to account for the recurring attack.

It is to be noted, that the so-called recurring cases always take place during the summer season and at the period of the plants poisonous activity, but never in the winter. This lends support to the supposition of the exciting cause being diffused in the atmosphere.

From a case which came under notice the present year, it would appear that this diffused influence has a decided activity at a distance say of thirty feet. A lady of known susceptibility caught an eruption merely by journeying a few miles between two towns, and without ever having got out of her carriage, which kept the middle of the

highway. The nearest distance of possible exposure would be that of the plants growing in the wayside fence-bottom where they were afterwards discovered.

What seems to be established is this, that the so-called recurring attacks are decidedly modified from those which depend upon full and direct exposure. The eruption is more papular and less erysipelatous in appearance. It does not spread so much as in acute cases, and the swelling of the subcutaneous tissue is wanting or only comparatively slight. Apparently the modified attack is much milder; but as it gives rise to much burning itching and torment, and being very rebellious to treatment, is apt to run on in a chronic course, patients will declare that they would rather undergo an acute attack and be done with it, than suffer from the chronic form.

The recurrent or modified eruption requires an essentially different line of treatment from that adopted in acute cases. Alkaline lotions, as of bicarbonate of soda, which are so successful in the acute form, do not avail in the chronic eruption. Saline purgatives, which are very useful in the erysipelatous variety, have little or no effect in the papular. The black wash, which has been successfully employed in acute cases, cannot be depended on to cure the chronic eruption. The agent which we have found most effective is tincture of iodine employed as a paint. These local applications frequently repeated, at length subdue the oft-recurring exacerbations of burning and itching, and the eruption gradually disappears. The cure by local means is assisted by the exhibition of nerve tonics, as quinine and iron, whenever the employment of these remedies appears to be suggested by the state of the system.

## SYSTEMS OF MEDICINE.

For the perfection of medicine as a rational science, two things are requisite, first, a thorough comprehension of the pathology and symptoms of disease, and, secondly, a correct knowledge of the therapeutic action of medicine. Upon such knowledge as that indicated can only be based a thoroughly scientific system of medicine.

Various systems have arisen from time to time in the world's history, each apostle of a new doctrine imagining that all wisdom centred in himself.

and all ignorance belonged to the representatives of the regular profession; that in fact, he had received a new revelation (*a la* Joseph Smith, of Mormon notoriety,) or had discovered the golden secret or philosopher's cue to the true *medicatrix naturæ*. And so, from Thompsonianism to Hahnemannism, and from hydropathy to Swedish movement and lift cures, we have had everything that the imagination of man could devise since the days of Pythagoras, in the shape of cure-alls.

Every medicine is supposed to be possessed of certain inherent and destructive dynamical effects, which it exerts either in health or disease, and which is termed its physiological action. Medicines, however, are possessed of what is termed a secondary or therapeutic action, more variable and uncertain than the primary, but growing out of it,—in fact, being the physiological action influenced or modified by the disease or other co-existing conditions, and which leads directly to the alleviation or cure of the disease. The principal actions of medicine may be stated to be the *antipathic*, or action induced diametrically opposite to the diseased action; the *allopathic*, or other action induced, by which the diseased action is subverted; the *specific*, by which certain remedies induce an action directly curative of certain specific poisons; and a fourth, or *homœopathic*, which is an entirely independent system of medicine.

The last mentioned method of cure was propounded by a German physician, Hahnemann, about 70 years ago, who taught, in substance, that the cure of a disease is effected by the administration of infinitesimal doses of such medicines as, if given to a healthy subject in large quantity, would induce symptoms similar to the disease. The doctrine of homœopathy is enunciated in the Latin aphorism, *similia similibus curantur*.

The disciples of Hahnemann, however, treat diseases, the most dissimilar in their nature and symptoms, by the same remedial agent. Thus, a Mr. Haycock, in a work entitled "Elements of Homœopathy," employs arsenic as an appropriate remedy in forty different diseases, as dissimilar in their nature and symptoms as can well be imagined, as, for instance, diabetes, rheumatism and tetanus; aconite in thirty-two, beginning with papular eruptions, and ending with ophthalmia and catarrhal affections. Laurie, in his Homœopathic Practice, prescribes belladonna in 175, and arsenic in 130

affections of very dissimilar pathological nature, varying from bronchitis to coxalgia, than which nothing can be more dissimilar. An "accurate similarity" between the symptoms manifested in any case under treatment and the symptoms produced by the remedy in excessive doses, is regarded as essential to the success of the homœopathic treatment (see Hahnemann's Organon, p. 119, 4th Am. ed.); and yet a single remedy is recommended as applicable in the treatment of 175 diseases. Nowhere can there be found any similarity between the effects of arsenic and forty diseases of one writer, or 130 of another, or between belladonna and 175 diseases, unless they exist in the imagination, or the strained perceptions of the enthusiast.

