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PROF. L. P. YANDELL, in *Louisville Medical News*, Jan. 3rd, 1880:—MALTINE is one of the most valuable remedies ever introduced to the Medical Profession. Wherever a constructive is indicated, MALTINE will be found excellent. In pulmonary phthisis and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions, it is invaluable.

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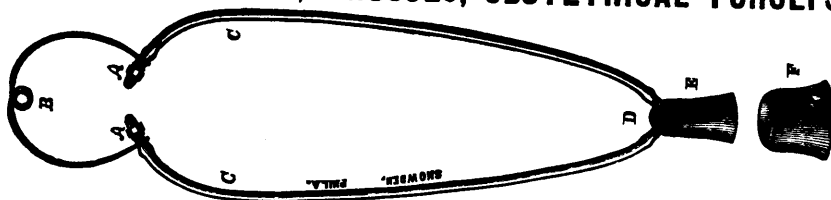
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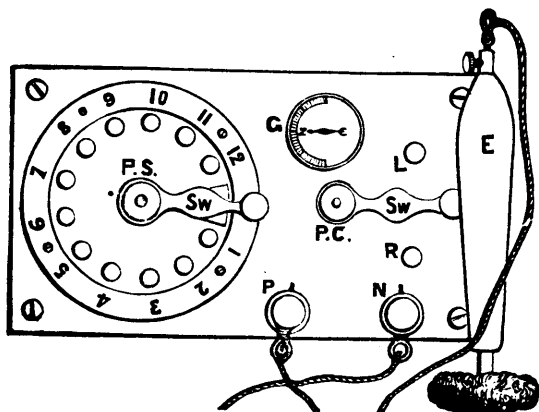
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MATRICULATION.—Students are advised, before commencing their medical studies, to pass the Matriculation Examination of the Medical Council of Ontario or Quebec, either of which will be accepted by the University of Trinity College. Students from the Maritime Provinces, Ontario, or the United States, who do not desire to pass the Council examination, will be admitted to attendance on lectures, but must present themselves for the matriculation examination of Trinity University, on the 2nd Saturday of October or March, or the matriculation in Toronto University at the usual time. The matriculation of the Universities may be passed at any time before graduation.

REQUIREMENTS FOR DEGREE.—The candidate must be 21 years of age; and (1) must have studied medicine four years, and during that time attended four winter sessions; or (2) present a certificate of one year's study with a medical practitioner, and tickets of attendance upon three winter sessions.

HOSPITALS.—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients daily is also very large, and thus abundant opportunities are enjoyed by students, for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had its staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice.

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FEES FOR THE COURSE.—The Fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, and General Chemistry, \$12 each. Practical Anatomy, Practical Chemistry, Medical Jurisprudence, and Microscopy, \$3 each; Clinical Medicine and Clinical Surgery, \$6 each; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular Branches after having attended the School during two full courses.

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J. FRASER, M.D., *Secretary.*



OR, THE
SCIENTIFIC PREPARATION OF FOOD

Has lately occupied some public attention, and it may be anticipated that a more general knowledge of the chemical composition, preparation, and physiological effects of food will be the result. In this connection we submit the latest theory for the preparation of a perfect beef tea or "hygienic food," and in soliciting a perusal, trust it may prove not uninteresting.

Every vital action, mental or muscular, is accompanied with a proportionate waste in the structures of the body, and to renew this continuous waste is the ultimate design of all food. In order that food may be thus transformed into the various parts of the living organism, it is first essential that the materials of such structures shall be contained in the food supplied, for the human system is absolutely incapable of producing muscular fibre, cellular tissue, blood, brain, bone, etc., out of substances which do not contain the elements of which those organs are composed. And in proportion as food contains such elements in an available form, so is it termed nutritious or otherwise. Extract of Meat, or Beef Tea, is everywhere acknowledged as a harmless stimulant, serviceable in prostration, or as an adjunct to easily digested food; but outside medical or scientific circles it is not generally known that such extracts are simply the flavor of meat (technically the soluble salts of flesh), and as such are not in any real sense nutritious. In this connection we quote from the standard authorities, Drs. Edward Smith, H. Letheby, and Baron Liebig:

In the paper read by Dr. EDWARD SMITH before the British Association, August, 1862, he says of Meat Extract: "When, therefore, you have excluded fat, fibrine,

gelatine and albumen, what have you left? Certainly not meat, as we understand the word, for nearly every part of it which could be transformed in the body and act as food is excluded, therefore "Liebig's Extract of Meat" is not meat. It is clearly meat flavor. It is THE PLAY OF "HAMLET" WITHOUT "HAMLET," IT IS MEAT WITHOUT MEAT. Its true nutritive value is that which classes it with tea and coffee, and makes it a nervous stimulant. THE DELUSION rests with those who would regard it as a nutrient in the sense of meat or bread." And again: "Let its precise value be made known. Then we shall no longer have sick and dying men, women and children fed with Liebig's Extract of Meat, under the delusion that it is nutriment in the ordinary sense. Liebig's Extract is meat flavor—a nervous stimulant, and has good qualities, BUT IT IS NOT FOOD. All that is necessary for nutrition should be added to it."

The "London Examiner" says: "In making up the International Scientific Series, Dr. Edward Smith was selected as the ablest man in England to treat the important subject of foods." In his treatise on food, page 88, Dr. Edward Smith says:—"There is but little left in the extract to nourish the body, and the elements which it really possesses are salts and the flavor of meat which disguises the real poverty of the substance. If it then be asked why so much of the flesh is thus unused, we answer that only the soluble parts of the meat could be obtained in this form, whilst the insoluble but most nutritious parts are left behind, and only such of the soluble parts are retained as do not put on the putrefactive process, and hence nearly all nutritious matters are excluded. If it be further asked whether the popular belief in the value of this food is altogether based upon fallacy, we answer no, for it is a valuable addition to other foods, since it yields an agreeable flavor, which leads to the inference, however incorrect, that meat is present. If, however, it be relied upon as a principal article of food for the sick, it will prove a broken staff. ALL that is required for nutrition should be added to it. Liebig, in a letter to the "Times," stated that it is not nutriment in the ordinary sense, and Prof. Almen has shown the small nutritive value of this substance in the Transactions of the Medical Society of Upsala, in 1888. "USED ALONE FOR BEEF TEA IT IS A DELUSION."—Page 89.

Dr. H. LETHBRIDGE says: "False views have been entertained of the nutritive power of Extract of Meat, for as one pound of it represents the soluble constituents of 34 pounds of lean meat, it has been assumed that its nutritive power is in like proportion, but Liebig has taken care to correct this error by showing that the Extract merely represents the soup or beef tea obtained from that quantity of meat, and as it is deficient in albumen, it must be conjoined to substances which are rich in this material."—Cantor Lectures on Food, p. 165.

In the "Lancet" of November 11, 1886, Baron Liebig says:—"Were it possible to furnish the market at a reasonable price with a preparation of meat combining in itself the albuminous together with the extractive principles, such a preparation would have to be preferred to the "Extractum Carnis," for it would contain ALL the nutritive constituents of meat." Again:—"I have before stated that in preparing the Extract of Meat the albuminous principles remain in the residue; they are lost to nutrition; and this is certainly a great disadvantage."

For further reference see the works of Voit, Meissner, Bunge, *The British Medical Journal*, 1872, or any late authority on the subject.

To obtain a perfect Beef Tea, then, it is essential that the albumen and fibrine (which are the flesh-forming or nutritious qualities of meat) shall be added to the extractive or stimulative qualities, and that these shall be present in a form admitting of easy digestion by the most capricious and irritable stomach. This is the theory which led to the preparation of "JOHNSTON'S FLUID BEEF" (the only meat extract which fulfils all the conditions of a perfect food).

The "Christian Union," Glasgow, Sept., 1878, says:—"Some time ago a leading London journal threw out the suggestion that it would be a good thing if some practical analyst, or somebody else, would discover an extract of unusual strength-renewing property to resuscitate the enfeebled constitution of those who, by over-work or study, had sacrificed themselves. The idea was admirable, and one which thousands have often expressed. And it will be surprising and welcome to such to learn that there is already an Extract just of the nature so ardently longed for. We refer to JOHNSTON'S FLUID BEEF which possesses all the nutritive properties that can possibly be contained in any preparation."

The "Lancet," London, July 18, 1878, says of JOHNSTON'S FLUID BEEF:—"The peculiarity of this preparation is that the ordinary Extract is mixed with a portion of the muscular fibre in a state of such fine division that the microscope is required to identify it. It is unnecessary to say that the actual food value of the Beef Tea is greatly increased by this admixture, and the medical profession have now a Fluid Meat which is comparable in nutritive power to the solid. The new preparation is excellent in flavor, and we cannot doubt that it will be very extensively used."

JOHNSTON'S FLUID BEEF, then, is essentially an Extract of Beef, prepared upon the most approved principles, but differing from all other Extracts or Essences or Beef Tea, inasmuch as it is in combination with the actual Beef itself, and that in a form so assisting nature in the process of digestion that it is readily absorbed by the most hopeless dyspeptic or prostrate infant. Animal food offers a means of strength not furnished by any other article of diet, but from an enfeebled state of the digestive apparatus such nourishment has not hitherto been available to many who most require it. Digestion proper is the process by which food is chemically dissolved so that the nutritious elements which it con-

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Our new method Kine Crusts will be found much superior to the ordinary form, though points are recommended as the most reliable form of virus attainable.

All our Virus is put up in strong, *air-tight, sealed packages*, for safe conveyance by mail or express, and will be sent, (post-paid if by mail) upon the following terms:

Fifteen large Ivory Points, well charged on both sides.....	\$2 00
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Also **Humanized Virus**, from **HEALTHY CHILDREN**, procured for us by physicians of undoubted reliability. One Crust from Unruptured Vesicle (one removed from heifer if preferred)..... \$2 00

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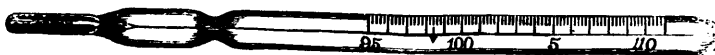
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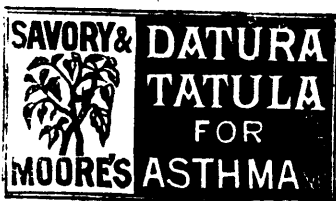


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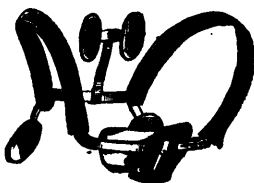
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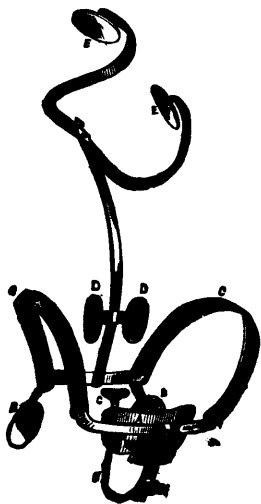
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FIG. 3.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.

FIG. 8.



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FIG. 19.



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ALOES, U. S. P.	{ Pulv. Aloes Socot, 2 grs. Saponis, 2 grs. }	Stimulating Purgative. Directed to lower portion Alimen'y Canal	1 to 3	40
" COMP. (Pil. Gent Comp.)		Tonic, Purgative.	2 to 4	40
" ET ASSAFETID.	{ Pulv. Aloes Socot, 1 1/2 grs. Assafetida, 1 1/2 grs. Pulv. Saponis 1 1/2 grs. }	Purgative, Antispasmodic.	2 to 5	40
" ET FERRI,	{ Pulv. Aloes Socot: 1/2 gr. Zingib Jam: 1 gr. Ferri Sulph: Exsic: 1 gr. Ext. Conli, 1/2 gr. }	Tonic, Purgative.	1 to 3	40
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" ET MYRRHÆ.	{ Pulv. Aloes Socot, 2 grs. Myrrhæ 1 gr. }	Cathartic, Emmenagogue.	3 to 6	50
U. S. P.	{ Croci Stigmat, 1/2 gr. }			
" ET NUC. VOMICA.	{ Pulv. Aloes Soc: 1 1/2 grs. Ext. Nuc. Vomica, 1/2 gr. }	Tonic, Purgative.	1 to 2	
ALTERATIVE,	{ Mass. Hydrag. 1 gr. Pulv. Opil, 1/2 gr. Pulv. Ipecac., 1/4 gr. }	Alterative, with tendency to Mercurial Impression.	1 to 2	50
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ANTI-CHILL, { Chinoidin, 1 gr. Ferri Ferrocyan 1 gr. Ol. Piper. Nig. 1 gr. Arsenic. 1-20 gr. }	Antiperiodic. Applicable to obstinate intermittents.	1 to 2	1 00
ANTI-DYSPEPTIC, { Strychnia, 1-40 gr. Ext. Belladonna, 1-10 gr. Pulv. Ipecac, 1-10 gr. Mass. Hydrarg, 2 grs. Ext. Col. Co., 2 grs. }	Applicable where Debility and Impaired Digestion exist.	1 to 2	1 00
ANTIMONII COMP., U. S. P. { See Pil. Calomel Comp. }	Alterative.	1 to 3	40
APERIENT, { Ext. Nuc. Vom. ¼ gr. Hyoscyam, ¼ gr. Coloc. C., ½ gr. }	Aperient Tonic.	1 to 2	85
ASSAFOETIDE, U. S. P. { }	Nerve Stimulant.	1 to 3	40
" COMP. { Assafoetida, 2 grs. Ferri Sulph. Exsic. 1 gr. }	Nerve Stimulant.	2 to 4	40
ASSAFOETIDE ET RHEI, { Assafoetida, 1 gr. Rhei, 1 gr. Ferrum, 1 gr. }	Tonic, Laxative, Nerve Stimulant.	2 to 4	75
BISMUTH, Subnit. 3 grs. Subcarb. 3 grs.	Sedative, Antiperiodic.	1 to 5	75
BISMUTH et Ignatia, { Bismuth Sub. Carb. 4 grs. Ext. Ignatia Amara, ¼ gr. }	Sedative.	2 to 5	75
" et Nuc. Vomica, { Bismuth Sub. Carb. 4 grs. Ext. Nuc. Vomica, ¼ gr. }	Sedative, Antiperiodic, Tonic.	1 to 2	1 50
CALOMEL, ½ gr.	Sedative, Tonic.	1 to 2	1 50
" 1 gr.	Alterative.	1 to 3	40
" 2 grs.	" Purgative.	1 to 3	40
" 3 grs.	" " "	1 to 3	40
" 5 grs.	" Cathartic.	1 to 3	50
" Comp. (Plummer's) 3 grs. { Calomel, 1 gr. Oxysulph Antimony, 2 grs. Gualacum Resin, 1 gr. }	Alterative, Anti-Rheumatic.	1 to 3	40
" ET OPII, { Calomel, 2 grs. Opium, 1 gr. }	Cathartic, Anodyne.	1	85
" ET RHEI, { Calomel, ½ gr. Ext. Rhei, ½ gr. Coloc. C. 2 grs. Hyoscyam. 1-6 gr. }	Mild Purgative.	1 to 3	75
CAMPHOR ET EXT. HYOSCYAMUS, { Camphor, 1 gr. Ext. Hyoscyamus, (Eng.) 1 gr. }	Anodyne. Cerebral Stimulant.	1 to 2	50
CATHART. Comp., U. S. P. { Ext. Coloc. Comp. 1½ grs. Jalape, 1 gr. Calomel, 1 gr. Pulv. Gambogias, ¼ gr. Podophyllin, ¼ gr. }	Cathartic.	2 to 4	50
" " Vegetable. { Ext. Colocynth, 1 gr. Virgin Scammony, 1 gr. Aloes, Soap & Ginger, 1 gr. }	Cathartic.	2 to 3	50
" " Imp. { Ext. Coloc. Comp. 1 gr. Jalap, 1 gr. Podophyllin, Leptandrin, 3 grs. Ext. Hyoscyamus, 1 gr. Gentian, 1 gr. Ol. Menth Pip. 1 gr. }	Cathartic.	2 to 4	50
CHAPMAN'S DINNER PILLS, { Pulv. Aloes Soc. 1 gr. Rhei Opt. 1 gr. Gum Mastich. 1 gr. }	Stimulating Laxative.	1 to 3	60
CERI OXALAT: 1 gr.	Nerve Tonic.	1 to 3	1 00
CHINOIDIN, 1 gr.	Tonic, Antiperiodic.	2 to 4	40
" 2 grs.	Tonic, Antiperiodic.	2 to 4	50
" COMP.: { Chinoidin, 2 grs. Ferri Sulph. Exsic. 1 gr. Piperina, ½ gr. }	Tonic, Antiperiodic.	1 to 2	1 00
CINCHON, SULPH. 1½ grs.	Tonic, Antiperiodic.	1 to 3	75
COCCIA, { Pulv. Res. Scammony, 1 gr. Soc. Aloes, 1½ grs. Colocynth, ½ gr. Potass. Sulph. ½ gr. Ol. Caryophyl. ¼ gr. }	Hydragogue-Cathartic.	2 to 4	90
COOK'S, 3 grs. { Pulv. Aloes Soc. 1 gr. Rhei, 1 gr. Calomel, ½ gr. Sapon. Hispan. ½ gr. }	Purgative.	2 to 4	50
COLOCYNTHIDIS COMP., 3 grs. (Ext. Coloc. Comp.) U. S. P.	Purgative.	2 to 5	80
COLOCYNTH ET HYDRARG ET IPECAC, { Pulv. Ext. Coloc. Comp. 2 grs. Pil. Hydrarg. 2 grs. Pulv. Ipecac. 1-6 gr. }	Cholagogue Cathartic.	1 to 3	75
COLOCYNTH ET HYOSCYAM, { Ext. Coloc. C. 2½ grs. Hyoscyamus, 1½ gr. }	Gentle Laxative.	1 to 2	75
COPAIBE, U. S. P., 3 grs.	Alterative to Mucous Membrane.	2 to 6	50
" ET EXT. CUBEBAE, { Pil. Copalib. 3 grs. Oleo-resin, Cubeba, 1 gr. }	Alterative to Mucous Membrane.	2 to 4	80
COPAIBE COMP. { Pil. Copalib. 1 gr. Resin Gualac. 1 gr. Ferri Cit. 1 gr. Oleo-resin Cubeb. 1 gr. }	Alterative to Mucous Membrane, Tonic.	2 to 4	80
DIGITALIS COMP. { Pulv. Digitalis, 1 gr. Schias, 1 gr. Potass. Nik. 2 grs. }	Arterial Sedative.	1 to 3	50
DIURETIC, { Sapo. Hispan. Pulv. 2 grs. Sodae Carb. Exsic. 2 grs. Ol. Bacca Junip. 1 drop. }	Diuretic, Antacid.	1 to 3	50
DUPUYTREN, { Pulv. Gualac. 3 grs. Hydg. Chlor. Corros. 1-10 grs. Pulv. Opii, ½ gr. Ergotine, 1 gr. }	Specific Alterative.	1	50
EMMENAGOGUE, { Ext. Hellebore. Nig. 1 gr. Aloes, Scot. 1 gr. Ferri Sul. Exa. 1 gr. Ol. Sabina, ¼ gr. }	Active Emmenagogue, Tonic.	1 to 3	1 40

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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XIV. TORONTO, SEPT. 1ST, 1881. No. I.

Original Communications.

ON ASYLUM MANAGEMENT.*

BY JOSEPH WORKMAN, M.D., TORONTO.

With your kind permission I would now avail myself of this final opportunity of speaking a few words on some matters of much interest to yourselves, to the afflicted ones consigned to your care, and to society at large. I must, however, frankly forewarn you that my observations may, to some of you, savour more of the leaven of censorious comment than of gratifying approbation; yet, remembering the indulgence awarded to me by the the association in past years, with whatever freedom I may have expressed myself on every subject under discussion, and feeling perfectly confident that the highest recommendation to your polite attention is your reliance on the sincerity of the speaker, I dismiss from my mind every apprehension of severe criticism, and addressing you as reflecting and liberal men, who thoroughly comprehend the truthfulness of the proverb, "Faithful are the wounds of a friend, but deceitful are the kisses of an enemy," I shall endeavour to tell you, with becoming frankness, what I think of some of the harmful exuberances, and a few of the defects, of your general asylum administration; and I wish it to be kept in mind that I desire not to be understood as restricting my disapproval of existing errors or faults to institutions south of the great boundary line, but as falling on those of my own land, wherever they may chance to present.

I start with the general proposition that much government is, in all departments of life, a fundamental evil, and too much government is, in all human affairs and relations, a blunder that invariably and inevitably defeats the true purpose of all

government; and when government is not only redundant in quantity, but also hurtful in quality, I can conceive no shorter or surer road to anarchy and corporate ruin. It is my belief that no small proportion of American asylums are too much governed, and that some of them have been sadly misgoverned. I am not blind to the fact that in any country which has achieved free popular institutions, and in which all public affairs must be conducted in conformity to the dominant suffrage of the electoral body, there must be great difficulty in convincing the multitude that there are some affairs in which they may be lacking in that cautious discrimination and stability of purpose which are essential to final success; and I freely admit that the conservation of the grand central blessing of national liberty must have paramount consideration. It rarely, however, happens that consciousness of the possession of power does not prompt to its exercise, and too often power is exercised merely for the sake of demonstrating its possession. In all such instances there will be much government, and very certainly not a little misgovernment. Some of you may have heard of the precocious little girl of eight years, who one morning said to her mother, "Mamma, may I be married?" The surprised dame answered, "What makes you ask that foolish question?" To which the bantam woman rejoined, "O, because I wish to let the children see a wedding." And just so it is with many bantam men, "dressed in a little brief authority," that do strut and cackle most vociferously. If they do not make the "angels weep," they certainly draw huge groans from many a poor devil under their authority. One of the greatest evils connected with the administration of your asylums is that of the uncertainty of the tenure of office of superintendents. It is impossible to glance over the lists of a series of years without being struck with the appearance of the many new names, and the disappearance of old ones, presented. It is, however, very gratifying to me to find the names of so many old friends still lingering in the Eastern and Middle States. I rejoice to see that New England and her old neighbours appear to cherish so much of the conservatism of the Mother land. I feel well assured that the asylums of Maine, New Hampshire, Massachusetts, New Jersey, Pennsylvania, and New York, by their so long retaining their well-tried men, have consulted the best in-

* Abstract from a paper read before the Association of Medical Superintendents of American Asylums for the Insane, in Toronto, on 14th June, 1881.

terests of the insane, and of their entire communities ; and I may safely include in this category some others—as those of Boston, Rhode Island, and Hartford, whose superintendents retired after long periods of service, carrying with them the strong regrets of their governors and of the public at large. I accept it as an indisputable fact that the incumbents who have thus so long held their positions have well merited the permanence of their tenure of office ; but if this be so, why should not the rule be universal ? Surely the Eastern and Middle States enjoy not any monopoly of good men. That the rule is not universal some who now hear me, and far too many of those who once heard me, could but too amply and painfully testify. At the close of the last meeting of this association, attended by me, at Madison, I had the painful intimation of the dismissal from office of a very energetic and, as far as I knew or have since learned, a very efficient superintendent, in his absence at that meeting. Such a procedure was surely more worthy of the autocrat of all the Russias than of the governing body of an American State Asylum ; and yet, I fear, it was no isolated instance of the capricious and cowardly official murder of a deserving public servant.

In Canada, fortunately for public officers, and, as I believe, for the public service, every Government appointment, and the majority of important corporate appointments, are understood and expected to be as durable as the good behaviour of the incumbents, which virtually is equivalent to life-long. I have even heard it said that it requires very strong pressure to effect the dismissal of an inefficient officer. It is also a well understood maxim in our departments that it is the moral duty of the chiefs to defend all their servants, and to see that they shall not suffer from unjust accusations. This system works well, and our men generally work well under it. The man who enters the public service under the expectation of this tenure has the very strongest inducement to acquit himself of all his duties zealously, fearlessly, and honourably ; but he who knows not the day he may be turned adrift, and cast, perhaps, poor and broken-hearted on the world, has only meagre encouragement to be either active or honest. Nor can I think that the mitigation of this evil, under the system obtaining in some States, of periodic renewals of lease of office, by repetition of election

every five or other number of years, is any very substantial improvement, for it is with you an unfortunate contingency that not only is it expected that every man shall exercise his electoral suffrage, but whoever fails to do so is regarded as a Philistine, and he must suffer decapitation accordingly. If, however, it be true, as I have heard often reported by your own people, that asylum superintendents, in common with other public officers, owe their appointments most largely to political influence and party energy, we need not be surprised when we see them floated out of office on the same wave on which they swam into it.

