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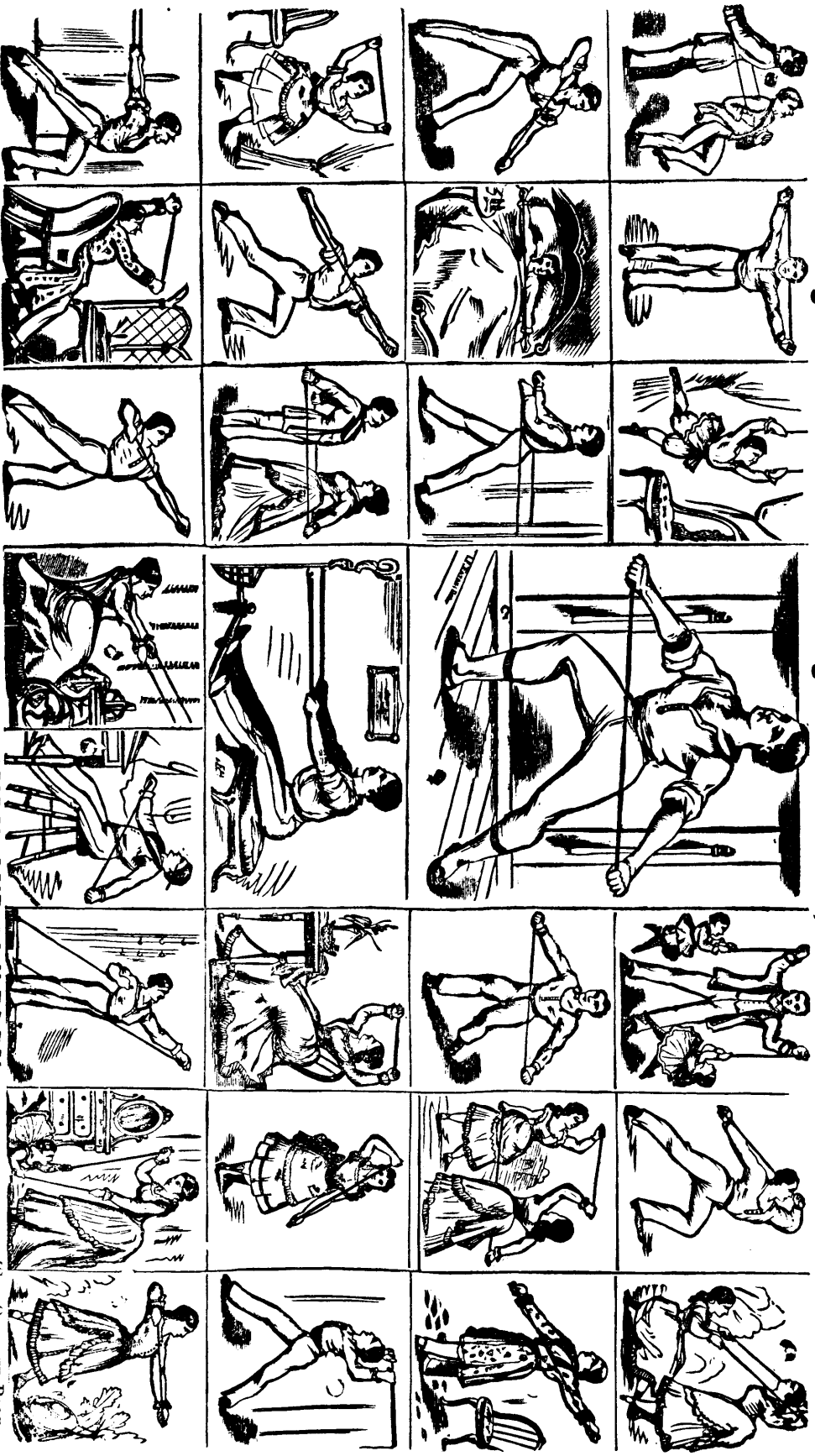
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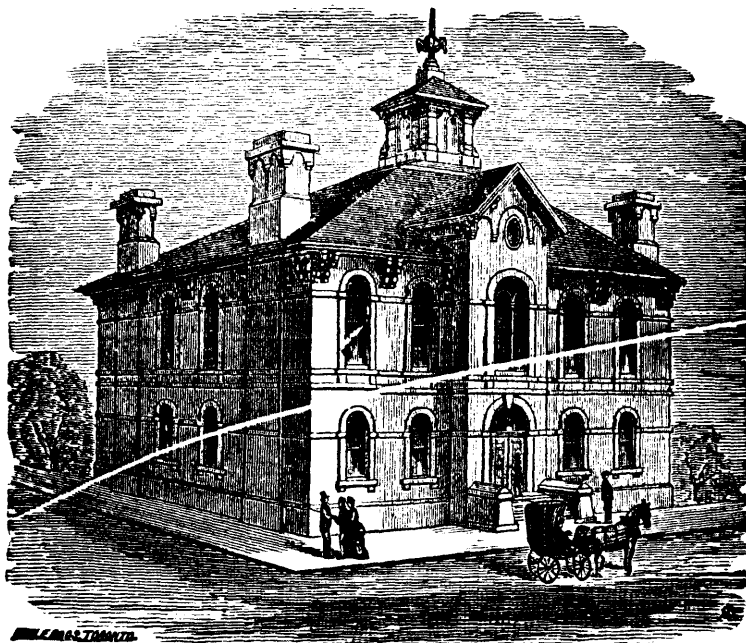


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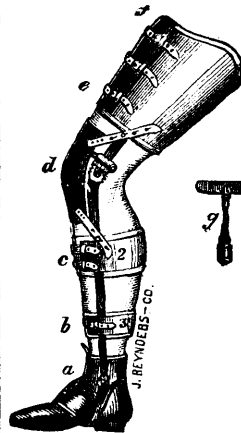
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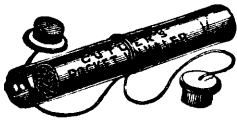
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TORONTO. OCTOBER, 1877.

Selections: Medicine.

THE APPLICATION OF OIL TO THE SURFACE OF THE BODY.

BY THOS. F. RUMBOLD, M. D., ST. LOUIS, MO.

During the last three years, I have prescribed the application of an inunction to the surface of the whole body of every catarrhal patient who was *thin in flesh*, and whose *skin was dry and rough*. Such patients are very liable, partly on account of this dry condition of the skin, to "take cold" during those seasons of the year in which there are sudden and great changes of temperature. I have repeatedly noticed that these applications materially assist to increase the warmth of the body and decrease the cold rigours that course up and down the back.

The beneficial effects following the inunction of children have been, as a rule, more marked than in adults. I think that this difference is mainly owing to the applications being made with more regularity, and with greater thoroughness on the former than on the latter.

I was first led to try these applications, in 1859, by reading an article written by the late Sir James Y. Simpson of Scotland. He contributed the results of his investigations on the "External Use of Oil" to the *Edinburgh Monthly Journal of Medical Science*, Oct., 1853. This paper is republished in his works on obstetrics. Second series, page 441.

From the thoroughness of the observations and the very satisfactory results following the applications of the oil externally, I resolved to try this means for the amelioration of a case

that I then (1859) diagnosed acute phthisis. The effect of the applications was all that could be desired. The profuse night sweats were at once lessened and, after the fifteenth nightly inunction, entirely checked. The patient slowly recovered, made a trip to Pike's Peak—at that time a place of great attraction in the west—and at present is living in Wisconsin, in robust health.

I employed the applications on several other patients: whenever they could be induced to make the inunction in a proper manner, the benefits were marked, but the impossibility of procuring an oil that did not become exceedingly offensive on the body of the patient, compelled me to desist from using it, except in cases of children. As these little sufferers remained in the house the disagreeable smell offended the nostrils of their parents only, who were ready to undergo almost any discomfort so that it pointed to the patient's recovery.

As we now have an article, called by the arbitrary name of "vaseline," a product of petroleum, which is inodorous, and remains so while on the body and which may be applied to the skin of the most delicate patient, not only without the least discomfort in any respect, but causing a pleasurable sensation, the time for reviving the practice of making external inunction has fully arrived, not to be again driven into obscurity by the disgust of the patient for the disagreeableness of the agent applied.

I think the most appropriate manner of again drawing the attention of the profession to the advantages of the applications of inunctions to the whole of the surface of the body, is to reproduce so much of the original investigator's paper, as will show both the history of its ori-

gin and the results of its practice, as achieved by him.

The whole article is so decidedly practical, and written in such a connected manner, that it makes it difficult to quote from it without, at the same time impairing, to some extent, the force of that which is quoted.

In this article he says, that his attention was called by a medical friend "to the healthy and robust appearance of the operatives in the woollen manufactories," and that the operatives "themselves attributed the immunity which they enjoyed, from consumption, to the free external application of oil to their bodies which occurred in various parts of the manufacture of woollen fabrics."

* * * * *

Of the cause of the comparative exemption, some have attempted to explain that it was their hygienic state that was the possible result of their healthy condition, or their exemption from chest complaints, or that it was attributable to the sanitary nature of the factory labour itself.

These two supposed explanations he examines carefully, and concludes as follows:—"In other words, the multiplied testimony adduced regarding the health of the workers at the numerous cotton-factories of this country shows that the mere nature of the work at the mill produces no immunity in those employed from consumptive and tubercular affections, and consequently it follows, that if in any variety of mill-working, such an exemption were found, that exemption could not be ascribed to the mere character of the factory labour or mill-work itself. And when we find that, while the cotton mill-workers are not free from consumption and struma, the wool-mill workers are comparatively exempt, we must evidently search for the cause of this difference and exemption in some peculiarities connected with the wool-making itself."

"The great difference and peculiarity in woollen-mills consists in the fact that while the hours, the occupation, &c., are much the same in each, in the woollen-mills a very large quantity of oil is used, and the bodies of the workers are brought in various ways freely in contact with it. It is, I believe, in this one item that the great difference between cotton-working and wool-working consists; and it is to this material,

the oil, as freely used in some of the processes of the wool-factories, that the operatives themselves universally and, as I believe, properly, attribute the salutary nature of their occupation."

"In corroboration of the truth of this popular belief that the good effects of the woollen factory labours are ascribable to the oil employed, I have to state two points, viz., that—"

"*First*, Similar exemption from scrofula and consumption is observed in other classes of workmen whose employment bring them in the same way freely in contact with fats or oils, as tallow chandlers, oil men, &c., and—"

"*Secondly*, In the wool factories the degree of exemption among operatives themselves is by no means equal in all the processes of the manufacture, but is regulated by the more or less 'oily' nature of the departments of work in which they are engaged in the mills; so that they in general, markedly improve in appearance and health when set to work at the more oily processes; and often as markedly decline after leaving them."

This is followed by giving the weight of some of the workers at the time they commenced to operate in the more oily employments, and weighing them after they had been at work a few months, showing a very marked increase. "The fine appearance," he adds, "of the young workers, their rapid improvement when set to work in oil, their declension when they discontinue it, leave no doubt on my mind that the oil is the salutary agent."

In mentioning the mode or channels by which the oil may enter the system, he says, "Under such circumstances, we may suppose the oil to enter the bodies of the operatives by one of two channels, either by inhalation through the mucous membrane of the lungs, or by cutaneous application and absorption." He concludes on this point that—"In all likelihood the more important, if not the only channel by which the oil gains access to the system in the case of the woollen operatives, is by its cutaneous application." * * * * "In the living human subject, we can readily gain clinical proof of the facility with which warm oil can be rubbed into the skin by watching the rapidity with which the liquid disappears from, and is absorbed

from the surface of those who use oil-frictions, and particularly in the case of such persons as have followed the practice for a considerable time, and in whom the power of cutaneous absorption is hence increased. Besides, we have a further proof of this cutaneous absorption of oil, in the fact that those who use oil-frictions show exactly the same special constitutional effects from this mode of introducing it as those who introduce oil into the system by swallowing it."

Of the systematic oil inunction, as a medicinal measure, he says :

"In tubercular and other cases, these effects are sometimes as distinctly, though perhaps not as frequently, obtained from the external inunction of olive oil as by the swallowing of cod-liver oil. I have seen a similar amelioration in the constitutional and local symptoms of the malady, and a similar improvement in the general health occurs under the one as under the other practice ; one may, if necessary, be sometimes temporarily substituted for the other ; or both may be employed at once when there is no contra-indication to their combined and more certain action. *The restoration of the function of the skin, and the suppression of the hectic perspiration, more rapidly and surely follows external inunction.** The increase in the weight of the body, which has been so much and justly insisted on as a favourable sign under the internal use of cod-liver oil, is occasionally most marked under the external use of olive oil. In a case in which this increase was specially watched, under external oil-inunction alone, the patient, who was carefully weighed, in forty-two days increased 24 lbs. in weight, a rate nearly as high as any, I believe, ever observed to occur under the employment of cod-liver oil internally. This patient's stomach could not retain cod-liver or other oil in any form that was tried. I have seen a child two years old increase in weight an ounce a day, for eight weeks, under assiduous oil-inunction, its stomach having for some time previously rejected oils, and most other food, when swallowed. And in the external as in the internal use of oil, increase of weight obtained, is often

greater than the mere weight of the oil introduced into the system."

In mentioning the diseases and circumstances in which oil-rubbing is indicated he says, "In inanition, by whatever cause produced, and particularly when dependent on mal-nutrition or mal-assimilation, and combined with a *dry or disordered state of the skin*, the practice is often most advantageous."* * * * "The practice itself guards weak constitutions against the effects of changes of temperature and weather ; and the feeling of cold and tendency to catarrh and chilliness, attendant upon various debilitated states, is sometimes entirely arrested and overted by oil-inunction.*

He recommended that the oil selected ought to be bland and inodorous ; that it should be applied moderately warm, and with a considerable amount and duration of friction ; that the oil and friction should be applied to the whole cutaneous surface of the trunk and extremities, using "about a wine glass of oil ;" that the application may be practised twice or oftener in twenty-four hours, especially with children ; that the best time for a single daily oil-inunction is immediately before retiring to bed, and that to save the bed cloths, the patient should sleep in a dress of flannel, linen or other material that stretches beyond the feet. He also recommends that the body be occasionally sponged with tepid water immediately before an application is made.

The greatest hindrance to this practice was, as I have already mentioned, the impossibility of procuring an oil that was inodorous ; this, I think, is the only reason why Dr. Simpson's suggestions have been allowed to slumber for years, but happily this obstacle is now removed, as we have in "vaseline" an article that is perfectly inodorous, and is not liable to become rancid on the body, as does the olive oil. The next objection to the practice is its tediousness, as it requires the daily dedication to it of the ten or fifteen minutes that is usually required to perform the inunction fully and perfectly.

The best means of applying the inunction is with a woolen rubber. This rubber is made of ten or twelve thickness of flannel, these layers are stitched on the face-side of a cotton

—* The italics are mine. R.

—* The italics are mine. R.

glove, in this way it is more easily held by the person making the application.

About one teaspoonful of the "vaseline" is spread on the woollen rubber—after it is once saturated by the inunction—and held close to the fire until it is *quite hot*, it is then applied in this hot condition to the surface of the body with considerable pressure and with a rapid motion.

The room in which the inunction is applied should be warmed to about 90° F. All of the clothing of the patient should be removed except the stocking-knit drawers and stockings. The exposed portion of the body and the arms should be well rubbed with the *hot* woollen rubber, upon which the "vaseline" has been placed. The rubbing should occupy from three to seven minutes on an adult, and half this length of time for a child. At the completion of the anointing of this part of the body, the stocking-knit under shirt should be put on. The drawers and stockings are removed and the remainder of the body treated in the same manner, occupying about the same length of time.

The immediate effect of this application on all individuals who are *thin in flesh*, is the production of a sensation of warmth over the whole of the body, the feet and the hands included, particularly so, if these extremities have been habitually cold. The sensation of cold chills coursing up and down the back, between the shoulders, is soon arrested, and if the patient has been subject to night sweats, these also are soon abated or they will entirely disappear.

Of course the effect of the friction is to redden the surface, by increasing the circulation, and thus induce a warmth of the body, but I believe that it is due to the inunction that this warmth is made *permanent*. The following experiment, which I have had my patients try quite a number of times, indicates that the permanency of the warmth is owing to the presence of the "vaseline," viz.: To rub one extremity with a hot flannel alone, and another with a flannel that had the hot "vaseline" on it. The extremity having the anointment applied to it remained warmer during the day than the one rubbed with the hot flannel only.—*St. Louis Medical and Surgical Journal.*

TREATMENT OF THE VARIOUS FORMS OF PRURITUS CUTANEUS.

BY R. W. TAYLOR, M.D., NEW YORK.

As a sedative to the skin, applicable by means of a general bath, I know of no agent as good or certainly none better than the sulphuret of potassa, the only contra-indication to which is its bad odour. Two to four ounces of this salt with one or two pounds of borax or sal soda, dissolved in thirty gallons of water, will form a bath suitable for severe and extensive cases of pruritus. This must be repeated generally at night, every day or every second day. It is always, in my judgment, well for the patient to lie down and rest, with moderate covering over him, after a bath, as exercise afterwards is followed by an aggravation of the symptoms. My practice is, that after the bath, the skin shall be well anointed, and I have used, and can recommend, the following remedies:

R Glycerin ℥iv.
Acid. carbol ℥i.
Ext. bellad. gr. xx.
Aq ℥ss.