On this theory, strychnia should be the *best* remedy for tetanus, because it produces tetanic spasms. Mustard applications to burnt or irritated surfaces, because it produces irritation; alcohol for delirium tremens, because it produces it; aconite for congestion, because it produces capillary congestion by paralysis of the vaso-motor nerves, and thus is thought, in large doses, to simulate inflammation in its action;—an application, in a very refined way, of the old theory of curing rabies, by the person swallowing "a hair of the dog that bit him."

No known remedy will produce hydrophobia, pleurisy, measles, small-pox, scarlet fever, asthma, influenza, epizootic in horses, or distemper in dogs; yet twenty or thirty remedies are recommended for each disease. This doctrine if true, and rigidly adhered to, would stamp most diseases as hopelessly incurable; for in exceptional cases only can any similarity between the symptoms produced by large doses of the remedy, and those of the disease, be traced. The English translation by Dudgeon, of London, accepted by homœopaths in England as the standard authority, states, p. 120, "The symptoms of each individual case of disease must be the sole indication,—the sole guide to direct us in the choice of a curative remedy."

On this point, a Scotch writer remarks truly, as follows: "Symptoms are but the visible signs and results of derangement and disease; whilst their removal, which is all that is aimed at in homœopathic treatment, does not always ensure the removal of the conditions on which they depend." Instances of this are seen in rheumatism, pleurisy, enteritis,

specific diseases, as syphilis, etc., which remain unchecked after the symptoms have been relieved. Instead of vainly attempting the removal of symptoms, it were therefore more rational at once to remove (as is aimed at by allopathists or members of what we call the regular or rational school of medicine) the abnormal or morbid condition, which is the source of the evil,—*causa sublata tollitur effectus*. Besides, the same diseases often, under varying circumstances and modifying influences, present very dissimilar symptoms, and would consequently, if treated strictly homœopathically, require very varying and often dissimilar treatment, while dissimilar diseases may manifest like symptoms. Hence, it can only be logically deduced that no curative system, directing its efforts merely against the symptoms of disease irrespective of pathological conditions, can ever rest upon a safe or scientific basis, and its value has never satisfactorily been proven, and never can be so.

From the attention, however, that homœopaths pay to hygienic laws, diet and regimen, much good must result; and herein is their tower of strength. In this the allopathic physician should learn a profitable lesson, for, although taught from the most ancient times, yet it has not been insisted on as it should have been by our own profession, and as it must be by all scientific and successful practitioners. The practice of the homœopaths has demonstrated with great clearness, the value of proper hygienic treatment and the observance of correct sanitary laws, while it is a complete vindication of the late Sir Benjamin Brodie's views concerning the great power of the *vis medicatrix nature*, and shows more forcibly the inestimable value of diet and regimen as auxiliaries in the treatment of disease. In thus referring to this subject, we have done so from the great frequency with which practitioners are beset with the arguments and assertions of amateur and bastard homœopaths, who are the convenient instruments in the hands of those whose interest it is to propagate the views enunciated, the strongest argument they are able to adduce being that "homœopathic medicines are so pleasant to take." But so is sugar, and so are many other substances, to prescribe which in an alarming or serious case of illness, would be looked upon as nothing short of attempted homicide.

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BRITISH MEDICAL ASSOCIATION.—The next annual meeting of this Association will be held at Sheffield, commencing August 1.

INTERNATIONAL MEDICAL CONGRESS.—The International Medical Congress will be formally opened in Philadelphia, at noon on Monday the fourth of September. The sessions will be held in the University of Pennsylvania, Locust and Thirty-fourth streets. The General meetings will be held daily, from 10 to 1 o'clock.—The Sections will meet at 2 o'clock. Luncheon will be served daily in the University building from 1 to 2 o'clock. The public dinner of the congress will be given on Thursday evening, September 7th, at 7 p.m. The registration book will be open daily from 9 to 10 a.m. Credentials must in every case be presented. The Secretaries of State and Territorial Medical Societies are requested to forward without delay to the Chairman of the Committee on Credentials, I. MINIS HAYS, M.D., 1607 Locust St., Philadelphia, lists of their duly accredited delegates to the Congress. Delegates and visitors intending to attend the Congress are earnestly requested individually to notify immediately the same Committee. *Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, are requested to notify the Commission before the fifteenth of August.*