It would be presumptuous in me to commend for your adoption anything having no higher prestige than mere British or Canadian usage or merit ; yet I do believe you would be large gainers by a quiet retracement of your steps in the matter of important appointments to office, the good and satisfactory working of which depends in so large a measure on matured experience ; nor would I have you stop here, but I would go yet further and recommend the expediency, as well as the justice, of awarding to superintendents and other faithful officers a competent retiring annual allowance, graduated on their length of service. This is the rule in British and other transatlantic asylums. It has become the rule, though in a more limited degree, in this province, so that every officer or employè is granted a retiring allowance, in a lump sum, which is determined by the length of his or her service. The obvious object and tendency of this system is to induce every one engaged in the service, from the chief down to the scullion, to continue long, and behave well in their respective spheres. I regard it as equally just and politic. I must not forget here to add, that although public servants in Canada are not prohibited from exercising their electoral franchise, yet it is recommended to them by their superiors to abstain from so doing, and I have always regarded this exemption from party exposure as a valuable civil boon. I would close my observations on this part of my subject with the following quotations from a recent number of an able popular American journal, and allow me to say that I would not myself presume to speak of the Civil Service of the United States in similar severe terms :—

“There is no doubt whatever,” says this writer,

"that the work of the country has been, and still is, incompetently done, and no doubt whatever the 'spoils doctrine,' as it is called in party politics, is the source of incalculable corruption and incalculable degradation."

Again, this writer says of the unhappy exigencies of a public officer, "He is always to feel that he cannot keep his place by any excellence of work, or any superlative fitness for it, but only by intriguing and showing himself ready to do the dirty work of the party on whose good will he depends."

The severity of these strictures forbids comment by an outsider.

The next evil to which I would allude, as calling for serious consideration, is that of the interference of governors or trustees of asylums with the appointments of assistants of any class or grade; and the same remark applies, with even greater force, to all higher authorities. I assume it as a certainty that every superintendent is capable of best judging of the fitness and competency of all his assistants, and it consorts with common sense that he will endeavour to procure, and to retain, the best he can find; and if not, he is unfit for his position, and the sooner he is released from it the better. It is, however, a fact which calls for no illustration that any employe, of whatever grade, who owes his position to the influence of any person above the superintendent or independent of him, can never prove to be a reliable or obedient officer or servant; for he believes, and too often knows, that his continuance in the service depends more upon the influence that first secured it than on his own good behaviour. There no doubt are worthy exceptions to this rule, but they are not so numerous as to disprove it. During my own rather long tenure of office, I had the high satisfaction of total non-interference on the part of my superiors in this relation, and I would fondly hope my successor has had the like experience. I could not desire for him a greater curse than its opposite.

An evil of unspeakable virulence in connection with the administration of American asylums, but for which it is just to say the governors are not accountable, is the frequency with which groundless charges of misconduct or mismanagement are brought against the medical staff and their assistants. I need not particularize instances of this grievance, for you are all better acquainted with

them than I can be. So far as I can remember nearly all these accusations have been the concoctions of discharged bad servants, or of imperfectly recovered patients, whose lingering insanity has underlain their moral obliquity. It is, however, truly lamentable to observe the extent of popular credence awarded to these calumniators, and it is badly calculated to elevate our conception of the primal purity of human nature to find that so many people are anxious to believe evil of their fellow-men, and to rejoice more in the hope of verifying iniquity than of discovering innocence. It is true that in every instance that has come to my knowledge the accused have come out triumphantly vindicated; yet who but themselves could tell—if indeed human language could depict—the mental agony, the wear and tear of brain and nerve, the writhings of conscious innocence, "the spurns that patient merit of the unworthy takes"—all too often endured under an augmenting bodily debilitation which invites the shaft of death, or renders imperative the relinquishment of office? Of how many this has been the fate their bereaved and sorrowing families best could tell! Is there no remedy for this evil? Must its recurrence become a perpetuity in your country? To tell me that it will recede before the march of a higher popular culture and intelligence would be but to ignore the fact that yours is the best—or at least the most largely—educated nation in Christendom, and to ignore the yet more pertinent fact that the pernicious accusations here complained of rarely, if ever, have their origin among the uneducated portion of the population. They are trumped up by persons possessing more intelligence than moral honesty, and they are cherished into pestilent vigour by those who have had but too much education.

It occurs to me that your institutions for the insane stand in need of some protecting breakwater that might withstand the force, or avert the fury, of the wave of popular delusion. That your local boards of trustees have not, in many instances, proved adequate to this service will be readily admitted by all who have suffered from the defect. It is my belief that a central governmental supervision by one or more well qualified, discreet officers, whose function should be that of vigilant and thorough—not merely perfunctory—inspection of the condition and treatment of the patients, and

of everything relating to their well-being, and whose duty it would be to report at stated periods to the Governor of the State whatever they might deem proper or useful to be made known, might meet your requirement. It would not be advisable that such officers should exercise any immediate control or direction over the financial affairs of the institutions, or have anything to do with the giving out of contracts, or the buying and selling operations, so long at least as your local boards of trustees, deserving of public confidence, continue to be appointed; for I would not merely that such inspecting officers be unsuspected of favouritism, but I would place them above all reach of suspicion. As a matter of course, and a means of protection to your boards against unjust accusations or insinuations, all their transactions should be submitted to the inspectors, whose duty it would be to report faithfully any observed impropriety. Speaking from my own experience, I do not hesitate to say that I always regarded this sort of governmental supervision as my best protection against misrepresentation or revengeful slander, and I must add that the only instance in which I suffered from these occurred before the establishment of our governmental inspectorship, when a local board failed in their duty of prompt and thorough investigation.

I would now crave your attention for a few minutes longer to a subject of a different character, but of no less public importance than the preceding ones, and perhaps, as some of you may fear, of no less practical difficulty. It is the establishment of a thorough system of alienistic medical training, by means of which there would be produced an adequate supply of competent and efficient candidates for the various positions from time to time becoming vacant in your asylums, and a better knowledge of insanity would be diffused throughout the profession of medicine. I think every experienced and closely observant superintendent will admit that a considerable lapse of time is required to convert a new assistant, however complete may have been his collegiate curriculum, into a useful asylum officer; and very few can entertain the belief that any course of mere didactic teaching, apart from thorough clinical observance and instruction, can ever meet the requirements of the position.

I am aware that in some of the asylums of

America this matter has had consideration, but not to the extent, nor in the practical direction, that I should deem necessary for the end I would recommend to be held in view. I have recently been favoured by Professor Tamburini, Director of the Asylum of Reggio Emilia, in Italy, with a number of the *Gazetta del Frenocomio di Reggio*, at the end of which I have read with much gratification a notice to students and graduates of medicine of the practical operation of a system of training which seems to me to give promise of great public utility. I shall here introduce a translation of those portions of the above notice which appear to me most pertinent to the object I have in view. It reads as follows:—"The Asylum of Reggio, from its central position, its material and moral improvements, effected in late years and still in progress; from the large number of patients which it contains, and which constitute an abundant material for practical study; from its being the seat of clinical psychiatry of the Royal University of Modena, in which all the practical prelections are imparted to students; from the scientific laboratories with which it is furnished, rich in instruments, and in every means of objective and experimental research; from its being the seat of the direction and editing of the *Rivista sperimentale di Frenatria e Medicina Legale*, and consequently from the great number of scientific journals received in exchange, which enrich its library, already copiously supplied with works relating to psychiatry, it is now generally recognized as the best adapted institute for theoretic and practical instruction in this science, uniting all the opportunities for a complete education, both in the scientific sphere of the specialty, and the technicalities of management. It has therefore been designated by the Minister of Public Instruction as one of the institutions in which young men may obtain interne positions in order to perfect themselves in their studies, and already several young physicians who have completed their psychiatric studies have brilliantly distinguished themselves.

"In order to obtain the position of a medical practisant it is necessary to send in application with the diploma of graduation and all those documents which may show the distinct capacity of the candidate to the medical director, with whom rests the nomination.

"The medical practicans have residence in the

the asylum, together with free lodgings, food, light, fuel and attendance.

" Besides the daily visits and all the clinical and experimental exercises, they are required to attend, assist, and in case of absence to supply the places of, the other medical officers in the treatment of the patients and the construction of the histories of the cases; to attend the daily clinics, and to keep records in necroscopy; to aid in supervision of the service, and to give assistance in the psychiatric clinique, and in every other requirement of the institution, under the instructions of the director.

" These posts last for not less than six months, and not longer than two years.

" Practicants are also admitted for shorter periods, without the obligation to serve as the others; but these receive only lodgings in the asylum.

" Applications may be presented in any month of the year.

(Signed). " G. FORNACIARI,
" President of the Commission.
" A. TAMBURINI,
" Director of the Asylum."

It appears to me that the preceding programme is as liberal and complete as could be desired, and it does high honor to the Government of Italy that that it has been induced to initiate a system of instruction so practically meritorious. Whether it would be possible to introduce some similar system in this country, I confess I am unable to foresee. For many years during my own asylum service I was able to carry out, on a small scale, a kindred arrangement, under which I was permitted to award residence and board to three young men engaged in the study of medicine, in addition to my regular assistant physician. Two of these young men were allowed moderate salaries, which by their fidelity and usefulness they well merited. I can appeal to my successor and his *confreres* in the three other asylums of Ontario whether the services rendered by these young men since my retirement have not been of very great value to the country. It would not become me to say more in their praise.

It has been with much regret that I have seen my cherished plan abandoned in all our asylums. I abstain from giving expression to my conjectures

as to the reasons of our Government for making the change. I must, however, declare my belief that it has been a very unwise one, and a step in the retrograde direction, equally injudicious as regards the advancement of practical psychiatry, and unjust as relates to the interests of the medical profession and of humanity.

I now bring these, my last words, to a close, begging that you will regard them as those of a parting friend, whose love of your specialty, and high esteem of all its members, will endure as long as God may prolong his mental integrity.

PERNICIOUS PROGRESSIVE ANÆMIA. WITH NOTES OF A RECENT CASE RESULTING FATALLY.

By JOHN S. KING, M.D., Toronto, Surgeon to the Andrew Mercer Ontario Reformatory for Females, and Industrial Refuge for Girls.

(Read before the Ontario Medical Association, June 1st, 1881.)

The interest and importance attaching to Pernicious Progressive Anæmia—a disease, the etiology of which is generally obscure; the diagnosis so largely differential; the progress so persistent and pernicious; the treatment so unsatisfactory; and the prognosis so unfavorable—is my excuse for inviting your attention to its brief consideration, in the hope that it may aid the aggregation of reliable clinical facts, and prompt to fuller pathological investigation, by which more knowledge may be gained, and more satisfactory results attained in dealing with the disease or condition.

It will be admitted that in the rarity of this disease, we have an obstacle to its easy recognition. The literature of the subject is limited in extent, and comparatively recent, being largely embraced by the last decade. It is true that some writers on the subject have attempted to assign to it causes or origin; and have classed cases under one or other of several causes. But, with our limited knowledge, and the infrequency of meeting cases in practice, can we be justified in asserting that it is a distinct disease? May not pathological research discover some uniform change of structure in some organ or part of the body, of which the blood change is pathognomonic? I incline to the opinion that it will be generally admitted that the most that can be positively said is that the causes assigned for the existence of Pernicious

Progressive Anæmia, are, at best, but possible, or perhaps predisposing; and that the problem of its true origin still remains to be solved.

The conditions under which cases of Pernicious Anæmia originated have been differently grouped by different observers; and writers on the subject. Dr. Howard, of Montreal, in his admirable paper read before the Centennial Medical Congress, held at Philadelphia in 1876, gives nine groups, embracing some sixty-two cases, as follows:—

1. Pregnancy:—
2. Parturition (these two being most frequent):—
3. Chlorosis:—
4. Chronic Diarrhœa:—
5. Blood-waste (direct and indirect):—
6. Dyspepsia:—
7. Poor Diet:—
8. Jaundice:—
9. Cases with no antecedent condition, other than failing health.

In nearly every case where the microscope and hæmacytometer have been employed, it has been found that there is no actual increase in the white blood corpuscles, though a relative increase exists. On the other hand, there appears to be uniformity of opinion that there is deterioration of the red globules in number and in quality, with other probable blood changes. The health standard of the red globules in the male, generally adopted, is 5,000,000, per cubic millimeter, with a slightly less number in the female. The globular richness of blood has, however, been shown by Cutler and Bradford,—who have extensively investigated the subject—to be subject to variations due to location, general causes, time, &c., in the individual. A striking fact ascertained by means of the hæmacytometer, as first pointed out by Dr. Gowers, Assistant Professor of Clinical Medicine in University College, London, is that the corpuscular richness of the blood is seldom accurately represented by the appearance, either of the skin or mucous membranes. In Pernicious Progressive Anæmia the number of red globules falls far below the normal standard. In one of Dr. Gowers' cases reported in 1877 the number was 1,660,000; and in the other 1,640,000 per cubic millimeter. Dr. Osler, of Montreal, reports a case where the number was reduced to 970,000. In the case which I bring before your notice to-day the number is still further reduced and has been computed at 625,000 per c. m.

The diagnosis of Pernicious Anæmia is largely differential, or one of exclusion. The prominent clinical features are a small quickened pulse;

increased respiration; elevated temperature; general debility, rapidly progressive and eventually extreme; well-defined vascular murmurs at the base of the neck, and systolic basic murmurs of the heart; a smooth waxy appearance of the skin, and peculiar tint; profound anæmia without obvious cause; and the peculiar blood changes of which reduction of the number of red globules is the most noticeable. The clinical history of the recorded cases points to a gradual assumption, without a fixed date of beginning, of an anæmic condition and general debility of all parts of the body, which continues progressively, eventually becoming excessive, and resisting successfully all remedial agents, resulting, with scarcely an exception, in death. Tonics, food and hygienic measures, indicated in an ordinary anæmic condition, fail utterly in this form of anæmia. During its course there cannot usually be found any apparent abnormality in the glandular system, or of any of the thoracic or abdominal organs. In the foregoing we have the chief points in the clinical aspect of a disease or condition which appears to have baffled medical treatment. Of course there is diversity in symptoms, some appearing in one case which are absent in others. In one case there may, for instance, be epistaxis, or other hemorrhages; in another, a persistent diarrhœa; in another group of cases neither of these two symptoms may present during any part of the course. The duration varies in recorded cases from five weeks to three years. The prognosis is almost invariably unfavorable.

I beg now to invite your attention to a recent case in my own practice, the patient being under observation for nearly nine months. I was not fortunate enough to secure an autopsy, and am, therefore, only able to give the history and clinical aspect of the case, which are given in extended detail as the origin is obscure.

E. P. B., aged 27 years 7 months, at death, Canadian by birth, residence recently, Toronto, married. On the 25th of August last I attended her in her first accouchement, which was a very satisfactory one, resulting in the birth of a healthy well-developed girl. There was nothing abnormal to note. The placenta was expelled in a few minutes, and there was not more *post partem* hemorrhage than is met in the average of cases. On the third day she complained of insomnia,

which readily yielded to bromide of potassium. On the seventh day, as she had no appetite and complained of feeling weak, I ordered aromatic sulphuric acid, tincture of nux vomica, and tincture of iron. Sept. 3rd, I found her sitting up enjoying fair appetite and strength and in good spirits.

Her health antecedent to the confinement was exceptionally good, the catamenia regular and normal—never had exhausting discharges, diarrhœa, epistaxis or hemorrhage of any kind. The family history was free from hereditary disease. I saw her mother, a brother and two sisters, all of whom had a robust appearance, and confirmed her own statement as to her own excellent health anterior to her confinement. The only ailment she had in adult life was a tendency to constipation of the bowels. I did not again see her until the seventh week after confinement, when I advised a repetition of her tonic, as her appetite was poor and her strength somewhat impaired from nursing the child. She used the tonic for a few days, and "feeling all right," as she termed it, did not renew her bottle. She was in easy circumstances, and had no cause for mental anxiety or undue physical exertion. During the 12th and 13th weeks, she consulted me twice for some trivial matters, and learning that she was almost wholly confined to the house, I advised outdoor exercise and a continuous use of her iron tonic for some time.

Three months elapsed before she consulted me again, or on the 26th week after confinement. On this occasion she appeared slightly anæmic, felt weak, and was easily tired. Her appetite was very poor. I observed aphthæ on the tongue and inner aspect of the lips and cheeks. She complained of occasional diarrhœa. There were no headaches, dizziness or pains; no cerebral symptoms, no hemorrhages, no lochia. She felt, as she termed it, "low-spirited without any cause for it." I ordered iron, quinine, acid, and nux vomica, with wine.

The following week I saw her. The diarrhœa being troublesome, I stopped the tonic and gave her ordinary remedies for diarrhœa. She complained that nausea was induced by the taste and even smell of certain foods. The following day there was improvement in the diarrhœa. Three days subsequently (27th week) she complained of a burning sensation in the mouth, stomach, and bowels, and could not take the iron and quinine

mixture. This was accordingly stopped, and in lieu thereof I gave her chlorate of potash, tr. cinchona co., tr. nux vomica, and arom. spts. ammon. I also advised the weaning of the babe, which was complied with.

During the next fortnight (28th and 29th weeks) she appeared to improve very little, but took more nourishment. The dietary included oysters, beef-tea, eggs, and wine; milk alone disagreeing with her, lime water was added to it, but it did not even then agree with her. Cod liver oil, in the form of hydroleine, was advised three or four times daily.

I did not again see her until the 34th week. She had become profoundly anæmic, and was much thinner and weaker. Her muscles were soft and flabby, her frame emaciated, her lips and gums were blanched, eyes pearly, skin of waxen appearance, and of a peculiar light lemon tint, differing in that respect from any case I had before met. It was not as well defined as the tint of a cancerous cachexia, and differed from a jaundiced tint, or bronzed skin. Its temperature was warm, and it was free from all moisture. There was still no dizziness or headache, but an inclination to fainting and a condition of extreme lassitude. On this occasion, for the first time, I noticed a puffiness of the eyelids, while the ankles and feet were œdematous to such an extent as to make it very difficult to wear her slippers. I examined the urine, which was free or very nearly free from albumen, and was slightly acid, having a spec. grav. of 1010. I could discover no casts. I found well marked anæmic murmurs over the jugular veins, and systolic murmurs at the base of the heart, with slight tenderness in the latter region, but no apparent enlargement or valvular lesion. The lungs were normal, but the breathing was quickened, the respirations reaching 24 per minute. There was moderate tenderness over the pit of the stomach and abdomen. The liver and spleen were of normal size. The pulse was small, compressible and regular, but recorded 100 per minute; temperature $99\frac{3}{4}$. I gave her, on this occasion, gentle galvanic currents, one electrode being applied over the pneumogastric nerve in the neck, and the other over the heart, lungs and stomach in rotation. She was most sensitive to the current when the electrode was placed over the base of the heart. She was advised to continue

the iron, quinine and nux vomica mixture as well as hydroleine.

April 19th—Three days after the foregoing examination, the œdema of the ankles and feet, as well as puffiness of the eyelids, had diminished a trifle.

April 23rd (35th week)—I found the weakness increasing, pulse 110, temp. $100\frac{1}{4}$, resp. 27. The œdema still further diminished. She complained of vomiting and a total inability to retain her tonic. The diarrhœa had reappeared with greater frequency of motions. Ordered starch and arrowroot for food, the hydroleine to be continued in drachm doses four times a day, and diarrhœa mixture as before. Another examination of the urine was made with no marked change.

April 26th—The vomiting and diarrhœa still continue unabated. I prescribed Bismuth and Dover's powder.

April 28th—Pulse 112, temp. 101, resp. 28, and the diarrhœa still persisting. I continued the Bismuth and pulv. Doveri, adding plumb. acet., to be taken as before.

May 4th (36th week)—Up to this date she has never been wholly confined to her bed. I advised her to remain in bed. Pulse 120, temp. $101\frac{1}{2}$, resp. 30. The respirations throughout have held the ratio of nearly 1 to 4 of the pulse. Still uses hydroleine, also arrowroot, and occasionally a little lime water, but cannot take the milk.

May 6th—Dr. Graham saw the case with me and made careful examination without discovering any lesion. As the diagnosis appeared to be between Pernicious Anæmia and Leucocythæmia, it was decided to make an examination of the blood on the 8th.

May 7th—Lactopeptine in combination with Bismuth was administered in the hope of controlling the vomiting and diarrhœa. She partook freely of buttermilk to-day, which she appeared to relish and did not vomit.

May 8th (37th week)—Dr. Graham again saw the case with me, and trial was made of the Syr. Pyrophos. Ferri. et Quin. et Strychniæ (Wyeth's) in 10 drop doses, and enemata of starch, tincture of opium and fluid extract of hamamelis, of the last two, a drachm each, while the Bismuth and lactopeptine were continued internally. However, two days' trial of these had not the slightest apparent influence in checking the diarrhœa. On this

occasion a microscopical test was made of the blood. A small drop was with difficulty obtained from the finger-end, the penetration of the needle affording scarcely any pain. Its appearance was very watery, slightly tinged red. On the glass it was evident at once that there was great paucity of red globules, and but few white ones. There was scarcely any disposition to form rouleaux, and where an occasional one existed the number of globules was very small. We observed very little irregularity in size, more in shape, some few were inclined to pear-shape, others elongated. The natural shape was retained by the greater number. There were no giant corpuscles met as mentioned by Dr. Osler, nor Schultze's granular masses. Their color was pale and the surface slightly irregular. The work of computing the number was delegated to Dr. Sweetnam, whose estimation is 625,000, or the eighth of the normal standard of the male.

May 11th—Pulse 128, temp. 102, resp. 30.

May 12th—Pulse 130, very weak; temp. 103 for the first time, resp. 30 and labored.

May 13th—The puffiness of the eyelids and œdema of the ankles and feet had entirely disappeared. The patient asked for nothing, had involuntary evacuations from both bladder and bowels. She no longer vomited, had a listless look in the eyes, was much emaciated, and presented a waxy appearance; respirations 40; the temperature was not taken, and the pulse was barely perceptible. She died the following morning.

Never after her lying-in period did the catamenia appear, nor was there any lochia or epistaxis, or hemorrhage of any kind. The character of the dejections was bilious throughout. There were neither twitchings nor paralysis, and the intellect remained clear.

Dr. Sweetnam's analysis of the urine is herewith appended:—Urea, 11.5 parts in 1000; phos. acid, 1.15; albumen, a mere trace; spec. grav., 1010; color, lighter than normal; uric acid, undoubtedly below normal standard.

BELLADONNA IN PERTUSSIA.—Dr. Jacobi considers belladonna the most useful drug yet used in whopping cough. To be of service, however, it must be given in doses sufficient to produce flushing of the cheeks; the quantity being gradually increased, as toleration is established.—*Chicago Medical Journal and Examiner.*

PRESIDENTIAL ADDRESS.

(Delivered before the Canada Medical Association
in Halifax, N.S., August 3rd, 1881.)

BY WM. CANNIFF, M.D., M.R.C.S., ENG., TORONTO.

[After expressing his thanks for the honor the Association conferred upon him by placing him in the position he occupied to-day, said, that he had decided, although somewhat a departure from the course hitherto pursued, to bring to the attention of the Association and the profession generally afresh the code of Medical Ethics which this Association adopted at its organization, hoping at the same time that the attention of the public might become engaged in a consideration of the mutual obligations and responsibilities resting upon the medical profession and the public at large.] There are some facts, some points, and some considerations not referred to in the Code, with which it may be desirable to deal.

The Code of Medical Ethics of the Canada Medical Association consists of—

1. The duties of physicians to their patients, and the obligations of patients to their physicians.
2. The duties of physicians to each other, and to the profession at large.
3. The duties of the profession to the public, and the obligations of the public to the profession.

1. It is one of the first and almost continual difficulties met with by the medical practitioner in administering to the needs of his patients, to give only the necessary attention a case in practice requires, and secure the approbation of his client. On the one hand he wishes to bestow the requisite time and thought necessary to restore the patient or allay pain, as far as the resources of medical science will enable him. On the other hand, he is often fearful that his attention may be considered unnecessarily diligent or prolonged. It is, therefore, most necessary that the physician should be fully imbued with the responsibilities of his office, consider the necessities of the case, and then unhesitatingly devote such time and energy as he believes the case demands, regardless of any other consideration. At the same time it is not improper for him to exceed what he may think necessary should the patient wish to have extra attention.