M.

This must be well but carefully rubbed in the skin until it has a soft, unctuous feel. Then again, equal parts of vaseline and glycerine with one drachm of carbolic acid to each four ounces of the ointment is sometimes productive of great relief.

R Acid. carbol ℥ii to ℥iv.
Glycerin ℥ii.
Aq ℥vi.

M.

This is to be carefully sopped on the itching surface, until it is quite soft and unctuous. Again, there are cases in which fatty matters are useful, combined with carbolic acid. Such prescriptions as follow have proved more or less efficacious in my hands:

R Vaseline
Ung. simplicis aa. ℥ii.
Acid. carbol ℥iss.

M.

R Sulphuret potassae ℥iii.
Spts. camphor ℥ss.
Glycerin ℥i.
Aq. q.s. ad ℥vi.

M.

R Picis liquidæʒii.
 Potas-æ causticæʒi.
 Aq. destillatʒv.

M., and strain.

This must certainly, in pruritus, always be diluted, and I have used it in proportions of from two drachms to half an ounce to eight ounces of water.

R Spts. camphʒss.
 Boracisʒii.
 Aqʒvi.
 Glycerinʒii.

M.

Care must always be taken that the mixture is well shaken.

R Iodoformʒi.
 Ether. sulphuricʒii.
 Glycerinʒi.

M.

The iodoform must be finely powdered.

R Chloral. camphorʒss.
 Glycerinʒiss.
 Aqʒvi.

M.

R Acid hydrocyanic dilʒss. to ʒi.
 Spts. camphorʒii. to ʒss.
 Glycerinʒi.
 Aqʒiii.

M.

Sub-nitrate of bismuth or calamine, or precipitated chalk, in the proportion of two drachms to the four ounces of the foregoing mixture, may often be added with benefit. Then again cyanide of potassium may be useful, in cases of limited extent, used with caution and generally not stronger than one drachm to four ounces of water. In cases of limited extent the old black wash is often very beneficial, and it has in my experience often cured severe instances of intertrigo.

R Fol. belladonnae
 Fol. hyosciamiaa. oz. ii.
 Fol. aconitioz. i.
 Acid aceticoz. viii.

M.

The leaves must be reduced to a tolerably fine powder and then mixed with the acid and allowed to macerate two weeks. When ready it forms a heavy dark coloured liquid of pungent smell. Of this, two fluid drachms to the gill of water makes a very efficacious anti-pruritic, and a greater strength even may be used.

R Tr. opiioz. i.
 Spts. camphoroz. ss.
 Liq. plumbi subacet.dr. i.
 Glycerinoz. iss.
 Aq. q. s. adoz. vii.

M.

To be applied continuously on lint. If to this we add half an ounce of the subnitrate of bismuth we have one of the most reliable and efficacious lotions for that common affection of hot weather, prickly heat, which I have ever used, and I speak feelingly. It may be well to mention general tan-baths as being indicated in some cases, and the infusion of quassia as a lotion well spoken of by some writers.

I have been struck with the great relief often produced by preparations of the oils of peppermint or spearmint. They often relieve itching instantly and induce a delightful sensation of coolness. It is not well to use the oils in a pure state but rather the essences variously diluted with water. In severe cases equal parts of essences of peppermint and glycerine are very efficacious painted on the parts with a camel's hair pencil. The oils may be used in the form of ointment in the proportion of from half to one drachm to the ounce of simple cerate.

There are several anti-pruritic powders which are sometimes indispensable. The most important is that which is commonly called Anderson's powder. It is formed as follows :

R Pulv. amylioz. i.
 Pulv. camphdr. iss.
 Zinci oxd.oz. ss.

M.

This must be carefully made, the camphor being reduced to an impalpable powder and then thoroughly incorporated with the other ingredients. It may be either lightly dusted upon the parts, or it may be quite copiously rubbed into the meshes of linen lint and then applied.

Dr. Thomas gives the following very useful formula, the chief agent of which is corrosive sublimate, which as a solution with various adjuncts has been extensively used as an anti-pruritic :

R Hyd. bichlorididr. ss.
 Tr. opiioz. ss.
 Aquaeoz. vii.

M.

This should be sopped on the parts freely and then kept continuously applied on lint. I have used this salt in various forms of pruritus, and have come to regard it as of benefit quite frequently. It must always be used cautiously, especially on a surface of some size. Solutions of nitrate of silver deserve especial mention, applied in various strengths, sometimes particularly in old cases with much thickening of the mucous membrane as strong as from one half, to a drachm and a half, to the ounce of water. The parts are to be painted carefully and then kept apart by lint soaked in water or any lotion used rather less frequently. But of still great value if judiciously and well applied are solutions of caustic potassa and soda of strengths similar to those of the nitrate of silver.

These are generally indicated in old cases with much mucous membrane hypertrophy. When this latter condition exists, it is fair to say that the itching will continue as long as it is not especially treated, and that the symptoms will generally be relieved in proportion as the thickening grows less.

Suppositories either rectal or vaginal may be remembered, for which we have numberless ingredients, some of which I have mentioned. My friend Dr. F. Leroy Satterlee has used with more than ordinary benefit, as a local application by means of a brush, the fluid extract of conium.—*Archives of Clinical Surgery.*

OIL OF TURPENTINE IN SCIATICA.—In the *Edinburgh Medical Journal*, for March, there is an interesting paper by W. Allan Jamieson, M.B., M.R.C.P.E., on "The Treatment of Sciatica by Oil of Turpentine." He gives it in the morning, before breakfast, in the following formula:—

R	Ol. terebinth,	ʒij
	Ol. ricin.,	ʒiv
	Tinct. card. co.,	ʒj
	Mucilag. et aq.	ad, ʒij. •

This draught is given every third or fourth morning, if necessary, but one dose is generally enough. The beneficial effects are supposed to be due to some peculiar action on the intestinal mucous membrane, as pointed out several years ago, in a paper by the late Dr. Warburton Begbie, "On the Actions and Uses of Turpentine."

ACUTE TUBERCULOSIS OF SYNOVIAL MEMBRANES.

M. Laveran, of the Val de Grace Hospital, records (*Le Progres Med.*, Oct. 25) the following instructive case:—A young soldier, twenty-two years of age, who had served only eight months, was admitted into the hospital on June 21st, 1876. He was well nourished, but had never been robust, and had in infancy suffered from an attack of right-sided pleurisy. Six days before his admission he began to suffer from painful swelling of the ankles and knees, the latter being tender and the seat of much effusion, especially the right. There was but slight pyrexia, and no cardiac complication. The case was regarded as one of subacute rheumatism, but on the next day the temperature rose to 102.2°; the patient began to suffer from cough; there was some dulness at both pulmonary bases, pleuritic friction at left base, and sibilant and mucous rales over the whole chest. From this date onwards the pulmonary signs became more marked, with increasing dyspnoea, cyanosis, and a temperature ranging from 102° to 105°. Death took place on July 4th, fifteen days after admission, and twenty-three days after the first onset of arthritic pain. The post-mortem examination revealed acute miliary tuberculosis, the pleurae, lungs, peritoneum, liver, spleen, and kidneys presenting grey granulations in abundance. Four larger tubercular masses, composed of aggregated granulations, occurred in the pons and medulla, but did not appear to implicate any nerve-roots. There was no meningeal tubercle. Both knee-joints were examined; in each there was an excess of transparent synovia, most in the right, and the injected synovial membrane, with its fringes, was in each joint studded with slightly elevated greyish granulations, the size of a pin's head. Under the microscope the tubercles were found to arise in the deeper layers of the synovial membrane, and to present a central granular opacity, with a marginal zone of nucleated cells. Giant cells, of round form, granular contents, and oval nuclei along their margins, occurred in the centre of every granulation. These articular granulations precisely resembled in structure the miliary tubercles infiltrating

the lungs and other organs. M. Laveran draws attention to the occurrence of arthritis as the first symptom of a general tuberculosis, and that of so predominant a character as to lead to a mistake in diagnosis which was rectified as the pulmonary signs became more marked. He believes that the articular pains frequently complained of by the subjects of acute tuberculosis, are probably indicative of the implication of the synovial membranes in the disease; and, further, that some fatal cases of "acute articular rheumatism," accompanied by pleuritis, meningitis, &c., may really be of tubercular nature. The apparently older date of the masses in the pons and medulla in this case was, he believed, simply due to the nodules being formed by the coalescence of a large number of granulations similar to those found elsewhere in the body, and that the outbreak was, in fact, nearly simultaneous in all parts. The instance of a chronic pleurisy with adhesions on the right side was the only evidence of antecedent disease in this case.

REMEDY FOR HEADACHE.—Having observed that bromide of potassium, in twenty or thirty grain doses, and tincture of aconite root, separately, relieved more cases than any remedies I had previously exhibited, I experimented with large doses of the drugs combined. For several years I have been in the habit of giving in these cases sixty grains of the bromide of potassium and ten drops of the tincture of aconite root, in a wineglassful of water; the same to be repeated in an hour or two, if the head be not relieved; but a repetition of the dose is very seldom required. In the case of ladies and others who wish to have the remedy always at hand, or who are about to start on a journey, I supply them with the following mixture:

R	Bromide of potassium,	. . .	ʒ ij.
	Tincture of aconite root,	. . .	ʒ j.
	Distilled water,	}	. . . āā ʒ ij.
	Simple syrup,		

M. S. Take a dessertspoonful in some water every hour until relieved.—*J. E. Lockridge, M.D., in Am. Pract.*

Surgery.

A NEW METHOD OF CURING POPLITEAL ANEURISMS.

BY MARTIN BURKE, M.D.,

Third Surgical Division, Bellevue Hospital.

Early in the autumn of 1876, while Junior Surgeon of the Third Surgical Division at Bellevue Hospital, I happened to read an article in the *Medical and Surgical Reporter* upon a new method of curing popliteal aneurisms, by the employment of a conical shot-bag suspended from a height by a rope, the apex of which cone should press upon the femoral artery in Scarpa's space, and so cause all pulsation to cease in the aneurism below. This article was very brief, and the medical gentlemen, whose name I have unfortunately forgotten, reported a case as having been cured by this apparatus, without pain and within a very brief period. Shot-bags had been frequently placed upon arteries before, either to diminish pulsation below, or even for the cure of aneurisms, but I had never before seen or read of one having been suspended from a height, so that its apex just rested upon the vessel below. Shortly after this Nathan Corbin, a coloured man, aged thirty-nine, was admitted to our wards, suffering from a large but partially solidified popliteal aneurism, in which, however, *bruit* was audible and pulsation forcible. The patient stated that his aneurism had been growing for about two years. Three weeks before his admission he became the patient of a physician who had promised to cure him in nineteen days, and, as his pain at that time was agonizing, he readily consented. An ordinary amputating tourniquet applied in Scarpa's space controlled the femoral artery, but, the patient not being able to endure sufficiently firm pressure, pulsation still continued in the aneurism. At the end of nineteen days, although the aneurism was comparatively hard, and notwithstanding that when the tourniquet was removed his pain was mild to what it had been before, he, nevertheless, refused to continue under his physician's treatment, and was accordingly admitted to Bellevue by Dr. Crosby, Visiting Surgeon, September 20, 1876. Dr. Crosby, having consulted with the house-staff,

was about to decide upon digital compression, when Dr. Pell, our Senior Surgeon, to whom I had communicated the article in the *Medical and Surgical Reporter* before mentioned, suggested the use of the shot-bag suspended from the ceiling. Dr. Crosby having consented to his plan, one of our division-staff recommended that a hollow rubber tubing should connect the bag and rope, so as to make a perfectly elastic apparatus. The tension of the bag upon the artery was regulated by having a hook attached to the neck of the bag, which could be readily slipped into one of the links of a chain which hung to the end of the rubber tubing. The bag was steadied by a long, thin bamboo rod, which reached down the centre of the bag, when filled with shot, almost to its apex. Thus prepared, the bag was now suspended from the ceiling by a rope and pulley, its apex, an inch in diameter, resting upon the femoral artery near the base of Scarpa's space. We now found that, by raising or lowering the bag by means of the chain, pulsation either increased or diminished respectively in the aneurism. As we did not in the beginning wish to shut off all pulsation, we allowed it to rest slightly upon the artery for twenty-four hours; and then, finding that the patient suffered no pain, we increased the pressure, and caused the popliteal aneurism to cease pulsating.

This pressure was carefully continued for eight days, and then, all pulsation having ceased in the aneurism, the bag was removed. During this period our patient took but two grains of opium; he suffered no pain, and but little inconvenience; and, although the cone was steadily maintained in one position, there was no excoriation of the parts beneath. I have omitted to mention that the patient's leg was well wrapped in cotton. He was discharged October 10th, one month after admission.

Dr. James R. Wood now admitted a private patient, with a popliteal aneurism as large as a goose's egg, which had been growing for three months. No cure had been attempted. The shot-bag was applied February 22nd, 1877, and March 10th the aneurism was pronounced cured. During his treatment the patient received about four grains of opium, the shot-bag producing little or no uneasiness. Patient slept heavily,

and for the first ten days frequently neglected to keep the bag in place directly over the artery, so that we were compelled to secure it in position by tabs fastened to the apex of the cone, and reaching to about the patient's thigh. This explains the unusual length of time in effecting a cure.

Our next patient was Joseph Temple, who had been in our wards six months before, suffering with a popliteal aneurism of right leg, for which his femoral artery had been ligated. He had been discharged cured. He now returned with another aneurism the size of a hen's-egg in the left popliteal space, Dr. James R. Wood again admitting him to his wards as a private patient. The shot-bag was applied in this case March 18th; and March 24th, six days after, all pulsation had ceased in the aneurism. For security, the apparatus was allowed to remain on some days longer, and then permanently removed. One week later the patient returned to his home. These three cases illustrate most strikingly the ease and security of using such an apparatus as the one I have briefly considered, not only for popliteal aneurism, but also, with certain modifications, for some cases of secondary hæmorrhage, and for aneurism of other arteries.

In conclusion, I will describe, in a few words, our entire apparatus as it is now in use. The shot-bag should be made of canvas, in the form of a flattened cone, and its apex should measure about one inch in diameter. Either a rounded piece of cork or of India-rubber, one inch in thickness, should be fitted accurately to the inside of the apex of the cone. A long, thin rod, reaching down to and resting upon the rubber in the bag, should be inserted and held directly in the middle of the cone, while shot is being poured around it, and until the requisite weight is attained, say about twelve pounds. A piece of canvas of the requisite size, with a hole cut in its centre for the passage of the rod, is now tightly stitched over the base of the bag. A stout wire hook being now fastened securely both to the centre of the broad base of the cone, and to the rod as it emerges from that point, to prevent it from slipping from its bed, and tabs having been sewed to the conical point of the bag, it is ready for use. And now to suspend

it: A small pulley is driven into the ceiling, through which is passed a rope, both ends of which are to be attached to the wire hook in the shot-bag, with this difference, that one end is passed through rings fastened to the rod, and helps, in a measure, to keep it in place. To the free extremity of the outer end of the rope the rubber tubing is secured, and from a hook in its free end a large linked chain connects it with the hook in the centre of the base of the shot-bag. The chain is merely to regulate the amount of pressure which it may be desirable to employ. Such, then, is this apparatus, which is simplicity itself, and which is at the same time certain in its results and comfortable to the patient in its application. I believe that it is a slight advance, and I trust that it may prove a valuable one, in our knowledge of the treatment of aneurism.—*New York Medical Journal.*

THE MOST FREQUENT CAUSE OF DIFFICULT MICTURITION IN OLD MEN, according to Dr. Busch (*Centralblatt f. d. Med. Wissenschaften*) is not only, as is generally believed, hypertrophy of the prostate, but may depend upon pure hydrostatic causes, which he claims to have demonstrated by a number of preparations. In youth, the sphincter vesicæ is quite close to the point at which the opening force is most exerted. But little of the propulsive power is therefore lost, and the stream can be projected to a considerable distance. At the period of puberty the sphincter is further backward, and the urethral walls must therefore be much more distended. Some propulsive force is thus lost, and the stream is less forcible. Should an hypertrophy of the prostate be now developed, the internal orifice would be found upon an elevation, which dips downward in all directions, but particularly backwards, where more or less deep depressions are liable to be found. If the bladder now contract, the force is exerted not only around the internal orifice, but also upon the lateral depressions; this would naturally tend to close the urethra still more. The ability of the patient to pass his urine without the assistance of the catheter will now depend entirely upon the preponderance of the force exerted from above, over that from the lateral parts of the bladder. It is clear, then, that this difficulty, although usually associated with hypertrophy of the prostate, may occur without any such enlargement, and may exist as a simple depression. The proper treatment to be pursued seems evident. Frequent micturition may prevent the formation of these hollows; the catheter should therefore be diligently employed from the time the affection first manifests itself.—*Clinic.*

CLINICAL LECTURE ON CONCUSSION OF THE BRAIN.