TROPICAL WEATHER IN ONTARIO.—During the month of July in the present year, Ontario has been treated to a more than usual elevation of temperature. The weather has been almost tropical in its intensity. For days together the thermometer ranged in the nineties, standing often at 96° in the shade in the middle of the day, and falling only a few degrees in the evening. The frequent showers saturated the air with moisture, and there was also a tropical humidity as well as fervor, which stimulated vegetation to an extraordinary degree. Further to the South, as in the latitudes of New York and Philadelphia, the heat has been still more intense and oppressive. Medically considered, the results of such hot weather have been an increased fatality. A vast number of sun-strokes occurred in New York; but in Ontario insolation rarely occurs. Spasmodic cholera, hepatic congestions, and a plentiful crop of cases of urticaria seem to have been caused by the great heat.

The Union Medical Association of North Wellington has elected Dr. Yeomans president, and Gibson secretary.

**CANADIAN MEDICAL ASSOCIATION.**—A meeting of the profession of Toronto was held on the 24th ult., to complete arrangements for the reception and accommodation of the members and delegates of the Association who may attend the meeting in Toronto on the 2nd of August. Dr. Hodder was appointed chairman, and explained the object of the meeting. It was found that the trip to Niagara which had been proposed could not be carried out, as no boat could be found suitable for that date. The chairman said that if it were resolved to have a trip to Lake Couchiching, arrangements of a most satisfactory character could be made with the Northern Railway to provide the excursion party with special cars, and dinner at the hotel there at two o'clock. It was then moved by Dr. Geikie, and seconded by Dr. Agnew, "That an excursion to Couchiching be tendered to members and delegates to the Canadian Medical Association at the next annual meeting by the profession in Toronto." Carried unanimously. After some further conversation with regard to the raising of the necessary funds, and as to parties to whom letters of invitation should be sent, the meeting adjourned.

**MEDICAL MUTUAL BENEFIT ASSOCIATION.**—The annual general meeting of the Canadian Medical Mutual Benefit Association, was held at Toronto on the 6th of July last, and the following were elected office-bearers for the coming year: President, Dr. Hodder; 1st Vice-President, Dr. Canniff; 2nd Vice-President, Dr. J. H. Richardson; Sec.-Treasurer, Dr. Bridgman. Directors: Drs. Winstanly, Agnew, Pyne, De La Hooke, Rosebrugh, and Oldright, of Toronto; Dr. Jukes, St. Catharines; Dr. Lander, London; Dr. Henderson, Ottawa.

**PERSONAL.**—A banquet was given Dr. Bull, of Weston, who leaves for a European tour, by the people of Weston, on the 3rd ult. About one hundred gentlemen sat down to the spread provided, Mr. W. Tyrrell, Reeve of York County, occupying the chair, and Mr. J. Duncan, the vice-chair. After the usual loyal and patriotic toasts, the health of Dr. Bull was proposed by the Chairman, who testified to the happy days spent in Weston and the warm friends he had there. The toast of "The Learned Professions" was responded to by Dr. Aiken, Dr. Savage, and Mr. Tizard.

**RETURNED HOME.**—Dr. S. C. Corbett, of Port Hope, who went to Europe a short time ago for the benefit of his health, has returned home entirely recovered. During his absence he has also been posting himself up in his profession by visiting the hospitals in London, Birmingham, Paris, &c., and by a three months' practice in Nice.

**APPOINTMENT.**—J. F. Halsted, Esq., M.D., of Luther, Associate Coroner for the County of Wellington.

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### Books and Pamphlets.

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**MICRO-PHOTOGRAPHS IN HISTOLOGY, Normal and Pathological.** By Carl Seiler, M.D., in conjunction with J. Gibbons Hunt, M.D., and Joseph G. Richardson, M.D. Philadelphia: J. H. Coates & Co.

Two numbers of this serial have been received. Each contains four micro-photographs, with their accompanying descriptive texts. Two of them are physiological and two pathological; they are well executed, and the work bears evidence of great labour, but we fear it will prove a failure both scientifically and financially. It is impossible to teach microscopy in any other way than by the actual use of the microscope. The fine points of a preparation can not be clearly brought out by photography. We wish the authors the success they deserve, but we fear the work will not be appreciated.