When two or more cases simultaneously claim the attention of the physician, he is bound to give the most urgent his first consideration, irrespective of the position of the patient, unless relieved of responsibility by another practitioner. The response of the physician to a professional call should always be prompt, notwithstanding the fact that he is too often summoned in unnecessary haste, and put to great inconvenience, when he might safely have made the required call in his ordinary daily round of duties. Those who have had experience know full well that there are some thoughtless or selfish people who, when they have decided to call in the doctor, desire him to neglect every one else, and come at once with all possible speed, regardless of his other duties and obligations, or his own convenience. But the physician who feels the duty he owes to those who confide in his care, will charitably make allowance for the natural anxiety which has culminated in his services being sought, and should betray no annoyance because he may have been called with unnecessary haste, and has had his arrangements for the day, perhaps, destroyed. At such times not only the sick, but the sick one's family, may not be quite responsible for their precipitate conduct.

Under all circumstances the demeanour of the physician should be calm and his words tranquil. He must not be gloomy at any time, but treat the case with a smile and all the quietness of manner it will permit. The physician should ever come into the sick chamber as a sunbeam, never as a thunder-cloud. Again, he ought to be natural in his manner. No two are alike, and every one has his peculiarities; and for one physician to try to pattern after another, is to detract from his self-reliance, and diminish his usefulness. I trust it is unnecessary for me to say to the members of the Canada Medical Association that it belongs exclusively to the charlatan to magnify the danger or nature of the disease he is called to treat, so that the recovery which will follow, perhaps, would follow without treatment, may seem to betoken great skill on his part. The most skilful and observant physician is often unable at first to determine the nature of the malady he has to contend with; but it is no disparagement in the minds of the ordinarily enlightened public to honestly state he is as yet unable to say positively what may be the matter.

Now and again we have to endure annoyance.

after expressing our opinion candidly at the bedside, wishing to conceal nothing from the patient, by a member of the family, in an outer room, or at the gate, or, it may be, by a neighbour on the road, asking the question, "Now, what is your opinion? I will not tell any one." But an ever-repeated reply, that you have already given your opinion to the patient, will in time educate the public that you do not tell two stories. Of course there are occasionally cases when you cannot state fully your views in the presence of the patient; but it is a safe and proper rule to conceal nothing from him. He should know the worst as well as the best, especially when you think he is sick unto death. It is wrong to deceive, and a mistaken view that for him to learn and understand the danger, will militate against recovery. To allow one to approach the dark valley, ignorant of the terrible and solemn fact, is, in my opinion, inexcusable. On this point I am somewhat at variance with what is laid down in the Code; but I have no hesitation in saying, from experience I believe that the course I have recommended can be pursued without discouraging the patient, depressing his spirits, increasing the danger, or hastening a fatal end. No doubt "the life of a sick person can be shortened, not only by the acts, but also by the words, or the manner of a physician," as stated in the Code; but the considerate physician can so blend a true statement of the case with every reasonable ground of hope that no additional element of danger will result.

The relationship between physician and patient is one of confidence and trust. Fidelity and honor as the custodian of secrets connected with the patient, are strictly to be observed. To betray such confidence, or in any way refer to him, so that even an injurious construction can be placed upon your words, is a violation of confidence. Yet, at times, it may be difficult to observe so manifest a rule of duty. In illustration, permit me to refer to an instance in my own experience. Not very long ago while in professional attendance upon a respectable employee in a leading hotel, I declined to answer all the questions of the manager as to the nature of the illness, (it was not a question of contagion,) whereupon I received a threat of expulsion from the building.

Moreover, to quote the language of the code, "The obligation to secrecy extends beyond the

period of professional services; no circumstance connected with the privacies of personal or domestic life, infirmities of disposition, or stain of character, observed during professional attendance, should ever be divulged by the physician, except when he is imperatively required to do so."

In seemingly hopeless cases you are required "not to abandon the patient. Your attendance may continue to be highly useful to the patient and comforting to the relations around him, even to the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish." While it is your duty to candidly state your opinion when you consider the case hopeless, you must remember, not merely the old adage, that "while there is life there is hope," but that in many cases the physician is mistaken in measuring the resources of the patient's constitution to resist and overcome disease, as well as the efficacy of his treatment. It is no infrequent occurrence to have a patient seemingly stricken with a fatal malady unexpectedly rally, perhaps for a time, perhaps to recover. I have repeatedly known the too conscientious physician superseded by the assumptious charlatan, or sectarian doctor, who reaped the benefit of the previous skilful treatment, in connection with the unsuspected power of nature to restore. It is only a few weeks since I was told by a doctor of divinity that one of the most distinguished specialists in the United States had been actually poisoning him by his treatment, and would soon have killed him if he had not been induced to go to a homœopathic establishment. Here, he affirmed, in less than forty-eight hours, he was rescued from the "current of death," and new life was infused into his system. From my knowledge of the history of the D.D., who I may say was never a patient of mine, and of the deserved reputation of the physician accused of poisoning him, I have no doubt the latter was the means of preserving his health and senses so far as he now possesses them.

The physician, old as well as young, should never object to or discourage *consultations*. In fact he should be the first to suggest one. Consultations are desirable when life seems to be in danger, or when the case is a protracted one and does not yield to treatment. The physician may feel satisfied that he quite understands the case, and how to treat it; but he must consider the wishes of those concerned and the natural solicitude of the family. Moreover, very often it is a relief to have another to share the responsibility.

It need not be considered a reflection on the physician's skill to have a consultation, even with a junior. When a young practitioner, I remember a consultation with me was objected to on the ground that it would be bringing coals to Newcastle. At the same time it must be said that a consultation may be, indeed, I fear often is, detrimental to the patient. Apart from the injurious effects the excitement may have upon the patient, it must be admitted that the consultation too often leads to a compromise, and the views of neither as to treatment are fully carried out, while the treatment of either might alone have proved successful. I read lately an extract from one of Bulwer's novels in which he defines a medical consultation as "a meeting of physicians in which the counsellors agree with the attending physician, and change the treatment." It would be in many cases a more correct statement to say that the attending physician would probably have modified, or changed his treatment at that particular juncture in the case, if a consultation had not been held. When the attending physician suggests a consultation he is usually asked to name the person he would prefer; but it is often desirable to have one chosen by the patient. It is needless to say that in the event of the physician selecting a counsellor he should obtain the services of one he deems best qualified to render him assistance in the management of the case. When the patient makes the choice, unless the one chosen be unqualified, the attending physician should unhesitatingly accept the proposal. But the physician will positively refuse to consult with one not belonging to the regular profession. It is no part of the physician's duty to his patient, in any case, to depart from this rule. A demand is sometimes made that the physician shall have in consultation one who gives to himself a specific name,—who belongs to some *pathic* school. The regular physician possessed of the honor which belongs to a learned profession, and imbued with the spirit of scientific medicine, detests any distinctive appellation in addition to physician. The followers of a sectarian school delighting in the name of homœopath, have applied to the scientific physician the term "allopath." But we recognize no such distinction. We profess to be simply scientific physicians and surgeons. Not long ago a great cry was raised by the public, especially in England, because when a great statesman was the patient, a member of our profession refused to degrade himself by consulting with a homœopath. Sir Wm. Jenner was censured unsparringly by the press because he would not violate his principles and meet Dr. Kidd. The reply to this unwarrantable attack upon our profession, by the *London Lancet*, sufficiently covers the ground, and is quite to the point. "There was nothing personal in this refusal. The course taken was that to which every practitioner of scientific medi-

cine must have felt himself impelled. No grounds exist for consultation between the ordinary physician and the professor of a particular school. Medicine is not a science which admits of sectarian views. If two mariners, one of whom believed the earth to be a flat disc, while the other held the commonly-received hypothesis of its spheroidal form, were asked to act together in navigating the same ship on a voyage round the world, how could they co-operate? We do not wilfully refuse to meet homœopaths; we simply decline because it would be a grim farce and a practical imposition to do so. The result must be a failure of justice to the patient, which may jeopardise his prospect of recovery. The course which practitioners should pursue in an emergency of this kind is very clear." These views of the *Lancet*, a journal which represents the profession of England, are the views of the profession everywhere. We are not called upon to contend with homœopaths. We may believe them to be sincere in their profession; but we can have nothing in common with them.

Another duty of the physician to his patient is to give him judicious advice, when he has become convalescent, as to the future. This advice may refer not alone to his physical and mental well-being but also to his moral behaviour. Sometimes the sickness has been due to the faulty or vicious life hitherto led; and with the bed of sickness have come earnest resolutions to reform and lead a new life. In such cases happy the physician who can from the fullness of his heart strengthen good purposes and give proper guidance. "A word spoken in due season how good is it."

The first and second paragraphs of our code are as follows: "The members of the Medical Profession, upon whom so many arduous duties are imposed, and who are required to make so many sacrifices of ease, comfort, and health for the welfare of mankind, have certainly a right to expect that patients should entertain a just sense of the duties which they owe to their medical attendants. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation does mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

The patient or the guardian should deliberately select the physician, and having done so, should not hastily, or without sufficient reason dismiss him, or call in another. There is a class of people who are continually trying a new doctor; some on account of a constitutional love of change, some because the new doctor is recommended by Mrs. Busybody, or Mr. Touter, or Miss Interested, and some again make a change to be in fashion. Others seek a change from mercenary motives, or because they do not care to attend to a long-stand-

ing, unpaid bill. To this class it is, perhaps, useless to speak about the ordinary principles of honor and decency. There can be no doubt that a physician who has become acquainted with the peculiarities of the constitution of a person or family, has a much better prospect of treating him, or them successfully than one who has no such previous knowledge. Having made a selection, there ought to be implicit trust on the part of the patient; and he should be candid and open in his communication. It is neither safe for the patient nor just to the physician to conceal anything of a physical or mental nature which bears any relation to his disorder. But while the patient should state everything which may aid the physician in the discharge of his duties, he must not make him the repository of extraneous secrets, nor should he take up the physician's time in talking about irrelevant subjects. The physician is not a talebearer and dislikes to hear gossip. At least such should be his character. * * * * *

Many persons, thoughtlessly, no doubt, will, while under the care of one physician, seek the opinion and advice of another. I do not refer to a class (I hope not large) who are ever seeking the opinion of medical men respecting their ailments in a casual way, with no intention of offering a fee; but to cases in which the patient is already under treatment, and who deliberately go to a second physician, and perhaps a third, to obtain an opinion, concealing from each the fact that he is already a patient. This is unfair and dishonourable, as any physician may by the use of different terms and language convey the idea of an opinion at variance with that of another, when in reality he holds views precisely the same. It is also reprehensible to call a physician to see a patient under the care of another, which fact is only learned when he reaches the patient; or perhaps he is kept in ignorance. This is gross injustice. We are now and then censured for refusing to see, or prescribe for a patient under such circumstances. It is not many weeks since I was called out of bed and requested by one, whose family I attend, to visit a man supposed to be hopelessly sick, who, I was informed, was under the care of another physician. I was asked to see the patient alone. Of course it is unpleasant to offend a friend, still my duty was obvious. In reply to my suggestion that the attending physician be notified for a consultation, I was somewhat sharply charged with "red-tapeism." Now, I know that my friend in this case spoke without consideration of all the duty which rests upon the physician. This is not merely a question of medical etiquette, the welfare of the public is involved. The principles which guide the profession not only protect its members from interfering with the rights of each other, but are a safeguard to the public. If medical men were in the habit of following the footsteps of one another,

one prescribing to-day, another to-morrow, and so on according to the behest of vacillating and fickle persons without knowing what the other has done, it would be impossible to treat patients intelligently and with any prospect of affording relief. And yet because the physician consistently refuses to act so obviously absurd a part, he is sometimes not only censured but abused by those who it might be supposed would understand better. It is not long ago that a leading newspaper in the Dominion deliberately stated that "medical etiquette was responsible for a great deal of suffering and death," and that "the medical profession abounds in abuses." These grave and sweeping charges we may hope were made in supreme ignorance of what belongs to a learned and honorable profession, and what is due by that profession to the public. It is always open to the patient to change his doctor, but an honorable person will not do so without the gravest reasons. If the physician be doing what he can for the patient, it is most unjust to dismiss him in an extreme case of sickness.

Those who have been at any time in practice will have experienced a great difference among patients as to considering the convenience of the physician. I suppose we all are afflicted with patients who almost invariably send for us at inconvenient hours. In the country the farmer often will wait until he has finished his day's work, probably because he cannot spare a horse before that time to go for the doctor. The consequence is that he frequently reaches the physician's residence just as he has retired to bed; and you may depend upon this—it is the one who first secures a day's work out of his horse and then drives the tired brute, who will be the one to object to your bill for night service. In the city may be found those who invariably send the summons for the physician after he has started on his daily round, so that when he comes home, he has to retrace his way at once, for this class are usually very urgent in their request. There is also a class who make it a rule to call upon the physician at the hours for meals so as to catch him at home. Now, while the physician will cheerfully respond to any call when an emergency makes delay impossible, and a timely notice is out of the question, and will leave his bed or the table uncomplainingly, it is manifestly inconsiderate and exacting to cause him inconvenience, and infringe upon the hours required for refreshment and repose.

One more duty of the patient toward the physician I will refer to,—namely, to make a proper, and, if possible, prompt acknowledgment for services rendered. Why is it that the doctor's bill should so often be the last paid? And there are some who feel offended when the physician renders his account under six months or a year. The physician rarely asks for his fee when called upon,

and it should be a matter of honor with the patient to pay for services without waiting for an account to be rendered. I am speaking of those who would scorn to be regarded as intentional defrauders; but there is a class of beings, I can hardly say human, who, no matter how much care and anxiety they have given the physician, never will remunerate him, probably give abuse instead.

"2. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician. In the case, however, of a physician or surgeon commencing the practice of his profession, or removing to another locality, a simple announcement by an unobtrusive card in the public prints is unobjectionable."

To the foregoing I would add, that it is objectionable for the physician to resort to any unusual method of making himself known or spoken about. By peculiar personal dress, or manner, or equipage, or office-surrounding, to gain the attention of the public, is unprofessional. Eccentricity is no longer regarded by the discerning public as an indication of genius or skill; nor will, what I may be allowed to call *loud* manners, secure the most desirable *clientèle*. There is another mode of attracting the public attention none the less a violation of the code of professional honor still pursued by a few, namely, making unnecessary display in the performance of surgical operations. And in connection with this I must refer to the unjustifiable practice, perhaps I should say criminal practice, of performing an operation without the slightest expectation of benefitting the patient. For a surgeon to mutilate a body, or increase the suffering of a patient afflicted with an incurable disease, merely to exhibit the operator's knowledge of anatomy and steady hand, is to make him an object of scorn and loathing. A surgeon who will perform, of two operations, the more dangerous one because it may give him a name, is unworthy of esteem, and should the unnecessary operation prove fatal he would be really guilty of manslaughter.

Upon the duties of physicians in relation to each other, I need not dwell, as their principles are usually inculcated when the medical education is received, and are strictly observed by the high-minded physician; and I have already made some remarks bearing upon the subject. But I may remind you, and I wish I could remind some who are not present, that in case of consultations the

strictest punctuality is demanded. I regret to have to say that now and again we meet with one who, because of his standing, thinks he may transgress this law of good manners. But the law is so manifestly just that no excuse can be accepted for careless delay in keeping professional appointments. And this law applies to cases of hospital consultations as well as to private practice. No one, however much a senior or uplifted, has a right to withhold from any one he meets in consultation the treatment due to a *confrère*. For one to seek at a consultation by any mode to produce an impression upon the patient, or his friends, that the attending physician is untrustworthy, or that he himself is wiser and more skilful, is a gross violation of the golden rule upon which our code is founded. True greatness is always retiring and considerate for the feelings and character of others. It is gratifying to believe that instances of unprofessional behaviour in this respect are becoming less and less frequent. If in consultation a physician cannot accept the opinion and views of another, and believes that the welfare of the patient is involved, it is his duty to adhere to his decision, and if necessary to withdraw from the case. But such instances are extremely rare. In the words of the code.—

"All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals." * * * * *

The physician in active practice requires yearly a rest from its cares and responsibilities. In seeking recreation he has a right to ask a neighbouring brother practitioner to officiate for him. No physician will decline to render such a service. Of course, if the period of absence be prolonged, or the absentee is rather in the pursuit of amusement than recreation, he should not receive from him who labors the fees earned. A physician who is thus trusted by another will not, if an honourable man, endeavour by artifice or intrigue to alienate the patients from their regular attendant.

The instances where a physician is justified in visiting the patient of another practitioner as a friend are very rare. If urgent business or relationship make a visit necessary, the physician will be scrupulously careful to avoid even the approach to a consideration of his disease or of the treatment being pursued.

While the physician will always consider it a

pleasing duty to give professional attendance to a neighbouring *confrère*, or his family, when asked to do so, without remuneration, he should not be requested to travel any distance or sacrifice much time without the offer of an *honorarium*, nor should he hesitate to accept it.

By mutual understanding there should be adopted in every community a tariff of fees, to be strictly observed by all. To depart from this on the part of one is to make him chargeable with double-dealing and adopting a disreputable mode of gaining popularity.

"3. As good citizens it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens. They should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on the subject of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—and in regard to measures for the prevention of epidemics and contagious diseases; and when pestilence prevails, it is their duty to face the danger and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives."

It must be said the public are not disposed to recognize the services of the medical profession, and to avail themselves of their scientific knowledge for the welfare of communities and the State. The salary for a medical health officer, or fees for professional services, are usually grudgingly paid. Notwithstanding the continued efforts of the profession to educate the public in sanitary laws, and prevail upon legislators to enact such laws and create such organizations as will prevent sickness and prolong human life, there seems to be a settled indifference on their part. It might be supposed that conduct so unselfish, indeed so calculated to diminish the ordinary work of the physician—and at the same time to secure a saving to the individual, to communities, and to the State—would engage the warmest attention of the rulers of the land. However, I am glad to be able to say that there is a probability of some action being taken by the Dominion Government. A Committee was appointed by this Association at its last meeting, "to continue communication with the Dominion Government, with a view of securing a grant towards carrying out an effective system of health registration." When the report of this Committee is presented, you will learn that the Premier, Sir John A. Macdonald, is not indifferent to the representations which the medical profession have made to him regarding vital statistics and State medicine, and that, had not illness prostrated him last winter, (an illness which I am sure all Canadians deplore,) steps would have been taken ere this to meet the wishes of this Association so far as the Constitution will permit.

Before concluding, allow me to express my deep concern that the continued sickness of our respected General Secretary has made it necessary for him to resign his post, a position he has so long worthily filled. I am sure you will unite with me in wishing his speedy restoration to health. As you can understand, the absence of Dr. David, who was quite familiar with our Constitution and the working of the Association, is a serious loss to myself in the discharge of my duties; but I am thankful to say that Dr. A. H. Wright, whom I requested to act as General Secretary, has, in making the arrangements for this meeting, very adequately filled the vacancy so unfortunately made.

I thank you, gentlemen, for the kind hearing you have given me, and beg you will generously aid me in the work which falls to me as your presiding officer.

Correspondence.

CHLORAL IN STRANGULATED HERNIA.

To the Editor of the CANADA LANCET.

SIR,—The following case may interest some of your readers:—

July 10.—Was called to attend J. C., æt. 28. Found that while handling some 16-feet green planks, two hours before, he had sustained an accident in the shape of a direct inguinal hernia of the right side. At first the tumor was small, but the access of vomiting and tenesmus had caused it to increase till, on my arrival, it was about the size of a new-born infant's head.

Taxis was at once applied in the usual manner, but, though persevered in for about three-quarters of an hour, not the slightest reduction was effected, while repeated attacks of vomiting rendered, for the present at any rate, hopeless any attempt at relief in this direction. A high febrile condition, and a quick pulse, continued to give gravity to the situation, and it was felt that all of a surgeon's art must be called into requisition. The hernia was evidently, for the time being, irreducible, and probably would become strangulated. The administration of an anæsthetic and a possible operation loomed in the immediate future, but professional assistance not being at hand, I resolved to try milder means for removing the spasm at the neck of the hernial sac. Consequently the following was prescribed:—

R. Chloral Hydrate ℥ij.
 Potas. Brom. ℥j.
 Morph. Sulph. gr. ½.
 Aquæ ℥ij. M.

SIG.—Half to be taken immediately—the remainder in half an hour.

I revisited him in two hours, hoping to have more success with the Taxis, when, to my surprise and satisfaction, I found the patient asleep, and, better still, that the hernial tumor had vanished without any manual interference whatever. There was nothing to be done except apply a truss, join in the joy of the patient and his friends, and bid them good-bye. It was evident that the relaxing influence of the draught had so removed the spasm at the neck of the hernial sac that the intestines had, as it were, flowed back, or, by their own vermicular motion, had been drawn back into the abdominal cavity.

Yours truly,

THOS. S. WALTON, M.D.

Parry Sound, Aug. 15, 1881.

MALTOPEPSYN.

To the Editor of the CANADA LANCET.

SIR,—Will you have the kindness to insert the following letter in the *Canada Lancet*, and oblige

Yours truly,

HAZEN MORSE.

Hazen Morse, Esq. :

DEAR SIR,—In reply to your letter of the 12th inst., asking our experience of the use of maltopepsyn in the Infants' Home, I beg to say, on my own account and for Dr. Pyne, whom I have spoken to on the subject, that much benefit has been derived from the employment of your preparation, wherever the use of agents required to promote digestion was indicated.

It has been found beneficial also in vomiting accompanying diarrhoea, among the infants of the Home, and is advantageously administered in certain forms of diarrhoea.

Yours truly,

J. H. BURNS, M.D.,

Consulting Physician Infants' Home.

Toronto, July 26, 1881.

Reports of Societies.

CANADA MEDICAL ASSOCIATION.

MINUTES AND PROCEEDINGS.

The Fourteenth Annual Meeting of the Canada Medical Association was held in Halifax, August 3rd and 4th, the President, Dr. Canniff, in the chair. About fifty members were present. The Hon. Dr. Parker, of Halifax, presented the report of the Committee of Arrangements.

Dr. Strong, Superintendent of the Cleveland Lunatic Asylum, and the Military and Naval Surgeons of Halifax were elected members by invitation.

Dr. Strong, and the Ex-Presidents present were requested to take seats by the President.

Drs. MacDonald, Slayter, Harrington, Lanigan, Townshend, and Fitch were elected permanent members. The Secretary read a communication from the Sandy Cove Sea-bathing Company, offering the use of their baths to members of the Association and their families. It was decided on motion of Dr. Botsford, that the delivery of the President's address should be the first order of business at the afternoon session.

Dr. Reid, of Mount Hope Asylum, Halifax, the Chairman of the Committee on Practice of Medicine, then read his report, in which he discussed General Paresis. It was decided to have the discussion of the report immediately after the President's address.

Dr. Stewart, of Brucefield, read the Report of the Committee on Therapeutics. The discussion to take place after that of Dr. Reid's.

Dr. Oldright, of Toronto, gave a short verbal report from the Committee on Climatology and Epidemic Diseases.

The President read the Report of the Committee on Vital Statistics. It was decided to discuss the report at a future time.

On motion of Dr. Botsford, seconded by Dr. Hingston, the following were appointed the Nominating Committee, Drs. Robillard Ross, and Fenwick, of Montreal; Eccles, of London; Clark, and Wright, of Toronto; Lawson, and J. F. Black, of Halifax; Steeves, of St. John; and Atherton, of Fredericton.

Dr. Hill, of Ottawa, read for Dr. Grant a short paper, giving a description of a new and simple kind of stomach pump. Dr. Oldright described a simple stomach pump, worked on the principle of the syphon.

The Association adjourned at 1 p.m.

AFTERNOON SESSION.

The President, Dr. Canniff, read his address on "Medical Ethics," which will be found in another column.

On the conclusion of the address the discussion of Dr. A. P. Reid's paper was taken up.

Dr. Clark, of Toronto Lunatic Asylum, speaking of Paresis, recommended that the general profession should make fuller study of that ailment, with a view to its treatment before it becomes incurable, which it generally is when it comes under treatment in lunatic asylums. He claimed that it was a disease with symptoms which could be detected long before it becomes incurable.

Drs. Jennings, of Halifax; Oldright, of Toronto; Botsford, of St. John; Morse, of Amherst, and others continued the discussion, and Dr. Reid summed it up as tending to show that if Paresis could be diagnosed in its early stage, and the patient placed under the treatment of a specialist, it was not incurable.

Dr. Stewart's paper on Therapeutics was next considered.

Dr. Jennings opened the discussion, speaking of the treatment of diphtheria, claiming to have discovered the advantages of brandy in its treatment, though some one in New York claimed the discovery.