BY D. HAYES AGNEW, M.D., LL.D.,

Professor of Surgery and Clinical Surgery in the University of Pennsylvania.

GENTLEMEN:—This young man was brought into the hospital four days ago. He was playing base-ball when he was struck very heavily on the back of the head with a bat, and if you look you can still see the marks of the blow. The blow was so severe as to knock him down unconscious, and he was immediately conveyed to this institution, lying in a semi-comatose condition. This is a characteristic sign of concussion of the brain, but he had others as well. He had nausea, with some vomiting, a lowered temperature, a feeble and frequent pulse. At the present time he is steadily recovering. His pulse is now about 80, and recovering its force; the temperature is likewise restored to the normal. He has no longer the irritability of the stomach, but complains of a severe headache and feels his limbs very weak. This is a typical case of concussion of the brain.

Now, concussion is one of the conditions of the brain, the pathology of which it is very difficult to analyze. It is usually divided into degrees, a mode of division which I approve of. We may have a simple jar of the brain. The disturbing force is transmitted along the spinal column to the brain, and you have such a molecular disturbance that confusion of ideas follows, and the person staggers and falls to the ground. He may, however, walk a few steps first.

In a degree beyond this the shock may be so great as to cause laceration of blood vessels, and extravasation of blood between the brain and arachnoid, or in the substance of the brain itself, resembling localized apoplexy. The extravasation may be so small as to give rise to symptoms of pressure, or it may be so widely diffused as to cause a fatal form of coma, with complete paralysis of the vaso motor nerves. It is not unlike the condition of congestion preceding inflammation. There is accumulation of blood in the vessels and free transudation of serum. We sometimes find this fluid in the ventricles and in the inferior portion of the brain, as it gravitates. Sometimes the whole

of it descends to the spinal cord. In many fatal cases, where, on autopsy, there is no perceptible lesion, we find this peculiar accumulation of fluid in the spinal canal. In a case which we recently had in this institution, we could discover nothing on post-mortem examination but an unusual quantity of fluid in the spinal canal: it was absolutely full. It was demonstrated that the serum had gravitated from above.

Treatment. The case before us is a rather mild form, probably without absolute lesion. Usually, rest in the recumbent posture will suffice to establish recovery. In this case nothing more seems necessary. When the concussion is more pronounced and the patient remains in a stupid condition, apply external warmth along the spine, to the extremities, and the epigastric region. Be very cautious about giving stimulants to a person suffering from concussion, because the vessels of the brain become congested and stimulants would increase the difficulty. When the system is in such a state as is produced by concussion, the stomach does not absorb readily; we must wait for evidences of action before repeating a dose, if one has already been given. Many persons are killed by neglect or ignorance of these principles. No action of the remedy is seen, and dose after dose is given. When the patient reacts, absorption begins to take place, and a large quantity enters the circulation at once; the heart is lashed into fury and the vessels of the brain become too much congested. After the patient has been suffering for a greater or less length of time, we may then give a stimulant cautiously.

When reaction is set up we get a full, bounding pulse, heat of surface, suffusion of the eyes and intense headache. At this stage we must apply persistent cold to the head, and sometimes blood may be abstracted locally; we may likewise give an active mercurial purge; this I consider the best treatment. If the head symptoms continue, apply a blister and give small doses of a mercurial. Bear in mind, that after any head injury, the patient must not sit up too soon, but he should be kept in the recumbent position until all the symptoms have disappeared.—*The Hospital Gazette.*

REMARKS ON THE TREATMENT OF TINEA TONSURANS.

BY ROBERT J. LEE, M.D., F.R.C.P.,

As it is well known that some of the remedies used for ringworm are less liable to produce inflammation of the skin than others, it is most desirable to give a preference to the former, the production of inflammatory changes seeming rather to retard than promote the action of a remedy. On this principle I have, during the last twelve months, used carbolic acid, the most certain agent for the prevention of the development as well as for the destruction of microspores, with decidedly better results than were observed when iodine, tincture of the sesquichloride of iron, or any other agents had been employed, including Goa powder, which has lately been recommended as superior to most others. There is one important point which must be attended to under any circumstances; and this is, the necessity of much more frequent application of any remedy than is usually considered requisite, for the reason that most species of microspores require only a few hours to advance from one stage of development to another, and that, in order to prevent any increase in the number of the spores, though we may not be able to destroy them, it is absolutely necessary to apply the remedy at intervals of not less than six hours. The best preparation for this purpose is a combination of sulphur and olive-oil in equal parts, to which carbolic acid in the proportion of two grains to the drachm is added. To prevent the contact of the fingers of the person who applies it, and who is liable, without caution, to take hold of a child by the neck or shoulders, and thus produce the disease on other parts, a small sponge or brush should be used. This must be done every four or six hours, the head being washed with Castile soap and warm water night and morning before the application of the carbolised oil. If a stronger solution of the acid be used, as, for instance, in the proportion of 1 to 10, it will be found that a certain amount of inflammation is produced, and the frequent application of such a mixture cannot long be pursued. After making various experiments of this kind, I have found the preparation given above most satisfactory, and

believe that the treatment of ringworm with carbolic sulphur oil may be recommended as superior to any other in common use.

As a matter of experiment, there is no doubt as to the fact that no agent with which we are acquainted is to be compared to carbolic for the destruction of organic life without destruction of organic matter, and that no agent is so useful in treating parasitic diseases of the skin, from the fact that, in proportion to its destructive action on the organisms which produce them, it is the least injurious to the cutaneous tissue.

Attention to details is of such importance in the treatment of tinea tonsurans, that it is necessary to add to the above directions the remark that the hair should be cut close with scissors, and that the oil should be rubbed into the skin for a few minutes. The treatment should be continued for at least a fortnight after the disease has apparently been cured. Either of the following prescriptions may be used. The first has the advantage of not becoming thick or dry from evaporation, while the second is cleaner and cheaper.

R Sulphuris precipitati, zinci oxidi, āā ʒj ; olei olivæ f. ʒj ; acidi carbolici gr. xvi.

R Sulphuris precipitati, zinci oxidi, āā ʒij ; glycerini, aquæ, āā f. ʒijj ; acidi carbolici gr. xvi.
—*Brit. Med. Journal.*

There have been frequent assertions made that the Esmarch's bandage is liable to be followed by various unfortunate and even disastrous results ; and cases are from time to time reported where this certainly seems to have been the fact. These disadvantages, if I may so call them, may be arranged under a half dozen different heads : I. Hæmorrhage taking place immediately after removing the constriction, or at a period sufficiently late to be called secondary bleeding. II. Paralysis of the nerve trunks of the extremity. III. Greater tendency of the flaps, made in amputations, to slough. IV. General gangrene of the limb. V. Thrombosis and subsequent embolism. VI. Pyæmia, by forcing septic matters towards the centre, when the bandage is used in patients suffering from suppurative affections.—*John B. Roberts, M.D., in Archives of Clinical Surgery.*

RESECTION OF THE MEDIAN AND ULNAR NERVES.

Braun (*Centralblatt für Chirurgie*, 1876, p. 536, from *Deutsche Zeitschrift für Prakt. Med.*, No. 25) gives the following case. A labourer, 20 years of age, cut himself in the left arm ; the wound healed, but the fingers remained useless. Ten months after the accident he came under observation. There was a scar in the upper third of the arm, within the biceps ; under this several painful nodules the size of cherry-stones could be felt. The hand was cold, and covered with thin, smooth, brownish-red skin. The nails were thick, crumpled, split, and furrowed. The interosseous muscles and both balls were atrophied ; the symptoms, in a word, showed division of the ulnar and median nerves. There was no hope excepting from operative interference.

By the aid of Esmarch's apparatus, and under carbolic acid spray, the central ends of the divided nerves were laid bare and resected. The peripheral ends were found with difficulty, since they had become retracted nearly an inch, and were somewhat deflected from their normal position. They were freshened and joined to the central extremities by fine sutures, and, the wound being closed, were kept in position by a right-angled splint. There was severe pain in the wound for two days ; it closed after profuse suppuration at the end of a month, at which time the nerve-sutures, with one exception, remained fixed. The sensory and motor paralysis continued, but electric stimulus aroused slight movements in the muscles. Six weeks after the operation the sutures and splint were removed. Six months after the operation, some movement was restored to the hand. Eighteen months after the resection, the condition of the limb was as follows. The forearm was much stronger ; the skin was thicker, warmer, and not so shining ; the nails were less thick and crumpled. The activity of the flexors and pronators of the hand had become almost entirely re-established, while the movements of the ball of the thumb and that of the little finger were still imperfectly performed. Feeling had returned, with the exception of occasional imperfect localization. Irritation of the nerves above the sutures aroused energetic

contraction; below the sutures, none; that is to say, conduction had returned, but not irritability of the peripheral end. The patient was able to perform his work once more perfectly well.

Braun also alludes to another case of Langenbeck's, where resection was performed after two years. It is the late performance of the operation which gives these cases interest; cases of resection of recently-separated nerves are not rare.—*New Orleans Med. and Surg. Journal.*

ABORTIVE TREATMENT OF BUBO.

BY SURGEON J. K. CONWAY, M.D., R.N.

As I have not seen any record lately in the medical journals of the successful treatment of bubo on the abortive system, I beg to give some experience of it gained during service at the Cape of Good Hope Royal Naval Hospital under Fleet-Surgeon Breen's direction during 1874-5-6.

The fleet-surgeon adopted M. Malplaquet's discutient plan, and put it into practice as follows:—The cuticle over the swelling having been removed by blistering fluid to the extent of a shilling piece, a scrap of lint steeped in a saturated solution of perchloride of mercury was applied to the raw surface, with a linseed poultice over all, and left for about twenty-four hours. When again seen a greyish eschar was found to have formed, and we had occasion to notice that the firmer was this eschar the more certain and speedy was the good result. After two or three days' poulticing a clean, shallow, granulating depression only remained for treatment, and readily healed by simple means, the swelling itself having meanwhile quite disappeared.

Twelve cases of inguinal bubo, ten of which were accompanied by soft sores on the penis, were thus treated, with the best results in all. Such being the case I am encouraged to bring this mode to the prominent notice of the profession through the valuable columns of *The Lancet*. I must add that except sharp pain of short duration, immediately following the application of the mercurial solution, no inconvenience was complained of.—*London Lancet.*

TREATMENT OF RINGWORM BY GOA POWDER.—In several articles recently published in the *British Medical Journal*, the virtues of this remedy have been discussed. Having formerly been a resident in the East for nearly two years, and having treated a large number of cases of the so-called "Doby's ringworm," or *trinea circinata*, both among natives and Europeans, I may add my mite to the inquiry. This disease, which is so common in India and China that almost every individual becomes at some period affected with it, is successfully treated with several external applications, such as tincture of iodine, solutions of mercury, etc. Undoubtedly, the most certain and rapid is that of Goa powder. I have found, in acute cases, that one application was usually followed by recovery. In chronic cases, two or three may have been necessary to thoroughly eradicate the disease. In no single instance do I remember the employment of this drug to have failed in effecting the object desired.—*Dr. A. H. Bennett, in British Medical Journal.*

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

—At the annual meeting of the Council of this Institution, on July 12th, Mr. John Birkett, consulting-surgeon to Guy's Hospital, was elected President; and Mr. John Simon, C.B., F.R.S., surgeon to St. Thomas's Hospital, and Mr. Luther Holden, surgeon to St. Bartholomew's Hospital, were elected Vice-Presidents of the College for the ensuing year. Mr. T. Spencer Wells was elected Professor of Surgery and Pathology; Mr. W. H. Flower, F.R.S., and Mr. W. K. Parker, F.R.S., were re-elected Hunterian Professors of Comparative Anatomy and Physiology; Mr. W. J. Erasmus Wilson, F.R.S., was elected Professor of Dermatology; Mr. B. T. Lowne was elected Lecturer on Anatomy and Physiology.

DEATH FROM TRANSFUSION.—A man died in Liverpool, England, lately, from having had his blood transfused into another man who was ill. He went on all well for a day or two afterwards. He then became ill, got gradually weaker, and died from erysipelas. The deceased was a man of full habit, and was occasionally given to drinking.—*Med. and Surg. Reporter.*

Midwifery.

TREATMENT OF PLACENTA PRÆVIA.—Dr. R. Davis, of Wilkesbarre, in his address upon Obstetrics before the Medical Society of the State of Pennsylvania, in May last, advocates the following plan of treatment of placenta prævia, which is a material modification of Barnes's operation. As soon as the os uteri will admit two or three fingers, pass the hand into the vagina. Ascertain by sweeping the finger round between the placenta and uterus (without disturbing their connections) on what side the separation of the placenta is most extensive. That will always be the side of the least extensive attachments. Introduce two or three fingers, upon that side, up between the placenta and the uterus until the border of the placenta, where the membranes begin, is reached, severing the attachments as you go, if any remain; then hook the fingers over the border and draw the placenta forcibly down and pack it closely to the other side. The membranes will, of course, come down with it, and will protrude through the open mouth of the womb. Rupture the membranes at once, and empty the womb of its waters as thoroughly as possible. The head, if it presents, and if pains are active, will now engage in the os, and will crowd the placenta to the side of the cervix, on one side, and will block up the open mouths of the vessels upon the recent seat of the placenta on the other, *and the hæmorrhage will cease*. In every case in which I have resorted to this procedure such has been the happy result, and I have been left free either to allwo the labour to end naturally or to end it myself by the forceps.—*Amer. Jour. of the Med. Sciences.*

ON THE TREATMENT OF UTERINE INVERSION BY THE ELASTIC LIGATURE.—In a case of uterine inversion in which he had tried reduction ineffectually by all the means usually employed, M. Arles drew out the inverted uterus and surrounded it by a moderately tight india-rubber tube. The results were very simple, and the tumour came away in a fortnight. M. Arles affirmed that the elastic ligature is superior to all the methods hitherto employed.—*London Medical Record.*

TOPICAL APPLICATIONS FOR THE UTERUS.—Dr. Robert Batey highly recommends *iodized phenol*, of which the following is the formula: iodine, one-half ounce; cryst carbolic acid, one ounce. Mix by gentle heat, and add cryst carbolic acid, one ounce; water, two drachms. Mix. This can be used in full strength or in various degrees of dilution with glycerine—it combines the local anæsthetic effects of the acid with the alterative effects of the iodine. The degree of dilution depends on the character of the case, and varies from two-thirds to one-fourth. Chronic cervical affections of the cervical canal and endometrium, uterine hypertrophy, and subinvolution, are particularly suited for its application. It can be applied by painting with a brush, or with the probe armed with cotton wool.

Dr. J. P. Thomas proposes the following formula: iodine, half-ounce; chloral hydrate, one ounce; liquified carbolic acid crystals, one ounce. Rub the first two together in a mortar, then add the latter, rubbing until a dark homogeneous liquid is formed. Dr. T. says, "In chronic hypertrophy and induration of the os and cervix, I have never found any application equal to it. He seldom dilutes the formula, but if necessary this may be done with glycerine.—*Practitioner.*

THE HYPODERMIC USE OF THE TINCTURE VERATRUM VIRIDE IN PUERPERAL ECLAMPSIA.—It is with great diffidence that I present this communication for publication. Nothing but a sense of duty that I owe to the profession actuates me. Hoping that the importance of the subject will command attention, I more confidently assume the task. In the treatment of a case of puerperal eclampsia, I extemporaneously administered the tincture of veratrum viride by hypodermis, succeeding ultimately in checking the spasms. I have been led to try the virtue of the remedy in several cases since; meeting with happy results. I feel warranted in claiming for it a new interest to the profession. The amount used should be two to five minims, proportionate to the strength and frequency of the pulse. My father has long been in the habit of using veratrum in puerperal and hysterical convulsions, but I think I am the first to use it in the way described in this paper.—*By J. W. Griggs, M.D., in Atlanta Medical and Surgical Journal.*

Original Communications.

FOUR THOUSAND SEVEN HUNDRED AND FOUR CASES OF MIDWIFERY.

ATTENDED BY JAMES ROSS, M.D., TORONTO.
1852-1877.

ANALYZED BY R. ZIMMERMAN, M.D., TORONTO.

Age of the Mother.

The age of the mother was noted in 3,839 cases.

In	1 it was 15½ years.	In	90 it was 33 years.
6	" 16 "	64	" 34 "
7	" 17 "	136	" 35 "
45	" 18 "	140	" 36 "
39	" 19 "	72	" 37 "
256	" 20 "	112	" 38 "
160	" 21 "	29	" 39 "
261	" 22 "	114	" 40 "
175	" 23 "	18	" 41 "
280	" 24 "	30	" 42 "
165	" 25 "	13	" 43 "
305	" 26 "	9	" 44 "
176	" 27 "	13	" 45 "
324	" 28 "	9	" 46 "
65	" 29 "	2	" 47 "
445	" 30 "	2	" 48 "
64	" 31 "	2	" 49 "
205	" 32 "	1	" 50 "

Sex of Child.