**A REPORT ON DERMATOLOGY,** by Lunsford P. Yandell, Jr., M.D., Louisville.

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### Births, Marriages, and Deaths.

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On Tuesday, July 11th, at the residence of the bride's father, by the Rev. J. McAlpine, John Sinclair, M.D., St. Marys, to Elizabeth, eldest daughter of W. Dale, Esq., Blanshard.

At Dunham, Que., on the 28th of May, John Erskine, M.D., of Phthisis.

At Osnabruck, on the 13th ult., Dr. John Archibald, in the 84th year of his age.

At Newcastle, on the 28th June, David Galbraith, F.R.C.S., Edinburgh; aged 67 years.

At Montreal, on the 5th of June, Dr. George Grenier, editor of *L'Union Medicale du Canada*, of Phthisis.

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**THE COLLEGIATE YEAR.**

The Collegiate Year embraces a special **Spring** and a regular **Winter Session**, attendance at the latter only being required for the graduating course. The **Spring Session** for 1876 begins March 11, and continues till June 1. The **Regular Winter Session** for 1876-77 begins Monday, October 2, and continues till March. The College Commencement for the conferring of degrees is held annually at the close of the Winter Session.

**TUITION.**

Tuition is by the following methods:—**I. DIDACTIC LECTURES WITH DEMONSTRATIONS.** During the **Winter Session**, from five to six such lectures are given daily by the Faculty of the College, on the seven general branches of medical Science. Attendance obligatory. **Fees \$20**, for the course on each branch, or **\$140**, for the entire curriculum. During the **Spring Session**, two lectures on special topics are given daily by the faculty of the Spring Session. **Fees \$5**, for the course on branch, or **\$30**, for the entire curriculum. **II. CLINICAL TEACHING.** This important element of tuition receives the fullest attention. Ten Clinics, covering all the general and special departments of Medicine and Surgery, are held weekly throughout the entire year in the College Building itself. The attendance is about 6000 patients yearly. In addition, the Faculty, being strongly represented on the Staffs of all the larger Hospitals and Dispensaries of New York, give daily Systematic clinical lectures in one or more of these institutions as a regular feature of the College Curriculum. The great clinical resources of Bellevue, Charity and Roosevelt Hospitals, the Demiet Dispensary, the New York Eye and Ear Infirmary and the Manhattan Eye and Ear Hospital, are thus made of avail for the instruction of the Student. Attendance at Clinics is optional and without extra charge. **III. RECITATIONS** upon the topics of the regular lectures are held daily throughout both Sessions by a Corps of Examiners. Attendance optional. **Fees: Winter Session \$40 Spring Session, \$30. Collegiate Year, \$60. IV. PERSONAL INSTRUCTION.** **Practical Anatomy** is taught in the dissecting-room from October to May, and every Student is expected to dissect. **Fee \$10**, good for a Collegiate Year. **Practical Chemistry** is taught in the Laboratory in the Spring. **Fee \$15.** Cases of Obstetrics are furnished to advanced Students without charge. Personal instruction in **Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otolgoy, and Laryngoscopy** is also given by Instructors, eminent in these several departments, for very moderate fees. Attendance optional.

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For further information, and for the Annual Catalogue and Announcement, address,

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THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

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EDMUND R. PEASLEE, M.D., LL.D., Prof. of Gynecology.  
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Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	80 00

### Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	35 00
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*Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.*

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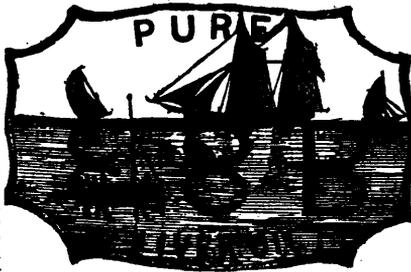
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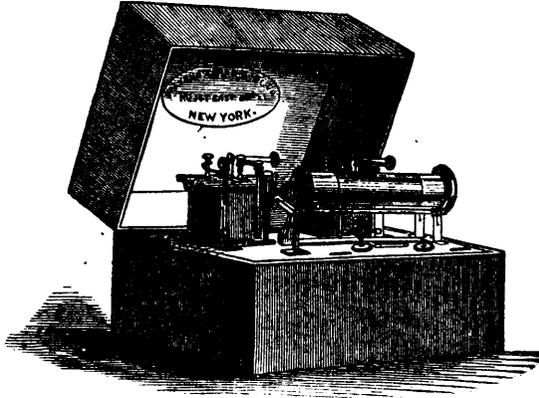
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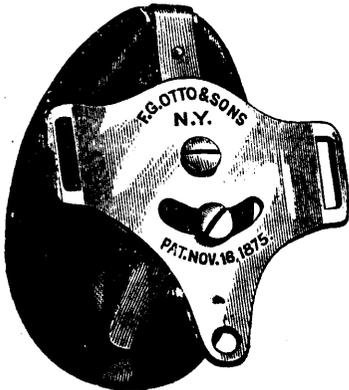
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The Session will commence on MONDAY, the 2nd of October, 1876, and continue for Six Months. The Lectures will be delivered in the new College building, close to the Toronto General Hospital. Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, &c., will be given in the annual announcement.