Dr. Hill addressed the meeting on the use of chloroform, claiming that it was the best anæsthetic, and advised the administration of brandy before inhalation.

Dr. Coleman had used ether and chloroform and from his experience considered the former far safer. The Americans showed the English that ether was safer, and it had been substituted for chloroform in London hospitals.

Dr. Hingston, of Montreal, was strongly opposed to using chloroform and ether mixed. He showed the absolute necessity of having some one to watch the administration of the anæsthetic entirely. He thought more were allowed to die under chloroform than there should be. Artificial respiration was one of the best means of restoration, but was not called for in many cases, because the trouble was not with the lungs, but with the heart. In one instance he had reversed the patient, holding her feet up and head down, allowing the blood to run to the head. He considered ether safer than chloroform. Bromide of ethyl was useful where a short operation was to be performed, as it quickly brought insensibility, and consciousness returned as soon as the anæsthetic was withdrawn; but it was dangerous where a long operation was to be performed. Bi-chloride of methyl was useful where vomiting was to be avoided.

Dr. Jennings found, in performing long operations, it was best to use chloroform till insensibility was obtained, and then to use ether.

Dr. Morse, of Amherst, attributed fatalities to long-kept or badly-made chloroform.

Dr. Atherton said, in London many deaths, he believed, had resulted from too complicated apparatus, and fear of the persons administering, causing

them to lose their self-possession. In Edinburgh there was none of the latter, and less death, though the chloroform appeared to be administered even carelessly. In treatment he seldom watched the pulse, believing the first danger was indicated by cessation of respiration. He described a case in point which Dr. Allen had asked for.

Dr. Stewart regarded failure to watch the pulse as dangerous, as very frequently the heart was most seriously affected.

Dr. Atherton said it might be well to watch respiration and the pulse too, but cessation of the former was the first dangerous symptom, and the attention should be concentrated on respiration.

Dr. Oldright, of Toronto, read a paper describing a simple syphon apparatus for drawing fluid from the chest, with a practical illustration and very full explanations of the use of the apparatus, and cited cases in which he found it successful.

Dr. Allen said it was difficult to prevent the admission of air while extracting fluids from the chest, and he advocated the use of the aspirator. He found, however, that cases in which air was admitted got on just as well as where the stringent means to prevent its admission were taken.

Dr. Jennings thought a counter opening should be made through which carbolized fluid might be passed, as in the treatment of other abscesses.

Dr. Atherton advocated the use of carbolized air instead of washing out. The latter system has resulted in sudden death in some cases, and it was a question whether Dr. Oldright's system prevented this danger.

Dr. Farrell doubted whether Dr. Oldright's method would ensure exclusion of air. He had adopted a somewhat similar plan, by the use of a rubber tube, in a case he recently attended, but found the tube became occluded, and thought this difficulty would arise in using Dr. Oldright's apparatus.

Dr. Ross, of Montreal, approved of opening the chest on the antiseptic principle, but thought a large opening was preferable. He had seen cases of poisoning from the use of carbolic acid water.

The meeting adjourned at 6 p.m.

EVENING SESSION.

Dr. Bessey, of Montreal, read a very instructive paper on "Vaccine" contending for the superiority of kine vaccine. He makes a specialty of preparing kine vaccine in Montreal, keeping stock selected from the most healthy animals, and preparing the vaccine for use in the Dominion. After the paper was read a discussion ensued, and the reader answered many questions, the discussion lasting an hour. It was decided in future to confine the discussion to ten minutes on each paper.

Dr. Worthington, of Clinton, read a paper on "Scarlatina Maligna," showing his experience in many cases and the success of cold water treatment.

FOR CONSUMPTION AND WASTING DISEASES
HYDROLEINE.
 ("HYDRATED OIL")

FOR DYSPEPSIA, INDIGESTION, ETC.
MALTOPEPSYN.

I desire to express to the Medical Profession my thanks and deep sense of obligation to them for their generous support and kind interest, shown by the almost universal use of Hydroleine and Maltopepsyn in their practice, and the great number of laudatory letters received from them.

I wish also to assure them that I shall continue to give my personal attention to all preparations either imported or manufactured by me and I shall endeavor to produce such remedies *only* as will merit the continued support of the Profession in all parts of the world.

The demand for Maltopepsyn has increased so rapidly, through this decided support of the medical profession, that it has made it absolutely necessary to increase my facilities. I have now leased the entire premises No. 57 Front Street East, erected a new engine, mills, choppers, presses and other machinery of the latest and most approved patterns. I shall be most happy to see any physician and show to him my methods for manufacturing Pepsine, Pancreatine, Exsiccated Extract of Malt, and the other ingredients of Maltopepsyn (as per formula.) I, with perfect security, guarantee to keep the quality to its present high standard, as I devote my entire time to that end.

I add enough testimony from distinguished medical men, the medical press, and leading chemists in the Dominion of Canada, from the mass of letters received, to show conclusively the high reputation these two remedies have gained, leaving out the much greater amount of testimony received from England and the United States.

Very respectfully,

HAZEN MORSE.

57 Front Street East, Toronto.

IMPORTANT NOTICE.

I publish below exact formulas for Hydroleine and Maltopepsyn. Testimonials follow on next 3 pages.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonsful, equal to 120 drops, contains :

Pure Oil.....	80 m. (drops.)	Soda	1-3 grains.
Distilled Water....	35 "	Boric Acid	1-4 "
Soluble Pancreatin	5 grains.	Hyocholic Acid.....	1-20 "

DOSE.—Two teaspoonsful alone, or mixed with twice the quantity of soft water to be taken thrice daily with meals.

MALTOPEPSYN.

The new Canadian Remedy for Dyspepsia, Indigestion, Cholera Infantum, Constipation and all Disease arising from Imperfect Nutrition.

FORMULA.

SACCHARATED PEPSINE (Porci).....	10 Grains.
" PANCREATINE.....	5 "
ACID LACTOPHOSPHATE OF LIME.....	5 "
EXSICCATED EXTRACT OF MALT (Equal to one teaspoonful of liquid extract of Malt.).....	10 "

HYDROLEINE.

LA GAUCHETERE STREET, MONTREAL, NOV. 24, 1880.

"I consider Hydroleine a valuable preparation, and I have shown my estimation of it by prescribing it to some thirty or more of my patients instead of ordinary Cod Liver Oil. Many of them continue to take it and have been greatly benefitted by its use."

J. J. DUGDALE, M. D.

32 BEAVER HALL, MONTREAL, May 15, 1880.

"My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diatheses. In some of my cases the effects of this remedy have been really marvellous. Now, I wish you to send through Lewis & Co., a half dozen for my own personal use, as I wish to continue taking the Hydroleine myself."

E. H. TRENHOLME, M. D.

HASTINGS, ONT., 15th Sept., 1880.

"We are so well satisfied with the trial bottle of Hydroleine, having put it to a severe test in an extreme case where we really did not expect the girl to live a week (she is now able to walk about the house), that we would like a dozen bottles."

DRS. CLARK & O'GORMAN.

RICHMOND, ONT., NOV. 25, 1880.

"I have to-day made arrangements with Mr. McElroy (the merchant of our village), to keep in stock a quantity of Hydroleine. It is the best thing I have ever used in all wasting diseases."

D. BEATTY, M. D.

MONTREAL, Aug. 12, 1880.

"I have prescribed your preparation, Hydroleine, very largely with the greatest satisfaction to myself and benefit to my patients. One delicate lady (Mrs. McC.) gained 10 pounds by taking four bottles of the medicine. In many other cases the increase in flesh and weight has been very remarkable."

E. H. TRENHOLME, M. D.

FREELTON, Dec. 17, 1880.

"After taking three bottles of Hydroleine her weight increased 9 pounds. She discontinued the remedy, and again fell back on commencing the Hydroleine again, as before, she immediately improved, and is continuing to do so under its use."

GEO. METHERELL, M. D.

HASTINGS, Dec. 6, 1880.

"We give it (Hydroleine) our unqualified approval, notably of late in convalescence from Typhoid, especially where bronchial trouble has been present. Your Maltopepsyn is an excellent remedy."

DRS. CLARK & O'GORMAN.

PORT ELGIN, ONT., Dec. 16, 1880.

"I have been prescribing Hydroleine in all wasting diseases for some months, and can heartily recommend it to the notice of the profession as a remedy of real merit."

LEWIS E. SHEPHERD, M. D.

LONDON, ONT., Dec. 7, 1880.

"I have used Hydroleine since August in tubercular diatheses with entire satisfaction, and consider it an estimable and highly efficient preparation."

H. W. LLOYD, M. D.

CANNINGTON, Dec. 22, 1880.

"I have used the Hydroleine in a number of cases, and with very satisfactory results. I am very much pleased with its action in pulmonary and other diseases attended with emaciation."

J. M. HART, M. D.

NEUSTADT, Dec. 21, 1880.

"I have found it (Hydroleine), to be a sovereign remedy. In one case of Gastrodynia, in which I had employed all known remedies which were likely to be beneficial, with little effect, since taking Hydroleine the patient has had complete relief, the appetite increased, also marked increase of flesh."

T. C. SPENCE, M. D.

GRIMSBY, Dec. 27, 1880.

"I beg to testify to the excellent effects derived from the use of Hydroleine."

R. A. ALEXANDER M. D.

A delicate young lady took four bottles of Hydroleine. and gained $3\frac{1}{2}$ pounds with each bottle making a total gain of 14 pounds."

CREDIT, ONT.

DR. DIXIE.

"I refer to a case of incipient phthisis. The patient gained in weight while taking the first bottle of Hydroleine five pounds, and when last seen was taking second bottle, and had gained four pounds more. I may add that the cough and general condition of the patient were very much improved."

DUNDALK, Jan. 13, 1881.

JAS. MCWILLIAM.

"It has answered the purpose better than anything I have yet used, and my impression is that it will supersede all other remedies now in use for chronic pulmonary troubles."

CLINTON, Jan. 4, 1881.

A. WORTHINGTON, M. D.

MALTOPEPSYN.

"I believe Maltopepsyn to be equal, if not superior, to Lactopeptine or Pepsine, in the use of which I have had a very large experience."

BRUSSELS, ONT., June 28, 1880.

WILLIAM GRAHAM, M. D.

Child of Mr. Edgell, Toronto, about two years old, suffering from Diarrhoea, brought on by indigestion; passed undigested food, etc. Dr. B—— had tried many remedies without giving any relief; finally prescribed Maltopepsyn. After the child had taken six doses, there was marked improvement, and before one-half the bottle was used had entirely recovered."

CASE ATTENDED BY DR. BURNS, TORONTO, April, 1880.

"The Maltopepsyn was given in a marked and distressing case of Indigestion with the most rapid, pleasing and beneficial results."

WALLACE, N. S., Oct. 4, 1880.

Z. W. KEMPTON, M. D.

"The Maltopepsyn I obtained from you has far more than answered my anticipations. Having tried it in two old and very obstinate cases of indigestion, I found it to act like a charm."

ATHLONE, ONT., Jan. 20, 1880.

C. MCKENNA, M. D.

"I like your Maltopepsyn; I find it to act very nicely and to do all that you recommend it to do."

GEORGETOWN, ONT., Dec. 17, 1880.

WM. J. ROE, M. D.

"I regard it (Maltopepsyn) as a very valuable preparation."

MIDLAND, ONT., Dec. 24, 1880.

P. E. KIDD, M. D.

"I have used your Maltopepsyn in severe cases of Indigestion and Malnutrition in adults, and Diarrhoea of children, and am so well pleased with the results that I have instructed my druggist to keep a supply on hand."

CAMBRAV, ONT., Jan., 1881.

T. W. READE, M. D.

"After giving your Maltopepsyn a trial in some of my worst cases, for which it was recommended, I am well pleased with the way in which it acts. Continue to make a good article like that now in use and it will be a universal favorite."

ATHLONE, ONT., Dec. 30, 1880.

R. HAMILTON, M. D.

"I may say I like it (Maltopepsyn) much better than any preparation of the kind that I have used, as it is certainly both more prompt and effective, and it further has the advantage of being much cheaper."

OHIO, YARMOUTH CO., N. S., Dec. 1, 1880.

J. A. W. MORSE, M. D.

"From my experience with Maltopepsyn I feel justified in saying that is quite as useful as Lactopeptine, and more palatable. I regard it as an important remedial agent in the ailments of infants, which are generally due to indigestion; and in prescribing Maltopepsyn in those cases, I feel that I am giving, in an elegant and palatable form, what is most likely to assist nature, and at the same time I run no risk of injuring the child."

ELMVALE, ONT., Dec. 30, 1880.

GEO. BROWN, M. D.

"I am much pleased with the preparation Maltopepsyn in the case of faulty or difficult digestion."

BOWMANVILLE, ONT., Dec. 31, 1880.

W. H. LAW, M. D.

OPINIONS OF THE MEDICAL PRESS.

HYDROLEINE.—This new preparation of Cod Liver Oil is deserving of the attention of the medical profession. Its use is not confined to cases of phthisis alone, but is found servicable in all wasting diseases, and also in convalescence from protracted illness. Under its use the weight may be greatly increased. It is claimed to be artificially digested by the combination employed, and produces no unpleasant eructations or nausea. Our own experience of its use has been most favorable.—*The Canada Lancet*, Toronto, December 1st, 1880.

Among the many new preparations brought to the notice of the profession, none perhaps deserves more attention than Hydroleine, a preparation of Cod Liver Oil. The efficacy of Hydroleine is, it is claimed, not confined to cases of phthisis solely, but it also has a valuable tonic effect on the system generally. We have been using Hydroleine for some time, with the most satisfactory results, and value it very highly for its nutritive and waste preventing properties. We have also been using Maltopepsyn in cases of indigestion, with marked success.—*Canada Medical and Surgical Journal*, Montreal, November, 1880.

FROM LEADING CHEMISTS AND DRUGGISTS.

144 ST. LAWRENCE MAIN STREET, MONTREAL, NOV. 18, 1880.

"I beg to say that Hydroleine is increasing in favor with the medical profession. It digests easily and in most cases rapidly; and brings up the weight of the patient. To prove which, several physicians have weighed their patients before beginning the remedy. My sales this month are larger than ever."

HENRY R. GRAY, Chemist.

YORKVILLE, ONT., July 21, 1880.

"Since the introduction of Hydroleine into this locality, I have sold over three dozen bottles, and find that it gives every satisfaction; it is an excellent preparation and I have no doubt of its becoming very popular."

WM. S. ROBINSON, Chemist.

WALKERTON, ONT., Oct. 27, 1880.

"I have been troubled with indigestion of and on for some years. Some time ago I commenced using Maltopepsyn, and must say I have had great relief, and I think will prove a cure with me before long."

W. A. GREEN, Chemist.

TORONTO, July 1st, 1880.

"In reference to your preparation "Hydrated Oil," known as Hydroleine, it affords me pleasure to state I have sold over two dozen since its introduction, and it has given general satisfaction. In one case the person having taken two bottles gained upwards of 4 lbs. in about two weeks."

EDWIN A. SMITH, City Pharmacy.

PRICE LIST.

<i>Hydroleine, half pound bottles.</i>	-	-	-	<i>Per Bottle.</i>	<i>\$ 1.00.</i>
" " " "	-	-	-	<i>" Dozen,</i>	<i>10.00.</i>
<i>Maltopepsyn, 2 oz. bottles, containing nearly 1½ ozs. powder, 50c. per Bottle.</i>					
" " " " " "				<i>" "</i>	<i>\$5 per Dozen.</i>
" in half pound bottles,	-	-	-	-	<i>\$5 per Pound.</i>

EXPRESS CHARGES PREPAID.

☞ Pamphlets by G. Overend Drewry, M. D., and H. C. Bartlett, Ph.D., F.C.S., explaining the principles upon which the discovery of Hydroleine is based, together with cases illustrating the effect in practice, and a pamphlet descriptive of Maltopepsyn sent free to any medical man upon application.

One bottle of Hydroleine will accomplish greater results than can be obtained by using ten bottles of Cod Liver Oil.

N.B.—I will forward to any *Medical man* desiring to test its virtues for himself one full-sized bottle Hydroleine upon receipt of fifty cents (half price), also one full-sized bottle of Maltopepsyn for 25 cents (half price.) express charges prepaid. This offer only applies to the first bottles.

HAZEN MORSE,

57 FRONT STREET EAST,

TORONTO.

Sole Agent for the sale of Hydroleine
in the Dominion of Canada.

After a short discussion on this paper, Dr. Fenwick read a paper on "Ovariectomy," citing many cases which came under his notice during forty years' practice.

Dr. Hill, and Dr. Somers discussed Dr. Fenwick's paper.

Dr. Hingston also read a paper on "Ovariectomy," which provoked a discussion, taken part in by Drs. Slayter, J. F. Black, and others, Dr. Hingston replying.

He dwelt briefly upon the history of the operation in Canada, and gave some reasons why it had not been as successful in Canada as in Great Britain, one chief reason being that the operation had been performed with a view rather to speed than thoroughness. He alluded to cure by other than surgical means, and admitted that spontaneous cure sometimes occurred. He deprecated too early operation while yet no discomfort is felt, and before the parietes of the abdomen had undergone the process of thinning from pressure of the tumor. He gave particulars of his last fifteen operations, dwelling chiefly on the causes of death in the unsuccessful ones. With regard to adhesions he regarded those in connection with the omentum as the most formidable owing to proneness to hemorrhage, next those of the liver and spleen; parietal adhesions were of small moment. He was averse to the use of the clamp, and spoke of the unreliability of the thermo-cautery as a hemostatic.

The Association adjourned at 11.10 p.m.

SECOND DAY.

The Association met at 9 a.m.

The Treasurer's report was submitted, and Drs. Hill, and Atherton were appointed auditors to examine and report upon it.

Dr. Slayter exhibited an ingeniously contrived, self-retaining speculum, which enables the surgeon in certain cases to dispense with the services of an assistant.

Dr. Macdonald read his paper on "Water Analysis." He showed chemicals and apparatus by which the purity or impurity of water can be detected. This paper will be published in a future number of the LANCET.

In the discussion which followed, Dr. Coleman, Hill, and Oldright, took part.

Dr. Wright exhibited, for Dr. Grant, of Ottawa, a number of spruce shaving splints, which he found very convenient and useful in the treatment of fractures.

Dr. Stewart, of Brucefield, read a paper on "Treatment of Exophthalmic Goitre by ergot," and, at its conclusion, replied to questions by Drs. Steeves and Coleman.

Dr. Coleman read a paper on "The use of the Ophthalmoscope in the Diagnosis of Brain Disease." He cited several cases and their mode of treatment, and his success in such treatment.

Dr. Jennings read a report of some cases in practice, showing the effect on the temperature of a patient on a water bed by using hot or cold water; also some cases showing the effect of constant irrigation with carbolized water as compared with the ordinary Listerian spray and gauze. At the same time he exhibited an instrument used in the process of irrigation, which was worked on the syphon principle.

Dr. Slayter gave notice of a resolution pledging the Association to do all in its power to check the growth of specialism and specialists in medicine.

In supporting his resolution, Dr. Slayter said, the evil complained of was ruining the profession in America, and must be stopped if they ever expected to come up to the European standard.

Dr. Farrell suggested that the societies in the Maritime Provinces should be consolidated into a branch of the Dominion Association, and moved that a committee be appointed to consider the matter and confer with the various provincial medical societies for the purpose of bringing about a plan of organization of the medical societies in the Dominion in connection with the Dominion Medical Association. Drs. Clark, Canniff, Hill, Fenwick, Hingston, Steeves, Atherton, J. F. Black, Farrell, and the Secretary, were appointed such committee.

Dr. Fenwick moved, notice having been given last year by Dr. Howard, that the by-law relating to fees be amended, so as to read thus: "That every member shall pay two dollars for every meeting he shall attend." Carried.

Dr. Page made a short speech on sanitary legislation, and moved that Drs. Canniff, Oldright, Grant, Hill, Brouse, Osler, Fenwick, Laroque, Botsford, Atherton, Parker, and J. W. Macdonald, be a committee to seek from the Dominion Government improved legislation in respect to sanitation, and vital statistics, and to insist upon the organization of the profession as a condition of political support at the next election. Carried.

On motion of Dr. J. F. Black, seconded by Dr. Slayter, the Committee on Public Health was instructed to hold a conference with the committee on the same subject of the Nova Scotia Medical Society.

It was decided to defray the travelling expenses of the Secretary and Treasurer from the funds of the Association.

The President of the Association having announced that Dr. A. H. David had withdrawn from the office of General Secretary of the Association, a resolution was passed expressive of the Association's deep regret that any cause should prevent him from continuing his services, and more especially that this cause should depend upon personal indisposition. The success of the Association had heretofore largely arisen from the steady and persevering efforts of Dr. David, and this As-

sociation trusted that he might for many years witness the continued success of an institution to which he had been so devoted.

The auditors, Drs. Hill and Atherton, reported having carefully examined the Treasurer's accounts, and found them correct. They show \$138.35 received since last September, and \$133.66 expended, leaving a balance on hand of \$4.69.

Dr. Oldright gave notice, that at the next meeting he would move that clause 10 of by-laws should be amended by substituting the words, "Public health, vital statistics, and climatology," for the words, "Climatology and epidemic diseases."

The following officers were elected for the ensuing year:—President, Dr. Fenwick, of Montreal; General Secretary, Dr. Osler, Montreal; Treasurer, Dr. E. Robillard, Montreal; Vice-President for Ontario, Dr. Clark, of Toronto; Local Secretary for Ontario, Dr. A. H. Wright, Toronto; Vice-President for Quebec, Dr. F. W. Campbell, Montreal; Local Secretary for Quebec, Dr. Belleau, of Quebec; Vice-President for Nova Scotia, Dr. R. S. Black, Halifax; Local Secretary for Nova Scotia, Dr. C. D. Rigby, Halifax; Vice-President of New Brunswick, Dr. P. R. Inches, St. John; Local Secretary for New Brunswick, Dr. C. Holden, St. John.

Committee on Arrangements.—Drs. D. Clark, Oldright, Temple, A. A. McDonald, of Toronto, with power to add to their number.

Committee on Necrology.—Drs. Fulton, of Toronto; Atherton, of Fredericton; Lachapelle, of Montreal.

Committee on Education.—Drs. Eccles, London; Holmes, Chatham; and Bessey, Montreal.

Committee on Climatology and Public Health.—Drs. Botsford, St. John; Worthington, Clinton, Ont.; Larocque, Montreal; MacDonald, Londonderry, and Coleman, St. John.

Committee on Ethics.—Drs. Canniff, Toronto; Malloch, Hamilton; Gardner, Montreal; Marsden, Quebec; Bayard, St. John; Parker and W. J. Almon, Halifax; Steeves, St. John; Beaudry, Montreal, and Charles Moore, Sen., London.

Committee on Publication.—Drs. Ross, Montreal; Cameron and Fulton, Toronto; the General Secretary and Treasurer.

Committee on Practice of Medicine.—Drs. Lawson, Halifax; Graham, of Toronto; Duncan, of Bathurst.

Committee on Surgery.—Drs. Sheppard, of Montreal; J. F. Black, of Halifax, and McFarlane, of Toronto.

Committee on Obstetrics.—Drs. Temple, of Toronto; Trudel, of Montreal, and McLaren, St. John.

Committee on Therapeutics.—Drs. Tye, of Thamesville; Wilkins, of Montreal, and Somers, of Halifax.

Votes of thanks were passed to the President for his able conduct in the chair, and interesting address; to the Railway and Steamboat Companies; the Local Government for the use of the Council Chamber; the Sandy Cove Bathing Company; the local medical men; and to the Acting Secretary, Dr. Wright.

The Association then adjourned, to meet in Toronto on the first Wednesday in September of next year. After adjournment the members, at the invitation of the Commissioners of Public Charities, visited Mount Hope Asylum for the Insane, where they had lunch, and afterwards an excursion on the harbour and North-west Arm.

HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association was held in Exeter on July 5th, Dr. Sloan, of Blyth, President, in the chair. The following members were present:—Drs. Sloan, Holmes, Hyndman, Worthington, Williams, Irving, Graham, Gillies, Campbell, Hurlburt, and Stewart.

Dr. Hyndman exhibited the following cases:—

I. A case of extensive necrosis of the femur in a lad aged 14.

II. A case of necrosis of the humerus with ankylosis of the right elbow joint, and osseous union of the heads of the ulna and radius in a boy aged 15.