In 4,635 cases in which the sex of the child was noted there were,

Males 2,443 (Females 2,192

Mortality of Mothers.

The number of mothers lost was 22, or 1 in 213 $\frac{1}{11}$. Of these

- 4 died from puerperal fever—death occurring on the fifth, sixth, seventh, and twenty-eighth days respectively.
- 3 died from puerperal peritonitis on the sixth, sixth, and tenth days.
- 1 died from scarlatina maligna and rheumatism on the twelfth day, and
- 2 " " " on the fifteenth and twentieth days.
- 1 died from puerperal phlebitis on the fifteenth day.
- 1 " " fever and pleuropneumonia on the eighth day.
- 1 " " mania on the seventh day.
- 2 " typhoid fever on the twenty-fourth and twenty-ninth days.
- 1 " phthisis on the eleventh day.
- 1 " " and heart-disease with flooding, on the thirteenth day.
- 1 " placenta prævia.
- 1 " dysentery (acquired some time previous to labour) on the tenth day.
- 1 " suffocation and collapse eight hours after labour, (she had had pleuropneumonia several days.
- 1 " had had gastritis and pleuropneumonia for several weeks—labour induced near full term, death occurring seven days after.

Mortality of Children.

Two hundred and eighty-seven children were lost, or 1 in 16 $\frac{1}{2}$ (nearly). Of these there were,

Full term 193
Not full term 94

the latter ranging from the fifth to the eighth month.

In 76 death had occurred from a few days to several weeks before labour.

- 4 death was due to craniotomy.
- 1 " " morbus cereuleus.
- 3 " " hydrocephalus.
- 13 " " deformity (acephalous, spina bifida, &c.)
- 12 " " placenta prævia.
- 10 " " prolapsus funis.
- 35 cases where the child was born dead the forceps were used.
- 17 " version was performed.
- 4 " the pelvis was contracted.
- 17 " the shoulder presented.
- 22 " the foot " "
- 31 " the breech " "
- 25 " there was accidental hæmorrhage.

Presentations.

In 3,753 cases the head presented.

- 111 " breech "
- 48 " foot "
- 28 " arm or shoulder presented.
- 22 " face presented.
- 5 " brow "

Position in Head Presentations (when noted).

- 2,840 were occiput left anterior.
- 346 " " right "
- 241 " " posterior.
- 119 " " left "

One hundred and thirty-four head presentations, with occiput posterior, were converted by rotation with the finger into occiput anterior.

Breech Presentations.

One hundred and eleven, or 1 in 42 $\frac{43}{111}$. Of these 79 children were saved and 32 lost—1 in 3 $\frac{1}{2}$.

- 9 were twin cases.
- 5 had been dead some days.
- 6 died from accidental hæmorrhage.
- In 1 the pelvis was contracted.

Foot Presentations.

Forty-eight—1 in 98. Of these 27 children were saved and 21 lost.

- 1 died from accidental hæmorrhage.
- 2 " placenta prævia.
- 2 " deformity.
- In 1 the pelvis was deformed.
- 5 were dead some days before birth.

Arm and Shoulder Presentations.

Twenty-eight—1 in 168. Of these 10 children were saved and 18 lost.

In 1 craniotomy was performed.
2 there was placenta prævia.

One case was dead before labour, and one was spontaneously converted into a breech.

Face Presentations.

Twenty-two. Of these 16 children were saved and 6 lost.

In 1 case version was performed.
" forceps were used.

Six cases were converted by the hand into occiput right or left anterior.

Brow Presentations.

Five. Of these 4 children were saved and 1 lost.

Two cases were converted into an occipital and 1 into a face presentation.

Unclassified Presentations.

In 1 the back and side presented.
2 the lumbar region "
1 the thoracic " "
2 the feet and head "
2 the foot and arm "
2 " head, arm, and hand presented.
2 " " breech presented.
1 the knee presented.

Twin Cases.

Seventy-seven—1 in 61 $\frac{1}{11}$. Children saved, 136; children lost, 18—2 of the latter being premature, and 2 dying before birth.

In 31 cases both children were males.
23 " " " females.
23 " one child was male the other female.

Presentations in Twin Cases.

In 33 both were head.
10 one was head the other feet.
2 both were breech.
13 one was breech the other head.
1 " head " brow.
3 " " " shoulder.
1 " feet " arm.
1 " head " arm and face.
1 both were feet.
1 one was breech the other foot.

In one case the placenta followed each child.

Version.

This was performed in 38 cases. In 15 the child was saved; in 23, lost.

Accidental Hæmorrhage.

This occurred in 30 cases. In 7 the child was saved; in 23, lost.

Puerperal Convulsions.

This occurred in 5 cases, with favourable results to mother and child in all.

Prolapsus Funis.

This occurred in 14 cases. In 4 the child was saved; in 10 the child was lost.

Forceps Cases.

One hundred and seventy-three—1 in 27 $\frac{2}{173}$. The forceps were used in 173 cases with favourable result to mother in all.

There were 91 multiparæ, in which 73 children were saved and 18 lost. There were 82 primiparæ, of which 60 children were saved and 22 lost.

In 3 cases the child had been dead some days.

9 " the pelvis was contracted.
2 " the children were hydrocephalic.
2 " craniotomy was performed.
3 " the funis prolapsed.
3 " death occurred by constriction of the neck by the cord.

Placenta Prævia.

This occurred 13 times.

Mothers saved, 12; lost, 1.
Children " 2; " 11.

Ruptured Perineum.

This occurred 18 times—17 partial and 1 complete. In these 17 cases no operative treatment was necessary. In the 18th, the child was born before the doctor's arrival, and he did not see the patient subsequently.

M. Lepine administers vapour-baths an hour before the probable commencement of the shivering fit in intermitting fevers, while the patient is still feeling quite well, and finds that they keep off the fit, although the urine, by its special modifications, indicates that the fever has followed its course. The baths he recommends as an aid to the treatment by quinine.

Sir Francis Hicks, Treasurer of St. Thomas' Hospital, died somewhat suddenly at Margate, on September 1st. It is reported that the Lord Mayor, Sir Thomas White, will be his successor in the office of Treasurer to St. Thomas Hospital.

VERY LARGE CYSTINE VESICAL CALCULUS—LITHOTRITY—CURED.

BY R. ZIMMERMAN, M.D., TORONTO.

J. M.—, brass-finisher, at. 35, a native of Scotland. Family history good; no hereditary disease. Had always been healthy up to the early part of 1876, when he began to be troubled with pain at the end of micturition, frequent micturition, with pain occasionally in the testicles and retraction. Had pains in the course of the ureters. About this time, after severe pains in the region of the ureters, he passed two calculi, described as being oval, brownish, and about the size of cherry-stones—both passed together. These were not examined, as, unfortunately, they were lost.

In August, 1876, he applied to me for treatment, complaining then of symptoms of vesical irritation. On examining his urine, microscopically, I found plates of cystine, otherwise the secretion appeared healthy. In the fall of 1876 the urine became purulent, and the symptoms increased in severity. Early in 1877 blood appeared in the urine; micturition became exceedingly frequent and painful, with occasional stoppage of the flow. Urine purulent. After the first prescription in August, 1876, I did not see him professionally until the latter part of April, 1877, when he was obliged to give up work on account of the severity of the symptoms. On sounding him, in consultation with Dr. J. E. Graham, a calculus was readily detected, and although the urine was slightly albuminous it was decided to crush.

The first operation was on May 7th—Drs. I. H. Cameron and Graham being present. The sittings were repeated eight or nine times, at intervals of from four to seven days. The stone offered considerable resistance to crushing. The bladder was not washed out. The patient stood the operations well—a fact no doubt in very great measure due to his exceedingly temperate habits. On one occasion he had rigors and vomiting, readily controlled by twenty grains of quinine with a quarter grain of morphia. He was, owing to nervousness, extremely difficult to anæsthetize, it sometimes taking as long as an hour and a quarter to bring him under the influence of chloroform.

Ether acted no better. The only drawback to the satisfactory progress of the case was the impaction of angular fragments in the scrotal portion of the urethra. This occurred several times, and on all but one occasion were removed—sometimes under chloroform—by means of the urethral forceps. On one occasion I had to slit up the meatus; on another, I had to excise a fragment just anterior to the scrotum. This left a fistula, which has now (September 24th) completely closed—the treatment adopted being the occasional use of nitrate of silver point. The patient has recovered completely, my attendance having ceased on July 9th, when he went to the country for a few weeks. To use his own words, he now “feels like a new man.”

From the amount of sand and fragments collected by me, and given to Prof. Croft and others, I am satisfied that the stone weighed at least 800 grains, and probably more. When first seized with the lithotrite it registered over one inch and a half. Drs. J. E. Graham and I. H. Cameron assisted me throughout the case. The only medicine given was quinine and tincture of iron as a tonic, with infusion of triticum repens, in ʒi doses, thrice daily. This latter appeared to have a good effect on the bladder.

NOTES ON CYSTINE.

BY H. H. CROFT, D.C.L., F.L.S.

It is not often that an opportunity occurs of examining the substance cystine, which rarely occurs in the form of a vesical calculus. In the catalogue of calculi in the Museum of the College of Surgeons, (London, 1842,) only three or four are mentioned as occurring in the human subject. The calculus has been found in the ox and dog, and cystine has been observed in small quantities, but very rarely, in other calculi. A curious fact is that the disease seems to be hereditary, calculi of the same kind having been found in several of one family. Another point of some interest is that the calculus is generally solitary (the writer knows of no case in which several calculi have been found).

The size of the cystine or cystic oxide cal-

culus varies. The largest specimen is that in the collection of the London University, weighing 850 grains, examined by Bence Jones; others of from 700 to 800 grains have been reported and described. The calculus extracted by lithotomy in the recent case in the practice of Dr. Zimmerman, must have been equal, if not greater, in weight than most of the foregoing. Unfortunately the writer, from absence, has lost some notes as to weights of the calculus; but the whole amount was about 520 grains as received by him. Considering that the broken up calculus was passed with the urine, that much must thus have been lost, and that many specimens were given to other parties, and from the apparent size of the calculus before extraction, it may safely be concluded that this was one of the largest cystine calculi which have been met with.

The composition of cystine was once considered to be carbon, hydrogen, nitrogen, and oxygen. It was found that the loss in the organic analysis, which had been calculated as oxygen was really due in part to sulphur, the equivalent of sulphur being exactly double that of oxygen. Hence the formula of cystine, which seems to be a substance *sui generis*, may be $C^3H^7NO^2S$, as the lowest expression; it was formerly given as $C^3H^7NO^4$.

Whether this is the true formula of the body is a question; it combines with acids forming definite crystallisable compounds, which the writer hopes to examine, and thus determine the true equivalent of cystine.

DETECTION OF CYSTINE.

The calculus burns away, leaving only a very small residue. The gases evolved are pungent and quite different from those obtained from ordinary calculi.

The odour of the urine of patients, suffering from this calculus, is very disgusting, resembling that of putrid urine.

The test for cystine, as given by Liebig, is to add caustic potassa to a solution of lead acetate until the precipitated lead oxide is dissolved; then to add the solution of the cystine in potash or ammonia, and boil. A brown or black colour indicates its presence.

The writer has found that the solution of the

calculus in ammonia may be used at once with the addition of a few drops of lead acetate. On boiling, the brown or black colour is almost immediately produced.

On heating cystine with caustic potassa, the substance is decomposed, potassium sulphide is formed, and may be detected by salt of lead or by sodium nitroprusside, or other tests for sulphur. If ammonia has been used, these tests fail, on account of the volatility of the ammonium sulphide which is formed.

If the experiments be made with caustic potassa, or ammonia, without boiling, no result will be obtained, showing that the sulphur forms an integral part of the cystine, and does not exist as an ordinary sulphide.

When a fragment of the calculus is heated on platinum foil, there is produced a transient blue colour, disappearing on further heating, due probably to formation of platinum sulphide.

The analyses of this rare substance are as follows:—

	Trout.	Taylor.	Francis.
C	30.49	30.79	29.61.
H	5.10	5.78	6.03.
N	11.85	10.99	11.48.
O	52.56	28.86	28.87.
S	..	23.58	24.01.

The calculus always contains some mineral matter: calcium phosphate, magnesian double phosphate, and others, seldom amounting to more than three or four per cent. The specimen under examination gave 91.5 of cystine, soluble in dilute ammonia and giving fine hexagonal tables on evaporation.

The substance when heated is said to give off vapours containing hydrocyanic acid; the pungent odour evolved seems to the writer to resemble cyanic rather than hydrocyanic acid. A further examination of this very interesting calculus, for which the writer is indebted to Dr. Zimmerman, will form the subject of a future paper.

Dr. Janeway, at the New York Pathological Society, referred to three cases in which an exploring needle had been broken off in the pleural cavity. No unpleasant symptoms resulted.

MODERN OTOLOGY.

BY R. A. REEVE, B.A., M.D.

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(Continued from page 317.)

The modern treatment of chronic purulent otitis is in marked contrast with that of former days. There is no case that cannot now be mitigated, while chronic and inveterate cases, that were once thought to be hopeless and were neglected, now prove quite amenable to treatment. There are yet too many instances in which treatment falls short of effecting the sound healing of the parts involved, but failure can generally be fairly charged to scrofulosis. Not infrequently months, and sometimes years, elapse before a firm cicatricial membrane lines the tympanum. The hearing often greatly improves *pari passu* under treatment, but, unfortunately, arrest of the morbid process does not imply restoration of audition. This fact is of special import in the case of young subjects, for deaf-muteism is by no means always congenital, but often results from neglected ear-disease after birth. A prejudice exists against interference with 'otorrhœa,' lest the disease be transferred to the brain, &c., &c.; and upon the profession rests the onus of showing on proper occasions that this opinion is false in fact and likely to prove vicious in its effects: an incessant purulent discharge means a large quantity of blood worse than wasted, not to speak of secondary mischief that may occur. Thousands of cases of chronic otitis are annually arrested without any reaction save a healthful one.

Cleanliness is a prime requisite in the treatment of these cases. The frequent removal of the pus by gentle syringing or the use of the douche will at least prevent the irritation of the tympanum that is kept up by the decomposition of the retained secretions, and reduce the danger of septiciœmia, and also the offensive odour so characteristic of suppurating ears. One of the secrets of success in treatment is the removal of all secretions so that the medicine introduced may act directly on the diseased surface. A bleb of muco-pus or tough mucus often remains in the middle ear after syringing, and by forming a coagulum with the astringent, or caustic,

nullifies the effect of the instillation. This is one cause of the general failure of 'ear-drops' prescribed for use by the patient. It is often necessary to use a miniature probang, made by twisting a little fine cotton wool into a cylinder on the roughened end of a probe (or crotchet needle), by gently rotating which against the parts any residual discharge may be removed. And this end is also promoted if Valsalva's or Politzer's method be practised.

Polypi should in all cases be removed without delay, by the "snare" if possible; and when forceps are used torsion and not traction should be employed. Polypoid granulations should be cauterized under illumination by the mirror with a few crystals of acid chromic on the end of a probe, or by acid-nitric, chloroacetic, tinct. ferri perchlor., &c.; or by a small bead of argenti nit. fused on to the end of a bent probe or wire, or by instillation of a few drops of strong solution of argent. nit.: *e.g.*, 60 to 480 gr. ad. oz. i., the ear being at once flooded with a warm solution of sodium chloride to neutralize excess and subdue pain. In the simple granular condition of the tympanum astringent drops, as *e.g.*, zinci sulph., or cupri sulph. gr. ii. to x ad. oz. i., with small percentage of acid, carbolic or sol. zinci sulpho-carbol. gr. v. to xx. ad. oz. i. instilled two or three times a day and allowed to remain in the ear from three to five minutes, Valsalva's method being done, sometimes suffice; and they are at least useful adjuncts where solutions argenti. nit. gr. 40 to 80 ad. oz. i. may be required two or three times a week.

This expedient of attempting a forcible expiration with mouth and nose closed (Valsalva), and also of swallowing, while the medicated fluid is in the ear, causes the solution to pass down the Eustachian tube, and has thus the additional merit of relieving that succulent and secretive condition of the tubal mucous membrane which often co-exists with chronic otitis and, as an extension of naso-pharyngitis, is one cause of its chronicity. It is also a simpler and safer plan than that of forcing solutions through the Eustachian tube into the pharynx *via* the middle ear, by means of a syringe fitting tightly into the external meatus. The simplest way of effecting prolonged contact of astringents, anti-

septics, &c., is that of gently placing at the inner end of the meatus or in the middle ear a little ball of medicated cotton wool, which has been prepared by soaking in sol. aluminis or zinci sulpho-carbol., acid. carbol. boracic, or salicylic, &c., and drying. In some cases the pellet, which should be replaced several times a week, also improves the hearing power by the slight pressure it exerts on the ossicles, taking the place of the artificial drum-head of rubber. In most instances constitutional treatment is required, and in many instances is indispensable, the indications being such as have to be met in similar systemic and local conditions existing in other affections, and as in cases of pharyngeal and aural catarrh, especially in children, much attention should also be paid to hygiene. The protracted nature of the morbid process renders necessary much patience and perseverance; and since the prognosis in regard to the hearing is often unfavourable, it becomes an imperative duty, in order to enforce appropriate treatment, to discreetly point out the evils of neglect. Bearing in mind the danger of mastoid disease, and of secondary pyæmia or cerebral abscess, a purulent otitis is certainly a more serious condition than many others which justly receive careful treatment; and there can be no doubt that an "otorrhœa" should have at least the degree of attention which has long since been given to a chronic conjunctivitis, for example.