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The next winter Session begins on the 1st Wednesday of October, 1876. Students attending this College may obtain either the degree of M.D., or the Licence of the College. Certificates of attendance are recognized by the London and Edinburgh Colleges. The College building, which is being newly fitted up, is commodious and convenient. Unequaled facilities are presented for the study of Practical Anatomy, and great advantages are afforded for Clinical instruction at the General Hospital, and Hotel Dieu. Further information can be had on application to the Registrar.

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Prof. of Diseases of the Ear; Dean of the Faculty.

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JOSEPH W. WINTER, M.D.,  
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J. W. S. GOULEY, M.D.,  
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MONTROSE A. Pallen, M.D.,  
Prof. of Gynaecology.

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

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

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

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

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

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

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

### FEES FOR THE WINTER COURSE.

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

### FEES FOR THE SPRING COURSE.

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

For further particulars and circulars, address the Dean.

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

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

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

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

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

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

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

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

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	oz.	lb.	8 oz. bot.	oz.	lb.	8 oz. bot.	oz.	lb.	8 oz. bot.	oz.	lb.	8 oz. bot.
Acid, Carbolic	0 07			Iodine, resub	0 50		Rad. Rhei. pulv.	lb.	2 00			
" Sulph. Ar.	0 20			Jalapin	1 75		Santonine	oz.	0 64			
" Hydrocyan	0 23			Lin. Saponis	0 24	8 oz. bot.	Sodæ Bicarb.	lb.	0 14			
Ammon. Carb.	0 25	lb.	0 25	Liq. Ammon.	0 17		" Potass. Tart.	"	0 32			
Æther, Nit.	0 22	8 oz. bot.	0 22	" Arsenic	0 20		Spir. Camphor	8 oz. bot.	0 28			
" Sulph.	0 33		0 33	" Bismuth	0 45		" Ammon. Co.	"	0 25			
" Co.	0 28		0 28	" Donovan	0 28		Syr. Aurant.	"	0 25			
Antim. Pot. Tart.	0 08	oz.	0 08	" Opil Sed.	1 60		" Codeia	"	0 90			
Argent Nit. fus.	1 30	"	1 30	" Potassa	0 17		" Ferri Iod.	"	0 50			
Balsam Copaib.	0 63	8 oz. bot.	0 63	Mist. Ferri Co.	0 20	8 oz. bot.	" Strych. Phos. Co.	"	0 65			
Bismuth, Car.	0 30	oz.	0 30	Morph. Sul.	4 50	oz.	" Hypophos	"	0 45			
Ceril Oxalas.	0 30	"	0 30	" Mur.	4 50	"	" Phosph. Co.	"	0 40			
Chloral Hydrate	0 15	"	0 15	Ol. Crotonis	0 25	"	" Senegæ	"	0 30			
Chlorodyne	0 15	"	0 15	" Jecoris Asselli	1b.	0 25	" Scille	"	0 20			
Chloroform	1 40	lb.	1 40	" Olive Opt.	0 30	oz.	Tinct. Aconit.	"	0 24			
Cinchon, Sul.	0 60	oz.	0 60	Opium	0 70	"	" Arnica	"	0 24			
Ergot, pulv.	0 13	"	0 13	" Powd.	0 85	"	" Calumb.	"	0 20			
Emp. Lytta	1 25	lb.	1 25	Pil. Aloes	gross.	0 30	" Camph. Co.	"	0 20			
Ext. Belladon.	0 20	oz.	0 20	" et Ferri	0 30	"	" Cardam. Co.	"	0 24			
" Colocynth Co.	0 12	"	0 12	" Myr.	0 38	"	" Catechu	"	0 20			
" Gentian	0 05	"	0 05	" Assafœtid.	0 30	"	" Cinchon Co.	"	0 24			
" Hyosciam, Ang.	0 20	"	0 20	" Cath. Co., U. S.	0 45	"	" Colch. Sem.	"	0 20			
" Sarza Co., Ang.	0 30	"	0 30	" Hydrarg., Mass.	1b.	1 00	" Digital.	"	0 20			
" Nucis Vom.	0 75	"	0 75	" Subchlor. Co.	gross.	0 30	" Ergot.	"	0 30			
" Taraxacum	0 07	"	0 07	" Rhei. Co.	"	0 35	" Ferri Perchlor.	"	0 18			
Fol. Buchu.	0 50	"	0 50	" Podophyllin, Co.	"	0 40	" Gentian Co.	"	0 20			
" Senna.	0 30	"	0 30	Plumbi Acet.	1b.	0 25	" Hyosciam	"	0 20			
Gum. Aloes Soc.	0 90	"	0 90	Potass. Acet.	"	0 60	" Iodine	"	0 55			
" " pulv.	1 10	"	1 10	" Bicarb.	"	0 35	" Nucis Vom.	"	0 24			
" Acacia, pulv.	0 60	"	0 60	" Bromid.	"	0 90	" Opil	"	0 53			
Glycerine, pure	0 30	lb.	0 30	" Iodid.	"	5 00	" Rhei Co.	"	0 30			
Ferri, Am. Cit.	0 12	oz.	0 12	Pulv. Creta Co.	"	0 75	" Valer	"	0 20			
" et Quin. Cit.	0 65	"	0 65	" C Opio.	"	1 00	" Verat Vir	oz.	0 24			
" Citro. phos.	0 18	"	0 18	" Ipecac.	"	3 00	Ung. Hyd. Nit.	1b.	0 60			
Ferrum Redact.	0 15	"	0 15	" Co.	"	2 40	" Zinci	"	0 40			
Hydrarg., Chlor.	0 15	"	0 15	" Jalapa	"	2 00	Vin. Ipecac.	8 oz. bot.	0 30			
" C Creta.	0 12	"	0 12	Quinæ Sul.	oz.	2 60	" Antim.	"	0 20			