III. A case of probable disease of the upper cervical vertebræ in a child aged two years.

IV. A case of long-standing contraction and induration of the left lung in a girl, aged fifteen years.

V. A large nævoid tumor affecting the cheek of a child aged two years.

Dr. Irving, of Kirkton, showed a very well-marked example of infiltrating carcinoma of the right breast in a woman, aged 45. The malignant disease in this case followed closely on the formation of an abscess in the breast, and it was some time before the diagnosis of carcinoma could be confirmed on account of this history.

Dr. Sloan exhibited a young man whose pleural cavity he opened recently for the treatment of an empyæma. The operation was performed with antiseptic precautions. When he first came under Dr. Sloan's care he had been ill for several weeks, and had spat up large quantities of pus which was due (according to his previous medical attendant in Michigan), to the pus in the pleural cavity finding its way into the lung texture. He soon ceased to expectorate pus, and when first seen by Dr. Sloan there was physical evidence of the presence of a large quantity of fluid in the right pleural cavity. The temp. varied from 102° to 103° F., the pulse was constantly elevated, and the respiration quickened. The introduction of an aspirator

needle confirmed what was suspected, an empyæma. Under the spray Dr. Sloan made a free incision into the pleural cavity, and gave exit to about a pint of sweet-smelling pus. Only three dressings were required. The man in a few weeks increased 40 lbs. in weight, and is at present in excellent health.

Drs. Stewart and Hurlburt showed the following cases:—

I. A female child, aged 19 months, who has lost in a great measure the motor power of all extremities. There is also loss of power in the neck and trunk muscles. The little patient is unable to stand even with assistance. With assistance it can sit, but not otherwise. There is marked tremor in all muscles brought into action. This tremor is absent when the muscles are at rest. There is also marked loss of muscular sense in the upper extremities. The disease is now of four months standing, and made its appearance slowly. There has been no elevation of temperature. The little patient has actually gained in flesh during the last two months. There are fits of explosive and causeless crying.

The child had been in good health and was able to walk before the present trouble began.

II. A man, aged 37, who has stenosis of the tricuspid orifice and disease of the left heart also. When first seen, six weeks ago, he wished to get relief from a severe headache, which was constantly troubling him. This headache was much more severe when he lay down, so much so was this the case that he had to pass many nights sitting on a chair. He has never been what is commonly called a strong man. He, however, never felt or showed any symptoms of his present trouble until about six or seven years ago.

Present state.—There is distinct bulging of the cardiac region, and a presystolic thrill is felt when the hand is laid over these parts. The transverse cardiac dulness reaches (on a line with 4th rib) from $\frac{3}{4}$ of an inch from right border of sternum to 4 inches from its left border, a distance of $6\frac{1}{4}$ inches. The vertical dulness extends from the upper border of the 4th rib downwards. A presystolic murmur having its maximum intensity over the sternum at the level of the 4th costal cartilage and a systolic murmur, louder, over the mitral area are heard. The heart's apex is between the 5th and 6th ribs, and on the nipple line. There is great fullness of the veins of the head, face and extremities. There is distinct jugular pulsation. There is great fullness of the veins of the fundus oculi, and the discs are both good examples of "choked discs." There is, however, no loss of sight. The pupils are firmly contracted and resist the mydriatic action of atropine to a considerable extent. The atropine quickly paralyzes the accommodation. There is no œdema of the extremities, and the urine although scanty

is free from albumen. The pulse is generally about 60, and regular. Tracings taken from the radial and jugular were shown. For the last three weeks he has been taking full doses of calabar bean, with the object of relieving the over-filled veins, and headache caused thereby. It was, however, found not to act so beneficially as digitalis, which was previously prescribed.

III. A case of Splenic Leucocythæmia. The patient, a man aged 47, had intermittent fever for nine months, 16 years ago, in Tennessee. Three years ago he felt weak, and had palpitation of the heart. It was only 10 months ago that he first noticed "a lump" in his left side. It rapidly increased in size until six weeks ago, since which time it has diminished somewhat. During the months of April and May of the present year he had daily attacks of chills, fever and sweating. When first seen (June 1st, 1881), his temp. was constantly elevated (100° to 101°)

Present state.—The spleen extends from the 6th rib to within two inches of the ilium in the mammillary line, a distance of $7\frac{1}{2}$ inches. In the transverse direction from one inch to the right of the umbilicus to within four inches of the spinal column, a distance of $11\frac{1}{2}$ inches. There is no abdominal pain or tenderness. The liver extends two finger breadths below the ribs. There is no enlargement of any of the lymphatic glands, nor is there tenderness over any of the bones. Blood: 2,500,000 red, and 147,000 white cells in a c.m.m., being a proportion of 1 to 17. The amount of hæmoglobin was not estimated. The red cells vary in size considerably, as also do the white. Many of the latter are very granular, and a good deal of free granular matter is to be seen. He sleeps well. The appetite is good, and the bowels are regular. Only on one occasion has he had epistaxis. There is a considerable amount of œdema of the lower extremities. About six weeks ago he commenced taking quinine and arsenic. There is no elevation of temp. now, and he has gained 10 lbs. in weight. The spleen has diminished slightly in size, but there is no improvement in the state of the blood.

Drs. Stewart and Hurlburt showed also the following microscopical sections:—

- (1.) Spleen and liver from a case of leucocythæmia.
- (2.) Spleen of intermittent fever.
- (3.) Melanæmia of the brain.
- (4.) Simple hyperæmia of the brain.
- (5.) Tuberculosis of the pericardium.

CO. GLENGARRY MEDICAL ASSOCIATION.

The Glengarry County Medical Association held its quarterly meeting in Alexandria, on the 7th of June, 1881. The Chairman having taken the chair, the minutes of the last meeting were read

and adopted. Letters from Drs. Hunt, Harkness and Falkner, expressing sympathy with the Society, and regretting inability to attend, were read by the Secretary. Drs. McDermid, McDiarmid, Chisholm, and McMillan, were appointed to read papers on medical items at the next meeting of the Association.

Moved by Dr. Chisholm, and seconded by Dr. McDiarmid, that the Secretary be instructed to communicate with the licensed practitioners of the County of Prescott, with a view to co operate and unite with this Association. Carried.

The following gentlemen then read papers on the subjects following their names, viz.:—Dr. Chisholm, on "Medical Ethics," Dr. McDiarmid, on "Pelvic Cellulitis," Dr. McDermid, on "Typhoid Pneumonia," and Dr. McMillan, on "Pyæmia," all of which being short, pithy, and to the point, elicited a lively and animated discussion. Dr. McDonell then read the notes of an interesting case of "Erysipelas of the Knee," occurring during the eighth month of pregnancy, inducing premature labour, with recovery of both mother and child. The meeting then adjourned, to reassemble on the first Tuesday in September.

QUINTE AND CATARAQUI MEDICAL ASSOCIATION.—A meeting of the medical profession of the "Quinte and Cataraqui Division" met in Picton on the 12th ult., by appointment of Dr. H. W. Day, the territorial representative, for the purpose of establishing a Medical Association for said Division. Resolutions regarding the organization of the Association were adopted in accordance with the provisions of the "Ontario Medical Act." Officers for the remainder of the year were elected as follows:—President, Dr. H. W. Day; Vice-presidents, Drs. Platt, Burdett, Metcalf, and Beeman; Local Secretary for Quinte, Dr. Farley; Local Secretary for Cataraqui, Dr. Henderson; General Secretary and Treasurer for the Association, Dr. A. C. Bowerman, Bloomfield.

NEW BRUNSWICK MEDICAL SOCIETY.—The above Medical Society was inaugurated in Fredericton on the 19th of July. About 35 members were present, a large number being from St. John. A constitution and by-laws were adopted, after which the following officers were chosen for the ensuing year:—President, Dr. Steeves, St. John; Vice do., Dr. Earle; Secretary, Dr. Duncan, Bathurst; Corresponding Secretary, Dr. Patterson; Treasurer, Dr. Berryman. The Society elected the following gentlemen to serve as members of the Medical Council of New Brunswick: Drs. McLaren, Hamilton, Travers, Atherton, and Vail. The next annual meeting of the Society will be held in St. John on the third Tuesday in July, 1882.

Selected Articles.

CASES IN HOSPITAL PRACTICE.

CLINIC BY AUSTIN FLINT, M.D., NEW YORK.

Hemorrhagic Diathesis.

The case of anæmia from hemorrhage, which I showed you at a former meeting, is not progressing as favorably as we would desire. He had a tooth extracted, and the bleeding from the socket continued for some time before it could be arrested. After that he had hemorrhage from the nose, and yesterday the anterior and posterior nares were plugged. The plugs were removed this morning, but the hemorrhage returned again, and the nose had to be replugged. It is a good case illustrative of the hemorrhagic diathesis, which we hoped in this instance was acquired. But the patient now informs us that his brothers also have the same tendency to bleeding, so that it appears to be hereditary. I will not stop now to discuss the causation of the hemorrhagic diathesis, or to speak of the hereditary, the congenital, or the acquired forms, but would recommend you to read up what has been written upon the subject. I am sorry to say, however, that you will not be able to find an altogether satisfactory explanation of the pathological condition. It was supposed at one time to be dependent upon a deficiency of the fibrinous constituents of the blood, but that has been disproved, and it is the prevailing impression now that it is due to some state of the terminal branches of the arterial system, rather than to the condition of the blood itself.

Bright's Disease.

The patient before you, gentlemen, is a substitute for one whom I had intended to present to you, but cannot, for the best of all reasons, viz., he is not in life to-day. It was a case of a complication of ailments, one of which was an affection of the kidney. He had a thickened pleura, and some solidification of lung on one side. The object which I had in view in selecting that case was, to illustrate the way in which we are liable, without due care, to be deceived respecting the presence of liquid in the pleural cavity. That patient had marked flatness on percussion at the base of the chest, and there was also absence of the respiratory murmur, and from these two signs the natural inference at first would be, that there was liquid. There was none, however, as was shown by the introduction of the hypodermic syringe. I meant to have shown the case as illustrative of the importance of vocal resonance in preventing error of diagnosis; vocal resonance continued down to the very base of the chest, which was conclusive evidence that there was lung there, irrespective of the

demonstration by the hypodermic syringe. In the absence of that patient the doctor has brought up this patient, whom I have not seen before, and to whose case we will devote only a short time. I will read from the recorded history :

Samuel —, sixty years of age, a native of Ireland, a tailor, admitted on the 10th of this month ; nothing important pertaining to his family history. His personal history is as follows:—He has always been accustomed to the use of alcoholic beverages, sometimes taking them in considerable quantities. He had been drinking a large amount of beer for two or three days before his present illness, which commenced three weeks ago. The first thing he noticed was œdema of the scrotum and of the penis ; then the legs and feet began to swell, and he became puffy about the eyes ; he had considerable pain in the head, misty vision, spots before his eyes, and vertigo, also a feeling of great oppression at the stomach, with nausea, pain in the loins. He noticed that he passed less water than usual, that it was very dark, and had pain in the end of the penis during its passage. On admission, the lower extremities were œdematous, likewise the scrotum and the eyelids. He complained of pain in the back, of loss of appetite, and a general feeling of malaise. Physical examination of the chest showed the lungs to be normal, the urine was amber colored, cloudy, of a specific gravity of 1.010, acid, and contained about ten per cent. of albumen, the whole quantity being 21 ounces. He was put upon the bitartrate of potash, and upon the infusion of dog-grass, or triticum repens, as a diuretic. On the 11th he passed 24 ounces of urine, and on the 12th, 48 ounces, so that the dog-grass seemed to have had some diuretic effect.

Such, gentlemen, is the history, and the first question which arises is : Is this an acute diffuse nephritis, or is it some one of the several chronic forms of renal disease ? That is a question which often presents itself to us, both in private and hospital practice. The patient, as in this case, notices first œdema of the limbs, then œdema of the face, increasing more or less, and with that, loss of appetite, impairment of strength, some pain in the back, general debility, the urine scanty, dark colored, smoky, and even black in some instances, the specific gravity usually high. Now, with the exception of the last fact, what I have just stated is a synopsis of the history of this case, and that group of symptoms points to acute diffuse nephritis ; and if we are quite sure of that, and that there was no anterior affection of the kidney, we may always entertain a favorable prognosis, we may expect the patient to recover. There are some exceptions to that rule, but we have a right to expect recovery. We have also a right to expect that the acute will not be followed by a chronic form of the disease ; but there are exceptions to this rule also. We did not see the urine when it

was dark, as this patient describes it, for it loses this dark color after a while, and this patient had been sick three weeks before he entered the hospital. This dark color, by the way, is due to the presence of hæmatine, and sometimes the urine presents very distinctly a bloody appearance.

In concluding that we have a right to infer that this patient has had an attack of diffuse nephritis, an important question beyond that is, did this attack of acute nephritis occur when the kidneys were healthy, or was it superadded to a chronic affection ? This latter fact obtains not infrequently. There are two points in this case which have a bearing on that, and these two facts are opposed to each other. The low specific gravity, with the small quantity of urine which the patient made when he entered the hospital, are not very consistent with simple acute nephritic disease, and yet it would be wrong to base a positive judgment upon an isolated fact like that. So far as that goes it would rather tend to show that there was an old affection prior to the development of this acute affection. The other point is this, that the lungs are normal. If this patient had a chronic form prior to this acute affection, it probably was a fibroid or contracted kidney, which leads after a time to enlargement of the heart, without, of course, valvular lesion. If, then, we were to find in this case hypertrophy of the left ventricle, it would be a very strong point as regards the prior existence of a chronic renal disease ; and the fact that the left ventricle is not enlarged does not bear as strongly against chronic renal disease, although it has a certain amount of weight on that side. On examining his heart I cannot detect anything abnormal, so that we are justified in considering it probable that this is an instance of acute diffuse nephritis, which is progressing favorably under the use of simple diuretics, and if this view be correct we may look forward in a week to much more improvement in the patient's condition, expecting that the urine will increase in quantity up to the normal, be increased in specific gravity, that the albumen will be diminished, that the little dropsy which he now has will have disappeared, and that he will be improved in all respects.

Heart Disease.

It occurs to me, gentlemen, to mention some circumstances which relate to the diagnosis of functional disorder of the heart. I received a letter yesterday from a medical man who lives at a considerable distance, who is very anxious on the subject of disease of the heart ; he said in his letter that he was about fifty years of age, and he had during nearly half that period been actively engaged in the practice of medicine ; for ten years or longer he had suffered at times from an affection of the heart which rendered him very anxious ; and for a long time he had been intending to come

and have me examine his heart, but something prevented. Within the past few weeks the disturbance of the heart was very great. He wanted to know if it was possible for me to come and see him. I relate this circumstance with a view of impressing upon you two or three points. I have scarcely any doubt that that man is suffering from a purely functional affection of the heart. Why? Because he has had a disturbed action of heart, off and on, for a long time, and if that disturbed action were due to an organic lesion, matters would have developed in a very decided way before this. Then he does not mention that he has any dropsy; he only mentions disturbed action of the heart, and some disturbance of the respiration. He also mentions that he has been a sufferer from dyspeptic ailments during pretty much all his professional life. In my answer today, I told him he could settle the matter almost certainly himself, and in a very simple manner. If he found the apex beat in the fifth intercostal space, near the vertical nipple line, and the resonance on percussion equal, just without the nipple on the two sides of the chest, he might feel sure that his trouble was purely functional. Now, those are very simple points to ascertain. Anybody can ascertain where the apex beat of the heart is, and it is very easy to determine whether the resonance at the points indicated be equal. Now, why was I warranted in saying that? Because, if the resonance and the apex beat of the heart be found as stated, enlargement of the heart may at once be excluded; and if there be no enlargement of his heart, his trouble must be functional, even if we assume that there be valvular lesions, for valvular lesions do not lead to disturbance of any great amount until they have led to enlargement of the heart; and if, then, there were no enlargement of the heart, which would exclude any organic trouble, he would know that it was a functional disturbance, and need not worry. Thus I wrote him, and told him to try to relieve his dyspeptic ailments by tonic remedies, by taking good substantial diet, which is the proper treatment of dyspeptic ailments in general; to take a little wine, under scriptural injunctions, and for the reason given in scripture, and to get a little change of scene, without the annoyance incident to medical practice; and another very important thing, to put the heart as far as practicable out of his own mind, and never to feel of his pulse, or try to listen to his heart sound. I venture to say, that I shall get a reply by and by, saying that he is comfortable, easy.

Dysentery.

I shall detain you but a few minutes with our next patient. I am told that it is a case of dysentery, which is an important subject, being a common disease, and a good deal might be said about

it, but we have other cases which we want to present, and our time is limited.

Her name is Sarah —, thirty-two years of age, a native of Ireland, a domestic. Admitted on the 11th of this month, day before yesterday. She is a hard working woman, employed in a laundry, exposed to variations of heat and cold, and on the sixth of this month was taken with a severe pain in the stomach, followed by vomiting and passages of a diarrhoeal character. The diet had been simple, containing nothing to which the symptoms could be attributed. The colicky pains soon became more severe; she lost her appetite, and suffered from a general feeling of malaise. The next day the dejections were more numerous and mucous in character, and accompanied by tormina and tenesmus, those two classical symptoms which are diagnostic of dysentery. Then the dejections became muco-sanguineous, with almost constant desire to go to stool, although but a small amount was evacuated. You see the dysentery was preceded a day or so by diarrhoea, which is always the case, the diarrhoea lasting a variable length of time; then she had the characteristic stools, mucus and blood, or bloody mucus, accompanied by tormina, griping pains, and tenesmus, a sensation as if the rectum was full, giving rise to a strong desire to make effort at defecation—a sensation due, not necessarily to the presence of anything in the rectum, but to an inflamed condition of the mucous membrane.

She complained, on admission, of great prostration, of anorexia, of soreness and pain in the abdomen, together with the symptoms above described. The stools muco-sanguineous, sometimes almost pure blood. The temperature was 101°, the pulse 110.

This patient got half an ounce of whisky every two hours, and ten grains of the subnitrate of bismuth every three hours, and also tincture of opium, tincture of aconite, and the chalk mixture. During the night of the 12th she had five muco-sanguineous passages. She says she feels weak this morning. The above prescription was changed by increasing the opium at each dose, regulating the quantity by the effects upon the respiration. The respirations went down to seven a minute, when the medicine was stopped, and one ninety-sixth of a grain of atropia was given hypodermically, and gallic acid was given during the day. The next night the passages were diminished in number, being only three. The patient's appearance is better to day.

I would simply direct your attention to the treatment in this case, saying that I believe it is the correct one; and would add that if, by manipulation of the abdomen and by the character of the stools, you can satisfy yourself that there is fecal matter in the intestines, they had better first be evacuated, after which, as I am well convinced,

the proper treatment for dysentery is the employment of opium in some form, carried up to a point of comfortable tolerance; and I introduce this case as illustrative of that method of treatment, and of its probable success. In a disease of this form, which involves no danger to life, the treatment is a mere question of relief and shortening the duration of the disease. I believe that by this method of treatment we can accomplish these ends; at the same time we are to bear in mind the fact, which was established in this hospital some years ago, that dysentery is a self-limited disease, running its own course, and ending in recovery, with some rare exceptions, its average duration being about eight or ten days; still, I believe that we not only mitigate, lessen the extent of the disease, but shorten its duration, by resorting to the use of opium.

FAURE'S STORAGE BATTERY AND SWAN'S ELECTRIC LIGHT IN SURGERY.

George Buchanan, Prof. of Clinical Surgery University of Glasgow, gives the following in the *Brit. Med. Journal*, of a recent date.

The recent invention of M. Faure has rendered electricity available for surgical use in a way it has not been before. It consists of a cylindrical vessel of lead, nine inches high and five inches in diameter, with a leaden bottom, but open at the top; into this is packed a kind of cushion of a material which has the power of absorbing electricity. To this vessel are attached the two poles of a working battery, and as long as the connection is maintained the vessel accumulates the electricity flowing into it. When charged it can be detached from its connection and kept for a long time, or carried from place to place. When required for use, the cushion, which should always be kept moist, is wetted with dilute sulphuric acid, and wires connecting are attaching to its poles, when it is converted into a powerful battery.

On June 3d I removed a nevoid tumor from the tongue. The nevus was situated upon the anterior half of the right side of the tongue of a young gentleman eleven years of age. It had been in existence for many years, but latterly it had frequently been scratched and then bled freely. As the growth was very vascular and invaded the tongue almost to the middle line, I determined to remove it by the thermocautery. Having occasion to see Sir William Thomson the day before the operation he offered me the use of a Faure's battery, which had been sent from Paris only a few days before, and on which he was engaged in experimenting to test its value. He was so enamoured of its powers that he said, "It is a witch." And now it has the name of the "Electrical Witch" at the University.

In driving to my patient I called at Sir William's laboratory and got with me a battery which can easily be carried in one hand, and without the least difficulty. After having put the patient under chloroform, I attached its poles to a platinum wire ecraseur, and removed the tumor without a drop of blood.

This contrivance which enables one to carry stores of powerful electricity in a jar no bigger than an ordinary preserve-meat tin, will render the use of electricity much more extended than heretofore. Supplies of these cumulative jars are being sent from Paris, and can be charged by any kind of battery to which they are attached.

Swan's Light.—This light is specially useful in examining parts of the body or tumors, which we wish to test by transmitted light. I have under my care just now a man who is compelled to be in the recumbent posture, from a severe fracture of the thigh. He has also a tumor in the scrotum with all the characteristics of a hydrocele; but it was almost impossible to judge of its translucency in consequence of its being bound down to the groin, and being of very old growth was intersected by bands which made it more or less opaque. It was impossible, in the man's fixed position, to get a candle or lamp placed so as to judge of its translucency. At the same time as Sir William Thomson offered me the battery before alluded to he suggested that Swan's light might be used for surgical investigations. He kindly provided me with a very powerful battery of the ordinary kind, sent his mechanical assistant to fit it up in my ward, and gave me a Swan's electric light lamp. This is a globe of glass about an inch and a half in diameter, containing a filament of carbon wire twisted into a loop, which when rendered incandescent by the battery, gives out a powerful light. This globe, which is held by a handle of glass tube about four inches long, can be placed in any position; and, as it is not heated beyond what can be easily borne by the skin, it can be placed in actual contact with the tumor in any place without danger of setting fire to the bedclothes. It proved most successful, for even in the ward of the hospital, where the bright sun could not be effectually shut out, the translucency of the hydrocele was made apparent to every student.

TREATMENT OF PNEUMONIA DURING THE FIRST STAGE.—Prof. Alfred L. Loomis, in *New York Med. Record*, says in regard to treatment: What measures shall we employ to overcome or mitigate the impression made upon the nervous system by the morbid agent which is operating to produce the pneumonia? The experience of the past eighteen months leads me to state with some positiveness that in opium we have such an agent. My rule for the past year has been to bring my

patient under the full influence of the drug at the onset of a pneumonia, and to hold him in a condition of comparative comfort until the pneumonic infiltration is completed (usually for the first four days of the disease). After this period, the greatest care must be exercised in its use, for now a new danger threatens—namely, paralysis of the bronchi, and consequent accumulation of secretion in the bronchial tubes—which will greatly increase the difficulties of respiration; but during the developing period of the disease, when the pneumonic blow is first struck, morphia hypodermically seems to lessen the nervous shock and to diminish or prevent the effect of the pneumonic poison on the nervous system, until the first violence of the poison has been spent in completing the pulmonary infiltration. The use of opium in this way does not interfere with the usual antipyretic treatment of the disease, nor does a demand for alcoholic stimulants contra-indicate its use. The results which have followed this plan of treatment in the limited number of cases in which I have been able to fairly test it (in patients that have been directly under my personal management) have convinced me that it greatly diminishes the chances of heart-failure, and cases which from their age and attending circumstances seemed hopeless have recovered. The great relief and comfort which the use of opium in this way gives to the pneumonic sufferer during the first four days of his struggles are sufficient to commend it, especially in those cases where an extensive pleuritic inflammation accompanies the pneumonic development.

REMOVAL OF THE KIDNEY FOR NEPHROLITHIASIS.—At the Charing-cross Hospital is a lad aged fifteen, from whom Mr. Barwell removed a kidney on May 5th, and who is now convalescent. The boy had been under observation for about a year with pyelitis and retro-peritoneal abscess. An incision was made about ten months ago, with the effect of mitigating the symptoms. The wound had healed, leaving only a sinus. In April, by sounding through this passage, Mr. Barwell detected a stone. Yet although the lad was becoming very anemic, with irregular hectic temperature, no consent for operation could be obtained until the above date, when lumbar nephrectomy was performed. Two peculiarities rendered the removal unusually difficult—viz. the dense thick cicatricial tissue and the proximity of the rib to the ileum. Mr. Barwell cut through the tissues, and came upon the kidney with the stone impacted. An endeavour to extract this latter caused copious bleeding, hence the operator rapidly enucleated the gland and passed a ligature round the pedicle *en masse*. Since want of room forbade removing the kidney entire, it was divided and extracted in two parts. The operation was thus completed very quickly, and with scarcely any loss of blood.