Diseases of the ear always assume additional gravity when the mastoid becomes involved. Acute congestion or periostitis not unfrequently develop by continuity in acute aural and purulent catarrh; and if hot fomentations, leeching and blistering do not reduce the pain, tenderness and swelling of the process in twenty-four or thirty-six hours, a long cut should be made down to the bone, the local depletion relieving the tension or cutting short the inflammation, preventing exfoliation, &c. Undue prominence of the auricle not due to furuncle of the meatus is a pretty sure indication for a deep incision. It is, however, the chronic purulent otitis that most frequently causes serious mastoid disease, for, apart from the periostitis of the cells and process which may occur, caries and necrosis may also develop. The latter often present

symptoms similar to periostitis, and in both there is at times a coincident arrest or lessening of the discharge from the middle ear; but sometimes deep-seated pain, relieved it may be, but not removed, by leeching, &c., and tenderness on firm pressure upon the process, are the only indications. An incision should be made down to the bone as before, an inch or more long and about a half-inch behind and in a line with the insertion of the auricle. If a sinus be detected it should be made larger by a drill, and if there be no sinus, but the bone be soft and roughened, or there is a fair assumption of caries and suppuration in the cells, an opening should be made into the latter with a small drill or trephine. The instrument should pierce the bone nearly a half-inch behind and on a level with the mouth of the meatus, and be worked inwards, forwards, and slightly upwards. The cells will generally be entered at from one-sixth to one-fourth of an inch, the bony septa may be broken down if necessary, and then a tent should be inserted, hot fomentations or poultices being applied for a time, to be followed by dressings, lotions, &c., p.r.n. If there be suppuration the cells should be syringed daily with a weak carbolic astringent wash, and the tent should be continued till the sinus heals from the bottom. This operation has now a recognised place in aural surgery as a safe and valuable preventive of a fatal extension of the mastoid complication. Out of sixty-seven cases of mastoid disease collected by Dr. A. H. Buck, thirty were operated on, of whom twenty-two recovered; thirty-six ended fatally, and only three had a spontaneous recovery.

Diseases of the labyrinth are less understood and less amenable to treatment than those of the external and middle ear, and are fortunately relatively infrequent. So called "nervous" deafness was formerly a very common affection, but advances in diagnosis and pathology have reduced the actual number of such cases to a small percentage. It is now well known that a marked deafness may be due to obstruction of the meatus, as by cerumen, or to disease of the tympanum; though the latter is recognised as a cause of morbid changes in the internal ear. Irritation of the auditory nerve producing tinnitus is a very common symptom of aural catarrh. A

thickened and unyielding state of the membrane of the round and the oval window, or excessive pressure on the labyrinth fluid through the medium of the ossicles from undue concavity of the drum-head and secondary contraction of the tensor tympani, which often occur in the course of a chronic aural catarrh, will explain the confirmed tinnitus and secondary changes in the labyrinth. The early and systematic treatment of middle ear trouble, and when confirmed, the attempt to improve the subjective conditions by operative measures, are features of modern treatment indicative of its progressive character, and tend to materially lessen disease of the internal ear.

The protracted retraction of the membrana tympani frequently causes secondary and permanent contraction of the tensor tympani muscle, thus increasing the pressure upon, and irritation of, the labyrinth; and hence tenotomy of the tensor tympani has been introduced. The tendon is cut by means of a long-handled cutting needle or angular hook, which is made to pierce the drum-head just in front of, or sometimes behind, the manubrium mallei; but a fair testing of this delicate operation in different hands has been followed by such uncertain results as to indicate that this procedure should only be attempted as a last resort. Artificial perforation of the drum-head by linear or crucial incisions, &c., or by the insertion of an eyelet, has also been employed with a somewhat similar intent, but with indifferent results. Early puncture or incision of the drum-head in purulent otitis media has been referred to, and is important as a prophylactic. In some cases also adhesions of the drum membrane to the promontory have been divided with some subjective benefit. Paracentesis of the membrana secundaria to relieve possible intra-labyrinthine tension, as hinted at by Knapp, may yet be attempted.

A high degree of deafness, with tinnitus, and the fact that closure of the meatus does not intensify the sound of the tuning-fork but rather lessens it, would indicate greater or less implication of the labyrinth, in the course of an aural catarrh, or from blood poisoning as in syphilis, fevers, erysipelas, or from probable anæmia in child-birth, and would suggest an unfavourable prognosis as to the restoration of hearing. But pure nerve deafness is generally marked by more or less sudden and total loss of hearing, with or without tinnitus; and by other symptoms, such as vertigo, nausea and vomiting, and loss of equilibrium, which may legitimately be referred on physiological grounds to coarse changes in the *semi-circular* canals.

The recovery in a short time of wonted health, but with abiding deafness, in many cases having this group of symptoms, points pretty conclusively to apoplexy or serous exudation within the labyrinth; while from analogy at least, as well as the results of some post-mortems, it is fairly held that purulent inflammation of the membranous labyrinth is, as a rule, the pathological condition in the aural complication of simple and cerebro-spinal meningitis, puerperal fever and other pyæmic diseases. The so-called Meniere's disease is not limited, as he thought, to the *semi-circular* canals, for the coincident loss of hearing, with occasional deafness for certain groups of musical sounds (Knapp), indicates that the cochlea also is involved; and it may be regarded as essentially a primary or secondary hemorrhagic or serous inflammation of the whole labyrinth. The assertion of Voltolini that very many cases of inflammation of the internal ear have been mistaken for meningitis, more especially in young subjects, and that there is no such affection as cerebro-spinal meningitis causing deafness, has been fully disproved; but the investigation of such cases, and the observation of Hughlings Jackson that deafness does not result from coarse cerebral changes unless the auditory nerve is actually involved or pressed on (a rare event), coupled with his assumption that epileptiform seizures possibly result from thrombosis in cases of purulent otitis media, and his statement that in some cases of purulent otitis in children there is persistent hemiplegia—an important case of Roosa's being adduced—and that in all cases of hemiplegia in children the ear should be examined; and the fact that acute lesion of the labyrinth sometimes occurs in eclampsia infantum, and also that head symptoms, due solely to ear disease, have been so grave as to wholly distract attention from the real mischief, are sufficient evidence, apart from considerations already adduced, that the ear and its disease merit the study of every practitioner. Then, too, the fact, which is becoming increasingly evident, that more than fifty per cent. of the cases of deaf-muteism are the results of aural disease after birth, and that the primary morbid condition (aural catarrh generally) is in many instances to a certain extent remediable, deserves attention in this connection. Unfortunately, disease of the labyrinth is but slightly amenable to treatment. Any middle ear trouble should be treated *sec. art.*; and in the more recent cases where the deafness may not be very profound, local depletion, counter-irritation, mercury, potassium iodide and bromide, &c., &c., will occasionally be found of some service. Electricity has been fairly tried in skilful hands, and proved to be practically useless.

Translations.

DOUBLE PSOITIS FROM STRAIN; PYCEMIA.

BY M. ALFRED BULTEAU.

(Read before the Clinical Society of Paris.)

A man, aged 41, by occupation a mason, entered the Hospital Beaujon on the 5th of March, 1877, under M. Guyot. He had been in the surgical ward since February 27th, and was treated for lumbago. On the 20th February, whilst lifting a barrow of mortar, the patient felt something crack in the region of the kidney, soon followed by very severe pain. He was obliged to leave his work immediately, and was unable to resume it the next day. Since that time he kept to his room; the pains in the kidneys were so violent that he could not sleep. *State on admission:* Strong, vigorous, of good constitution, he appeared to enjoy excellent health. He complains of violent pains in the kidneys. A slight swelling of a yellowish tint is noticed in the left lumbar region, limited to the sacro-lumbar mass on the costo-iliac space. It is painful; the pain being increased by pressure all along the lumbar region, only slightly passing the median line, and occupying the whole of the œdematous part on the left side. The patient can scarcely stand; he walks with difficulty, and slightly bent; all his motions are executed slowly and with caution. M. Prof. Lefort did not hesitate to diagnose: lumbago following a strain. Four days after his admission high fever set in, and at the same time, active delirium; the facies assumes the typhoid aspect, the abdomen swells, and on auscultation of the chest, a general bronchitis is diagnosed. The bladder becomes paralyzed, and the catheter has to be used for two days; incontinence of urine soon sets in. The typhoid symptoms become marked, and the patient is transferred to the medical side, with the diagnosis of continued fever. We saw the patient first on March 6th. His countenance is suffused, his typhoid aspect marked. The tongue is dry and fissured, the abdomen swollen and painful, with gurgling in the right iliac fossa. The stools are loose, but the rose spots are absolutely wanting. Both lungs are greatly engorged. The whole

lumbar region, especially on the right side, is œdematous, and very painful on pressure. The patient has difficulty in moving his lower extremities. There is no marked paralysis, but merely paresis. The pain in the kidneys, increased by the slightest motion, seems to account for the difficulty in moving. M. Guyot accepts with all reserve the diagnosis of perinephritic inflammation. The following days aggravate the general condition. The adynamia and stupor increase. The lumbar œdema persists without change, but the tenderness has disappeared. Urine slightly albuminous. The paralysis increases, but remains incomplete; but there is absolute incontinence of urine and feces. Temperature from 39° to 40°. M. Guyot returns to his original diagnosis of typhoid fever of spinal form. The 11th of March both parotids are swollen, also the left epididymis. Respiration anxious and hastened at times, the dyspnœa not being accounted for by the slight bronchitis. On the thirteenth the parotids are incised, the pus is infiltrated, and flows but slowly. On the 16th the left leg is œdematous, and there is effusion into the left knee joint. The lower extremities are almost completely paralyzed. The patient died the next day. *Autopsy:* Lungs, liver and spleen healthy. The walls of the heart soft. Valves healthy. Peyer's patches normal, mesenteric glands not enlarged. Kidneys engorged. The right almost double its normal size—capsules thickened and easily separated. On section the kidneys appear congested, with a large number of yellowish miliary metastatic abscesses in the cortical portion. The parotids are suppurating, as is also the left epididymis. Rest of the urinary organs healthy. A slight collection of pus in the second intercostal space, hip-joints and left knee. The spinal canal in the lumbar region is full of yellowish pus, in which the cauda equina is bathed. The dura-mater is incised; no pus is found between it and the cord. The cord is intact, the pia-mater but slightly injected, a small greyish elliptical spot on the inner surface of the dura-mater indicating a commencing spinal meningitis. The pus contained in the spinal canal flows by the intervertebral foramina into the sheath of the psoas. On incising this muscle, on each side a large

collection of pus is found extending from the sides of the spine to Scarpa's space. The muscle is only destroyed in its upper part; there, in fact, it is partly separated from its attachments to the vertebral column, the fibres are torn, macerated in the pus. The nerves are more or less altered in the abscess. The pus in the spinal canal has reached to the sacral canal, passed into the concavity of the sacrum by the anterior sacral foramina, and forms a small abscess under the gluteus maximus in the course of the great sciatic nerve. No disease of the bone in any part of the spinal column is found.

Remarks.—At first the origin of the trouble and the starting point of the various accidents above mentioned were difficult to fix upon, but upon analyzing the symptoms, and taking into consideration the mode of onset, a reasonable conclusion as to the nature of the disease could be arrived at. Whilst making a violent effort to lift a heavy weight the upper part of both psoas muscles was torn. Inflammation and suppuration ensued immediately, in consequence of the rupture of these muscles. We know, besides, how, contrary to what happens as regards other muscles of the body, the psoas and iliacus muscles readily suppurate. The pus, originally contained in the sheath of the psoas, escaped into the spinal canal, compressed the cauda equina, and gave rise to partial paraplegia. Undoubted symptoms of pyæmia set in, and it appears as if the psoriasis had taken that dread form of infectious myositis to which M. Haynem, and later M. Nicaise, have drawn attention. Inflammation of the psoas following a violent effort has been noticed several times. Deraine cites a similar case with fatal result. Denonvilliers cites the case of a young man who, under his treatment, recovered from psoriasis following a strain.—*La France Médicale.*

From *Revista de Medicina y Cirurgia Practicas.*

TREATMENT OF HEMICRANIA.

Dr. Camprubi's method of treating neuralgias, which has been attended with excellent results, consists in causing the patient to inspire, for the space of from five to twenty minutes, large quantities of the vapour given off in the ebullition of acetic acid; it is well, besides, to place within the vessel a calcareous stone, which causes the acid to effervesce.

THE PHYSIOLOGICAL AND THERAPEUTICAL EFFECTS OF PHOSPHATE OF LIME.

By DR. JULES REGNARD.

Phosphate of lime is a nutritious medicine, analogous in its action in the economy to chloride of sodium. Like the latter, when it is administered in a soluble form, it is excreted in the urine, and hence it has been inferred that it is not assimilated. But, like all medicines, it is found in the urine after it has exerted its dynamic and biologic action in the economy; and, just in the same way as nourishment, it can still be a product of disassimilation after the reconstruction of the tissues, brought about by its administration. Among the physiological effects of phosphate of lime, some are well determined and can be turned to therapeutical application, but many appear to me to be hypothetical. It is not the same with the therapeutical results. These attract the notice of the practical physician, and it is these especially by which he ought to be guided.

Three years ago I first used sulphate of lime in a soluble form. I began in phthisical cases in different stages, and in nearly all I observed a remarkable amelioration. Increase of appetite and strength, and diminution of cough, followed close on the administration of the medicine. Some of these patients, it is true, are dead, others lingered, and, after a suspension more or less long, the phosphate of lime again gave them a favourable impetus. In others, again, the amelioration has persisted, and without wishing to call them cured, they certainly owe to this treatment a renewal of health that others have not received. Since then I have still employed the phosphate of lime, with the same success, in most cases of phthisis that I have treated. I say in most, because I have noticed in the erythritic form, as well as in laryngeal phthisis, that the phosphate of lime is of no benefit, and is sometimes injurious. I have obtained equally favourable results in scrofula, in anæmia, in convalescents, and in a case of gunshot wound of the foot with serious complications and cachectic state. I have never used it in fractures, but if I had to do with them in the aged I certainly would not neglect its administration. One must use the remedy properly, for on the manner of its pre-

paration depends all the success, and I am convinced that those who have failed owe it in part to their ignorance of this fact. All the good results I have obtained during three years I owe to the chlorhydro-phosphate of lime (Coirre's solution). I have preferred this preparation on account of the principle upon which it is based—that hydrochloric acid being the acid of the gastric juice, it is under that form that the chlorhydro-phosphate of lime enters physiologically into the economy. To-day, it is true, although this opinion has gained in favour and is almost the only one admitted, I do not attach so much importance to it. The results obtained seem to me, indeed, to override every other consideration, inasmuch as the chloride of calcium contained in the chlorhydrate may take part in its effects. Another consideration is the facility of administration. It can be taken with food, mixed in a little wine, and be entirely imperceptible, even with children, and can be continued as long as desired. Let my *confreres* who have not used it accept my conviction, and their arsenal will be reinforced with a weapon which will render them frequent service.—*L'Union Médicale*.

From *La France Médicale*.

TREATMENT OF THRUSH.

By DR. E. ORY (*Ancien Interne des Hôpitaux*).

In the treatment of thrush it is necessary to remember that certain affections of the digestive organs, producing defective nutrition, and the inflammation of the buccal mucous membrane, with increased acidity of its secretion, are the conditions favourable to the development of the cryptogam (*Cryptothrix buccalis* and *oidium albicans*) which constitutes the affection. One ought, therefore, to direct his treatment as much to the general as to the local condition.

According to Blacke, when the general state is good, it will suffice to touch the mucous membrane several times a day with the finger, or a brush, dipped in the following wash:—

R. Pure glycerine, 30 grammes.
Alum, 5 grammes.

Besides, we may employ intra-buccal irrigations of Vichy water, either pure or diluted with one-fourth of milk, or of a decoction of rhatany.

Trousseau advises mouth washes, composed of borate of soda and honey of roses, of each 15 grammes; or, chlorate of potash, 5 grammes; honey of roses, 15 grammes. We may, with advantage, replace the honey of roses by syrup of rhatany. Lastly, in obstinate cases, he practises cauterization with nitrate of silver.

R Argenti nitratis, 1 gramme.
Aquæ destill, 15 gramme.

But this solution blackens the teeth: we may substitute for it a solution of sulphate of zinc or copper, which has not the same drawback. Bretonneau used to employ a topical application of calomel, mixed in gum arabic. Séé rubbed all the diseased points with a coarse rag, then bathed with the following:—Glycerine, 40 grammes; starch and borax, of each, 50 centigrammes. West recommends a similar formula, for he does not use the preparation in which he finds the honey liable to ferment:

R Borax, 2 grammes.
Glycerine, 4 grammes.
Water, 30 grammes.