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The Improved Body Brace.

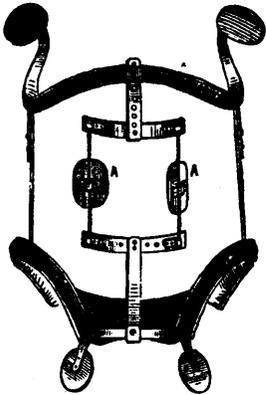
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FIG. No. 8, is a general and grate-  
ful support to the hips, abdomen,  
chest and spine, simultaneously;  
and by itself alone, is ordinarily  
successful; but when not so, [par-  
ticularly in spinal and uterine affec-  
tions], the corresponding attach-  
ments are required.

Fig. No. 18.

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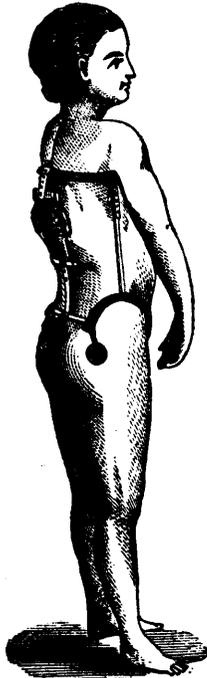
Fig. No. 12.



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

Fig. No. 19.

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

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

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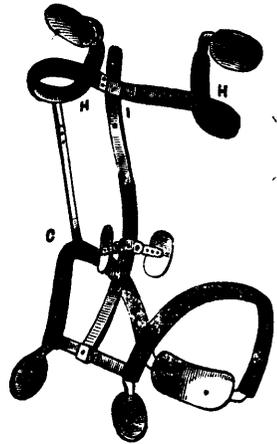
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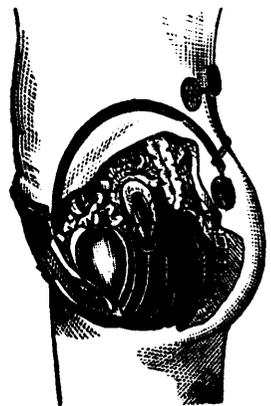
Fig. No. 14.

## Improved Centripetal SPINAL LEVER,



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

Fig. No. 7.



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