Since then the boy has been going on uninterruptedly well, his temperature becoming normal and regular, the wound being now nearly healed. This, we believe, the second successful case of removal of the kidney for stone.—*London Lancet*.

MEDICAL MISSION.—A "Medical Mission" was formally opened last month, at No. 5 East Broadway, New York, Dr. Agnew presiding, and Rev. Dr. Taylor delivering the inaugural address. The object of the mission, as stated in a published circular, is "to reach that numerous class of poor persons, always to be found in a large city, who are generally inaccessible to the Gospel, by giving them gratuitous medical relief, and at the same time preaching the Gospel to them, thus linking together in the missionary physician, efforts to heal the body and to save the soul." The first medical mission in the United States was established in Philadelphia, two years ago, and the second at Chicago, about a year since, in charge of Mr. D. L. Moody. Among the board of managers of the New York institution are Mr. Cornelius Vanderbilt, Mr. Benj. C. Wetmore, and Robt. Hoe, Jr.

FATAL RESULT FROM THE APPLICATION OF SAYRE'S JACKET.—The patient, a child, suffered from a considerable kyphosis at about the junction of the dorsal and cervical vertebræ. It was restless during the suspension; suddenly the breathing stopped. Immediate tracheotomy showed the trachea free down to its bifurcation, and consciousness could not be restored. The breathing was stertorous, and the child died one and a half hours after the suspension. The autopsy revealed a very marked angular curvature of the spine and a very large abscess reaching to the mediastinum.—*Proceedings of German Surg. Society; Deutsche Med. Wochenschrift; Maryland Med. Journal*.

LEMON JUICE IN DIPHTHERIA.—Dr. J. R. Page of Baltimore, in the *New York Medical Record*, May 7, 1881, invites the attention of the profession to the topical use of fresh lemon juice as a most efficient means for the removal of membrane from the throat, tonsils, etc., in diphtheria. In his hands (and he has heard several of his professional brethren say the same) it has proved by far the best agent he has yet tried for the purpose. He applies the juice of the lemon, by means of a camel's hair probang, to the affected parts, every two or three hours, and in eighteen cases on which he has used it the effect has been all he could wish.—*Med. and Surg. Report*.

CRUDE PETROLEUM IN PHTHISIS.—It is claimed that good results have been obtained by the use of crude petroleum in phthisis. It is given in four grain doses in pill or capsule.

THE CANADA LANCET.

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TORONTO, SEPTEMBER 1, 1881.

THE INTERNATIONAL MEDICAL CONGRESS.

The seventh meeting of the International Medical Congress, held in London on the 3rd of August and following days, was the event of the season, so far as medical affairs are concerned, and one of the landmarks in the history of medicine in the 19th century. Never before, in the history of the world, was there such a large gathering of representative medical men, nor such a galaxy of the lights of the medical profession, as were assembled together from all parts of the civilized world on that occasion. Every other meeting, and we were almost going to say everything else, dwarfed into insignificance in comparison. The very interesting meeting of Pharmaceutists, from all parts of the world, held during the first three days of the week, was completely overshadowed by its gigantic congener, the International Medical Congress. Even the meeting of the British Medical Association, held subsequently at Ryde, in the Isle of Wight, and which is usually regarded as the great medical event in England, was for the moment almost entirely lost sight of, although reports that have reached us, just before going to press, would tend to show that it was on the whole a very successful gathering.

Upwards of three thousand two hundred persons registered their names as members of the Congress, one hundred and nineteen meetings of sections were held, and four hundred and sixty-four written and three hundred and sixty spoken communications were made. The business of the meeting,

such as the reading and discussion of papers, was carried on in one of three languages—English, French or German—at the option of the individual. The meeting, which was under the patronage of the Queen, was honored by the presence of His Royal Highness the Prince of Wales and the Crown Prince of Germany, the former of whom made a most appropriate speech, in which he recognized the important part which medicine plays in the life of a nation. The opening address was delivered by Sir James Paget, who amply maintained his high reputation for eloquence,—his speech being remarkable both as a scientific production and an oratorical feat. Of all the addresses delivered before the Congress, that in favor of vivisection, by Prof. Virchow, attracted most attention. The distinguished German's appearance on the platform, together with Paget, Jenner, Charcot, Langenbeck, Pasteur, Volkmann, Esmarch, Kuester, Pantaleone, Pancoast, Flint, and others of equal eminence, called forth a perfect ovation.

The addresses which were delivered in the General Sessions were, almost without exception, of the highest order of merit, and medals of honor were presented to each of the orators as a suitable tribute to the value of the services rendered. The work carried on in the sections was of the greatest interest, and, on the whole, of a practical character, especially in the sections on Surgery and Obstetrics. All the leading sections—Medicine, Surgery, Obstetrics and Pathology—were largely attended, and much interesting and profitable work was accomplished. Some degree of confusion and want of appreciation was occasioned by the difference of language that prevailed among the speakers—first one in English, another in French, a third in German, and so on; but, on the whole, though somewhat bewildering at times, matters worked with comparative smoothness.

The entertainments were on a scale of magnificence that could scarcely be surpassed. On the evening of the first day (Wednesday) a brilliant *soiree* was given at South Kensington, which was honored by the presence of the Prince of Wales and Crown Prince of Germany. On Thursday evening a banquet was given by the Lord Mayor to 300 representative members of the Congress at the Mansion House, the majority of the guests being distinguished foreign surgeons and physicians. The toast of "Our Foreign Visitors and Guests"

was coupled with the names of Professor Von Langenbeck for Germany, Professor Trelat for France, Dr. Pantaleone for Italy, and Dr. Austin Flint for the United States. On Friday the Lord Mayor and Corporation gave a grand reception at Guildhall. On Saturday a large number of garden parties and private receptions took place, and on Sunday many of the museums and picture galleries were thrown open to members of the Congress. On Monday a visit was made by a party of the members to the telegraph works at Woolwich, and the steamship *Faraday*; another party visited the docks in the morning, and in the afternoon attended the garden party given by the Baroness Burdett-Coutts at her residence at Highgate. In the evening a conversazione was given in the museum of the Royal College of Surgeons. One of the most pleasant excursions was that to Folkstone to witness the unveiling of the statue of Harvey by Prof. Owen, C.B.

Considerable dissatisfaction was caused in some quarters by the decision of the Congress not to admit lady doctors as members, and a vigorous protest was entered by a large number of properly qualified lady practitioners, but no attention was paid to it. The remarkable success of this great meeting (and there can be only one opinion as to its success), was due, in a great measure, to the able management of Sir James Paget, and the enthusiastic and herculean labors of the indefatigable Secretary-General, Mr. McCormac. Many and varied are the details necessary to be attended to in order to bring together so many scientific and practical physicians and surgeons from all parts of the world, and provide both for their entertainment and instruction. The successful manner in which this was accomplished showed that neither energy nor skill was wanting in those who had in charge the arrangement of the programme. The meeting could not fail to be of immense benefit to those who were fortunate enough to be present. The attrition of mind with mind, the quickening of the intelligence, the suggestion of new lines of thought, the increase of practical experience, and the convergence and interchange of ideas, are among some of the grand results which may be expected to flow from such a gathering as this. It may also prove a useful remedy against that hindrance to scientific progress, and professional advancement so prevalent in our midst, that canker-worm—self-sufficiency.

THE CANADA MEDICAL ASSOCIATION.

The fourteenth annual meeting of the Canada Medical Association was held in Halifax, commencing on the third of August, under the presidency of Dr. Canniff. The attendance was not as large as usual, but the meeting was, nevertheless, a very interesting and profitable one. The address of the President on the old subject of "Professional Ethics," (though we fear new to many members of our profession), was most opportune, for at no time in the history of the profession in Canada has there been greater need of iteration and advice on this important topic than at present. It would almost seem as if some of our medical brethren were either entirely ignorant of the provisions of the Code of Ethics, or had said good-bye to all such time-honored counsels, in their mad haste for professional fame, or worldwide notoriety. Our only regret is that the worthy President had not as audience those members who most required the lessons so eloquently expressed. We trust, however, that some of those absent ones may read it in the columns of the *Lancet*, and take counsel of it in their conduct towards their brethren.

Many of the papers read, both medical and surgical, were of more than ordinary merit, and elicited considerable discussion in which many of the members took an active part. The general interest in the meeting was much enhanced by the fact that the papers were read in the same hall, there being no divisions into sections as is usually done.

Sanitary matters as usual came in for a full share of attention, and the committee reported that very vigorous efforts were made during the course of the last session of the Dominion Parliament to prevail upon the Government to create a bureau of health and vital statistics. On two occasions the committee by appointment waited upon Sir Charles Tupper and Sir John Macdonald to urge the importance of sanitary matters and endeavour to secure a grant for the purpose of carrying out an effective system of health registration in accordance with the spirit of the resolution adopted by the Association. The committee was accompanied by almost all the members of the medical profession belonging to the Senate and House of Commons, as well as the profession of Ottawa.

As might be expected, Sir Charles Tupper expressed his desire to carry out the wishes of the Association. Sir John Macdonald expressed himself as strongly in favour of taking some decisive step in the near future to establish a bureau of vital statistics, and to create a department devoted to public hygiene. In fact, he gave the committee to understand that at the close of the session he would move in the matter, or, at least, as soon as the census taking was completed. Not only did members of Parliament manifest an interest in the matter, but the press throughout the Dominion very generally advocated prompt action. The members of the committee in their individual capacity lost no opportunity in urging the subject upon the Government and members of Parliament, and in their efforts they were warmly seconded by the medical gentlemen in the House.

The social side of the meeting was all that could be desired, and was in keeping with the well known hospitality of our brethren in the Maritime Provinces. The sail around the beautiful harbour of Halifax was most delightful, and much enjoyed by those who participated in it.

PROFESSIONAL ETHICS.

To read our local papers it would appear as if some members of the profession were strongly unmindful of what they owe to themselves and to their brethren at large. It is generally recognized by all really reputable practitioners that anything like a parade of cases and of treatment before the public is beneath the true dignity which should be maintained, and degrades those who indulge therein to a level with quackery. We have often been disgusted as we have read the different country journals at announcements that Mr. so-and-so scratched his finger, but, under the skilful treatment of Dr. —, he is rapidly recovering. We have charitably attributed many such notices to the officious zeal of some item-searcher, and would fain exonerate the professional gentleman from any share in the notice, knowing well that such a flaunting of name and "skill" would not meet with the approval of any really honorable member of our profession. One of the latest of these disgusting exhibitions occurred in connection with an accident which befel a little girl in the County of Victoria, Ont. She was kicked in the head by a

horse, causing severe fracture of the skull. Dr. A. was called in and gave her such treatment as he considered adapted to her case. Twenty hours afterwards Dr. B. was sent for and immediately took charge of the case. The patient rallied, and in a few days, an operation for the removal of the protusion of a portion of the brain was performed. "This successful and skilful operation" was published in a local paper, and was worded in such a way as to reflect discredit upon the skill of Dr. A., while it was most laudatory of the surgical treatment of Dr. B. who had rescued the child from certain death. Unfortunately, however, for this grand flourish of trumpets, the patient died. We have before us the whole of a somewhat unseemly correspondence that ensued, in which different practitioners participated. It affords another example of the many attempts at display, with some degree of success, before the minds of those altogether unable to judge of the real character of a course adopted, but which to such appears to be wonderful in advance of all they had ever heard.

Some there are again, on the other hand, who are constantly parading themselves in the public newspapers, availing themselves of any pretext to write a letter to the press, with the view of bringing themselves into prominence, and keeping their names before the public. The name of an individual who resides not many miles east of Toronto occurs to us while we write. This gentleman, who is scarcely ever known to write an article, paragraph or letter to any of the medical journals, for the benefit of his *confreres*, is ever ready, on all conceivable topics, to air his views before the general public in the secular press.

We do hope that the progressing intelligence of the community will soon mark its appreciation of such lines of procedure, but until it does there will, we fear, be those found who having even a degree and a license, will stoop, however low, in the vain hope of obtaining public favor.

To vaccinate or not, that is the question ;
 Whether 'tis better for man to suffer
 The painful pangs and lasting scars of small-pox,
 Or to bare arms before the surgeon's lancet,
 And, by being vaccinated, end them. Yes !
 To feel the tiny point and say we end
 The chance of many a thousand awful scars
 That flesh is heir to,—'tis a consummation
 Devotedly to be wished.—Ah ! soft you now,
 The vaccinator ! Sir, upon thy rounds
 Be my poor arm remembered ! *Punch.*

HON. DR. WM. H. BROUSE.

It is with the most profound regret that we this month announce the death of the Hon. Dr. Brouse, of Ottawa. In his death the medical profession and the country sustain an irreparable loss. He was a descendant of the U. E. Loyalists, and was born in the Co. of Dundas. He received his literary training in the University of Victoria College, from which he obtained the degree of M.A. in 1848. His professional education, however, was received partly in Victoria College and partly in McGill College, Montreal, in the latter of which he finally took his degree. He subsequently settled in Prescott, and commenced the practice of his profession, in which he was eminently successful, and soon acquired more than a local reputation. He continued his practice there until about a year ago, when he removed to Ottawa, where he had already secured an extensive and lucrative practice. In 1866 he was elected to represent the St. Lawrence and Eastern Division in the Ontario Medical Council, and continued as the representative from that date until the last election, when Dr. Bergin succeeded him, and he was chosen the representative of Victoria College. He also held the position of President of the Council from 1870 to '71. For many years past he was connected with the militia as surgeon to the 56th Volunteer Battalion. He was mayor of Prescott in 1866, the year of the Fenian raid into Canada. When the Fenian forces arrived at Ogdensburg with the intention of crossing the river, the mayor of that city telegraphed the mayor of Prescott, asking what he could do to assist the Canadian authorities. Dr. Brouse immediately sent the following laconic reply: "Let them come over, but don't let them go back."

Dr. Brouse first entered Parliament in 1872, as the representative of South Grenville. He was re-elected in 1874, and in 1878 was appointed a Senator. During his Parliamentary career he distinguished himself by securing a pension for the surviving heroes of 1812-15, and also by his laudable efforts to obtain some recognition of the faithful services of those who had acted a patriotic part in the rebellion of 1837. He took a warm interest in everything that was calculated to promote the welfare of the people morally or physically. Dur-

ing the last session of Parliament he delivered a most able and interesting speech in the Senate, on the question of Public Health and Sanitary Reform, showing by carefully compiled statistics the great saving of life that might be effected by wise legislation, and was highly complimented by leading members on the effort he had put forth on this great question, and the favourable impression he had made on the House. He will be greatly missed in the Senate and among his many warm friends, for he was much respected and esteemed by all who knew him. He leaves a wife and two children to mourn his loss.

PRESIDENT GARFIELD.—The condition of President Garfield has been much improved in some respects during the past week, but it is still far from assuring. The stomach is doing its work with more energy, and the enemata have been discontinued again. His physicians are more hopeful, although there does not appear to our minds to be much solid ground to found hope upon. The suppuration of the parotid gland is most significant of a serious state of affairs, and the long-continued suppuration from the wound shows most unmistakably that the ball has not, as was hoped, become encysted, but by its presence is a source of constant irritation, and is keeping up a continued discharge. Everything is being done for the patient that can be done. Every confidence is very justly reposed in his medical advisers, and, come what may, there can be no cause for blame attached to them. The safe removal of the ball, owing to depth and the uncertainty of its precise locality, is, no doubt, an impossibility, or it would have been accomplished long ere this. His weakness and emaciation; his long-continued high temperature; the constant drain upon the system, and, above all, the tangible evidence of blood-poisoning, all point towards a fatal termination, sooner or later. We would fain hope for the best, but we fear the worst.

LIABILITY OF PHYSICIANS.—A rather curious case has been recently decided by the Supreme Court of Michigan. A doctor being called to attend an accouchement, took with him a person who was not a physician, to act as assistant. The husband having subsequently discovered that the as-

sistant was not a medical man, brought an action for damages against the doctor. The complaint was, that the physician had brought as his assistant without disclosing his character, one who was not a professional man. It was not shown that the doctor had represented him as a physician, or that there had been any lack of skill on the part of the former or misbehaviour on the part of the latter, or that either husband or wife had objected to his presence, in fact they had consented. The jury gave a verdict for the plaintiff, and upon the case being appealed to the Supreme Court to test the question of the physician's liability, the judgment was affirmed by that tribunal. In rendering judgment the court declared that "it would be shocking to our sense of right, justice and propriety to doubt even that for such an act the law would afford an ample remedy. To the plaintiff the case was a most sacred one, and no one had a right to intrude unless invited or because of some real and pressing necessity, which it is not pretended existed in this case."

JAMAICA AS A WINTER RESIDENCE.—As a winter residence for persons suffering from lung affections, the Island of Jamaica has many advantages. Dr. J. J. Hillary, who formerly practiced in Uxbridge, Ont., in a letter lately received from him says, "the climate cannot be surpassed on this side of the Atlantic." The thermometer never reaches 90° F., nor falls below 75° the year round. He would strongly advise persons troubled with chest affections to try this climate for the winter. Those contemplating a change of climate would do well to correspond with him, before going elsewhere. His address is Annatto Bay, Jamaica.

APPOINTMENTS.—Dr. John Ferguson has been appointed Assistant Demonstrator of Anatomy in the Toronto School of Medicine. Several of the present occupants of subordinate chairs in the school have also been appointed *adjunct* Lecturers on Surgery, Midwifery, Therapeutics and Anatomy, respectively.

Dr. James Fulton, of St. Thomas, has been appointed surgeon of the United Canada Southern Air-Line Brakemen Association.

Dr. Seivewright, of New Westminster, B.C., has been appointed Medical Officer for the port of Burrard Inlet.

MEDICAL COUNCIL OF NEW BRUNSWICK.—The Medical Council of the Province of New Brunswick was formally inaugurated on the 19th of July. The following are the names of the members, of whom the first five mentioned were appointed by the New Brunswick Medical Society, and the last four by the Governor-in-Council: Drs. McLaren, Hamilton, and Travers, of St. John; A. B. Atherton of Fredericton, and Vail of Sussex; Drs. Bayard, Preston (Homoœpathist), of St. John; Brown of Fredericton, and A. C. Smith of Newcastle. Dr. Bayard, of St. John, was appointed President; Dr. Currie, of Fredericton, Registrar and Secretary of the Council, and Dr. Hamilton, Treasurer.

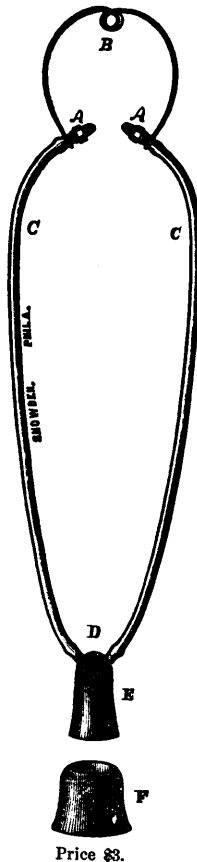
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Drs. H. A. DeLom and W. F. Chappell, of Trinity Medical College, Toronto, successfully passed the required examination for the diploma, and were admitted members in July last. Dr. Thomas R. Dupuis, of Kingston, also successfully passed the same examination, and was admitted to membership.

MEDICAL M.P.P.'s.—Dr. Kincaid, of Peterboro', has been elected, by the concurrence of both political parties, to represent West Peterboro' in the Local Legislature. Dr. D. H. Wilson, of Nelsonville, has been elected member of Parliament for North Dufferin, Manitoba.

BATHURST AND RIDEAU MEDICAL ASSOCIATION.—The following officers have been elected for the ensuing year:—President, Dr. Cranston; 1st Vice do., Dr. Lafferty; 2nd do., Dr. Baird; Secretary, Dr. Bentley; Treasurer, Dr. Hill.

MATRICULATES IN MEDICINE, TORONTO UNIVERSITY.—The following gentlemen recently passed the matriculation examination in the faculty of medicine:—H. Bascombe, E. Bourke, F. W. Cane, W. McK. Dougall, A. S. Draper, W. N. Goodall, W. H. Murray, D. M. Stabler.

CORONERS.—Thomas Norton, M.D., of Horning's Mills; Joseph Carbert, M.D., and James Henry, M.D., of Orangeville; Robert Lawrence, of Mono Mills, and Thomas Turnbull, of Mono Centre, have been appointed Coroners for the Co. of Dufferin, Ont.



NEW STETHOSCOPE.—We give herewith a cut of a stethoscope recently devised by W. Snowden of Philadelphia :—

The advantages claimed for this instrument are its simplicity of construction, superior acoustic properties, and ready adaptability to all positions of both patient and physician. It is composed of a hard wood bell (E), with a soft rubber cup (F), two flexible rubber tubes (CC), attached to the upper portion of the bell by two perforated nipples at (D), two ear pieces (AA), of hard wood covered with soft rubber pads, the whole completed by a wire spring (B), so arranged as to retain the ear pieces firmly in position when in use. We have had one in use for a short time, and are much pleased with it.

Price \$3.

Books and Pamphlets.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY IN WOMEN. By S. Weir Mitchell, M.D., Philadelphia, 1881 : Henry C. Lea's, Son & Co. Toronto : Willing & Williamson.

This little octavo of 233 pages, presents, in thirteen compressed lectures, an amount of clear practical instruction, on one of the most bewildering departments of medicine, which the patient reader might often in vain seek for in books of tenfold its bulk. On every page the author has contrived to introduce attractive and instructive facts, and lucid observations, which at once attest his mastery of the subject, and command the studious attention of the thoughtful reader. As illustrative of the peculiar merits of Dr. Mitchell's little book, we believe we cannot do better than to quote here a few passages which have seemed to us indicative of sound practical knowledge and

matured reflection. Speaking of the treatment of "those difficult combinations of hysteria with defective nutrition, which are often too much for the best of us," Dr. Mitchell thus summarily disposes of the quondam accredited therapeutics of the malady.

"I have some belief in the occasional value of induction currents in hysteropalsies, but, as to the direct good to be had out of the drugs on which men once relied in the treatment of this disease, I have said nothing, because, except to condemn, I had nothing to say, and because I believe that the numberless remedies for hysteria, to be found in the books, will be swept by another generation into the limbo provided for drugs with decayed reputations ; but in thus expressing myself I do not mean to say that no drugs have an indirect value."

In his 4th lecture, on "*Mimicry of disease*," we light upon the following little gem, in connection with a most dramatic case of precocious neurosis in a girl of thirteen :—"My patient, when first seen by me, had been abandoned by two homœopathic physicians, who had left for her use a prescription of *rather ample doses of morphia*." No doubt, had this girl died soon after being deserted by the brace of infinitesimals, they would have held that she had fallen a victim to allopathy.

On pages 101, 102, 107, 125, 135, 149, 150, 155, Dr. Mitchell details some very instructive cases of formidable nervous diseases, induced by over-work of brain, which might very profitably be studied by some of our educational authorities. If the present system of "intermediate examinations" fail to bring forth a rich crop of life-long neuroses and fatal organic diseases, then may we believe that the laws of nature are not unchangeable.

The following passages found in Dr. Mitchell's concluding lecture, we may leave to speak both for themselves and their author :—"Nothing, I think, can be more melancholy than an honest survey of the amount of good done in hysteria by the host of drugs which go to form the so-called therapeutics of the disease. In disorders where time is valuable, we may find a happy resource in the famous class of anti-spasmodics, but as a rule they are swiftly disappearing from the apothecary's prescription files, and the physician of our day who is called upon to treat hysteria, or general nervous-

ness or neurasthænia, wisely contents himself with a careful estimate of causes, and an effort to deal with these by patient treatment."

"The treatment to which in these pages I so many times refer, consists in an effort to lift the health of patients to a higher plane by the use of seclusion, which cuts off excitement and foolish sympathy; by rest, so complete as to exclude all causes of tire; by massage, which substitutes passive exercise for exertion; and by electrical muscular excitation, which acts in a somewhat similar manner to massage, and with it, by depriving rest in bed of its essential evils, leaves only its good."