He applies this mixture with a soft rag, after having carefully washed the mouth with hot water. In the obstinate forms he cauterizes with nitrate of silver, 10 centigrammes of the nitrate in 30 grammes of water.

Parrot, in cases of thrush, often employs a mixture of equal parts of honey of roses and borax. He also recommends this wash:—Glycerine, 15 grammes; honey of roses, 15 grammes; chlorate of potash, 6 grammes. Then every two or three hours he administers a teaspoonful of a mixture of equal parts of *eau sucrée* and Vichy water.

Muller recommends the use of salicylic acid as a wash:—

R Salicylic acid, 1 gramme.
Glycerine, 20 grammes.
Water, 80 grammes.

Dissolve in the glycerine, add the water.

Green formulated a creosote gargle for thrush. Lastly, we recall that it has been proposed to destroy the *oidium albicans* by means of insufflations of sulphur or of pulverizations of sulphurous water.

Thevenot says that sulphur sublimed and washed, applied with a brush, is of remarkable efficacy.

From *Lo Sperimentale*.

ON THE INFLUENCE OF CUTANEOUS IRRITATION
UPON THE SECRETION OF URINE.

BY A. WALKENSTEIN (ARCH. FUR PATH. UND PHYS).

The experiments were made upon rabbits, to a portion of whose skin, previously shaved, various irritant substances were applied. He successively employed: tincture of iodine, unguento napoletano, tartarated antimouy, croton oil, nitric, sulphuric, carbohc, and concentrated thymic, acids, caustic potash, essence of senny (mustard), moxas, &c. In all the experiments, about forty in number, the results were constant.

1. Rapid elevation of temperature, persisting until the cessation of the cutaneous irritation: at the same time a corresponding acceleration of the pulse and respiration.

2. Inflammatory reaction of the skin: infiltration of the subcutaneous cellular tissue, &c.

3. Diminution in volume of urine, increase of quantity of urea: rapid diminution of the chlorides, which only reappeared with the recovery of the animal.

4. Loss of appetite and of thirst, notable emaciation.

5. Albuminuria: urinary deposits (epithelial cells, blood globules, fibrous cylinders). The albuminuria was proportionate to the degree of irritation, the same is true of the renal alteration. If the irritation were slight, the kidneys were simply hyperæmic; if it were violent, parenchymatous nephritis existed coincident with a general hyperæmia of the whole parenchyma.

Mercurial ointment did not produce any kidney lesion. The mode of action of these different agents was naturally different. Some (cantharides, iodine, acids) entered the blood current, and determined directly in the kidneys the lesions manifested by the appearance of albumen in the urine; others produced feverishness, which was always accompanied by a parenchymatous alteration of the kidneys and a partial decomposition of the blood, a double source of the albuminuria.

Electricity was tried as an irritant agent, and the following facts noted:—

1. Rapid increase of temperature up to 40°: enormous acceleration of pulse and respiration.

After twenty or thirty minutes all resumed their natural order; the functions remained normal.

2. Increase of volume of urine, and of the quantity of urea, diminution of the chlorides.

3. Slight albuminuria of from three to six hours' duration. In one case in which the irritation was long continued there was found abundant albuminuria which lasted thirty-six hours; the *post mortem* showed passive congestion of the kidneys.

The author explains the appearance of albuminuria under the influence of electric irritation by referring it to the reflex and persistent contraction of the renal arterioles.

WHITLOW OF THE THUMB.

The first phalanx of the thumb of this patient presents two incisions. The first, located upon the inner side, was made some days ago without procuring any relief. The swelling and pain having increased, the man entered the wards of M. Verneuil. His *interne* made a deep incision in the median line. The pain soon disappeared, and the phlegmon has entered upon the road to resolution. *Apropos* of this case, M. Verneuil remarked that in whitlow, in general, the incision ought never to be made except in the median line. Lateral incisions not only expose to wounding the arteries and nerves, with their consequences, that is to say, hæmorrhage and temporary anaesthesia of the organ, but, besides, it is but seldom that they afford relief to the patient. Once again, incisions in the median line ought always to be preferred, for this double reason, that they expose to no accident, and are much more efficacious.—*Revue de Therapeutique Medico-Chirurgical*.

OIL OF CADE IN SYCOSIS.—Bazin. If the sycosis be recent, cut the hairs as close as possible to the diseased surfaces, and bathe the latter with the oil of cade. If the affection be of long standing, and the hair, more or less altered in its texture, have become, as far as the inflamed hair-bulb is concerned, a sort of thorn and a permanent source of irritation, the first care of the physician ought to be to remove this thorn, that is to say to practise epilation. This being done, apply meal poultices and absorbent powders, then bathe with the oil of cade.—*L'Union Médicale*.

From *Le Progrès Médical*.
CONTUSION OF THE HEART.

M. Terrillon presented to the *Société Anatomique* an anatomical specimen, probably unique; the enquiries which he has been able to make not presenting any analogous case. It was a contusion of the wall of the left heart in the neighbourhood of the apex, with rupture of the *columnæ carneæ* of the summit of the ventricle, fibrinous concretions in this region, and multiple ecchymoses upon the endocardium. The subject of this observation was a man about 45 years of age, a blacksmith, who, early in the morning, about 5 o'clock, shot himself in the left side of the chest in the region of the heart, with a firearm loaded with various projectiles. The same morning, at 9 o'clock, M. Terrillon found him in his wards at the "Sevres Street" Hospital. A large wound with black scorched edges existed at the point of junction of the seventh rib with its cartilage. A large quantity of blood issued from this wound. The patient was extremely anxious. There was no sign which might indicate a lesion of the heart. He died at six o'clock in the evening, 11 hours after the wound. At the autopsy there was found a rupture of the diaphragm with almost complete hernia of the stomach into the left pleural cavity. Contusion of wall of stomach without perforation. Perforation of the left lung at its base, with infiltration of blood throughout the whole lower lobe. The charge was lodged in the vertebral column. The pericardium was intact, and contained a little reddish serosity. The apex of the left heart presented, in front, an extensive ecchymosis without rupture of the visceral pericardium, but with two small bloody collections. In the corresponding ventricle were two oval ecchymoses beneath the pericardium, near the auriculo-ventricular passage. At the apex there was found a large, greyish, fibrinous clot, partly floating in the cavity and adhering to the torn *columnæ* of the apex at several points. These ruptures had been the cause of this deposit of fibrine. The wall of the heart towards the apex was infiltrated with extravasated blood.

Glycerini acidi carbolici, applied twice daily, is said to be efficient in tinea tonsurans.

From *Le Progrès Médical*.
EXTRA CARDIAC BRUITS.

We subjoin the conclusion of the last chapter of M. Cuffer's article on extra-cardiac bruits.

1. All extra-cardiac souffles diminish, and oftentimes even completely disappear when the patient passes from the horizontal to the vertical position.

2. This modification is common to intra-cardiac souffles. One cannot therefore rely upon it for a differential diagnosis. The influence of the change of position, however, is much more pronounced in extra than intra-cardiac bruits.

3. Extra-cardiac souffles cease when the respiratory movements are accelerated synchronously with the movements of the heart.

They are, on the other hand, augmented when the heart beats are exaggerated and the respiratory movements diminished.

Intra-cardiac murmurs are not at all modified under these conditions.

4. An extra-cardiac murmur may undergo change; it may pass in an insensible manner into the rhythm of jerky respiration, of which it is indeed only an exaggerated form.

An intra-cardiac souffle never assumes this character, which, when it exists, may be considered as pathognomonic of an extra-cardiac bruit.

LOTION FOR CRACKED NIPPLES.

- R. Pure picric acid.....13 grammes.
Distilled water1000 "
SolutionNo. 1.
- R. Pure picric acid.....1 gramme.
Distilled water1000 "
SolutionNo. 2.

To cure cracked nipples without stopping suckling, the nipple is carefully washed with warm water. Then the cracks and inflamed points are touched several times in succession with a piece of lint soaked in lotion No. 1. After each time the child has sucked, the nipple is placed for three or four minutes in a small glass filled with lotion No 2. Dr. Deberder, regarding the accompanying fever as a cause, and not as a consequence of cracked nipples, treats it with quinine in 0.50 gr. to 0.80 gr. a day, and uses Samaritan balm or poultices. A cure follows in from two to five days.—*L'Union Médicale*.

THE JUICE OF THE BITTER CANE IN SACCHARINE DIABETES.

Among the numerous remedies employed, more or less rationally, in saccharine diabetes, we specially notice an interesting note by M. Gubler upon this remedy, so popular in South America, but to which hitherto nobody has directed attention.

The juice of the bitter cane is almost colorless or golden, of a bitter odour and strongly acid taste; it is employed in either the fresh or dry state, the juice of the latter (the dry cane) is stronger and contains a larger number of organic corpuscles. This latter M. Gubler has employed in two cases, and although a cure was not obtained, owing in the first case to the disease being very far advanced, and already presenting pulmonary lesions, and in the second to inability to keep the patient a long time under the influence of the remedy, yet the glycosuria was perceptibly diminished during the first week; the more interesting part of the article is a note by Dr. E. Lopez, of Lima, which relates a detailed observation of a patient, who, after nine days' use of the cane juice, had been radically cured, and of two other patients subjected to the same treatment, in whom in fifteen days the quantity of sugar had greatly diminished, but he regrets that owing to absence he was unable to complete the observation.

The method of administration is very simple: for an adult, four spoonfuls of the juice are taken every morning, fasting, and after the fourth week a similar dose is administered in the afternoon; the slight diarrhoea which is present during the early days does not take long to disappear, without necessitating a suspension of the treatment.—From *La Andaluçia Medica*.

A CASE OF SWALLOWING NECROTIC NASAL BONES, AND THEIR REMAINING IN THE OESOPHAGUS.

A woman, forty years of age, who for four years had suffered from syphilitic disease of the bones of the nose, discovered one morning on awaking that she could not swallow. On examination with the probe a hard body was discovered, which almost entirely filled up the tube. After some difficulty it was removed, and proved to be the left nasal bone and part of the palate bone.—*Rundschau*.

From *La France Medicale*.

THE GINGIVITIS OF PREGNANT WOMEN AND ITS TREATMENT.

In almost all pregnant women the gums are the seat of morbid phenomena more or less pronounced: the gums are red, swollen, bleeding; at a more advanced stage, the teeth lose their solidity, and are spontaneously expelled from their alveolar sockets. In spite of this, functional troubles are relatively slightly marked, mastication, however, is more or less difficult. Of 75 women under observation the authors have found the gums affected six times. The increase of the mass of blood in circulation during pregnancy would be a pre-disposing cause of this spongy state of the gums; a state which Dr. Delestre has remarked in women during the menstrual period. Previous pregnancies and a poor general condition would appear to play the chief role as occasional causes. The affection begins oftenest about the fourth month, and disappears a month or two after delivery, in women who do not suckle; in nurses it may last a much longer time. The best mode of treatment consists in cauterizing every day or every other day, the free border of the gums with a solution of equal parts of hydrate of chloral and the alcoholate (compound spirits?) of horseradish.

From *L'Union Medicale Du Canada*.

INTRAVESICAL INJECTIONS WITHOUT CATHETERISM.

More than ten years ago M. Duchaussoy made intravesical injections without using the catheter. He employed for this purpose a caoutchouc bag armed with an ivory mouth-piece. The operation is very simple. The first three fingers of one hand apply the lips of the meatus around the canula which is introduced within it; the other hand grasps the bag, and after having gently pressed it in order to fill the cavity of the urethra, compresses it sharply, so as to overcome the resistance of the sphincter and lodge the rest of the fluid within the bladder. The patient readily learns to do this for himself. If the quantity of liquid so injected is not sufficient, one can commence over again. Only, as this fluid is stored up the operation becomes

each time a little less easy. This procedure enables us to avoid the orchitis to which catarrhism often gives rise when the prostate is irritated. It renders great service in cases of vesical catarrh, in which frequent irrigations are indicated. It is also very useful in patients who are subject to a painful tenesmus at the end of micturition. By injecting water into the bladder before this tenesmus occurs one succeeds in preventing it; but if it exist already, it is too late, for then the fluid can no longer pass.—*Abeille Médicale, Rev. de Therap.*

ON THE DIAGNOSIS AND PROGNOSIS OF MALIGNANT LYMPHADENOMA.

M. Trélat recently read an interesting paper on this subject before the Société de Chirurgie (*Gazette Médicale*, 10, 1887). He referred to the case of a patient on whom he had operated in 1872, and who had died while under the influence of chloroform. This patient was admitted into La Pitié for a small tumour of the neck, which had grown very slowly, and was accompanied by glandular engorgement. He likewise had another but very small tumour on the thigh. At the autopsy similar formations were found in the viscera and vertebræ. Histological examination revealed that these tumours had the same composition—that of lymphadenomata. M. Trélat said that malignant lymphadenoma was an affection of rapid general diffusion, and which often should not be operated on. With M. Ponas, he had concluded to abstain from all intervention if an examination of the patient revealed an implication of the viscera. A large, vigorous, intelligent man of fifty-six years entered Charity Hospital in 1876, affected with a tumour of the left testicle. At the age of twelve years he had received a kick in the scrotum. At the age of military service he was retired for disease of the left testicle. He married, and had successively fourteen children. At the age of forty-eight he noticed a slight swelling of the left testicle, which was disregarded, the patient not entering the hospital until eight years later. The diagnosis was difficult; the tumour was smooth, resistant, comprising both testicle and epididymis. There was no effusion into the tunica vaginalis; the cord was slightly en-

larged; there was but little pain, and the general health was excellent. At the upper portion of the eyebrow there was a small flabby tumour, similar to the small fatty tumour so frequently met with. Antisyphilitic treatment was negative. The slowness of growth excluded carcinoma, and the absence of glandular implication, epithelioma; the diagnosis, therefore, inclined toward sarcoma. The tumour was removed by castration, and on section was of a greyish-red colour, similar to renal tissue. Here and there were disseminated greyish points and hæmorrhages. At the end of fifteen days the patient left the hospital in good condition. M. Malassez, on examining the tumour, found it to be a lymphadenoma. The patient remained well until the summer, when a new bump appeared on the left temple, and the right testicle began to grow, soon after followed by another bump on the right temple. There was no doubt now of the generalization of the disease. Emaciation progressed rapidly, and the patient died in a thoroughly cachectic condition. At the autopsy, analogous tumours were found in the liver, spleen, mesentery, mesenteric glands, the vertebræ and sternum, all of which were lymphadenomata. These two cases have led M. Trélat to establish the following rules: When in the presence of a tumour, manifestly a neoplasm, there is another small tumour in another part of the body, it is advisable to remove the latter for histological examination. If proved to be a lymphadenoma, intervention against the general affection is useless. The generalization of lymphadenoma is most insidious, and an operation often tends to hasten it. E. F.

ACNE PILLS.

Iodide of Sulphur 4½ grains.

Extract of Dulcamara 3 "

Divide into ten pills. Direct one, two, or three a day to be taken, according to tolerance. Locally, a lotion of warm water to which a tablespoonful of the following is added, has been recommended by Prof. Hardy, to be used night and morning.—

Tinct. Benzoin ʒi.

Potas. Sulphid ʒi.

Aq. Distill ʒxii

—*L'Union Médicale.*

THE CANADIAN
Journal of Medical Science,

A Monthly Journal of British and Foreign Medical Science, Criticism, and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by sending their addresses to the corresponding editor.*

TORONTO, OCTOBER, 1877.

CANADA MEDICAL ASSOCIATION.

The tenth annual meeting of this Association was held at the new building of the Windsor Hotel in Montreal, on September 12th and 13th. Though not attended by nearly as many of the profession as we should have liked to have seen present, the meeting was a representative one for the Provinces of Ontario, Quebec, Nova Scotia, and New Brunswick, and its proceedings were a decided success. The happy choice of a President in every way fitted for his duties, and popular with his officers, and the energy displayed by the committee of arrangements tended in no slight degree to that end. But successful as the meeting was in many respects we should not rest satisfied with this, but use our experience of the past to render still more successful the future of the Association. There is one point we would urge upon the attention of members, and that is, that a member intending to read a paper should have it ready when he goes to the meeting. No committee of arrangements can carry out their programme in its entirety, if their efforts are thwarted by readers of papers not being ready at the time allotted them. It would be well, too, if the Secretary were to notify members some time beforehand that no paper could be read unless notice had been given by a certain date, and the work of the committee of arrangements would be facilitated if they had some idea of the probable length of a paper. The publication of the transactions, which is promised this year, will have the effect of improving the papers, for a new zest will be given to their preparation by the knowledge

that they are to appear and will be widely circulated in print. We hope the profession, generally, will sustain the efforts of the publication committee and make the undertaking successful. From the *personnel* of the committee, and from the guarantee fund already raised, we are satisfied that the work will go on to a speedy completion, and we reserve our review of the work done this year until the appearance of the volume enables us to "speak by the book."