"I do not say that seclusion is impossible in the home of the invalid, for I have obtained it with success many times, when my nurse was a thoroughly good one; but the other plan of securing it by a change of dwelling is better and far easier. Seclusion, of course, has for its objects the cutting off of many hurtful influences; but above all, it means the power of separating the invalid from some willing slave, a mother or a sister, whose serfdom, as usual, degrades and destroys the despot, while it ruins the slave." * * * * *

"If the patient and nurse do not agree, make a change, and if need be another."

Note.—If the physician changes nurses as often as a capricious or mendacious hysterique chooses to manufacture a quarrel, he may prepare himself for wondrous evolutions before realising *the survival of the fittest*.

"I cannot enough emphasize this matter of the nurse. Put yourself in the place of an intelligent lady shut up for two months with a coarse woman, whose talk and whose habits disgust, and doubly disgust, because the victim is emotional and sensitive by nature and by habit, and you will realise the need for care in your choice of an attendant. *Mere technical training will not answer, and I have seen an utterly untrained woman, of good brains and tact, win successes which are sometimes denied to the best educated nurses who lacked these ever-needed moral qualities which no training and no length of experience will give to some women.*"

The italics of the preceding lines, as well as some others preceding, are not those of the author. We have taken the liberty of so marking his words because of their great force and value. A so-called *trained nurse*, who lacks those indispensable quali-

ties of head and heart, which no training can impart, but on the contrary, which become substituted by overweening self-conceit, disgusting arrogance, incorrigible insubordination or extemporised sycophancy, is, we are convinced, the greatest curse that can alight on either an earnest physician or his afflicted patient.

TREATISE ON DISEASES OF THE JOINTS. By Richard Barwell, F.R.C.S. Second Edition. New York: William Wood & Co. Toronto: Willing & Williamson.

The thanks of the profession are due to Messrs. Wood & Co. for the admirable series of most valuable works they have for the last three years furnished the members—at a cost so trifling as to be accessible to all—in their Library of Standard Medical Authors. Prominent among their selections will stand this most excellent and exhaustive treatise on Diseases of the Joints by this eminent writer on this subject, Mr. Barwell. Our space will not permit the detailing of the author's exhaustive physiological and pathological anatomy contained in the first chapter of the volume, but there are many other points of great interest in the succeeding chapters to which we will make brief allusion. If we mistake not, Velpeau, in 1843, was the first to announce the success he had experienced in the puncture and subsequent injection of a solution of iodine in cases of acute synovitis. Mr. Barwell adopts freely the former by means of the aspirator, but is significantly silent on the heroic treatment involved in the latter. The fifth chapter, on Strumous Synovitis, contains many valuable suggestions. In the first stage the essentials of treatment are to be recognized in first, good position; second, total and entire rest; firm compression of joint; iodine application externally, and in this form, injection into the diseased tissues of iodized solutions (℥ss. of tincture of iodine to ℥vii. of water. In the fourteenth chapter, on Diseases of the Hip Joint, Mr. B. mentions the singular fact that nearly all the boys admitted for Hip Joint Disease into the Charing Cross Hospital had phymosis, and that in a large proportion of girls affected with the same disease, vulvitis and vaginitis, with or without discharge existed. Further, that in hospitals for the Jews, few cases of hip disease are to be found, and that most of those received belong not to the Jewish but to the

Christian community. Mr. B. accounts for this by the fact that phimosed children have facile frequent and long continued priapism; that this condition after a time produces a certain irritability of the lumbar spinal cord. That the influences of spinal irritation on the trophic nerves are well-known, and that just at that particular period large trophic changes are in process about the hip joint. Chapter xviii. contains valuable information on the restoration of crippled joints; chapter xix. on operations for deformities of the knee; and chapter xx. is an admirable treatise on the removal of diseased joints. The style in which this work is written is lucid and forcible, and the practical ideas conveyed cannot fail to make the reader rise from its perusal with increased respect for the author.

REFRACTION OF THE EYE, ITS DIAGNOSIS AND THE CORRECTION OF ITS ERRORS. By A. Stanford Morton, M.B., Senior Assistant Surgeon Royal South London Ophthalmic Hospital.

We have just received this excellent little volume, written by Dr. Morton. It is principally intended for students and practitioners beginning the study of refraction, being concise, well-arranged and remarkably clear in its definitions. Dr. Morton has managed to put all the leading facts in a small compass, without rendering them unintelligible, as is too often the case. We cordially recommend the work.

A MEDICAL FORMULARY, based on U. States and British Pharmacopœias. New York: William Wood & Co. Toronto: Willing & Williamson.

In this work the less important of the drugs and preparations of the Pharmacopœia are omitted. It will be found useful for students preparing for examination.

UNIAO MEDICA—PUBLICAÇÃO MENSAL. The Medical Union. A monthly publication in the Portuguese language; edited by Drs. C. de Fraitus, J. de Mosera, Moncorvo, Mousa Brazil and Silvia Aranje, in Rio de Janeiro, Brazil.

We beg to acknowledge the receipt of the first six numbers, from January to June inclusive, of the above new journal, which we hail as a very promising accession to the medical literature of America. The scientific merit of the contributions, enhanced as it is by the clear and correct typography, and the superior quality of the paper, can not fail to secure to the talented and spirited *Redac-*

tores and publishers a fair share, even in the indolent empire of Brazil, of professional sympathy and support. The lecture of *Professor V. Saboia*, in the January number, on *Benign Fungus of the Testicle*, is replete with valuable instruction, and affords a very gratifying illustration of the elevated position to which surgical science has been raised by our southern continental confreres. We might extend our approbatory remarks on several other articles, did our present available space permit the indulgence. In future issues of the *Lancet*, we may avail of translations from the pages of *Uniao*, which may appear to us deserving of reproduction, suited to the requirements of our readers.

THE POPULAR SCIENCE MONTHLY. D. Appleton & Co., New York.

The August No. of this periodical is a rich one. The first article is a lecture by *Prof Huxley* on the *Herring*. It abounds with interesting and highly instructive facts. The second article, by *Felix Oswald, M.D.*, on *Physical Education—Recreation*, is characterized by the wonted force and boldness of this writer. It is, we fear, rather too heterodox to command the approval of any large proportion of the reading community, and may therefore fail to benefit those who stand most in need of improvement. *School-Room Ventilation*, by *Dr. P. Higgins*, should be earnestly perused by all interested in the education of the rising generation. Not only should its contents command the attention of all teachers and inspectors of schools, but also of all parents and guardians. *Intelligence of Ants*, by *George J. Romaines*, is a truly pleasing brochure, which will well repay the lover of natural history. "Go to the ant, thou sluggard, consider her ways, and learn wisdom!" Go to *G. F. Romaines'* ants, all who love to contemplate the wonders and wisdom of creation, and you will find your own intelligence much improved by your study of the social polity and the industrial regulations of these tiny active creatures.

Births, Marriages and Deaths.

At Mildmay, Ont., on the 22nd of July, Neil Fleming, M.D., aged 42 years.

In Ottawa, on the 23rd ult., Hon. Dr. Brouse, in the 57th year of his age.

At Thornbury, Ont., on the 22nd ult., Henry Parsley, M.D., M.C.R.S., Eng., aged 73 years.

Warner & Co.'s Sugar-Coated Pills.

PER
100

		MEDICAL PROPERTIES. Doses. Each	
FEL. Bovinum, { Ox-gall,	2 grs. }	Laxative.	1 to 3
FERRI, (Quevenne's) 1 gr.	1 gr. }	Tonic.	1 to 3
" CARR. (Vallet's) U. S. P. 3 grs.		Tonic.	1 to 2
" CITRAT. 2 grs.		Tonic.	1 to 4
" COMP. U. S. P.		Tonic.	1 to 3
" IODID. 1 gr.		Tonic, Emmenagogue.	2 to 6
" LACTAT. 1 gr.		Tonic, Alterative.	1 to 2
" PYROPHOS. 1 gr.		Tonic.	1 to 3
" VALER. 1 gr.		Tonic.	1 to 3
" ET QUAS. ET NUC. VOM. { Fer. per Hydrogen, 1 1/2 gr.	1 gr. }	Tonic, Antispasmodic.	1 to 2
" ET QUIN. CIT. 1 gr.	1 gr. }	Tonic, Nerve Stimulant.	1 to 2
" ET STRYCHNIE, 1 three times a day.		Tonic, Antiperiodic.	1 to 2
" ET STRYCHNIE CIT. { Ferrum per Hydrog. (Quevenne's) 2 grs.	1-60 gr. }	Tonic, Nerve Stimulant.	1 to 2
" ET STRYCHNIE CIT. { Strychn. Cit. 1-50 gr.	1 gr. }	Tonic, Nerve Stimulant.	1 to 2
GAMBOGLE COMP. { Pulv. Gambogia		Active Purgative.	2 to 5
" { Alocs Socot,			
" { Zingib. Jam			
" { Saponis,			
GENT. COMP. { Ext. Gentian, 1/2 gr.		Tonic, Purgative.	2 to 4
" { Pv. Aloes Soc. 2 grs.			
" { Ol. Carui 1-5 gr.			
GONORRHOEA, { Pulv. Cubebs,	2 grs.	Tonic, Alterative to Mucous Membrane.	1 to 3
" { Bala. Copaib. Solid,	1 gr.		
" { Ferri Sulph. 1/2 gr. Venet. Terebinth 1 1/2 gr.	3 grs.		
" { Pil. Hydrarg.	1 gr.		
HEPATIC, { Ext. Coloc. Comp. 1 gr.		Cholagogue Cathartic.	1 to 2
" { Hyosciam.	1 gr.		
HOOPER (Female Pills) 2 1/2 gra.	{ Aloes Socot.	Emmenagogue.	1 to 3
" { Ferri Sulph. Exsicc.			
" { Ext. Hellebore,			
" { Pulv. Myrrh,			
" { Saponis,			
" { Canella,			
" { Zing. Jamaica.			
HYDRARGYRI, U. S. P., 3 grs.		Mercurial Purgative.	2 to 3
" 5 grs.		Mercurial Purgative.	1 to 2
" Comp. { Mass. Hydrarg. 1 gr.		Mercurial Alterative.	1 to 2
" { Pulv. Opii, 1/2 gr.			
" { Ipecac. 1/2 gr.			
" Iod. et Opii, { Hydg. Iodid. 1/2 gr.		Mercurial Alterative.	1 to 2
" { Pulv. Opii, 1/2 gr.			
IODIFORMI ET FERRI, { Ferrum per Hydrog., 1 1/2 gr.		Tonic Alterative.	1 to 2
IODIFORM. 1 gr.	1 gr.		
IOPEAC ET OPII, 3/4 grs., (Pulv. Doveri. U. S. P.)		Tonic, Alterative.	1 to 2
" 5 grs.		Anodyne, Soporific.	1 to 3
IRISIN COMP. { Irisin, 1/2 gr.		Cathartic, Nerve Stimulant.	1 to 3
" { Podophyllin, 1-10 gr.			
" { Strychnia, 1-40 gr.			
LEPTAND. COMP. { Leptandrin, 1 gr.		Laxative, Diuretic.	1 to 2
" { Irisin, 1/2 gr.			
" { Podophyllin, 1/2 gr.			
LEPTANDRIN, 1 gr.		Cathartic.	1
LUPULIN, 3 grs.		Anodyne.	2 to 4
MORPHIA COMP. { Morph. Sulph. 1/2 gr.		Anodyne, Febrifuge.	1
" { Tart. Emetic. 1/2 gr.			
" { Calomel, 1/2 gr.			
NEURALGIC, { Quinia Sulph. 2 grs.		Tonic, Alterative, Anodyne.	1 to 3
" { Morphia Sulph. 1-20 gr.			
" { Strychnia, 1-30 gr.			
" { Acid Arsenious, 1-20 gr.			
" { Ext. Aconit, 1/2 gr.			
NEURALGIC. (Brown-Sequard.) { Ext. Hyosciami, 1/2 gr.		Anodyne.	1
" { Conil, 1/2 gr.			
" { Ignat. Am. 1/2 gr.			
" { Opii, 1/2 gr.			
" { Aconit, 1/2 gr.			
" { Cannab. L. 1/2 gr.			
" { Stramon, 1-5 gr.			
" { Bellad, 1 gr.			
OPII, U. S. P., 1 gr.		Anodyne	1
" ET CAMPHORÆ, { Pulv. Opii, 1 gr.		Anodyne, Nerve Sedative.	1
" { Camphors, 2 grs.			
" ET CAMPHORÆ, ET TANNIN, { Pulv. Opii, 1/2 gr.		Anodyne, Astringent.	1 to 3
" { Camphors, 1 gr.			
" { Acid Tannic, 2 grs.			
" ET PLUMBI ACET. { Pulv. Opii, 1/2 gr.		Anodyne, Sedative.	1 to 2
" { Plumbi Acetas, 1/2 gr.			
PHOSPHORUS COMP. { Phosphorus, 1-100 gr.		Nerve Tonic.	1 to 4
" { Ext. Nuc. Vomica, 1/2 gr.			
PHOSPHORUS, 1-50 gr., 1-25 gr.		Nervine Stimulant.	1 to 2
PHOSPHORUS, 1-100 gr.		Nervous Stimulant.	1 to 4
PHOSPHORUS, IRON AND NUX VOM. { Phosphorus, 1-100 gr.		Nervous Stimulant, Tonic.	1 to 3
" { Ferri Carb. (Vallet's) 1 gr.			
" { Ext. Nuc. Vom. 1/2 gr.			
POTASS. BROMID. 1 gr.		Nervous Sedative.	2 to 5
" 5 grs.		Alterative.	1 to 2
" IODID. 2 grs.			1 to 3
PODOPHYLLIN COMP. (Eclectic.) { Podophyllin, 1/2 gr.		Purgative.	2 to 4
" { Leptandrin, 1-16 gr.			
" { Juglandin, 1-16 gr.			
" { Macrotin, 1-32 gr.			
" { Ol. Capsic,			
PODOPHYLLIN ET BELLAD. { Podophyllin, 1/2 gr.		Stimulating Laxative. Mild	1 to 3
" { Ext. Bellad, 1/2 gr.			
" { Ol. Res. Capsic, 1/2 gr.			
" { Saccharum Lact. 1 gr.			

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MEDICAL PROPERTIES. Doses. Each

PODOPHYLLIN ET HYDRAJ 3. {Podophyllin, ¼ gr. Maks. Hydrarg. 2 grs.}	Laxative.	2 to 4	50
" ET HYOSCYAMUS. {Podophyllin. Ext. Hyoscyamus, 33 ½ grs.}	Gentle Cathartic	1 to 2	80
PODOPHYLLIN, 1 gr.	Cathartic.	1	75
QUINIA SULPH. ½ gr.	Tonic, Antiperiodic.	1 to 4	80
" " 1 gr.	Tonic, Antiperiodic.	1 to 3	140
" " 2 grs.	Tonic, Antiperiodic.	1 to 3	275
" " 3 grs.	Tonic, Antiperiodic.	1 to 2	400
" COMP. {Quin. Sulph. 1 gr. 1 immediately Ferri Carb. 2 grs. after Acid Arsenious, 1-60 gr. each meal.	Tonic, Antiperiodic.	1 to 2	175
ET EXT. BELLADON. {Quinise Sulph. 1 gr. Ext. Belladon, ½ gr.}	Nerve Tonic, Antiperiodic.	1 to 2	175
" ET FERRI, {Quin. Sulph. 1 gr. Ferrum per Hydrog. (Quevennes) 1 gr.}	Tonic, Antiperiodic.	1 to 2	175
QUINIA ET FERRI, ET STRYCHNIA, {Quin. Sulph. 1 gr. Ferri Carb. (Vallet's) 2 grs. Strych. Sulph. 1-60 gr.}	Tonic, Antiperiodic.	1 to 2	175
QUINIA ET FERRI ET STRYCH. PHOS. {Phos. Quinia, 1 gr. " Iron, 1 gr. " Strychnia, 1-60 gr.}	Tonic, Antiperiodic.	1 to 2	175
" ET FERRI, Valer, 2 grs.	Tonic, Nerve Sedative.	1 to 2	350
QUINIA ET FERRI CARB. {Quinia. 1 gr. Ferri Carb. (Vallet's) 2 grs.}	Tonic, Antiperiodic.	1 to 2	175
" ET HYDRARG. {Quin. Sulph. 1 gr. Mass. Hydrarg. 2 grs. Oleo-resin. Piper. Nig. ¼ gr.}	Tonic, Antiperiodic.	1 to 2	175
QUINIA, IODOFORM AND IRON {Iodoform. 1 gr. Ferri Carb. (Vallet's) 2 grs. Quinia Sul. ½ gr.}	Tonic, Alterative.	1 to 2	300
QUINIA ET STRYCHNIA. {Quinia Sul. 1 gr. Strychnia, 1-60 gr.}	Tonic, Nerve Stimulant.	1 to 2	175
QUINIA, Valerianate, ½ gr.	Tonic, Nervine.	1 to 2	200
RHEI ET HYDRARG {Pulv. Rhei, 2 grs. Mass. Hydrarg. 1 gr. Soda Carb. Exs. 1 gr.}	4 grs. Cholagogue Cathartic.	2 to 5	80
RHEI, U. S. P. {Pulv. Rhei, 3 grs. Saponis, 1 gr.}	Gentle Laxative.	1 to 5	75
RHEI COMP. U. S. P. {Pulv. Rhei, 2 grs. " Aloes Socot, 1½ grs. Myrrh, 1 gr. Ol. Menth. Pip. 1 gr.}	Purgative.	2 to 4	75
RHEUMATIC, {Ext. Coloc. C. 1½ grs. " Colchid. Acet. 1 gr. Hyoscyam, ¼ gr. Hyd. Chlor. Mit. ¼ gr.}	Anti-Rheumatic, Purgative.	1 to 3	90
SANTONIN, 1 gr.	Anthelmintic.	1 to 3	100
SCILLA COMP. U. S. P. {Pulv. Scilla, ½ gr. " Zingib. Jamaica, 1 gr. Gum Ammoniac, 1 gr. Pulv. Saponis, 1½ gr.}	Expectorant, Diuretic.	1 to 3	50
STOMACHICA, (Lady Webster's Dinner Pills, 3 grs.) {Aloes Soc. 1 gr. Gum Mastich, 1 gr. Flor. Rosa. 1 gr.}	Stimulating Purgative.	1 to 2	50
SYPHILITIC, {Potass. Iod. 2½ grs. Hyd. Chlor. Corros. 1-40 gr.}	Specific Alterative.	1 to 2	100
TRIPLEX, {Aloes Socot, 2 grs. Mass. Hydrarg, 1 gr. Podophyllin, ¼ gr.}	Purgative.	2 to 4	75
ZINCI VALERIAN, 1 gr.	Antispasmodic.	1 to 3	100

GRANULES.

MEDICAL PROPERTIES. Doses. Each

PER
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ACID. Arsenious, 1-20, 1-30 and 1-50 grs.	Antiperiodic, Alterative.	1 to 2	40
ACONITIA, 1-80 gr.	Nerve Sedative.	1 to 2	75
ATROPIA, 1-60 gr.	Anodyne.	1 to 2	75
CORROSIVE SUBLIMATE, 1-12, 1-20 and 1-40 grs.	Mercurial Alterative.	1 to 2	40
CAULOPHYLLIN, 1-10 gr.	Emmenagogue.	1 to 4	40
CIMICIFUGIN, 1-10 gr.	Tonic, Nerve Stimulant.	1 to 4	40
DIGITALIN, 1-80 gr.	Arterial Sedative.	1 to 2	75
ELATERIUM, (Clutterbuck's) 1-10 gr	Diuretic Hydragogue, Cathartic.	1 to 2	95
EXTRACT Belladonna, (Eng.) ¼ gr.	Anodyne.	1 to 3	40
" Ignatia Amara, ¼ gr.	Nerve Sedative.	1 to 2	50
" Cannabis Indica, ¼ gr.	Anodyne.	1 to 4	60
" Hyoscyamus, (Eng.) ¼ gr.	Nerve Stimulant.	1 to 3	40
" Nuc. Vomica, ¼ and ½ gr.	Nerve Stimulant.	1 to 3	40
GELSEMIN ¼ gr.	Arterial Sedative.	1 to 4	50
HYDRASTIN, ½ gr.	Arterial Sedative.	1 to 4	50
HELONIN, 1-10 gr.	Emetic, Diuretic, Cathartic.	1 to 2	75
LEPTANDRIN, ¼ gr.	Cathartic.	1 to 2	95
" ½ gr.	Cathartic.	1 to 4	40
MERCURY, Iodide, ¼ gr.	Cathartic.	1 to 4	50
" Red, 1-16 gr.	Alterative.	1 to 4	40
MORPHIA, Acet, ½ gr.	Alterative.	1 to 4	40
" Sulphate, 1-10 gr	Anodyne.	1 to 2	70
" " ½ "	Anodyne.	1 to 2	90
" " 1-6 "	Anodyne.	1 to 2	70
" " ¾ "	Anodyne.	1 to 2	80
" Valerianate, ½ "	Anodyne.	1 to 2	100
PODOPHYLLIN, 1-10 gr.	Anodyne.	1 to 2	100
" ¼ gr.	Cathartic.	1 to 4	40
" ½ gr.	Cathartic.	1 to 4	40
" COMP. {Podophyllin, ½ gr. Ext. Hyoscyam, ¼ gr. " Nuc. Vomica, 1-16 gr.}	Cathartic and Tonic.	1 to 2	75
SILVER, Nitrate, ¼ gr.	Alterative, to Mucous Memb'ne.	1 to 4	75
" Iodide, ¼ gr.	Alterative, to Mucous Memb'ne.	1 to 4	75
STRYCHNIA, 1-16, 1-20, 1-30, 1-32, 1-40 and 1-60 gr.	Nerve Stimulant, Tonic.	1 to 3	40

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PURE COD LIVER OIL,

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PERFECT, PERMANENT, PALATABLE.

The high character, and wide reputation **Scott's Emulsion** has attained through the agency of the Medical Profession, and the hearty support they have given it since its first introduction, is a sufficient guarantee of its superior virtues. The claims we have made as to its permanency—perfection and palatableness—we believe have been fully sustained, and we can positively assure the profession that its high standard of excellence will be fully maintained. We believe the profession will bear us out in the statement that no combination has produced as good results in the wasting disorders, incident to childhood; in the latter as well as the incipient stages of Phthisis, and in Scrofula, Anæmia and General Debility. We would respectfully ask the profession for a continuance of their patronage, and those who have not prescribed it to give it a trial. Samples will be furnished free upon application.

FORMULA.—50 per cent. of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce.

SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE: I have prescribed your emulsion of Cod Liver Oil with Hypophosphites for the past two years, and found it more agreeable to the stomach, and have better results from its use than from any other preparation of the kind I have tried.
 Halifax, N.S., Nov. 19, 1880.

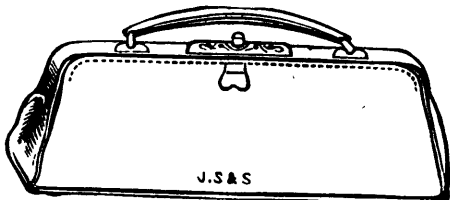
Messrs. SCOTT & BOWNE: Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market.
 Truro, N.S., Nov. 15, 1880.

Messrs. SCOTT & BOWNE: I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anæmia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach, are some of its greatest merits.
 I have the honor to be, yours truly,
 St. John, N.B. T. J. O. EARLE, M.D.

Messrs. SCOTT & BOWNE: I have used for some time, and prescribed Scott's Emulsion of Cod Liver Oil, and find it an excellent fixed preparation, agreeing well with the stomach, easily taken, and its continued use adding greatly to the strength and comfort of the patient.
 Pettaconiac, N.B., Nov. 5, 1880. A. H. PECK, M.D., Penn. Med. Co lege.

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The mercury is easily seen, and there being no air spec, the liability to loose the registering needle is obviated, should by any accident the whole of the mercury be shaken into the cup it will register the next time it is driven up by the temperature.

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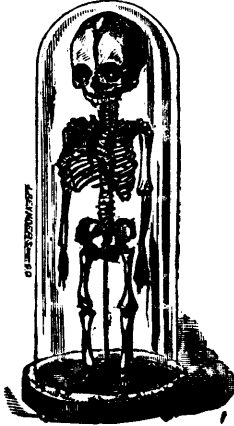
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DR. J. COLLIS BROWNE'S CHLORODYNE.—Vice Chancellor Sir W. Page Wood Stated Publicly in Court that Dr. J. Collis Browne was Undoubtedly the Inventor of Chlorodyne, that the whole story of the defendant was deliberately untrue, and he regretted to say it had been sworn to.—See THE TIMES, July 13th, 1864.