In our last issue we gave a full list of the papers to be read, and need not repeat it. An agreeable disappointment this year to many was the fact that more papers were prepared than there was time to read, although for the first time a division was made into medical and surgical sections. Next year this will be avoided by extending the time of meeting from two to three days. After the usual business of reading the minutes, election of new members, &c., the President, Dr. Hingston, gave an able and interesting address, which was heartily applauded. A substantial luncheon, provided in the building, having been discussed by the members, the sections met at two o'clock and worked till six, the evening being spent in a very enjoyable way, the members availing themselves of the kind invitation of Mrs. Hingston to a reception and soiree at her hospitable mansion. At the morning session of Thursday, after routine business and the reading of the report of the committee on Therapeutics and New Remedies prepared by Dr. Fulton, and received with applause by the meeting, Dr. Joseph Workman, of Toronto, read a paper on Crime and Insanity, dealing with the subject in his usual able manner. This paper alone must command for the volume of transactions a large list of subscribers. At its conclusion it was moved by Dr. Hornibrook, seconded by Hon. D. Parker, "That in the opinion of this Association it is desirable in all criminal trials when medical opinion suggests the probability of mental unsoundness, the accused should be placed under the supervision of experts for a sufficient time to enable them to determine whether he was insane or not at the time the crime was committed." Carried unanimously.

Dr. Howard gave the following notice of motion, "That it is in the interest of justice that when post-mortem examinations are to be made, experts familiar with such scientific work should be employed by the Crown when procurable."

(We omitted to mention among the proceedings of Wednesday an able report on medicine by Dr. George Ross, of Montreal.)

After luncheon the sections met at two and proceeded with their work, adjourning at four to report to the meeting in general session.

Hon. Dr. Parker called attention to the increase of papers sent in, and the necessity for the session lasting three days instead of two.

After some discussion, a motion to that effect was carried.

Dr. Osler then read the following report of the committee on nominations :

President—Dr. Workman, of Toronto.

Secretary—Dr. David, Montreal.

Treasurer—Dr. Robillard, Montreal.

V. P. for Ontario—Dr. Macdonald, Hamilton.

V. P. for Quebec—Dr. Worthington, Sherbrooke, E. T.

V. P. for Nova Scotia—Dr. Cowie, Halifax.

V. P. for New Brunswick—Dr. McLaren, St. Johns.

Secretary for Ontario — Dr. Sweetland, Ottawa.

Secretary for Quebec—Dr. F. W. Campbell, Montreal.

Secretary for Nova Scotia—Dr. John Black, Halifax.

Secretary for New Brunswick—Dr. Atherton, Fredericton.

COMMITTEES.

On Publication—Drs. David, Robillard, F. W. Campbell, Howard and Osler.

On Medicine—Drs. Mullin, Hamilton; Ross, Montreal; and LaMarche, Montreal.

On Surgery—Drs. Malloch, Hamilton; Grasset, Toronto; Farrell, Halifax.

On Obstetrics—Drs. Roseburgh, Hamilton; U. Ogden, Toronto; Trenholme, Montreal.

On Therapeutics—Drs. J. E. Kennedy, Toronto; E. H. Kollmeyer, Montreal; Woodhill, Halifax.

On Necrology—Drs. Riddell, Toronto; Severin Lachapelle, Montreal; Burgess, London. Medical Educational and Literature—Drs. Ridley, Hamilton; Michaud, Kamouraska; and Howard, Montreal.

On Climatology—Drs. Playter, Toronto; A. B. Larocque, Montreal; Jennings, Halifax; and Lachapelle, Montreal.

A discussion was raised by Dr. Osler with a view to ensure the publication of the annual proceedings of the Association.

The committee on publication were authorized to publish them provided funds sufficient could be obtained.

Dr. Dugdale and Dr. Lamarche after auditing the Treasurer's books reported the receipts for the past year to have been \$221.33 and the expenses \$195.68, leaving a balance of \$25.65.

On motion of Hon. Dr. Botsford the same allowance as last year was voted to Dr. David, the General Secretary.

A letter was read from the professional gentlemen of Hamilton inviting the Association to meet there next year.

On motion of Dr. David, seconded by Hon. Dr. Parker, the invitation was accepted.

Dr. Mullin, of Hamilton, thanked the Association for accepting the invitation, and named the following as a committee of arrangement: Drs. MacDonald, Malloch, Henry Ridley, G. W. Mackelkan and Mullin.

It was moved by Dr. Campbell, and carried unanimously, that the thanks of the Association be given to the Windsor Hotel Company for the admirable facilities afforded them.

On motion of Dr. Reeve, seconded by Dr. Zimmerman, a vote of thanks was passed to the resident members of the profession in Montreal for their courtesy and hospitality to outside members.

Dr. Bell moved, seconded by Dr. Playter, a vote of thanks to the committee of arrangements.

Dr. Bell gave notice that at the next meeting he would move to so amend the bye-laws as to admit members of the profession in British Columbia, Manitoba and Prince Edward's Island.

On motion Dr. Hingston left the chair, which was taken by Dr. Workman.

Moved by Dr. Zimmerman, seconded by Dr. Mullin, that the sincere thanks of the members be tendered to Dr. Hingston for his affable and courteous conduct while in the chair, and to Mrs. Hingston for her kind hospitality on the previous evening. Carried.

Dr. Hingston—Mr. President and gentlemen—I have pleasure in addressing you as President for the time—I beg to thank you for the kind manner in which you have received my name. I have endeavoured to do my duty to this Association, for I have always felt a great deal of interest in it (hear, hear), and I shall convey to Mrs. Hingston your kind expression.

A vote of thanks was passed to Drs. Brodie, Kimble, Wing, and other American gentlemen, for the honour they had paid the Association in being present throughout the sitting.

The meeting then adjourned.

On both days of the meeting additional attractions were offered by a most interesting exhibition of practical physiological apparatus by Dr. Wilkins, and demonstrations of Lister's apparatus for antiseptic surgery by Dr. Roddick. Dr. Fenwick showed his valuable collection of vesical calculi.

Kenneth Campbell & Co., the well-known wholesale druggists, manufacturing chemists and importers, of Montreal, had on inspection, during the session, a large assortment of McKeesson & Robbins' gelatine-coated pills, Norway cod liver oil, medicated syrups, elixirs, fluid extracts and wafer capsules.

Mr. F. Gross showed excellent samples of splints, trusses, artificial legs, and other surgical appliances and instruments.

W. H. Schieffelin & Co., of New York, showed beautiful preparations of Gardner's purified hypophosphites. The Galvano-Faradic Company, of New York, also exhibited samples of their well-known instruments.

NOTICE.—It is the intention of the Publication Committee of the Canada Medical Association to publish the proceedings as soon as possible. Names of intending subscribers may be sent to the General or any of the Local Secretaries, or to Dr. Osler, Montreal, the Secretary of Committee. It is hoped that the volume will be out by Christmas.

THE ONTARIO MEDICAL COUNCIL AND FOREIGN QUALIFICATIONS.

We have always expressed ourselves very strongly of the opinion that, until Reciprocity is established between Great Britain and this country, the Ontario Medical Council is justified in demanding that holders of British qualifications desiring to practise in Ontario should pass the same examination as our own students, and the Council at its late meeting, by a large majority of its members, re-affirmed this principle. But there appears to be a screw loose somewhere, for what the Council decides in session and what its Registrar and a Board of Examiners, acting, we presume, under some authority, do in the interim in this matter, appear to be diametrically opposed. Holders of British diplomas have petitioned the Council to be allowed to register without examination; this was refused, and, submitting to the decision, several have presented themselves at the regular examinations and qualified for registration. This year a graduate from a German University petitioned the Council to be allowed to register without examination, and he, too, was refused; but after the meeting of the Council is over, we find that this gentleman's name has been placed on the register by the action of a special Board of Examiners at a special examination, and the Council in session is stultified by the very thing being done that they by their votes refused to authorize.

Now, strongly as we have advocated the enforcement of the provisions of the Ontario Medical Act with regard to foreign qualifications, we must say that we cannot see the fairness of compelling one man, a graduate of a British University, to pass the regular examination before registration, and then permitting another graduate holding a German qualification to have a special examination before a special Board. Such actions are sure to end disastrously to the dignity, prosperity, and perhaps even to the very existence of the Ontario Medical Council. For partiality so evident will inevitably alienate many who have hitherto supported it, and will be likely to convert some of its friends into earnest opponents, whilst it will strengthen the hands of those who have prophesied and

wished for its failure. It is useless to keep up the legalized farce of a costly system of medical education under the false cry of raising the standard, if the Council meet year after year, spend time and money, hold expensive examinations, and place an annual tax on the profession, while the public and the profession see that not only no good is thereby achieved, but that the Council is false to the best interests of those for whose good it was established, and that the confidence once placed in it must be withdrawn.

It was not for this that our Universities gave up their chartered rights and that many stifled all personal feelings of antagonism to coalesce with those holding, or professing to hold, views on therapeutics widely different, in order that the public might be enabled to place their trust in men of a higher and more uniform educational standard in medicine. It is one thing to profess to demand a fair preliminary examination, to lay down a severe curriculum of study, and to profess to exact a high standard at examinations; it is quite another thing when we come to enquire how far these admirable measures are carried into effect. It is one thing to announce that the matriculation examination of the Council is equal to that of the Provincial University and accepted by it; it is quite another thing when we find that the Provincial University has to rescind their acceptance and compel all would-be graduates to pass their matriculation before them. It is one thing to enact that those holding foreign qualifications must pass the same examinations as our own students; it is quite another thing directly the Council adjourns to take an unsuccessful petitioner with a foreign degree before a special Board and give him a special examination.

We do not look for a millennium in medical politics, but we know that the public and the profession of Ontario expect that the practices of the Council of the College of Physicians and Surgeons shall be in accord with their professions, and that the powers entrusted to them shall be exercised legitimately, impartially, and in accordance with the spirit of the Act under which they are constituted. No later than last session a name was struck off the register

because it was found that the gentleman registered had been illegally examined by one of the former Eclectic Board; and yet the Executive, as soon as the body whose delegated power it holds adjourns, does the very thing of which the Council has just most emphatically declared it will have none, for they have already decided in regard to these *pro forma* examinations very much in the same manner as the Devonshire jury—"Not guilty, but don't do it again."

CANADA MEDICAL ASSOCIATION.—EXHIBITION OF PHARMACEUTICAL PREPARATIONS BY JOHN WYETH AND BROTHER, OF PHILADELPHIA. This firm had on exhibition samples of their excellent preparations, which attracted considerable attention, and were much admired by those present. Their dialysed iron is already well known. Their elixirs are elegant preparations, and are sure to have a large sale; whilst their tablets of compressed pills, or rather powders, are, from their shape, readily swallowed, and from their composition, easily dissolved. Many other pharmaceutical preparations were exhibited.

THE PHYSICIANS' DAY BOOK AND JOURNAL AND LEDGER.—We have examined these account books, published by the Henry Bill Publishing Company, of Hartford, Connecticut, whose advertisement appears in our columns, and are much pleased with them. We have seen no simpler method of keeping physicians' accounts.

JOURNALISTIC.—The *Archives of Clinical Surgery* and *The Hospital Gazette* have amalgamated, the form and size of the former journal being retained. Drs. E. J. Bermingham and F. A. Lyons will be the joint editors.

TORONTO EYE AND EAR INFIRMARY.—We are informed that Dr. Reeve has resigned his position as Surgeon to this Institution.

James Fulton, M.B., Trinity Medical School, has passed the primary examination before the Royal College of Surgeons, England.

BOOKS AND PAMPHLETS RECEIVED.

Pathology and Treatment of Sprains. By RICHARD O. COWLING, A.M., M.D. Read before the Kentucky State Medical Society.

Ecole de Medicine et de Chirurgie de Montreal. Faculte Medicale de L'Universite Victoria, Session 1877-78.

Aiken as a Health Station. By W. H. GEDDINGS, M.D. (Reprinted from *Charleston Medical and Surgical Journal.*)

The Relations Existing between Eczema and Psoriasis. By ROBERT CAMPBELL, M.D. Read before the N. Y. Dermatological Society.

Pompholyx.—By A. R. ROBINSON, M.B., L.R.C.P.S., Edin. Reprints from *Archives of Dermatology.*

Verminous Bronchitis in Dogs.—Read before the Montreal Veterinary Medical Association. By WM. OSLER, M.D., L.R.C.P., London.

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

DEAR SIR,—Please inform me, if you can, whether the medical curriculum is likely to be changed again next year. Is there any chance of botany or any other *important* subject being dropped from the second year examination, and if so, where is it likely to be placed, and what subject do you think will be substituted? Kindly reply, as we students are kept continually on the ragged edge.

Yours truly,
STUDENT.

We give it up.—ED. C. J. M. S.

On the occasion of the four hundredth anniversary of the University of Tubingen, the honorary title of M.D. was given to the following distinguished men: Tyndall, of London; Kolbe, of Leipsig; Tosting, of Gottingen; and Cohn, of Breslau.

Miscellaneous.

On the 5th, 6th and 7th of September the University of Apsula celebrated the four hundredth anniversary of its foundation.

Dr. Keyes states (*Archives of Dermatology*) that the use of tobacco will prevent the effects of the internal treatment of syphilis.

In regard to the combustion of oxygen, by one gas burner, it is considered to be equal to that used by eight men.

Dr. Barlow, of Charing Cross Hospital, has been appointed Assistant Physician to the London Hospital, in place of the late Dr. Bathurst Woodman.

Professor Helmholtz has been appointed Rector, and Professor Du Bois-Reymond, Dean of the Medical Faculty, of the University of Berlin.

The British Association, at the conclusion of its meeting at Plymouth, voted the sum of £1,081 for original scientific researches. The next meeting will be held in Dublin.

Mr. J. A. Wanklyn has been appointed Lecturer on Chemistry at St. George's Hospital, in the room of Dr. Noad, who has lately died after holding the office for many years.

Dr. Lusk, in a recent paper, strongly insisted that the obstetric patient does not enjoy absolute immunity from the injurious effects of chloroform. Paralysis of the heart or dangerous hæmorrhage may be induced. Cases were cited. These views were sustained by practitioners of large experience.

Sée recommends with confidence a combination of digitalis and iodide of potassium in the treatment of cases of great sexual excitability with tendency to hypochondria, etc., where, for instance, erection and ejaculation are produced by sight, touch, or thought about one of the opposite sex. He relates a striking case.

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Phosphorus Pills.

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

**Lapse of Memory, Impotency, Softening of the
Brain, Loss of Nerve Power, Phthisis,
Paralysis and Neuralgia.**

THE PILULAR FORM HAS BEEN DEEMED THE MOST DESIRABLE FOR THE ADMINISTRATION OF PHOSPHORUS. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

THIS METHOD OF PREPARING PHOSPHORUS HAS BEEN DISCOVERED AND BROUGHT TO PERFECTION BY US, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

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

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INGLUVIN

FROM THE

VENTRICULUS CALLOSUS GALLINACEUS.

A specific for **VOMITING IN PREGNANCY**, a potent and reliable remedy for the cure of **INDIGESTION**, **DYSPEPSIA**, and **SICK STOMACH**, caused from debility of that organ. It is superior to the Pepsin Preparations, since it acts with more certainty, and effects cures where they fail. **\$1.00 Per Bottle. Sent by mail on receipt of price.**

"A NEW REMEDY, CALLED INGLUVIN."

BY A. F. SHELLY, M. D., of PHILADELPHIA.

"This is obtained from the gizzard of the domestic fowl (chicken) and is a *Specific for Vomiting in Pregnancy*. I have used this remedy for twenty-five years, and it has never failed. It is also the most *powerful and reliable remedy* for the *Cure of Indigestion, Dyspepsia, and Sick Stomach*, caused from debility of that organ. It is useful in all cases where pepsines and pancreatines are used, but with much more certainty of its good results, for it puts all those preparations, in my experience, in the background.

In complicated affections of the Stomach, such as *Inflammation, Gastralgia, Pyrosis, &c.*, it may be combined with Subnitrate of Bismuth and opiates; and in Diarrhoea and Cholera Infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Prof. E. WALLACE, of the Jefferson Medical College; he gives me the result of seventeen cases as follows:—

In Vomiting of Pregnancy, out of nine cases he cured six, and palliated two, and in one case the remedy was not taken according to direction, and therefore had no effect.

He used it in seven cases of Sick Stomach, caused by chronic inflammation of the uterus; cured five, and two remained doubtful. He also used it in a case of very obstinate Sick Stomach, caused by an irreducible hernia, and says this was the only remedy that gave any relief.

We, who have some experience, all know that Vomiting of Pregnancy is a sore affliction, and in some cases almost unendurable, nay, indeed, putting life in jeopardy; but in INGLUVIN we have a remedy which will prove to be a great blessing to mothers, who, as yet, think vomiting must be endured as a natural consequence.

If I am able, by this publication, to induce the medical fraternity to make use of the remedy, I am positive that a great boon will be conferred upon a class of sufferers who claim our sympathy.

The dose is from five to ten grains, hardly ever more than five, except in obstinate cases. For children, from one to five grains. My mode of administering it is in a spoonful of water or tea, or it may be strewn on a piece of bread and covered over with a little butter; it is, however, nearly tasteless. In Dyspepsia and in Vomiting of Pregnancy, I direct it to be taken half an hour or so before each meal. In other affections of the Stomach and Bowels, every two to four hours. I give it uncombined, except in complicated cases, as heretofore mentioned.

The methods by which this principle can be obtained from the viscus are various. When I commenced to employ it, I used it in rather a crude state, by pulverizing the lining membrane of the gizzard; but it requires too much care and precision in the drying and cleansing operation, in order not to destroy its virtues. There is also great inconvenience in obtaining the viscus during the heat of summer and extreme cold of winter, as temperature is one of the main things to be observed, in order to preserve its efficacy, purity and sweetness. Later, finding this mode of preparation unsatisfactory and inconvenient for the above reasons, I consulted with WM. R. WARNER & CO., 1228 Market Street, Philadelphia, who have prepared a form, designated INGLUVIN; its purity, and also its good effects, I can vouch for."

—*The Medical and Surgical Reporter,* February 3rd, 1877.

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PHARMACEUTICAL CHEMISTS,

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PHILADELPHIA.

NOTE—CHANGE OF NAME

"Dr. Shelly, of this city, informs us that owing to the fact that a proprietary remedy has been on the market for some time which bears the name "DIGESTIN," he has adopted the appellation "INGLUVIN" for the preparation from the gizzard of the domestic fowl described in the *Medical and Surgical Reporter*, February 3d, 1877.

DEATHS FROM ANÆSTHETICS.—Deaths from anæsthetics continue to be reported with alarming frequency in England. Two occurred in one week in London, one under chloroform, the other under a mixture of chloroform and ether. Fatty degeneration was found in both instances, at the post-mortems.

APOMORPHIA AS AN EXPECTORANT.—Dr. Moritz Wertner records (*Wiener Med. Presse*) his experience with this agent in a large number of cases; he employed it with both adults and children in quite minute (1 16 grain) doses, frequently repeated. He considers it a perfectly safe remedy, as he has never observed any ill effects follow its administration.—*Schmidt's Jahrbücher*, No. 5, 1877.

CANADIAN MEDICAL ASSOCIATION.—DISTINGUISHED VISITOR.—At the late meeting in Montreal, The Right Hon. Lyon Playfair, M.D., C.B., LL.D., M.P. for the University of Edinburgh, and late Postmaster-General in Gladstones Government, was present, and took a seat on the platform. He was elected an honorary member, and acknowledged the compliment in suitable terms. Dr. Taylor, of Edinburgh, was also present and called to a seat near the President.

An excellent method of opening deep-seated abscesses near important blood-vessels, as in Scarpa's triangle, is that devised by Mr. Hilton. A small incision is made through the skin and fascia, and through this a director is cautiously pushed into the cavity of the abscess, when pus will be seen escaping along its groove. A pair of dissecting forceps, with closed blades, is then passed along the director into the abscess, and its blades are separated so as to tear the abscess open, and as they are withdrawn, to dilate the tissues and provide a free outlet to the surface.

RESECTION OF THE ŒSOPHAGUS.—We find the following preliminary report of a new operation by Prof. Czerny of Heidelberg in the *Centralblatt für Chirurgie*. An annular carcinoma, rendering the œsophagus impassable, even for a small tube, was removed on May 2nd, from

a woman 51 years of age. The length of the piece removed was 6 cmtr. The entire thickness of the œsophagus was taken away, and the lower extremity was then fastened in the wound made in the neck. On June 6th the patient was discharged well.—*Wiener Med. Presse*.

TRANSFUSION SUCCESSFULLY PERFORMED IN A CHILD.—We find in the *American Journal of Obstetrics*, April, 1877, the particulars of a case of typhoid fever, in a child nine years of age, in whom hæmorrhage occurred from the gums, nose and kidneys, which it was found impossible to arrest. Petechiæ also appeared over the surface. He finally seemed almost *in articulo mortis*, when two and one-half ounces of defibrinated blood, from the child's father, was injected into the median vein. The hæmorrhage and hæmaturia ceased at once, and he made a good recovery.

HARMONIOUS RELATIONS IN BELGIUM.—At Antwerp, measures have been taken by the physicians and pharmacists, acting through a joint conference committee from "both branches of the medical corps" (*Am. Jl. Pharm.*), which promise to establish a friendly understanding such as has nowhere yet been found. This committee have succeeded in framing a short code of regulations, which have been adopted by Antwerp and several other cities of Belgium. Under this system of mutually-binding ethics, the physician must avoid the furnishing of drugs to his patient, and the prescribing of secret preparations; the pharmacist must refrain from giving medical advice, the substitution of prescriptions, and the advocacy of secret and proprietary remedies: and both shall avoid, in the presence of the client, every form of depreciatory reflection or unfair remark.—"*Proceedings*," *Brooklyn*.

CANADA MEDICAL ASSOCIATION—NAMES OF THOSE PRESENT: Dr. Hingston, Pres.; Drs. W. Osler, F. W. Campbell, C. J. Morse, J. E. Berthelot, A. Proudfoot, L. O. Thayer, A. Robillard, A. H. David, G. E. Fenwick, G. Wilkins, Montreal; Adolphe Alt, R. Zimmerman, W. Canniff, Joseph Workman, E. Playter, R. A.

Reeve, J. Fulton, Toronto; A. J. Sweetland, J. A. Grant, Ottawa; Hy. Russell, Quebec; O. G. Adams, Island Pond; Hon. D. McN. Parker, Halifax; E. D. Worthington, Sherbrooke; A. B. Atherton, Fredericton, N. B.; E. Hornibrook, Mitchell, Ont.; J. Bascom, Uxbridge, Ont.; Theo. S. Covernton, Hamilton; A. T. Michaud, Kamouraska; J. B. Gibson, Dunham, P. Q.; L. B. Botsford, St. John, N. B.; R. Levi, Inverness; W. F. Coleman, St. John, N. B.; J. A. Mullin, Hamilton; Clifton E. Wing, Boston, Mass., delegate from the American Medical Association; T. B. Wheeler, Montreal; G. W. Campbell, Montreal; W. Gardner, Montreal; F. Buller, Montreal; G. Chevalier, Bedford; S. R. Schmidt, F. J. Shepherd, Montreal; O. C. Edwards, Montreal; J. Perrigo, Montreal; Geo. Ross, Montreal; E. C. Lachapelle, Montreal; R. A. Kennedy, Montreal; J. Bell, Montreal; A. B. Larocque, Montreal; A. E. Eckroyd, Mount Forest, Ont.; Charles M. Covernton, Simcoe; J. B. McConneil, Montreal; R. P. Howard, Montreal; G. E. Armstrong, Montreal; Wm. Brodie, delegate from the American Medical Association; W. Macdonald, Detroit, Mich.; W. Fuller, Montreal; J. D. Cline, Montreal; W. E. Bessey, Montreal; A. A. Browne, Montreal; T. G. Roddick, Montreal; A. T. Brosseau, Montreal; A. Lamarche, Montreal; J. S. Leprohon, Montreal; J. G. Dugdale, Montreal; George Andrew Park, Montreal; J. Reddy, Montreal; W. A. Molson, Montreal; M. O'Brien Ward, Montreal; L. J. A. N. William, Brigham; W. E. V. Mayrault, St. Andrews; Severin Lachapelle, Ville St. Henri; R. Macdonnell, Montreal; Robt. T. Godfrey, Montreal.

DINNER TO THE CANADA MEDICAL ASSOCIATION.—After the close of the annual meeting the medical profession of Montreal entertained the members at dinner at the City Club. Dr. Hingston, the retiring President, occupied the chair, having on his right the Right. Hon. Lyon Playfair, M.D., LL.D., C.B., and Dr. Brodie, of Detroit, and on his left Dr. Workman, the President for the ensuing year, and the Mayor of Montreal. Dr. F. W. Campbell, of Montreal, occupied the vice-chair, Drs. Howard and Robillard acting as croupiers.

The usual loyal toasts being given and responded to, the toast of the Liberal Professions was eloquently given by Dr. Howard and duly acknowledged. Dr. Robillard followed with "The Medical Schools," Drs. G. W. Campbell, Lamarche, F. W. Campbell and Reeve replying for their respective Colleges. The "Mayor of Montreal" and "The Canada Medical Association" were next on the list, His Worship and Dr. Workman being called upon to reply. Dr. Lyon Playfair, on rising to answer for "Our Guests," was enthusiastically received. He was followed by Dr. Taylor, of Edinburgh, Dr. Brodie, of Detroit, the Hon. Dr. Parker and Dr. Grant. "The Press" was acknowledged by Dr. Fenwick of *The Canada Med. and Surg. Journal*, Dr. F. W. Campbell of *The Canada Medical Record*, Dr. Zimmerman of THE CANADIAN JOURNAL OF MEDICAL SCIENCE, Dr. Bessey, of Montreal, for *The Canada Lancet*, Mr. Thomas White, jun., of Montreal, in a capital speech replying for the general press. For "The Medical Profession of Montreal," Dr. Osler was called upon. Dr. Playfair proposed "The Health of Dr. Hingston" in terms of the highest eulogy, and the toast was most cordially received. "God Save the Queen" was then sung and the company separated, having thoroughly enjoyed the generous banquet given by the Profession in Montreal to their visitors. Of the dinner itself we need say nothing, for it could not be surpassed.

Births, Marriages, and Deaths.

BIRTHS.

At Park View, on Monday, 17th inst., the wife of Dr. C. Whittier, of a son.

MARRIAGES.

At Mapleton, Embro, on Sept. 19th, at the residence of the bride's father, Fitzgerald Sutherland, M.D., of Norwich, to Jean, eldest daughter of D. Matheson, Esq.

At Dundas, on the 17th inst., by the Rev. P. B. de Lom, Armina F. D. MacGachen, to Emily Frances Mand, eldest daughter of the late Thomas Sutherland Parker, M.D., of Guelph.

On the 28th inst., at 42 Beech Street, Toronto, the residence of John H. Thom., Esq., M.A., brother-in-law of the bride, by the Rev. George Lawrence, John McNaughton, Esq., M.D., Newcastle, to Agnes, second daughter of the late Captain Wilkinson, of Clarke.

DEATHS.

At Barrie, on Friday, August 31st, James A. Alexander, M.D., formerly of St. Catharines, eldest son of the late John Alexander, of Barrie, in his 31st year.

WATCHES! JEWELLERY!

ROMAINE GOLD, so extensively worn in Paris, was first discovered in 1870, by the celebrated French chemist Mons. D. Be Lunge, who manufactured it into jewellery, and for five years sold it to the leading jewellers of Paris for SOLID GOLD. In 1875, when his secret became known, ten of the manufacturing jewellers established a stock company, with a capital of \$10,000,000, for the purpose of manufacturing ROMAINE GOLD JEWELLERY AND WATCHES. With this immense capital, and the aid of improved machinery, they are enabled to produce all the latest patterns of jewellery at less than one-tenth the cost of Solid Gold, and of a quality and colour which makes it impossible even for experts to detect it from the genuine.

WE HAVE SECURED THE EXCLUSIVE AGENCY OF THE UNITED STATES AND CANADA for the sale of all goods manufactured from this metal, and in order to introduce them in the most speedy manner, have put up assorted sample lots as given below, which we will sell at ONE-TENTH THE RETAIL VALUE UNTIL JANUARY 1st, 1878. Read the list.

50-CENT LOT.

One Gent's Watch Chain, retail price.....	\$1 00
One pair Engraved Sleeve Buttons, retail price....	75
One Stone-Set Scarf Pin, " " " "	75
One set (3) Spiral Shirt Studs, " " " "	75
One improved shape Collar Button, " " " "	50
One heavy plain Wedding Ring, " " " "	1 25
Total.....	\$5 00

For 50 cents we will send above six articles post-paid.

\$1.00 LOT.

- One pair Sleeve Buttons, stone setting.
- One set (3) Spiral Shirt Studs
- One heavy band Engagement Ring.
- One set (2) Engraved Bracelets.
- One Ladies' Long Guard or Neck Chain.
- One engraved Miniature Locket for the above.
- One Gent's Heavy Link Watch Chain.
- One Lake George Diamond Stud.

\$2.00 LOT.

- One Ladies' Neck Chain and Charm.
- One Ladies' Heavy Guard Chain for Watch.
- One set Pin and Ear Rings, Amethyst.
- One extra fine Miniature Locket.
- One Cameo Seal Ring.
- One very heavy Wedding or Engagement Ring.
- One Gent's heavy Watch Chain with Charm.
- One pair Pearl Inlaid Sleeve Buttons.
- One Lake George Cluster Pin.
- One pair (2) heavy band Bracelets.

The retail price of the articles in each sample lot amounts to exactly ten times the price we ask for the lot; for example, our \$1.00 lot retails for \$10.00; our \$5.00 for \$50.00.

A SOLID ROMAINE GOLD HUNTING-CASE WATCH FREE.

To any one sending us an order for the above lots by express to the amount of \$15.00, we will send FREE one Solid Gold Romaine Hunting-Case Watch, Gents' or Ladies' size, warranted to keep perfect time and look equally as well as a \$100.00 gold watch. By mail post-paid, \$15.50. This is our BEST OFFER TO AGENTS, and is worth a trial, as the watch alone will sell or trade readily for from \$20.00 to \$50.00. Gents' or Ladies' Watch alone, \$7.00 or \$3.00, with a heavy Gent's Gold Pattern Vest Chain and Charm, or Ladies' Opera Chain with slide and tassel.

REMEMBER:—This offer only holds good until Jan. 1st, 1878. After that time we shall sell only to Jobbers and Wholesale dealers, and any one wishing our goods will then have to pay full retail prices.

Romaine Gold is the best, and, in fact, the only imitation of genuine gold made, being the same in weight, colour and finish, and all our goods are made in the latest gold patterns. Will guarantee satisfaction in every instance, or refund money.

Send money by P. O., Money Order, or Registered Letter, AT OUR RISK. No goods sent C. O. D. unless at least \$5.00 accompanies the order. Address plainly,

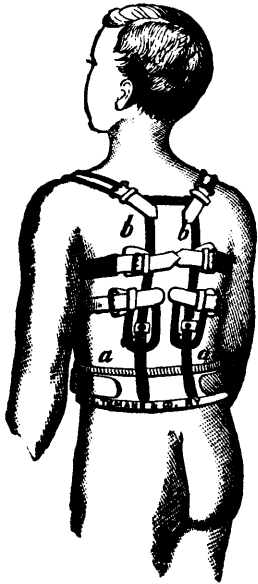
W. F. EVANS & Co., Sole Agents for U. S. and Canada.
 95 & 97 SOUTH CLARK STREET, CHICAGO, ILL.

\$3.00 LOT.

- One Ladies' Opera Guard Chain.
- One Ladies' Neck Chain and Cross.
- One beautiful Locket (engraved).
- One pair Band Bracelets
- One Gent's Twist Link Vest Chain and Charm.
- One pair Onyx Sleeve Buttons.
- One set (3) Onyx Shirt Studs.
- One new improved Collar Button.
- One extra cut Cameo Seal Ring.
- One Arizona Solitaire Stud.
- One set Amethyst or Topaz Pin and Ear Drops.
- One Ladies' Chemise Button.
- One Plain Ring, stamped 18 K.

\$5.00 LOT.

- One Ladies' Opera Chain, with slide and tassel (retail price \$5.00.)
- One Gent's heavy Watch Chain, with Curb charm (retail price, \$5.00).
- One Ladies' heavy long Neck Chain.
- One elegant Chased Miniature Locket for above.
- One set Cameo Medallion Pin and Ear Drops.
- One pair (2) heavy Chased Band Bracelets.
- One Gent's Solitaire Diamond Stud.
- One Gent's Cluster Diamond Pin.
- One pair Amethyst or Onyx Sleeve Buttons.
- One set (3) Studs to match the above.
- One elegant heavy set Cameo Seal Ring.
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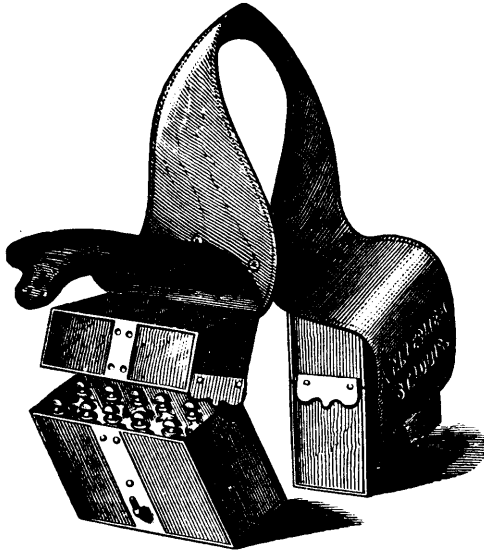
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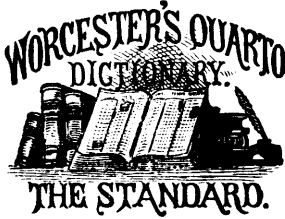
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