DR. J. COLLIS BROWNE'S CHLORODYNE is a Liquid Medicine, which Assuages Pain of Every Kind, affords a calm, refreshing sleep Without Headache, and Invigorates the Nervous System when exhausted.

DR. J. COLLIS BROWNE'S CHLORODYNE is the
GREAT SPECIFIC for
CHOLERA, DYSENTERY
DIARRHŒA.

The General Board of Health, London, Report that it Acts as a Charm, one dose generally sufficient.

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DR. J. COLLIS BROWNE'S CHLORODYNE rapidly cuts short all attacks of
EPILEPSY, SPASMS, COLIC,
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From Symes & Co., Pharmaceutical Chemists, Medical Hall, Simla.—
January 5, 1880.

To J. T. Davenport, Esq., 33 Great Russell Street, Bloomsbury, London.

"DEAR SIR,—Have the goodness to furnish us with your best quotations for Dr. J. Collis Browne's Chlorodyne, as, being large buyers, we would much prefer doing business with you direct than through the wholesale houses. We embrace this opportunity of congratulating you upon the wide-spread reputation this justly-esteemed medicine has earned for itself, not only in Hindostan, but all over the East. As a remedy of general utility, we much question whether a better is imported into the country, and we shall be glad to hear of its finding a place in every Anglo-Indian home. The other brands, we are happy to say, are now relegated to the native bazaars, and, judging from their sale, we fancy their sojourn there will be but evanescent. We could multiply instances *ad infinitum* of the extraordinary efficacy of Dr. Collis Browne's Chlorodyne in Diarrhœa and Dysentery, Spasms, Cramps, Neuralgia, the Vomiting of Pregnancy, and as a general sedative, that have occurred under our personal observation during many years. In Choleraic Diarrhœa, and even in the more terrible forms of Cholera itself, we have witnessed its surprisingly controlling power. We have never used any other form of this medicine than Collis Browne's, from a firm conviction that it is decidedly the best, and also from a sense of duty we owe to the profession and the public, as we are of the opinion that

the substitution of any other than Collis Browne's is a deliberate breach of faith on the part of the chemist to prescriber and patient alike.

We are, sir, faithfully yours,
SYMES & CO.,
Members of the Pharm. Society of Great Britain, His Excellency the Viceroy's Chemists.

DR. J. COLLIS BROWNE'S CHLORODYNE is the
Pure Palliative in
NEURALGIA, GOUT,
CANCER,
TOOTHACHE,
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The IMMENSE SALE of this REMEDY has given rise to many UNSCRUPULOUS IMITATIONS.

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At and after the Session of 1881-82, the College will return to its former requirements as regards fees and graduation; viz., those in force before the session of 1880-81.

THE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session.

THE REGULAR SESSION will begin on Wednesday, September 21, 1881, and end about the middle of March, 1882. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon two courses of lectures is required for graduation.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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Fees for Tickets to all the Lectures, Clinical and Didactic.....	140 00
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Matriculation Fee	5 00
Dissection Fee (including material for dissection).....	10 00
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No fees for Lectures are required of Graduates of three years' standing, or of third-course Students who have attended their second course at the Bellevue Hospital Medical College.	

FEES FOR THE SPRING SESSION.

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Dissection (Ticket valid for the following Winter)	10 00

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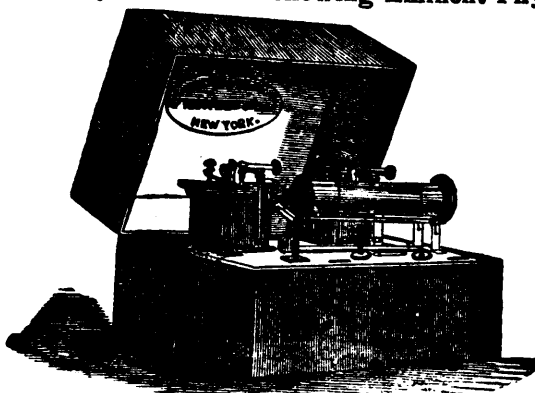
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LACTO-PHOSPHATES prepared from the formula of Dr. DUSART, of Paris.

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

THIS elegant preparation combines with a sound Sherry Wine percolated through Wild Sherry Bark and Aromatics, in the form of an agreeable cordial, 2 grs. Lacto-Phosphate of Lime 1 gr. Lacto-Phosphate of Iron, 1 gr. of Alkaloids of Calisaya Bark, Quinia, Quinidia, Chinchona, and fifteen drops of free Phosphoric Acid to each half ounce. In the various forms of Dyspepsia, resulting in impoverished blood and depraved nutrition, in convalescing from the Zymotic Fevers (Typhus, Typhoid, Diphtheria, Small-pox, Scarlatina Measles) in nervous prostration from mental and physical exertion, dissipation and vicious habits, in chlorotic anemic women, and in the strumous diathesis in adults and children it is a combination of great efficacy and reliability, and being very acceptable to the most fastidious it may be taken for an indefinite period without becoming repugnant to the patient. When Strychnine is indicated the official solution of the Pharmacopoeia may be added, each fluid drachm making the 64th of a grain to a half fluid ounce of the Elixir,—a valuable combination in dyspepsia with constipation and headaches. This compound is prepared with great care, and will be maintained of standard purity and strength.

Dozs.—For an adult, one table-spoonful three times a day, after eating; from seven to twelve, one dessert-spoonful; from two to seven, one tea-spoonful.

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

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

tains may be absorbed by the system. With the lean of animal food this change is effected in the stomach by the action of the gastric juice, but when this juice is deficient in quality, or quantity, it is incapable of affecting the centre of the morsels of food presented to it, and they in this unprepared state leave the stomach, bearing with them the causes of dyspepsia and its train of concomitant evils.

The theory of JOHNSTON'S FLUID BEEF has however solved the hitherto insurmountable difficulty, and furnishes all the desirable results of meat diet to those who are otherwise unable to digest animal food. In its manufacture the albumen and fibrine (or rather the entire lean of beef) is by a special process desiccated and mechanically pulverized to such a minute degree of subdivision that it is almost imperceptible in water. By this means the entire surface of every microscopic atom is presented to the direct action of the solvent juice, which, acting chemically and in combination with the digestive properties of meat essence, at once prepares the food for assimilation, and with the least possible expenditure of vital force, furnishes to the blood all that is necessary to impart tone to the nerves and substantial food for brain, bone and muscle.

CHEMICAL ANALYSES.

By WM. HARKNESS, F.C.S., L., Analytical Chemist to the British Government. Laboratory, Somerset House, London, England.—I have made a very careful chemical analysis and microscopic examination of Johnston's Fluid Beef, and find it to contain in every 100 parts:

Albumen and Gelatine	21.81	Flesh-forming Food.	Ash or Mineral Matter	14.57
Water in a readily soluble form	37.48		Moisture	56.14

The mineral matter is rich in phosphates. The microscopical examination shows the Fluid Beef to contain good, sound beef, ground to a very fine powder. There is not the slightest trace of fungus, spores, or any other organism which would tend to produce decomposition. I consider this a most valuable preparation, combining as it does, a concentrated extract of beef with the solid beef itself, the latter being in a form easily digested. It is also free from the burnt flavor so much objected to in ordinary extracts of meat. IT IS ONE OF THE MOST PERFECT FOODS I HAVE EVER EXAMINED.

By Dr. J. SAKER EDWARDS, Ph. D., B.C., L.; F.C.S., Professor of Chemistry and Inland Revenue Food Analyst, Montreal.—I hereby certify that I have made a careful analysis of the proximate constituents of "Johnston's Fluid Beef," and find it to contain:

Moisture of Flesh and Moisture, Beef Tea Food	33.25	Fibrin or Meat Food	35.50
Albumen or Egg Food	32.25	Mineral or Bone Food	17.75

I consider this an invaluable preparation, containing as it does, in addition to the well-known Liebig's Extract—which has been aptly named "Wine of Meat," the nutritive value of EGG diet and MEAT diet in a form readily soluble in the gastric juice. It is therefore a more complete and perfect food for children and invalids than Meat Extract alone; and moreover, having inspected the process of manufacture, I am satisfied that it may be relied upon as a uniform and very superior preparation.

By STEVENSON MACADAM, Ph. D., F.R.S.C., F.C.S., Lecturer on Chemistry.—Analytical Laboratory, Surgeons' Hall, Edinburgh, 6th March, 1873. I have made a careful chemical analysis of a sample of Beef Powder, manufactured by J. L. Johnston, and find it contains as follows:

Albuminous or Flesh Matter	63.78	Moisture	13.23
Ash or Saline Matter	10.64	Oils and Fatty Matter	17.77

This is a highly nutritious article of diet, contains all the elements of Flesh Food in a concentrated form, is very palatable and easily digested, and is eminently suited for dietetic purposes, especially for invalids.

Extract from "Papers on Health," by Professor KIRK, Edinburgh.—"Suppose we take such a substance as Johnston's Fluid Beef, which we feel sure must become a most popular food for invalids. This readily passes into the circulation, and is changed into the actual living substances that make up the body of man. It does not cause accumulation of fat, for instance. Those who, to our knowledge, have been strengthened by its use, have got firm in muscle and nerve, but less stout than before they used it."

In submitting the following extracts from the letters of our leading local physicians, we feel justified in stating that few if any of the gentlemen named have ever before given a certificate for any proprietary article. Unsolicited testimonials from medical men reach us daily.

Dr. NICHOLS, 681 Spruce Street, Philadelphia, says:—"I have used it in a case of a child suffering from extreme debility after an attack of cholera infantum, the child began to improve immediately, and is still taking the Fluid Beef. I find it very palatable and nourishing, easily digested, and am satisfied that the contained fibrin is perfectly assimilated by the tissues of the body, as shown by a great gain of strength, &c. I feel assured it will meet with general favor."

**SIR THOMAS WATSON, QUEEN VICTORIA'S PHYSICIAN,
PRESCRIBES JOHNSTON'S FLUID BEEF.**

Dr. HOLLAN, of the Academy of Natural Sciences of Philadelphia, says:—"Johnston's Fluid Beef has given entire satisfaction."

JAMES TYSON, M.D., Professor of Gen. Pathology, Morbid Anatomy, in the University of Pennsylvania, says:—"I am using Johnston's Fluid Beef with a confidence which I have in no other preparation."

Dr. MALCOLM MACFARLANE, 1605 Chestnut Street, says:—"It is with unusual pleasure and confidence that I give my recommendation to Johnston's Fluid Beef. It is in the best form and the best preparation with which I am acquainted or have used."

Dr. LEONARDO JUDD, of Philadelphia, says:—"I can endorse thoroughly all that is claimed for Johnston's Fluid Beef, and am delighted with its superior excellence."

Dr. HORNBER, of Philadelphia, says:—"It is the most elegant preparation of the kind in the market."

Dr. SAMUEL ASHHURST, 1433 Walnut Street, Philadelphia, says:—"I have tested Johnston's Fluid Beef and find it to be strictly what it is represented. I prefer it very much to any extract of beef with which I am acquainted, and unhesitatingly recommend it as a most desirable preparation."

Dr. G. B. MIDDLETON, of Philadelphia, says:—"Johnston's Fluid Beef has given me the most satisfaction of any article of the kind heretofore brought to my notice."

Dr. DANIEL KARNER, 424 Girard Ave., Philadelphia, says:—"I have pleasure in confirming manufacturer's statements concerning its excellent and substantial food properties. It is exceedingly pleasant to the taste, and is in my opinion of incalculable value to the invalid."

Dr. JOSEPH KLAPP, 632 Spruce Street, Philadelphia, says:—"I feel assured that invalids and delicate persons in search of strength need only to use it in order to be convinced of the great advantages it possesses for that purpose."

Dr. S. R. SKILLEREN, 130 South 5th Street Philadelphia, says:—"It is the only preparation of beef that I have come across in which I have confidence, and I am sure its merits will recommend it wherever it is introduced."

Professor G. P. GIRDWOOD, McGill University, Montreal, says:—"I can strongly recommend its use to the public as supplying in the most easily digested form all the materials necessary for renewing the tissues wasted by disease."

Dr. ROSE, Montreal General Hospital, says:—"I believe it to be a most excellent nutrient for invalids and delicate persons."

Professor CHARLES CAMERON, Dublin, says:—"I can very strongly recommend Johnston's Fluid Beef."

Dr. MILLER, Edinburgh, says:—"It is a great boon to the invalid and to the public."

Dr. SMART, Edinburgh, says:—"I fully expect that it will ere long take precedence, both in professional and public favor, of all articles of a like kind, as it possesses qualities superior to all of them."

Dr. G. H. P. MOUTH, Senior, Physician to the Samaritan Hospital, London, says:—"It seems to me to fulfil a desideratum long sought for, and will prove of the greatest value in the treatment of disease."

Dr. DUNCAN, Surgeon, Allans S.S. "Polynesian," says:—"Patients suffering from vomiting in sea-sickness seem to retain it much better than any other preparation I have ever tried, and do not complain of the nauseous taste so often objected to in some other preparations."

Dr. JOHN RUSSELL, Surgeon to the Newcastle-upon-Tyne Infirmary, says:—"The theory of its manufacture appeals to one's idea of what PERFECT BEEF Tea ought to be."

Dr. S. FRED. PHARSE, South Kensington, London, says:—"I find your preparation of Fluid Beef the best in every respect I have ever met with."

Dr. E. CLARK NEWTON, Surgeon to the Newcastle Lying-in Hospital, says:—"Johnston's Fluid Beef contains 50 per cent of nitrogenous or flesh-forming material. All other Extracts of Beef I have seen may be looked upon as stimulants only, and I have always deplored the confidence in their nutritive powers placed by invalids and the public."

JOHNSTON'S FLUID BEEF is now extensively used in British and Continental institutions, Hospitals and Asylums, and is prescribed by the medical faculty wherever it has been introduced.

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DIRECTIONS FOR USE.—Add a small teaspoonful to a cup of boiling water and season to taste; or as a sandwich paste it may be used on toast, with or without butter. The can may remain open for weeks without detriment to the contents.

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Clinical Work in Hospitals and Dispensaries is given to the Senior Class in small sections under the charge of a clinical teacher in all the Departments of Medicine and Surgery.

Three Large Hospitals and Two Dispensaries afford unlimited material for instruction.

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Fees — Matriculation Ticket	\$51 00
Lecture Tickets	50 00
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The Collegiate courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of first week in April to end of first week in July.
The Winter Session of 1881-82 will begin with a general introductory lecture at 11 a.m., October 1st.

FACULTY:

- | | |
|--|--|
| GEORGE W. CAMPBELL, A.M., M.D., LL.D., Emeritus Professor of Surgery, and Dean of the Faculty. | G. P. GIRDWOOD, M.D., Professor of Chemistry. |
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| G. E. FENWICK, M.D., Professor of Surgery. | RICHARD L. MACDONNELL, B.A., M.D., Assistant Demonstrator. |
| JOSEPH MORLEY DRAKE, M.D., Emeritus Professor. | |

MATRICULATION.—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces must present themselves for the Matriculation Examination of the University, on the first Saturday of October, or the last Saturday of March.

LECTURES.—Five Lectures a week are given in the seven principal branches of Medicine. Oral examinations are held weekly, and written ones at various times throughout the Session.

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the out-door department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the hospital staff.

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THE DISSECTING ROOM is large, well ventilated and abundantly provided with material. The demonstrators are skilled teachers, trained in the best anatomical schools of Europe, and are in attendance daily from 10 to 12 a.m., and from 8 to 10 p.m.

One of the three large class-rooms has been converted into a Physiological Laboratory, and has been equipped with modern apparatus.

REQUIREMENTS FOR DEGREE.—Every Candidate must be 21 years of age, must have studied medicine *four years*, one Session being at this School, and must pass the necessary examinations. Graduates in Arts of recognized Universities and students who produce evidence of having *studied a year* with a physician subsequent to passing the Matriculation Examination, can qualify for examination after attendance on three Sessions.

FEES, ARRANGED ACCORDING TO YEARS, ARE AS FOLLOWS:

First Year	\$76 00
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The enlargement of the College, now in progress, will enable the Faculty to perfect the present system of *Practical Laboratory Instruction*, in all the Departments. Rooms are assigned in which each Professor, with his Demonstrators, will instruct the Class, in Sections, in direct observation and hand-work in the Chemical, Pharmaceutical, Physiological and Pathological Laboratories. Operative and Minor Surgery, and investigation of Gynecological and Obstetric conditions on the *Cadaver* will be taught, as also Diagnosis of Disease on the living subject.

This course of Instruction is *free of charge, but obligatory upon* candidates for the Degree, except those who are Graduates of other Colleges.

A SPRING COURSE of Lectures is given, beginning early in April, and ending early in June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay forty dollars, *thirty-five of which, however, are credited on the amount of fees paid for the ensuing Winter Course.*

CLINICAL INSTRUCTION is given *daily* at the HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE throughout the year by Members of the Faculty, and by the Hospital Staff, which is constituted as follows:—

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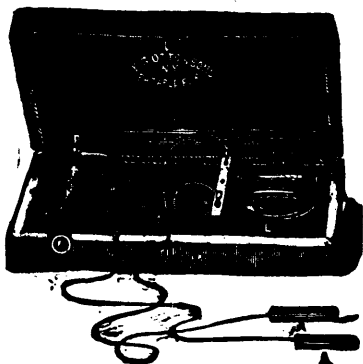
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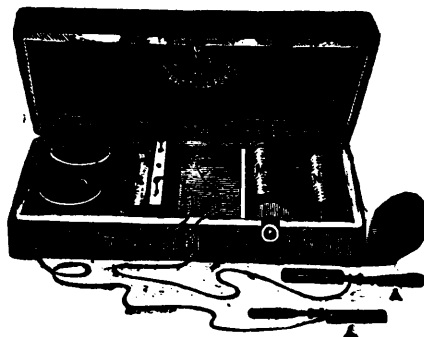
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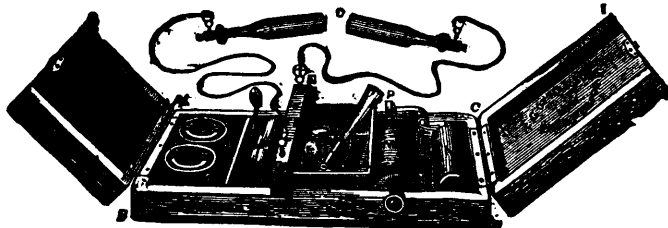
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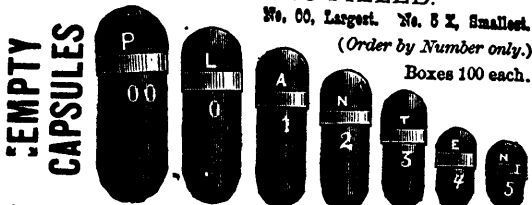
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As a dressing for WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES or ERUPTIVE DISEASES, and all contused and inflamed surfaces, it is not equalled by any known substance.

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Ung.: Hydrargyri: Nitratis (Citrine Ointment) Cerat.: Resinæ.
Cerat.: Plumbi Sub-acetatis (Goulards Cerate). Cerat.: Simplex.

We recommend them as vastly superior to anything in use. **PRICE 75 CTS. PER POUND. NO CHARGE FOR JARS.** Send for Pamphlet.

Chesebrough Manufacturing Company, New York,

No. 249 NOTRE DAME STREET, MONTREAL.

Pomade Vaseline, Vaseline Cold Cream, Vaseline Camphor Ice, and Vaseline Toilet Soap, are all exquisite toilet articles made from pure Vaseline, and excel all similar ones.

Soluble Elastic Filled Capsules.

WE desire to secure attention of the medical practitioners to the Soluble Elastic Filled Capsules of our recent introduction into this country. These Capsules are so different, both in appearance and quality, from any heretofore placed on the American market that we especially request that opinion regarding them may not be prejudiced by previous knowledge of a similar class of goods.

Our Capsules are manufactured after a method not previously employed in this country, workmen and apparatus having been especially imported from Germany for the purpose. Our claims of superiority for them are based on the following qualities:

1. **Their Transparency.** They are made of the finest quality of white gelatine and are perfectly transparent, preventing the sophistication possible under the use of opaque gelatine.
2. **Their Elasticity and Lubricity.** These properties remove from the Capsules, as completely as possible, everything which prevents their easy deglutition. They may be easily moulded between the finger and thumb, and when held for a moment in the mouth the action of the saliva on the gelatine covers them with a mucilaginous coating which greatly facilitates their swallowing.
3. **The Quality of their Contents.** They are filled with ingredients of the very finest quality obtainable. We invite the closest scrutiny of their contents, and physicians who specify our brand in their prescriptions need have no apprehension on this point.
4. **Solubility.** The solubility of these Capsules may be determined by the simplest test. Allowed to lie loosely in the mouth the contents escape in from two to three minutes, and there is not the remotest possibility of the Capsules passing intact with the faeces, as is sometimes the case with the ordinary filled Capsules.
5. **Their Sizes.** Heretofore the filled Capsules offered the profession of this country have not contained more than ten minims of the liquid. We have in our list Capsules containing all the way from ten minims to half an ounce. The larger Capsules are designed more particularly for the administration of cod liver and castor oils. Notwithstanding their size, they are, owing to their elasticity and lubricity, swallowed as readily as an oyster. The advantages of such Capsules are too obvious to require enumeration.

These Capsules are put up in a style in keeping with their elegance, in boxes containing one, two and three dozen. The following few formulæ selected from the list will convey an idea of the class of ingredients with which these Capsules are filled.

<i>Castor Oil,</i> 10 minims.	<i>Phosphorated Oil, Compound,</i> Phosphorated Oil (1-60 gr.) 10 m. Extract Nux Vomica, $\frac{1}{2}$ grain.
<i>Castor Oil and Podophyllin,</i> Castor Oil, 10 minims. Podophyllin, $\frac{1}{2}$ grain.	<i>Phosphorated Oil (1-50 gr.),</i> 1-50 gr. Phosphorus in 10 m of Oil.
<i>Cod Liver Oil, Best Norwegian,</i> 10 minims.	<i>Cod Liver Oil,</i> 5 grams.
<i>Cod Liver Oil and Creosote (2 grs.),</i> Cod Liver Oil, 10 minims. Creosote, 2 grains.	<i>Cod Liver Oil,</i> 15 grams.
<i>Cod Liver Oil and Iodoform,</i> Cod Liver Oil, 10 minims. Iodoform, 2 grains.	<i>Copaiba, Cubebs and Sandalwood Oil,</i> Copaiba, best Para, 6 minims. Essential Oil of Cubebs, 2 minims. Sandalwood Oil, East India, 2 minims.
<i>Cod Liver Oil and Phosphorus,</i> Cod Liver Oil, 10 minims. Phosphorus, 1-60 grain.	<i>Copaiba, Cubebs and Buchu,</i> Copaiba, best Para, 6 minims. Ethereal Extract Cubebs, 2 minims. Extract Buchu, 2 minims.
<i>Crude Petroleum Mass,</i> 10 minims.	<i>Copaiba, Cubebs and Rhatany,</i> Copaiba, best Para, 6 minims. Ethereal Ext. Cubebs, 2 minims. Extract Rhatany, 2 minims.
<i>Cod Liver Oil and Creosote (4 grs.),</i> Cod Liver Oil, 10 minims. Creosote, 4 grains.	<i>Oil of Eucalyptus, 5 gtt.,</i> With Sweet Almond Oil, q. s. ad 10 m.
<i>Cod Liver Oil and Iodide of Iron,</i> Cod Liver Oil, 10 minims. Iodide of Iron, $\frac{1}{2}$ grain.	<i>Oil of Male Fern and Kameela,</i> Oil of Male Fern, 9 minims. Kameela, 5 grains.
<i>Cod Liver Oil and Iodine,</i> Cod Liver Oil, 10 minims. Iodine, $\frac{1}{2}$ grain.	<i>Castor Oil,</i> 5 grams.
<i>Cod Liver Oil and Phosphorus (1-30),</i> Cod Liver Oil, 10 minims. Phosphorus, 1-30 grain.	<i>Castor Oil,</i> 15 grams.

Send for special Descriptive Circular "Filled Elastic Gelatine Capsules."

PARKE, DAVIS & CO., - - - Manufacturing Chemists,
DETROIT, MICHIGAN.

BEATTY & NILES, Toronto, Agts for Dominion of Canada.